

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 23, 1996

Mr. John Ferryl Flash Cleaners 4131 North Federal Highway Pompano Beach, Florida 33064

Dear Mr. Ferryl:

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

Mr. Robert Wong, Broward County cc:

9-9-96 #0112256

Spoke to Flash Cleaners and John Ferrel is the owner.

P.13
6. add fitte - owner

P.14
1.(c) should not be marked
3. new small area should
be marked only

P.15 4. new small r.c. should be marked

(f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Flash (Leaners (John Ferrel)
2.	Site Name (For example, plant name or number):
. . .	$\mathcal{A}(1,1,2)$
	Hash (Heaners
3.	Hazardous Waste Generator Identification Number:
	FLD 083111005
4.	Facility Location:
	Street Address: 4/3/ /////////////////////////////////
** ** *****	Facility Location: Street Address: 4/3/ No Federal Hwy. City: Pompano Bch County: Broward Zip Code: 33064 Facility Identification Number (DEP Use):
.5:	Facility Identification Number (DEP Use):
	01/2256
P.ers.i Edit	。
	Responsible Official
6.	Name and Title of Responsible Official:
	John Ferrel
7.	Responsible Official Mailing Address: Organization/Firm: Flash Geaners Street Address: 4131 No. Federal Awy.
	Street Address: 4/3/ No. Fadepal Awy.
	City: Pompano Bch. 7/ County: Broward Zip Code: 33064
	· Hompano Bon. 7/ · DRODONA · DEDOT
8.	Responsible Official Telephone Number:
	Telephone: $(954) 941 - 1612$ Fax: () -
•	
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	· .

RECEIVED

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AUG 2 6 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.

		,			,				
AENO TECH		Date	Date		Date	Date		Date	Date
4480		Machine	Control		Machine	Control		Machine	Control
		Initially	Device	l	Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	(1)	8-22-84	8-22-94					T	
(2) w/ carbon adsorber	<u>'</u>				<u> </u>		—	 	
(3) w/ no controls	1							†	
Washer Unit		<u> </u>		·				<u> </u>	
(4) w/ ref. condenser									
(5) w/ carbon adsorber								1	
(6) w/ no controls									1
Dryer Unit			·						
(7) w/ ref. condenser						,			
(8) w/ carbon adsorber									<u> </u>
(9) w/ no controls									
Reclaimer Unit							•	•	
(10) w/ ref. condenser							ĺ		
(11) w/carbon adsorber									1
(12) w/ no controls					-			1	
(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 montrol of the control	are ro	equired to be ity of perchlons ow many? [_	e installed [] oroethylene (perc)	purchased in				ٺ
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	urce (ication only.)	ew sn	nall area sour	rce [3) of	Part II?	
Existing large are	ea so	urce []	Ne	w la	rge area sour	ce [J		

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(Indicate with an "X".)	iired on machines	pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber	<u>e</u> []	Refrigerated condenser	
New small area source Refrigerated condenser			
New large area source Refrigerated condenser			
5. A facility which contains non-eto Rule 62-213.300, F.A.C. Verifiexemption criteria or that no such	y that all steam an	d hot water generating un	
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil c	ed exclusively by n	atural gas except for peri	ods of natural gas curtailment
All steam and hot water generating	g units exempt	\succeq	·
Fauine	ant Monitoring	and Bassadhasaning Info	umatia.
Check all logs which are required		and Recordkeeping Info	
(a) Purchase receipts and solvent p	•	in accordance with the re	Z
(b) Leak detection inspection and			×1
(c) Refrigerated condenser temper			<u> </u>
(d) Carbon adsorber exhaust perc		itorina	
•	concentration mor	moring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	лі ріап		لـــنا

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Surrender of Existing Air Permit(s)

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



Department of **Environmental Protection**

Governor

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

David B. Struhs Secretary

July 9, 2001

Mr. John Ferrel Flash Cleaners 4131 North Federal Highway Pompano Beach, Florida 33064

Dear Mr. Ferrel:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 9.

In reviewing your submittal, it was noted that Flash Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0112256). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosure

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

BEST AVAILABLE COPY

~	BEST AV	/AILABLE COPY		ace		
Connect	DRY CLEANER	AIR QUALI	TY GENER	AL PERMIT	r	∇
L FLASH CLEANE	ANNUAL CO	MPLIANCE C				m
		AI	RS ID#0112256		FEB au of Mobi	
	JOHN FEE JOHN FE 4131 N FE POMPANO	CREET.	RS 1D#01 [2256		FEB 2 1998 Bureau of Air Monitoring & Mobile Sources	EIVED
•		Do NOT Remov	ve Label		04	
Annual Reporting Period:	Janary.	/ ₁₉ £5	то <i>Он</i>	Ecember 3	<u>'</u> 19	9 <u>77</u>
Based on each term or condition 62-213.300, Florida Administra	_		•	- i	DEP Rule	
If NO, complete the following	Ç.					
#1. Term or condition of the	general permit that has no	ot been in continuou	s compliance duri	ing the reporting pe	riod stated abo	ove:
!						
Exact period of non-complian	ce: from		to			
Action(s) taken to achieve cor	npliance:		· 			
Method used to demonstrate c	ompliance:				;	
#2. Term or condition of the g	general permit that has no	ot been in continuou	s compliance duri	ng the reporting pe	riod stated abo	ve:
Exact period of non-compliant	ce: from				γ Υ !	
Action(s) taken to achieve con	npliance:				j.	
Method used to demonstrate c	- 4					
As the responsible official, I her notification are true, accurate a does not exceed 2,100 gallons pe RESPONSIBLE OFFICIAL	nd complete. Further, my a er year for dry-to dry facilitie . Tother Fear	nnual consumption of the second secon	of perchloroethylen	ie solvent, based upoi	n purchase rece	in this ripts,
1 1 2	Name (Please F	Print)	() Sign	ature	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

ale

——————————————————————————————————————	ENTERS		date: <u>10/3/97</u>
FACILITY LOCATION: 4131	N. FEDERAL HWY. POMPAN	o Ech, FL, 330	064
Annual Reporting Period:	CCT 3 1996 TO	0 <u> </u>	1997
	the Title V general air permit, my facility has Code (F.A.C.), during the period covered by	<u>-</u>	_
NO, complete the following:			
1. Term or condition of the genera	al permit that has not been in continuous com	pliance during the reporti	ng period stated above:
Exact period of non-compliance: fr	om	to	
Action(s) taken to achieve complian	nce:		
Method used to demonstrate compli	ance:		
*7 Term or condition of the gener	al permit that has not been in continuous com	pliance during the reporti	ng period stated above:
		<u> </u>	·
	om	to	· .
Exact period of non-compliance: fr			
Exact period of non-compliance: fr Action(s) taken to achieve compliance Method used to demonstrate compliance	nce:		
Exact period of non-compliance: free from the free free free free free free free fr	nce: v certify, based on information and belief form securate and complete. Further, my annual c receipts, does not exceed 2,100 gallons per ye	ned after reasonable inqui onsumption of perchloroe	ry, that the statements thylene 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.

Page _____ of ____.

NOV 1 2 1997

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ARS D#: 011 2256



Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: FLASH CLEAUERS		DATE	: 10-1-98
FACILITY LOCATION: 4131 N. FEDERAL	Hwy. Pompano Bo	H, Fl. 33064	
Annual Reporting Period: 10-3	19 <u>?</u> 7 TO _	10-1	1998
Based on each term or condition of the Title V general air p 52-213.300, Florida Administrative Code (F.A.C.), during		_/	EP Rule
If NO, complete the following:			
=1 Term or condition of the general permit that has not be	en in continuous compliand	ce during the reporting peri	od stated above:
Exact period of non-compliance: from	{	0	
Action(s) taken to achieve compliance			
Method used to demonstrate compliance			
#2 Term or condition of the general permit that has not be	een in continuous compliand	ce during the reporting peri	od stated above:
Exact period of non-compliance from	0)		
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance			
As the responsible official. I hereby certify, based on informate in this notification are true, accurate and complete upon purchase receipts, does not exceed 2,100 gallons per combination facilities.	Further, my annual consun	iption of perchloroethylene	i solvent, based
RESPONSIBLE OFFICIAL: John	FERREL	Johnterra	7 10-1-9
Name (Please Prin		Usianahira	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.

BEST AVAILABLE CUPY	IMAKI KELOKI
TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3:30 TIME OUT: 4:05	AIRS ID#: 0112256
TYPE OF FACILITY: DRY CLEANER	
FACILITY NAME: FLASH CLEANERS	DATE:_ <i>_10/3/</i> 9 7
FACILITY LOCATION: 4131 N FEDERAL HWY. PO	DIMPANO PICH, FL. 33064
RESPONSIBLE OFFICIAL: JOHN FERREL	PHONE NUMBER: (954) 941-1612
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
· · · · · · · · · · · · · · · · · · ·	
	
COMMENTS:	
·	
The Annual Compliance Certification form has been properly certifi	ied and submitted to the inspector VESIN NOT

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

DATE OF NEXT INSPECTION:

CCT 1998

(Approximate)

INSPECTION CONDUCTED BY:

Please Print)

INSPECTOR'S SIGNATURE:

PHONE NUMBER: 954) 59-1428

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNI RE-IN	JAL ISPECTION		COMPLAINT/DI	SCOVERY	
AIRS ID#: <u>OU2256</u> DATE:_ FACILITY NAME: <u>FLASH</u> CLEAN	•	_ TIME IN	і: <u>3:30</u> т	TME OUT: _4	4.05
FACILITY LOCATION: 413 N		HWY.	POWANO BO	2H, FL, 3	33064
RESPONSIBLE OFFICIAL: MR. 3				941-1612	<u> </u>
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days p	prior to startup				
2. Facility failed to notify DARM to use	general permit				
PART II: CLASSIFICATION					
Facility indicated on notification form (that it is:		☐ No notification ☐ Drop store/out		troleum
Facility indicated on notification form (check appropriate box) A.			☐ Drop store/out		troleum
Facility indicated on notification form (check appropriate box) A. 1. Existing small area source	□ 2. N	ew small ar	□ Drop store/out		troleum
Facility indicated on notification form (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	□ 2. N	o-dry only, :	□ Drop store/out rea source x < 140 gal/yr		troleum
Facility indicated on notification form (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	2. N dry-te trans both	o-dry only, : fer only, :: < types, :: < 1	Drop store/out rea source x < 140 gal/yr 200 gal/yr 40 gal/yr		troleum
Facility indicated on notification form (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. N dry-te trans both	o-dry only, : fer only, :: < types, :: < 1	Drop store/out rea source x < 140 gal/yr 200 gal/yr		troleum
Facility indicated on notification form (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	2. N dry-te trans both (cons 4. N r dry-te trans both	o-dry only, a fer only, x < types, x < 1 structed on control on the control only, fer only, 20 types, 140 < t	Drop store/out rea source x < 140 gal/yr 200 gal/yr 40 gal/yr	of business/pe	troleum
Facility indicated on notification form (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	2. N dry-te trans both (cons	o-dry only, a fer only, x < types, x < 1 structed on control on the control only, fer only, 20 types, 140 < t	Drop store/out rea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$	of business/pe	troleum
Facility indicated on notification form (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 of the properties of the	2. N dry-to trans both (cons 4. N r dry-to trans both (cons con dry-to trans con dry-trans	o-dry only, a fer only, x < types, x < 1 structed on control only, fer only, 20 types, 140 structed on control only only, fer only, 20 types, 140 structed on control only only only only only only only on	Drop store/out rea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	of business/pe	troleum

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? DN YRD 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ZY ON ON/A beds according to the manufacturer's specifications? 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) NY DN 1. Equipped all machines with the appropriate vent controls? MY 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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ZY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

	<u> </u>			
B. Has the responsible official of an o	existing large or new large area source also:	_		
Measured and recorded the exhaust on dry-to-dry, reclaimer, and dryer r	temperature on the outlet side of the condenser located nachines on a weekly basis?		ПN	
Measured and recorded the washer entire inlet and outlet weekly?	exhaust temperature at the condenser	ΩY	ΩΝ	□N/A
Is the temperature differential	equal to or greater than 20° F?	ΩY	ΠИ	\square N/A
at the end of the final drying cycle w if machines are equipped with a cart				ŪN/A
Is the perc concentration equal	to or less than 100 ppm?	ΠX	ПN	□N/\
perc concentrations is at least 8 duct	ne carbon adsorber exhaust for measuring diameters downstream of any bend, contraction, eters upstream from any bend, contraction, no other inlet?	ΟY	ΩИ	□N/A
Equipped transfer machines (dryers, condenser coils?	reclaimers, and washers) with individual	ΟY	ПN	□N/A
6. Routed airflow to the carbon adsorbe	er (if used) at all times?	ΩY	ΩΝ	□N/A
				i
PART V: RECORDKEEPING REQ	UIREMENTS			
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchas	sed?	_	ПΝ	
2. Maintained rolling monthly average	s of perc consumption?	Ø Y	ΠN	
3. Maintained leak detection inspection	and repair reports for the following:			
a. documentation of leaks repa	nired w/in 24 hrs? or;	\mathbf{Z}_{λ}	ПΝ	□N/A
b. documentation of parts order and parts installed w/in 5 d	ered to repair leak and leak repaired w/in 2 days ays of receipt?	Ø ∀ Y	ПN	□N/A
4. Maintained calibration data? (for appl	icable direct reading instruments)			™ N/A
5. Maintained exhaust duct monitoring	data on perc concentrations?	ΩY	ΠN	ZN/A
IL .		_		
6. Maintained startup/shutdown/malfu	nction plan?		ΠN	
Maintained startup/shutdown/malfur Maintained deviation reports?	nction plan?			□N/A
	nction plan?	⊡ Ý ⊙ Ý	ON	ON/A ON/A

PART	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
insp	pection?			MO JA		
2. Has	the facility maintained a leak log?			r on		
3. Doe	s the responsible official check the f	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	ØY □N □N/A		
	Door gaskets and seating	ØY ON ON/A	Stills	OY ON ON/A		
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON MYA		
	Pumps	QA ON ON/V	Diverter valves	ØY □N □N/A		
	Solvent tanks and containers	ØY □N □N/A	Cartridge filter housings	OY ON ON/A		
	Water separators	ZY ON ON/A				
4. Whi	ich method of detection is used by th	e responsible official?				
	Visual examination (condensed so	lvent on exterior surfaces)		2		
		♂				
	Use of direct-reading instrumental	tion (FID/PID/calorimetric	tubes)			
	Halogen leak detector					
	If using direct-reading instru	imentation, is the equipm	ient:	₽N/A		
	a. Capable of detecting p	erc vapor concentrations is	n a range of 0-500 ppm?	ND YD		
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and af	ter each use	OY ON		
	c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	OY ON		
	d. Kept in a clean and se	cure area when not in use?	?	NO YO		
	e. Verified for accuracy t	by use of duplicate samples	s (calorimetric only)?	OY ON		
<u> </u>						
	Apr PENNETTA		CCT 3 199	7		
	Inspector's Name (Please Prin	t)	Date of Inspe			
	0,0.					
_	With Port		<u> </u>	?		
	Inspector's Signature		Approximate Date of	Next Inspection		

BEST AVAILABLE COPYPERCHLOROETHYLENE DRY CLEANERS

TITLE V	GENERAL PE	ERMIT
COMPLIANCE	INSPECTION	CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY
FACILITY NAME: FLASH CLEANER	TIME IN: 10:45 TIME OUT: 11:20 PS PAL HWY. POMPANO BOH, FL. 33064
RESPONSIBLE OFFICIAL: JOHN FER	PHONE: (954)941-1612 PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	пир
2 Facility failed to notify DARM to use general pe	milt
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petrol and
1. Existing small area source dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr reconstructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	2. New small area source dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
	action: cation: neral permit as number above nits 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 50 gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON DAVA 2. Examining the containers for leakage? OPY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at PY ON ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BRYA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I 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) K ON 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? BY DN DNA 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ZY: 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? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DN DN/A o. Conducted all temperature monitoring after an appropriate cooldown period and after NG PE 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?	אם אם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	AINE NO YD
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?	AVAD ND YD
	Is the perc concentration equal to or less than 100 ppm?	AIME ME YE
7.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expension, as at least 2 duct diameters processing.	
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	AME NO YO
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	AWE NO YE
6.	Routed airflow to the carbon adsorber (if used) at all times?	AWE NO YO

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official; (check appropriate boxes)	
1. Maintained receipts for perc purchased"	a y □N
2. Maintained rolling monthly total of perc consumption?	P Y ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired with 24 hrs? or;	ANAE NG YE
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	BY ON DNA
4. Maintained calibration data? (for applicable direct reading instruments)	אואש אם צם "
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DK/A
6. Maintained stàrtup/shutdown/malfunction plan?	PY ON
7 Maintained deviation reports?	OY ON DA /A
Problem corrected?	ביאַאַב אם צם
8. Maintained compliance plan, if applicable"	DY ON BOYA

PART	PART VI: LEAK DETECTION AND REPAIRS					
i. Doe	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
insp	ection?				T Y	⊿מ
2. Has	the facility maintained a leak log?				⊴ Y	ПИ
3. Doe	es the responsible official check the f	ollowing are	eas for leaks?	·		į
	Hose connections, fittings, couplings, and valves	⊠ Y □N	□N/A	Muck cookers	⊴ Y	אומם אם
	Door gaskets and seating	d y on	□N/A	Stills	₫ Y	ON ON/A
	Filter gaskets and seating	MC JE	□N/A	Exhaust dampers		אורם אם
1	Pumps	AC JA	□N/A	Diverter valves	,	אואם אם
	Solvent tanks and containers	, ⊒ Y □N	□N/A	Cartridge filter housings	⊙ Y	אותם אם
	Water separators	AN ON	ON/A			
4. Wh	ich method of detection is used by th	ne responsib	le official?			
	Visual examination (condensed so	olvent on ext	terior surfaces)		3	
	Physical detection (airflow felt thr	ough gaske	ts)		٦	
	Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector					Ü	
	If using direct-reading instru	umentation	, is the equipm	ent:	WN/	A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppin? TY QN					ПN	
	b. Calibrated against a st (PID/FID only)?	tandard gas	prior to and aft	ter each use	ÐΥ	ПN
	c. Inspected for leaks and	d obvious si	gns of wear on	a weekly basis?	ΩY	ПN
	d. Kept in a clean and se		-		ΠY	□N
	e. Venified for accuracy l	by use of du	iplicate samples	(calonmetric only)?	ΩY	ПN
<u></u>						
	ART PENNETTA			10/1/98		
	Inspector's Name (Please Prin	nt)		Date of Inspe	ection	
	(), D 4			, A = =		
	Inspector's Signature			Approximate Date of	Next I	nspection
	inspector's digitalare			pp. o	/	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

THE OF INCRECTION.

RE-INSPECTION: RE-INSPECTION:	ON C
AIRS ID#: 0112256 DATE: 8 31 C	79 TIME IN: 10:35 TIME OUT: 11:05
FACILITY LOCATION: 4131 N.	·
<u> </u>	BCH, FL. 33064
RESPONSIBLE OFFICIAL: JOHN F	ERREL PHONE: 941-1612 80 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10
	PHONE: - SOUTH 1999
	S 110
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	ermit
Thing we go a gotty of the state of	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ 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	UY □N □Can not determine
If no, please check the appropriate classifice for a ge	
	neral permit as number above nits and is not eligible for a general permit

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? MA DN 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 DY DN MN/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) MY DN 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
'	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	AT ON
2. Maintained rolling monthly total of perc consumption?	MA CIN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ØŶ □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?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	oy on g n/a
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DANA
6. Maintained startup/shutdown/malfunction plan?	ØÝ □N
7. Maintained deviation reports?	OY ON PAN/A
Problem corrected?	DY DN ENNA
8. Maintained compliance plan, if applicable?	מאם אם אם

P	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			er on		
2.	Has the facility maintained a leak log?	•		r on		
3.	Does the responsible official check the	following areas for leaks	;?			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	DY ON ON/A	Stills	DRY ON ON/A		
	Filter gaskets and seating	מאס מס אס	Exhaust dampers	MY ON ON/A		
	Pumps	Y ON ON/A	Diverter valves	ONY ON ON/A		
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	MY ON ON/A		
	Water separators	MY ON ON/A				
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed	solvent on exterior surfac	es)	U		
	Physical detection (airflow felt the	hrough gaskets)		œ⁄		
	Odor (noticeable perc odor)			œ		
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	ם		
	Halogen leak detector			۵		
	If using direct-reading inst	rumentation, is the equi	pment:	ON/A		
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON		
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and	secure area when not in u	se?	OY ON		
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON		
_	ART PENNETTA 8/31/99					
	Inspector's Name (Please Pri	int)	Date of Inspe	ction		
_	Inspector's Signature		Approximate Date of	Next Inspection		

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



PACILITY NAME: FLAS	H CLEANERS:		DATE: 8/31/99
ACILITY LOCATION: 413	I N. FEDERAL	IWY POMPANO B	CH, FL 33064
anual Reporting Period:	OCT I	998 TO 8/30/99	19 99
ased on each term or condition of t 2-213.300, Florida Administrative			_
f NO, complete the following:			
1. Term or condition of the general	I permit that has not been in cont	inuous compliance during the rep	orting period stated above:
Exact period of non-compliance: fro	m	to	
Action(s) taken to achieve compliance			
Sethod used to demonstrate complian			
2. Term or condition of the general			orting period stated above:
Acuon(s) taken to achieve compliance			
Method used to demonstrate complia			
is the responsible official, I hereby made in this notification are true, accepts does not except and interest and facilities. RESPONSIBLE OFFICIAL:	curate and complete. Further, n	ly annual consumption of perchlo	roethylene 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.

Page ____ of ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u>0</u>	COMPLAINT/DI	SCOVERY	
AIRS ID#: 0(12256) FACILITY NAME: 11/5		TIME	IN: <u> (15</u>	IME OUT: _	1:35
FACILITY LOCATION:)EISAL	Huy		
RESPONSIBLE OFFICIAL :			_		12
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to startup				
2. Facility failed to notify DAR	M to use general permit				<u> </u>
<u> </u>		<u> </u>			
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A.			☐ No notification☐ Drop store/out o		rolcum
1. Existing small area sourd dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr dry- tran both	to-dry only, sfer only, x types, x <	area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	Ø	·
3. Existing large area source dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	100 gal/yr dry- 0 gal/yr tran al/yr both	sfer only, 20 types, 140	rea source $140 \le x \le 2,100 \text{ gal}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)		
5. This is a correct facility cla	assification 🖼 🗹	□N	□Can not determine	ne	
☐ facility	appropriate classification: y qualified for a general p y exceeds above limits an	permit as nu			

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? DY ON ON/A 2. Examining the containers for leakage? OY ON 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 DY DN EMYA 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) BY DN 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated er on condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the PY ON ONA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after PY ON 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?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON	□N/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	GAY □N			
2. Maintained rolling monthly total of perc consumption?	ON □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	⊡Y 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?	ם או סאס אם אם			
4. Maintained calibration data? (for applicable direct reading Instruments)	DY DN DYN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ON/A			
6. Maintained startup/shutdown/malfunction plan?	CHÝ ON			
7. Maintained deviation reports?	OY ON EM/A			
Problem corrected?	OY ON ON/A			
8. Maintained compliance plan, if applicable?	DY ON EM/A			

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection a	ınd repair		
inspection?			da on		
2. Has the facility maintained a leak log?			og on		
3. Does the responsible official check the	following areas for leaks?	•			
Hose connections, fittings, couplings, and valves	ey on ona	Muck cookers	OY ON ON/A		
Door gaskets and seating	GY ON ON/A	Stills	ey on ona		
Filter gaskets and seating	dy on on/a	Exhaust dampers	DY ON ONA		
Pumps	ogy on on/a	Diverter valves	DY ON ON/A		
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	DY ON ON/A		
Water separators	DAY ON ON/A				
4. Which method of detection is used by t	he responsible official?				
Visual examination (condensed solvent on exterior surfaces)			'		
Physical detection (airflow felt the	rough gaskets)		U		
Odor (noticeable perc odor)			D		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:			WN/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON		
b. Calibrated against a si (PID/FID only)?	OY ON				
c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	OY ON		
d. Kept in a clean and secure area when not in use?			OY ON		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			DY DN		
·					
ART PENUETTA		10[5]00			
Inspector's Name (Please Prin	2)	Date of Inspec			
Inspector's Signature		SEP ZOX			

AIRS ID#: 0112256

* Par

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: FLASH CLEANERS DATE: 10/5/06					
FACILITY LOCATION: 4131 N. FEDERAL HWY. POMPANO BCH, FL. 33064					
<u> </u>					
Annual Reporting Period: Au6 31 1999 TO OCT 5 2000					
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.					
If NO, complete the following:					
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:					
Exact period of non-compliance: from					
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:					
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, 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: John FERREC Signature Date					

Page ____ of ____.

^{*}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.



389400

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112256

FLASH CLEANERS JOHN FERREL 4131 N FEDERAL HWY POMPANO BEACH FL 33064 COVERNMENT USE ON I

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353718

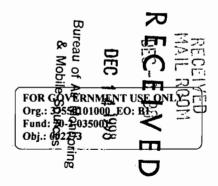
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 01 12256

FLASH CLEANERS JOHN FERREL 4131 N FEDERAL HWY POMPANO BEACH FL 33064



TOTAL STROKE AND TO SEE THE TOP OF ENVELORES AT THE PROPERTY OF THE PROPERTY O	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) C. Signature	
1. Article Addressed to: 10 AIRS ID # 0112256001AG JOHN FERREL FLASH CLEANERS	If YES, enter delivery address below:	
4131 N FEDERAL HWY POMPANO BEACH FL 33064	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Copy from service label) 7.0000600002641300078		
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789	

CERTIFIED MAIL RECEIPT (Comento Mail Only, No Insurance Coverage Provided)				
41,30	Postage Certified Fee	\$	Postmark	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	
7000 0600	10 AIRS ID # 0112256001AG JOHN FERREL			
	L		se for his money	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301211

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

C. MACCO T.

FENSIA CLEANOR

TOTAL AMOUNT DUE: \$50.00

JAN 28 98

Do NOT Remove Label

AIRS ID#0112256

JOHN FERREL
JOHN FERREL
4131 N FEDERAL HWY
POMPANO BEACH FL 33064

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258240

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

MAIL ROOF

Do NOT Remove Label

AIRS ID# 0112256

FLASH CLEANERS
JOHN FERREL
4131 N FEDERAL HWY
POMPANO BEACH FL 33064

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112256

FLASH CLEANERS JOHN FERREL 4131 N FEDERAL HWY POMPANO BEACH FL 33064

FOR GOVERNMENT USE ONLY Org.: 37550101000 EOO 1 5 Fund: 20-2-035001

Obj.: 002273