

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. Ara Bastajian Crown 1 Hour Cleaners 2578 North State Road Lauderdale Lakes, Florida 33313

Dear Mr. Bastajian:

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"

#0112258

ı	Crown 1 Hour Cleaners
•	-spoke with Ara Bastasian-9/13/96
p./3	6. add title - Owner
P./5	5.(f) required

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): VALASAS CORP				
2.	Site Name (For example, plant name or number): Crowd / How Cleaners				
3.	Hazardous Waste Generator Identification Number:				
4.	Facility Location: 2578 W. STATE MAD 7 Street Address:				
	City: LAUDENDACE CIKES County: Brown Zip Code: 33313				
5.	Facility Identification Number (DEP Use): 0/1/2258				
	Responsible Official				
<u>(6)</u>	Name and Title of Responsible Official: ARA BASTA JOAN				
7.	Responsible Official Mailing Address: CABWA 1 How CLERNON Organization/Firm: Street Address: City: CAURCAPACE LALES County: SAWAS Zip Code: 33313				
8.	Responsible Official Telephone Number: Telephone: (9Ty) 733 1234 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

AUG 2 6 1996

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

(Indicate with an "X".)	arsume to section (3) of that if of this notification form:
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 un to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	its shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
All steam and hot water generating units on-site (1) ho boiler HP or less), and (2) are fired exclusively by nat during which propane or fuel oil containing no more t	
All steam and hot water generating units exempt No such units on-site	
	•
×	
Equipment Monitoring an	d 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	<u>×</u> ,
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monit	oring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

<u>.</u>	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Z	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	lersigned, 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 is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT OMPLIANCE INSPECTION CHECKLI.

TYPE OF INSPECTION:

OMPLIANCE INS	PECTION C	HECKLI.	
ANNUAL		COMPLAINT/DISCOVERY	

RE-INSPECTION			
AIRS ID#: 0112258 DATE: 10-23	-97 TIME IN: 12:00 TIME OUT: 1:00		
FACILITY NAME: <u>Crown / Hou</u>	r Cleaners		
FACILITY LOCATION: 2578 North	state Road 7		
Lauderdale	Lakes FLorida 33313		
RESPONSIBLE OFFICIAL: Ara Basto	2 ji 2 n PHONE: 733 - 1234		
CONTACT NAME:	PHONE:		
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM 30 days prior to star	rtup		
2. Facility failed to notify DARM to use general per	rmit 🗆		
PART II: CLASSIFICATION			
Facility indicated on notification form that it is:	No notification form		
(check appropriate box) A.	☐ Drop store/out of business/petroleum		
1. Existing small area source G dry-to-dry only, x < 140 gal/yr	2. New small area source ☐ dry-to-dry only, x < 140 gal/yr		
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr		
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)		
(constructed before 12/3/31)	(constructed on or after 12/9/91)		
3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yr	4. New large area source \square dry-to-dry only, 140 \le x \le 2,100 gal/yr		
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr		
both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)		
,			
5. This is a correct facility classification	□Y □N □Can not determine		
	ration: neral permit as number above nits and is not eligible for a general permit		
B. The total quantity of perchloroethylene (perc) pu facility was <u>50</u> gallons.	irchased within the preceding 12 months by this dry cleaning		

PART UI: GENERAL CONTRO REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? TY ON ON/A MY 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 scaled containers for at KY 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? DY DN DN/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)

BY TN

CY ON ON/A

GY DN DN/A

by on ona

DY ON

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

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

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

/	
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?	i 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?	$\Box Y$ $\Box N$ $\Box N \triangle N \triangle$
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 OMA
6. Routed airflow to the carbon adsorber (if used) at all times?	WAD AD AD
	· · · · · · · · · · · · · · · · · · ·
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	BY ON
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
 a. documentation of leaks repaired w/in 24 hrs? or; 	AVA NO 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?	PY ON ONA
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ONA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A
6. Maintained startup/shutdowπ/malfunction plan?	DA. ON
7. Maintained deviation reports?	DY ON ONA

GY ON ON/A

Problem corrected?

8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS			
1. Does the responsible official . duct a weekly (for small sources, bi-weekly) leak detection and repair			
inspection?			
2. Has the facility maintained a leak log?			
s the responsible official check the f	ollowing areas for	leaks?	
Hose connections, fittings, couplings, and valves	מארם אם א ים	Muck cookers	OY ON ON/A
Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	AVIO NO YE
Pumps	MY ON ON/A	Diverter valves	MY ON ON/A
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	by on ona
Water separators	DY ON ON/A		
ch method of detection is used by th	e responsible offici	al?	
Visual examination (condensed solvent on exterior surfaces)			@ ⁄
Physical detection (airflow felt through gaskets)			9 ⁄
Odor (nouceable perc odor)			
Use of direct-reading instrumental	ion (FID/PID/calor	rimetric tubes)	ϫ
Halogen leak detector			র্
If using direct-reading instru	mentation, is the	equipment:	□N/A
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)?			מט עם
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?			
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			DY DN
	s the responsible official duct a vection? the facility maintained a leak log? s the responsible official check the form of the facility maintained a leak log? s the responsible official check the form of the facility maintained a leak log? S the responsible official check the form of the facility maintained the facility maintained to the	the responsible official duct a weekly (for small so ection? the facility maintained a leak log? s the responsible official check the following areas for those connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps Solvent tanks and containers Water separators Chympa DN/A Water separators Chympa DN/A Ch method of detection is used by the responsible officion of the separation (condensed solvent on exterior sephysical detection (airflow felt through gaskets) Odor (noticeable percodor) Use of direct-reading instrumentation (FID/PID/calor Halogen leak detector If using direct-reading instrumentation, is the a. Capable of detecting perconcentry b. Calibrated against a standard gas prior to (PID/FID only)? c. Inspected for leaks and obvious signs of the detection a clean and secure area when not	sthe responsible official duct a weekly (for small sources, bi-weekly) leak detection an ection? the facility maintained a leak log? sthe responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y N NA Muck cookers Door gaskets and seating Y N NA Exhaust dampers Pumps Y N NA Diverter valves Solvent tanks and containers Y N NA Cartridge filter housings Water separators Water separators Water separators Y N NA Che 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: 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)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use?

BOB Thomas	10-23-7
Inspector's Name (Please Print)	Date of Inspection
Bobthonas	October 1998
Inspector's Signature	Approximate Date of Next Inspection

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COMPLAINT/DISCOVERY BEST AVAILABLE CUPY RE-INSPECTION			
TIME IN: 12:00 TIME OUT: 1:00 AIF D#: 01/2258			
TYPE OF FACILITY: Dry Cleaner			
FACILITY NAME: Crown I Hour Cleaners DATE: 10-23.97			
FACILITY LOCATION: 2578 North State Road 7			
Lauderdale hakes Florida 33313			
RESPONSIBLE OFFICIAL: Ara Bastajian PHONE NUMBER: 733 - 1234			
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance			
discrepancies were noted:			
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED			
-			
COMMENTS:			
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO			
DATE OF NEXT INSPECTION: october 1998			
(Approximate) INSPECTION CONDUCTED BY: Bob Thomas (Please Print)			
INSPECTOR'S SIGNATURE: 519-1459 PHONE NUMBER: 519-1459			

Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUA COMPLIANCE CERTIFICATION

FACILITY NAME: Crown I Hour Cleaners DATE: 10-23-97 FACILITY LOCATION: 25 78 North State Road 7 Lauderdale Lakes Florida 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 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: ARA BASTAJIAN A BASTA

*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

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0112258 VARABAS CORP ARA BASTAJIAN 2578 N STATE ROAD 7 LAUDERDALE LAKES FL 33313 Do NOT Remove Label DECEMBER

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 (I	F.A.C.), during the period covered by this statement.				
If NO, complete the following:					
#1. Term or condition of the general permi	t 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	t that has not been in continuous compliance during the reporting p	period stated above:			
Exact period of non-compliance: from	to				
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:	<u>:</u>				

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.

Signature

Date

Annual Reporting Period:

^{*}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



FACILITY NAME: CROWN ONE HOUR CLEANERS DATE: 10-2	3-98
FACILITY LOCATION: 2578 N. SR 7 LAVOGRDALE LAKES FL. 33313	
Annual Reporting Period: OCT 23 1997 TO OCT 23	1998
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 a	ibove:
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 a	ibove:
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 statem made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, by upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transferombination facilities.	ased
RESPONSIBLE OFFICIAL: ARA BASTATIAN A SISTAM OG-9 Name (Please Print) Signature Date	7-98

^{*}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

V	/
V	

TYPE	OF	INSPECTION:	•

ANNUAL

 \Box

COMPLAINT/DISCOVERY

RE-INSPECTION .

	-98 TIME IN: 3:00 TIME OUT: 4:00
FACILITY NAME: <u>CROWN</u> ONE	IOUR CLEANERS
FACILITY LOCATION: 2578 N. SR	7 LAUDERDALE LAKES, Fl. 333/3
RESPONSIBLE OFFICIAL : ARA BAST	AJIAN PHONE: 733-1234
CONTACT NAME:	PHONE: 733-1234 NOV
	10 10
PART I: NOTIFICATION	Out on the
(check appropriate box)	**************************************
L. New facility notified DARM 30 days prior to sta	пир
2. Facility failed to notify DARM to use general pe	rmit 🔲
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, $x < 200$ gal/yr
both types, x < 140 gal/yr	both types, $x \le 140$ gal/yr
(constructed before 12/9/91)	(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-(o-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 $12/9/91$)

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 45 gallons.

facility qualified for a general permit as number _____ above

facility exceeds above limits and is not eligible for a general permit

If no, please check the appropriate classification:

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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? DEY ON ONA 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 DEY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ON DNA 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) DY DN 1. Equipped all machines with the appropriate vent controls? AME NO YO 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 AME NO YO condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated ND YD condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AME NO YE condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YO 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?	אועם אם אם	
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A	١,
3.	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	۱ ا
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A	۱ ا
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/	١,
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אומם אם צם	۱ ا
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON	`

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

PA	PART VI: LEAR DETECTION AND REPAIRS							
1. 1	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
i	inspection?				gry □n			
2. ·1	Has the facility maintained a leak log?		•		œY □n			
3. 1	Does the responsible official check the	following ar	eas for leaks?					
	Hose connections, fittings, couplings, and valves	ory on	□N/A	Muck cookers	OY ON ON/A			
	Door gaskets and seating	ØY ON	□N/A	Stills	OY ON ON/A			
	Filter gaskets and seating	ogy on	□N/A	Exhaust dampers	MY ON ON/A			
	Pumps	GY ON	□N/A	Diverter valves	OY ON ON/A			
-	Solvent tanks and containers	ØY □N	□N/A	Cartridge filter housings	CY ON ON/A			
	Water separators	OY ON	□N/A					
4.	Which method of detection is used by t	he responsib	ole official?					
	Visual examination (condensed s	olvent on ex	terior surfaces)		T			
	Physical detection (airflow felt th	rough gaske	ets)		0			
	Odor (noticeable perc odor)				ए			
	Use of direct-reading instruments	ntion (FID/P	(D/calorimetric	tubes)				
	Halogen leak detector							
	If using direct-reading instr	umentation	, is the equipm	ent:	ON/A			
	a. Capable of detecting	perc vapor c	concentrations in	n a range of 0-500 ppm?	OY ON			
	b. Calibrated against a s (PID/FID only)?	standard gas	prior to and aft	er each usc	מס אם			
	c. Inspected for leaks ar	nd obvious si	igns of wear on	a weekly basis?	ND YD			
	d. Kept in a clean and s	ecure area w	when not in use?	•	NO YE			
	e. Verified for accuracy	by use of du	iplicate samples	(calorimetric only)?	ND YD			
	Λ							
	ART YENNETDA			10-23-6				
	Inspector's Name (Please Pri	nt)		Date of Inspe	ection			
	()1 h/L			1 - M	.			
_	Inspector's Signature			Approximate Date of	Next Inspection			

302154

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#0112258

VARABAS CORP ARA BASTAJIAN 2578 N STATE ROAD 7 LAUDERDALE LAKES FL 33313 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

0353970

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

TOTAL AMOUNT DUE: \$50.0@

Do NOT Remove Label

AIRS ID # 0112258 CROWN 1 HOUR CLEANERS ARA BASTAJIAN 2578 N STATE ROAD 7 LAUDERDALE LAKES FL 33313 Mobile Source of Org.: 37550191990 EO: B1

Frund: 20-2-035001

Obj.: 002273

on the reverse side?	SENDER. Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e can return this e does not e number.		Receipt Service.
ADDRESS completed	3. Article Addressed to: AIRS ID 0112258 VARABAS CORP ARA BASTAJIAN 2578 N STATE ROAD 7 LAUDERDALE LAKES FL 33313	4a. Article N 2333 4b. Service Registere Express I Return Rec	Type ed Certified Mail Insured ceipt for Merchandise COD	for using Return
is your RETURN	5. Received By: (Print Name) ARA BASTA 6. Signature: (Addressee or Agent) XARA PS Form 3811, December 1994	8. Addressee and fee is	o's Address (Only if requested paid) Domestic Return Receipt	Thank you

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	578 N STATE ROAD 7		
	AUDERDALE LAKES	EI 2	2212
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	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
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-	Return Receipt Showing to Whom, Date, & Addressee's Address		
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ı	Postmark or Date		

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0112258

CROWN 1 HOUR CLEANERS ARA BASTAJIAN 2578 N STATE ROAD 7 **LAUDERDALE LAKES FL 33313** FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

• }

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DIS	SCOVERY
FACILITY NAME: LOCATION: CORRESPONSIBLE OFFICIAL	run-One Hour 0578 N.S.R. Lauderdale 10	7: :kus, FC 333/3 1 phone: 7-3.	AUG 15 Aureau of Au
PART I: NOTIFICATION	<u> </u>		
(check appropriate box) 1. New facility notified DARI 2. Facility failed to notify DA	-		
			ć
PART II: CLASSIFICATION Facility indicated on notification		☐ No notification	£
(check appropriate box) A. (Infludge) 1. Existing small area soundry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	urce 2. N dry-trans		of business/petroleum
(constructed before 12/9/91	/	-44 J 12/0/01\	
3. Existing large area soudry-to-dry only, $140 \le x \le 1$, transfer only, $200 \le x \le 1$, both types, $140 \le x \le 1$, 800	2,100 gal/yr dry-1 800 gal/yr trans 0 gal/yr both	New large area source to-dry only, $140 \le x \le 2,100$ gal sfer only, $200 \le x \le 1,800$ gal/yr types, $140 \le x \le 1,800$ gal/yr structed on or after $12/9/91$)	
 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/9) 5. This is a correct facility If no, please check the 	2,100 gal/yr dry-1 800 gal/yr trans 0 gal/yr both 1) (conclassification	New large area source to-dry only, $140 \le x \le 2,100$ gal sfer only, $200 \le x \le 1,800$ gal/yr types, $140 \le x \le 1,800$ gal/yr structed on or after $12/9/91$) \square	l/yr

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? EN ON ON/A 2. Examining the containers for leakage? CHY CIN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at GY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DN 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) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? ND YD 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? ND YD

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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	QΥ	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QΥ	ПN	□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?	ПΥ	ПN	□N/A
	of expansion, and downsdeam from no other finer:	-	J .,	<u> </u>
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QΥ	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY-ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; LEAKS b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY ON DEMA and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) AHAD NO YO MAD ON DANTA 5. Maintained exhaust duct monitoring data on perc concentrations? MD AG 6. Maintained startup/shutdown/malfunction plan? CHA CHA 7. Maintained deviation reports? DY DN DN/A Problem corrected? OY ON DATA 8. Maintained compliance plan, if applicable?

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

John Gazala	7/1/59
Inspector's Name(IP)ease Print)	Date of Inspection
Auguste	7/2000
Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#: 01/2258



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CROWN D	Ne Hour	Cleaner	DATE:	
FACILITY LOCATION: 2578 Landerdale Lak		233/3		· · · · · · · · · · · · · · · · · · ·
Annual Reporting Period:	1997	§ to	7	19_57_5
Based on each term or condition of the Title V gene 62-213.300, Florida Administrative Code (F.A.C.),	•	•		EP Rule NO
If NO, complete the following:				,
#1. Term or condition of the general permit that ha	as not been in continuou	us compliance durin	g the reporting perio	od 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 ha	s not been in continuou	s compliance durin	g the reporting perio	od 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 of made in this notification are true, accurate and con upon purchase receipts, does not exceed 2,100 galls combination facilities.	nplete. Further, my ani	nual consumption of	perchloroethylene :	solvent, öased
RESPONSIBLE OFFICIAL: APA BAY Name (Ples	TAT, A~ ase Print)	Signal Signal	rure C	7-0/-99 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.

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TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	□ COM	PLAINT/DISCOVERY	ຼີ
	RE-INSPECTION		Hm-02694-	50
V		_	01/31/07	NED)
AIRS ID#: <u>>10058</u>	DATE: 11 20 100	TIME IN: 10	15Am TIME, OUT:	10:45 Am
_	\ <i>\</i>			
FACILITY NAME: <u>CR</u> A	un 1 Han	Cleaners	\$ \$\frac{1}{2} \text{\$\frac{1}{2}}\$	3 64,
	(C)	1 -	30 or	
FACILITY LOCATION: $\underline{\partial}$	248 M. Ot Ka	4. T		
	de Ampolalate	C1 .	Solve	
	audechinfo, Lak	س ۱ ر ۵ 	2 6	<u> </u>
RESPONSIBLE OFFICIAL	: Ara Bastajio	PHO:	NE: 954-509-	\$.2 70
CONTACT NAME:		PHO	NE:	
PART I: NOTIFICATION				
(check appropriate box)	<u> </u>			
	, , , ,	-G.co.000+		
1. New facility notified DARM	1 30 days prior to startup	House less 17	79-	المسلق
2. Facility failed to notify DAF	RM to use general permit	(0	}	
				
PART II: CLASSIFICATIO	N			
Facility indicated on notificat	ion form that it is:	□ No	notification form	
(check appropriate box)		□ Dr	op store/out of business/pe	etroleum
A				
1. Existing small area soul		New small area sou		ļ
dry-to-dry only, $x < 140$ gal	•	-to-dry only, $x < 140$	~	· -
transfer only, x < 200 gal/yr		is fer only, $x < 200 \text{ g}$	11- 4-	
both types, $x \le 140$ gal/yr (constructed before $12/9/91$)		h types, x < 140 gal/	<i>,</i> •	
(constructed before 12/9/91)	(cor	nstructed on or after	12/9/91)	1
		New large area sou	rce 🛛	
. J. E. VISTING LARGE AREA SOLL	TCP [] 4 (
3. Existing large area sour			< 2 100 gal/vr	
dry-to-dry only, $140 \le x \le 2$,100 gal/yr dry-	to-dry only, $140 \le x$		1
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$,100 gal/yr dry- 00 gal/yr tran	to-dry only, $140 \le x$ asfer only, $200 \le x \le x$	1,800 gal/yr	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$,100 gal/yr dry- 00 gal/yr tran gal/yr both	-to-dry only, $140 \le x$ asfer only, $200 \le x \le x$ a types, $140 \le x \le 1$,	1,800 gal/ут 800 gal/уг	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$,100 gal/yr dry- 00 gal/yr tran gal/yr both	to-dry only, $140 \le x$ asfer only, $200 \le x \le x$	1,800 gal/ут 800 gal/уг	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$	dry- 00 gal/yr tran gal/yr both (con	-to-dry only, $140 \le x$ asfer only, $200 \le x \le x$ types, $140 \le x \le 1$, astructed on or after	1,800 gal/ут 800 gal/уг	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) 5. This is a correct facility of	dry- 1,100 gal/yr dry- 100 gal/yr tran 100 gal/yr both 110 (cor	to-dry only, $140 \le x$ asfer only, $200 \le x \le x$ a types, $140 \le x \le 1$, astructed on or after $\square N$	1,800 gal/yr 800 gal/yr 12/9/91)	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) 5. This is a correct facility of the property of	appropriate classification	to-dry only, $140 \le x$ asfer only, $200 \le x \le x$ types, $140 \le x \le 1$, astructed on or after $y \in \mathbb{N}$	1,800 gal/yr 800 gal/yr 12/9/91) not determine	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) 5. This is a correct facility of the facility of	appropriate classification:	to-dry only, $140 \le x$ asfer only, $200 \le x \le x$ types, $140 \le x \le 1$, astructed on or after $y \in \mathbb{N}$ Can the permit as number $y \in \mathbb{N}$	1,800 gal/yr 800 gal/yr 12/9/91) not determine	_
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) 5. This is a correct facility of the facility of	appropriate classification	to-dry only, $140 \le x$ asfer only, $200 \le x \le x$ types, $140 \le x \le 1$, astructed on or after $y \in \mathbb{N}$ Can the permit as number $y \in \mathbb{N}$	1,800 gal/yr 800 gal/yr 12/9/91) not determine	·
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) 5. This is a correct facility of the facility of	a,100 gal/yr dry- 00 gal/yr tran gal/yr both (con classification Y appropriate classification ity qualified for a general pity exceeds above limits an	to-dry only, $140 \le x$ asfer only, $200 \le x \le x$ as types, $140 \le x \le 1$, astructed on or after $y = 140 \le x \le 1$. Can permit as number permit as number and is not cligible for	1,800 gal/yr 800 gal/yr 12/9/91) not determine above a general permit	y eleaning
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) 5. This is a correct facility of the facility of	a,100 gal/yr dry- 100 gal/yr tran 100 gal/yr both 10 (con 11 dassification 12 dassification 13 dassification 14 dassification 15 dassification 16 dassification 17 dassification 18 dassification 19 dassification 19 dassification 10 dassification	to-dry only, $140 \le x$ asfer only, $200 \le x \le x$ as types, $140 \le x \le 1$, astructed on or after $y = 140 \le x \le 1$. Can permit as number permit as number and is not cligible for	1,800 gal/yr 800 gal/yr 12/9/91) not determine above a general permit	y cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 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).

	. Has the responsible official of all new sources and existing large area sources: heck appropriate boxes)			
1.	Equipped all machines with the appropriate vent controls?	ΠY	ПΝ	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΩY	Ωи	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	ПИ	□n/a
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΩY	ПΝ	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ΩY	ПN	□N/A
	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΩY	מם	

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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?	OY ON	□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?	OX ON
2. Maintained rolling monthly total & perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	No Peaks
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON CONTA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/i: 5 days of receipt?	oy on d in/a
4. Maintained calibration data? ye applicable direct reading instruments)	Œ Y □N □N/A
5. Maintained exhaust duct moni: ring data on perc concentrations?	DY ON ON/A
6. Maintained startup/shutdown/walfunction plan?	OY ON
7. Maintained deviation reports:	מ/אם אם צם A
Problem corrected?	DY DN BM/A
8. Maintained compliance plan, if applicable?	CHÝ ON ON/A

P	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	·	·	DY ON		
2.	Has the facility maintained a leak log?			OY ON		
3.	Does the responsible official check the	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	ON ON/A		
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A		
	Pumps	MY ON ON/A	Diverter valves	MY ON ON/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by the	ne responsible official?				
	Visual examination (condensed so	olvent on exterior surfaces)	9		
	Physical detection (airflow felt thr	ough gaskets)				
	Odor (noticeable perc odor)	÷		T		
	Use of direct-reading instrumenta	tion (FID/PID/calorimetri	c tubes)			
	Halogen leak detector					
	If using direct-reading instru	umentation, is the equipa	nent:	IDNIA		
	a. Capable of detecting r	perc vapor concentrations	in a range of 0-500 ppm?	□Y □N		
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to and a	fter each use	OY ON		
	c. Inspected for leaks and	d obvious signs of wear or	a weekly basis?	OY ON		
	d. Kept in a clean and so	cure area when not in use	?	DY DN		
	e. Verified for accuracy l	by use of duplicate sample	es (calorimetric only)?	OY ON		
	Inspector's Name (Please Print) United to Susky United to Susky United to Susky United to Susky United to Susky					
	Inspector's Name (Please Prin	l)	Date of Inspe	ction		
	Elistehr & Dush		11/21/9)			
	Inspector's Signature Approximate Date of Next Inspection					

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CROW 1 Hour Cleaners	DATE: _// 20/00
FACILITY LOCATION: <u>0578 St. Rd 7</u>	
Lauderdale Lakes, FL	<u> </u>
Annual Reporting Period: November 1999 TO November	nbar 2000
Based on each term or condition of the Title V general air permit, my facility has remained in complia	nce 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 rep	porting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	1
#2. Term or condition of the general permit that has not been in continuous compliance during the rep	orting period stated above:
Exact period of non-compliance: fromtoto	
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 in this notification are true, accurate and complete. Further, my annual consumption of perchloroethy, purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per combination facilities. RESPONSIBLE OFFICIAL:	lene solvent, based upon
Name (Please Print) 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.

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: 10	A CONTRACTOR OF STATE	ολ
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: 1. Article Addressed to: 10	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Article Number (Copy from service label) C.O.D. 4. Restricted Delivery? (Extra Fee) Yes C.O.D. Restricted Delivery? (Extra Fee) C.O.D. C.D. C.	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: 10 AIRS ID # 0112258001AG ARA BASTAJIAN CROWN 1 HOUR CLEANERS	C. Signature Agent Addressee D. Is delivery address different from item 1?
7000 0600 0026 4130 3222	LAUDERDALE LAKES FL 33313	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
	7000 Ole00 0026 41	/30 3 2 2 2 urn Receipt 102595-99-M-1789

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3252	CERTIFIÉ	Service D MAIL RECEIPT Only; No Insurance Coverag	ge Provided)
43.30	Postage Certified Fee	s	Postmark ·
0.026	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
0090	Ā 10 A	AIRS ID # 0112258001AG	
7000	Š CROWN 1 HOU 2578 N STATE I	R CLEANERS	₩or Instructions



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 # 0112258

CROWN I HOUR CLEANERS ARA BASTAJIAN 2578 N STATE ROAD 7

LAUDERDALE LAKES FL 33313

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



0390109

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 # 0112258

CROWN 1 HOUR CLEANERS ARA BASTAJIAN 2578 N STATE ROAD 7 LAUDERDALE LAKES FL 33313

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Obj.: 002273

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

RECEIVED

MAI ROOM

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112358 CERTIFIED METAL FINISHING INC DAVID W SEXTON JR 1420 SW 28TH AVENUE POMPANO BEACH FL 33069

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

Obj.: 002273

CERTIFIED METAL FINISHING, Inc.

1420 S.W. 28TH AVENUE POMPAÑO BEACH, FLORIDA 33069 BROWARD (954) 979-0707 DADE (305) 944-6892

INVOICE NO.	INVOICE DATE		DESCRIPTION		BALANCE DUE	DISCOUNT	NET AMOUNT
	12/06/99	AIRS ID 0	0112358		50.00		50.00
			Check Number	Check Date	-		
Please Detach and	ease Detach and Retain This Portion 026 950 12/07/99 50.00 .00 50.00						