

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 14, 1996

Mr. Ralph Erez Dry Clean Express 435 North Federal Highway Pompano Beach, Florida 33062

Dear Mr. Erez:

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

loty let

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. John Coppola, Broward County

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

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259022



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

RECEIVED MAIL ROOM

JAN 27 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0112260 POMPANO PLAZA FRENCH CLEANERS RALPH EREZ 435 NORTH FEDERAL HWY POMPANO BEACH FL 33062

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273

# #0112260

	to wan on
	Dryclean Express
	spoke with Ralph Erez -9/16/96
p./3	6. add title-Owner
p./4	1.(c) mark out "V" and initial
	3. Should be new small area source
p./5	4 Should be new small area source
,	W/refrig.con.
	5. (f) required
	:
1	
	<del> </del>
	<del></del>

#### Perchloroethylene Dry Cleaning Facility Notification

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

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	POMPANO PLAZA FRENCH CLEANERS.
2.	Site Name (For example, plant name or number):
	DRYCLEAN EXPRESS
	•
3.	Hazardous Waste Generator Identification Number:
	FLD 094058724
4	Facility Location:
••	Street Address: 435 NORTH FEDERAL HWY.  City: FOMPAND BCH. County: BROWARD Zip Code: 33062
	City: POMPAND RCH. County: RROWARD Zip Code: 32040
	75002
5.	Facility Identification Number (DEP Use):
ton T	0//2260
	Responsible Official
(6)°	Name and ATIAN of Danage it to Official.
(0)	Name and Title of Responsible Official:
	RALPH EREZ
7	Responsible Official Mailing Address:
,.	Organization/Firm:
	Street Address: 435 N, FEDERAL HWY.
	City: POMPAND BCH. County: DON WARD Zip Code: 23067
	Organization/Firm: Street Address: 435 N, FEDERAL HWY. City: POMPANO BCH. County: BROWARD Zip Code: 33062
8.	Responsible Official Telephone Number:
	Telephone: (954 942 096) Fax: ( ) -
	Facility Control (IC 1966 and Control Description (IL) Office (I)
	Facility Contact (If different from Responsible Official)
9	Name and Title of Facility Contact (For example, plant manager):
7.	Traine and Title of Lacinty Contact (For example, plant manager).
-	•
10.	Facility Contact Address:
	Street Address:
	City: 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

#### **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.

SPENCER SPRINT Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	1	#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit	]		* * * *						
(1) w/ ref. condenser	#1	01-103-95	OI-FEB-95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		11 1 1 1							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit						_		a total	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit								· · · ·	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls		<u> </u>							
(b) Control devices are  No control devices  2.(a) What was the total of the control devices  (b) If less than 12 montrol Check why it is less	are requant	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene ( ] months	<b>V</b>		n the latest 12			()
What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	urce [	cation only.) Ne	ew sn	nitions found nall area sour rge area sour	-ce [	3) of	Part II?	
LAISTING TAIGE AN	ca 501	u. cc]	140	** Idi	50 area sour	·	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

Please indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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.

TIME IN: 10:00 TIME OUT: 10:35 AIRS ID#: 01/2260  TYPE OF FACILITY: DRY CLEANER  FACILITY NAME: DRYCLEN EXPRESS DATE: 10( FACILITY LOCATION: 435 N. FEDERAL HWY. POMPANO BOH, FL. 330	0/0-
FACILITY NAME: DRYCLEAN EXPRESS DATE: 10	2/0-
	0/0-
FACILITY LOCATION: 435 N. FEDERAL HWY. POMPANO BOH, FL. 330	817/
	62
RESPONSIBLE OFFICIAL: RALPH EREZ PHONE NUMBER: (954) 942-0	796 í
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).	in
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:	• '
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRE	ED
-	
·	
ł	
COMMENTS:	
-	
The Annual Compliance Certification form has been properly certified and submitted to the inspector.	ио[]
DATE OF NEXT INSPECTION: 0T 98	
(Approximate)	
INSPECTION CONDUCTED BY: HET PENNETCA	
INSPECTOR'S SIGNATURE: (Please Print)  PHONE NUMBER: (954) 519-1	428_

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

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>a</b>	COMPLAINT/D	ISCOVERY	<u> </u>
AIRS ID#: 0112260 D. FACILITY NAME: DRYCLI			n: <u>/0.00</u> 1	TIME OUT: _	0:35
FACILITY LOCATION: 43	5 N. FEDE	EAL HW	y. Pompaus	BCH, FL.	33062
RESPONSIBLE OFFICIAL : _	RALPH EREZ	2	_phone: <u>(954</u>	1)942-096	/
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30	) days prior to starting				
2. Facility failed to notify DARM			•		
	<del></del>		<del></del>		
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification☐ Drop store/out		troleum
Facility indicated on notification	2. dry tra bot	nsfer only, $x$ th types, $x < 1$	□ Drop store/out rea source x < 140 gal/yr < 200 gal/yr		troleum
Facility indicated on notification (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	dry tra bot (co  4. 0 gal/yr gal/yr tra: //yr bot	v-to-dry only, nsfer only, x th types, x < to structed on New large a v-to-dry only, nsfer only, 20th types, 140	□ Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr	t of business/pe	troleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ gal	dry trai bot (co  4. 0 gal/yr gal/yr trai //yr bot (co	v-to-dry only, nsfer only, x th types, x < onstructed on New large a v-to-dry only, nsfer only, 20 th types, 140 onstructed on	Drop store/out area source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/y}$ $\le x \le 1,800 \text{ gal/yr}$	t of business/pe	troleum
Facility indicated on notification (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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91)  5. This is a correct facility clas  If no, please check the ap	2. dry train bot (co dry	v-to-dry only, nsfer only, x th types, x < to structed on New large a v-to-dry only, nsfer only, 20th types, 140 onstructed on Y \bigcup N	Drop store/out  Trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  Trea source $140 \le x \le 2,100 \text{ gal/yr}$ or after $12/9/91$ ) $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determinaber	t of business/pe	troleum

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ONA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ONA 2. Examining the containers for leakage? BY ON 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? DY DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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 udsorber 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 ON 1. Equipped all machines with the appropriate vent controls? 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 ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated PAY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ONA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also	0:
Measured and recorded the exhaust temperature on the outlet side of the condens on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	er located
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?	DY DN DNA
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, contract or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	tion,
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

P	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	
l.	Maintained receipts for perc purchased?	r dr
2.	Maintained rolling monthly averages of perc consumption?	oy on
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or;	BY 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?	GY ON ON/A
4.	Maintained calibration data? (for applicable direct reading instruments)	OY ON PANA
5.	Maintained exhaust duct monitoring data on perc concentrations?	CY ON CON/A
6.	Maintained startup/shutdown/malfunction plan?	Ø₹ on
7.	Maintained deviation reports?	<b>P</b> ON □N/A
	Problem corrected?	ON ON A
8.	Maintained compliance plan, if applicable?	OY ON PHIA

PAR	RT VI: LEAK DETECTION AND R	CEPAIRS		
1. D	oes the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection ar	nd repair
iı	nspection?			ery on
2. H	las the facility maintained a leak log?			ØY □N
3. D	oes the responsible official check the	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	MY ON ON/A	Stills	ery on on/a
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	DY DN MYA
	Pumps	ØY ON ON/A	Diverter valves	MY ON ON/A
	Solvent tanks and containers	ØY ON ON∕A	Cartridge filter housings	MY ON ON/A
	Water separators	CY ON ON/A		
4. V	Which method of detection is used by the	ne responsible official?		
	Visual examination (condensed so	olvent on exterior surfaces	)	<b>9</b>
	Physical detection (airflow felt the	rough gaskets)		<b>G</b>
	Odor (noticeable perc odor)		•	Cr Cr
	Use of direct-reading instrumenta	tion (FID/PID/calorimetri	c tubes)	
	Halogen leak detector			
	If using direct-reading instru	umentation, is the equip	ment:	□N/A
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	OY ON
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	fter each use	מט עם
	c. Inspected for leaks an	d obvious signs of wear or	n a weekly basis?	OY ON
	•	ecure area when not in use	•	OY ON
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON
	ART PENNETTA		10/8/97	
	Inspector's Name (Please Prin	nt)	Date of Inspe	ction
	Oct Post		~+ \9\$	>
	Inspector's Signature		Approximate Date of I	Next Inspection

0112260

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DRYCLEAN	EXPRESS		DATE	10/8/97
FACILITY LOCATION: 435 N.	FED. Hwy. Por	1PANO BCH.	FL, 3300	2
Annual Reporting Period:	. 8 19	9 <u>%</u> то <u>«</u>	र 8	19 77
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	·			EP Rule □NO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in conti	nuous compliance duri	ng the reporting per	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 has not been in conti	nuous compliance duri	ing the reporting per	iod 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, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, m	y angual confunction llous per year for any-i	of perchloroethylen	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 \_\_\_\_.

RECEIVED

NOV 1 2 1997



399727

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 # 0112260

DRYCLEAN EXPRESS RALPH EREZ 435 NORTH FEDERAL HWY POMPANO BEACH FL 33062

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301772

70 

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**

RECEIVED MAIL ROOM

Do NOT Remove Label

AIRS ID#0112260 POMPANO PLAZA FRENCH CLEANERS RALPH EREZ 435 NORTH FEDERAL HWY POMPANO BEACH FL 33062

# EEST AVAILABLE COPY

10 AIRS ID # 0112260001AG  RALPH EREZ  DRYCLEAN EYRDESS	ffires formaten
POMPANO BEACH FL 33062	1 200 F Monitoring Sexpress Mail
	☐ Return Receipt for Merchandise ☐ C.O.D. (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000000000000000000000000000000000000	102595-99-M-1789

0085	USLROSICIS CERTIFIED Pomeste Matic	ETMICE MAIL RECI	EIPT Coverage Provided)
47.30	Postage Certified Fee	\$	Postmark
0026	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
7000 0600	T 10 A RALPH EREZ DRYCLEAN EX 435 NORTH FEI POMPANO BEA	DERAL HWY	01AG
ĺ	Partelin seaschesian.	Abiel Colorente Carlotte en Car	eae moderse for Instructions





#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356841

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

DRYCLEAN EXPRESS RALPH EREZ 435 NORTH FEDERAL HWY POMPANO BEACH FL 33062

AIRS ID # 0112260

JAN I I 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 AIRS ID# 0112260

Mr X

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	DRYCLEAN	Express	DATE:	12/58
FACILITY LOCATION: 435	- N. ted			<u> </u>
Annual Reporting Period: / A				
Based on each term or condition of the Title V get 62-213.300, Florida Administrative Code (F.A.C.)	•		<u> </u>	P R̃ule □NO
If NO, complete the following:				
#1. Term or condition of the general permit that l	has not been in continu	ious compliance during	the reporting perio	d stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:	<del></del> -			
Method used to demonstrate compliance:				
#2. Term or condition of the general permit that	has not been in contin	ous compliance during	the reporting perio	d 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 made in this notification are true, accurate and compon purchase receipts, does not exceed 2.101 gas combination facilities.  RESPONSIBLE OFFICIAL:	omplete. Further, my	annual consumption of t	perchloroethylene s gallons per year)	solvent, based

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

TYPE OF INSPECTION:	ANNUAL (	COMPLAINT/DISCOVERY	BEST AVAILABLE COPY
TIME IN:	TIME OUT:	AIRS ID#:	0112260
TYPE OF FACILITY:	Perc	DRycleAN	
FACILITY NAME:	DRY Clean F	XDRESS	DATE: 12/22/98
FACILITY LOCATION:	435 N.	Federal Huy.	/_/
RESPONSIBLE OFFICIAL:		PHONE NUMBE	:R:
	the compliance requirements e Ruie 62-213.300, Florida Admi	valuated during this inspection, the linistrative Code (F.A.C.).	facility is found to be in
Based on the results of discrepancies were not	·	evaluated during this inspection, the	following compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	M   FOLLOW-UP AC	TION REQUIRED
COMMENTS:		I	
The Annual Compliance Certi	fication form has been properly	certified and submitted to the inspec	NOT. YES NOT
DATE OF NEXT INSPECT!	ON:	198	
INSPECTION CONDUCTE	D BY:	(Approximate)  Ohn  (Please Print)	/A
INSPECTOR'S SIGNATUR	E: Amprila	PHONE NUMB	er: (954)579-1
	.P.	ageo{	Revised 19/

Page\_\_\_\_o:\_\_\_.

# PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIA	NCE INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL	COMPLAINT/PISCOVERY COMPLA
RE-INSPE	CHION D REGION
ACC INCL	ECTION D RESPONDENT DATE & 1969
	Air Montograp
AIRS ID#: 0//2260 DATE: /	22/98 TIME IN: TIME OUT: Sources
FACILITY NAME: DRUCKE	TIME IN: TIME OUT AIR MONHORING  TIME OUT AIR MONHORING  BUTE OUT SOURCES  BUTE OUT SOURCES
FACILITY LOCATION: 43	5 N. Federal Huy
	ompano Bel.
Bodal	EREZ PHONE: (954)942-0961
RESPONSIBLE OFFICIAL: 14/ph	EREZ PHONE: (954)942-096/
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior	to startup D2
2. Facility failed to notify DARM to use gene	ral permit
<u> </u>	
PART II: CLASSIFICATION	
PART II: CLASSIFICATION  Facility indicated on notification form that	it is:
Facility indicated on notification form that (check appropriate box)	it is:    No notification form   Drop store out of business petroleum
Facility indicated on notification form that (check appropriate box)  A.	☐ Drop store out of business petroleum
Facility indicated on notification form that (check appropriate box)  A.  1. Existing small area source	☐ Drop store out of business petroleum  2. New small area source  ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Facility indicated on notification form that (check appropriate box)  A.	☐ Drop store out of business petroleum
Facility indicated on notification form that (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	Drop store out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
Facility indicated on notification form that (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
Facility indicated on notification form that (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)	Drop store out of business petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/9!)
Facility indicated on notification form that (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	Drop store out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/9!)  4. New large area source
Facility indicated on notification form that (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	Drop store out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/9!)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
Facility indicated on notification form that (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	Drop store out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/9!)  4. New large area source
Facility indicated on notification form that (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	Drop store out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/9!)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that (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	Drop store out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/9!)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that (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)	Drop store out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/9!)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/9!)  □Y □N □Can not determine
Facility indicated on notification form that (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate of facility qualified for	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/9!)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/9!)  □Y □N □Can not determine
Facility indicated on notification form that (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate of facility qualified for facility exceeds about the constructed before 12/9/91.	Drop store out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/9!)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/9!)  □Y □N □Can not determine  lassification: or a general permit as number above ove limits and is not eligible for a general permit
Facility indicated on notification form that (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate of facility qualified for facility exceeds about the constructed before 12/9/91.	Drop store out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/9!)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/9!)  □Y □N □Can not determine  Plassification:  Par a general permit as number above

#### PART III: GENERAL CONTROL REQUIREMENTS

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

10 YE	AMD 1
-------	-------

# אום אם אים Ara

#### 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)
- (check appropriate boxes)
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

1. Equipped all machines with the appropriate vent controls?

- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?







ON ON!

ar on

MY ON OMA

DY ON

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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ND	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ИП	□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?	ΩY	ИD	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ИO	` □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	אם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ИΩ	ON/A

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

PA	RT VI: LEAK DETECTION AND R	EPAIRS				
I.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			NO YE		
2.	Has the facility maintained a leak log?			oy on		
3.	Does the responsible official check the f	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	אורם אם אפ <i>ס</i>		
	Door gaskets and seating	DY ON ON/A	Stills	DAY-ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	אלאם אם צם		
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	GY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	BY ON ONA				
4.	Which method of detection is used by the	ne responsible official?				
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	tion (FID/PID/calorimetri	c tubes)	a		
	Halogen leak detector					
	If using direct-reading instru	umentation, is the equip	ment:	DN/A		
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	ND YD		
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard gas prior to and a	ufter each use	NO YO		
	c. Inspected for leaks an	d obvious signs of wear o	n a weekly basis?	אם אם		
	d. Kept in a clean and se	ecure area when not in use	e?	ND YC		
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	אם אם		
<u> </u>		<del></del>	<u> </u>			

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY C	
		9 TIME IN: TIME OUT:	
FACILITY NAME:	•		
FACILITY LOCATION:	435' NORTH	1 FEDERAL HUY PEMONIO BON FL.	- 2
	_	REZ PHONE: <u>954-942-0961</u>	_
CONTACT NAME:	Same	PHONE:	_
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARN	A 30 days prior to starti	tup 🖼	
2. Facility failed to notify DA	RM to use general perm	mit $\square$	
PART II: CLASSIFICATIO	N		
Facility indicated on notifica (check appropriate box)	tion form that it is:	☐ No notification form ☐ Drop store/out of business/petroleum	
A			- 11
A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)	Vyr d r t l	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)	X r C
1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr	/yr	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )  6. Our Constructed on or after $12/9/91$ )	KECEIVEL
<ol> <li>Existing small area soud dry-to-dry only, x &lt; 140 gatransfer only, x &lt; 200 gal/y both types, x &lt; 140 gal/yr (constructed before 12/9/91</li> <li>Existing large area soudry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800</li> </ol>	l/yr (1) (r	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)	\ \
<ol> <li>Existing small area sour dry-to-dry only, x &lt; 140 gas transfer only, x &lt; 200 gal/y both types, x &lt; 140 gal/yr (constructed before 12/9/91</li> <li>Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91</li> <li>This is a correct facility of facility of facility of facility of facility of the facility of facil</li></ol>	l/yr (r tr	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )  Ty $\square N$ $\square Can$ not determine	\ \

#### 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 Examining the containers for leakage? MD YE 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at PIY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BN/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) MU AK 1. Equipped all machines with the appropriate vent controls? OY 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 DAY DIN DINA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DN ⊅r condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DV DN 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:		<u> </u>	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	. Is the temperature differential equal to or greater than 20° F?	ΠY	ΩИ	□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?	$\square Y$	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	Ои	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	_N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A
PA	ART V: RECORDKEEPING REQUIREMENTS			
ſ	as the responsible official: heck appropriate boxes)			
1.	Maintained receipts for perc purchased?	ØΎ		
2.	Maintained rolling monthly total of perc consumption?	ŒΎ	ПΝ	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or;	ØÝ	ПN	□N/A

P	PART VI: LEAK DETECTION AND REPAIRS							
l.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			om on				
2.	Has the facility maintained a leak log?			DAY ON				
3.	Does the responsible official check the	following areas for leaks	?					
	Hose connections, fittings, couplings, and valves	□Y □N □N/A	Muck cookers	DY ON ON/A				
	Door gaskets and seating	ØY ON ON/A	Stills	OY ON ON/A				
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	ØY ON ON/A				
	Pumps	DY ON ON/A	Diverter valves	OPÝ □N □N/A				
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	ØY ON ON/A				
	Water separators	DY ON ON/A						
4.	Which method of detection is used by	the responsible official?						
	Visual examination (condensed s	solvent on exterior surface	es)	<b>u</b>				
	Physical detection (airflow felt th	rough gaskets)						
	Odor (noticeable perc odor)			<b>3</b>				
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)					
	Halogen leak detector							
	If using direct-reading inst	rumentation, is the equi	oment:	ΦΝ/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 ar	nd obvious signs of wear	on a weekly basis?	OY ON				
	d. Kept in a clean and s	secure area when not in u	se?	OY ON				
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON				
		•						
	Λ _							
_	HET PENNETTA 10-4-97							
	Inspector's Name (Please Pri	nt)	Date of Inspe	ction				
	let Vest		CCT 2001	, ,				
_	Increator's Signature		American Data of	Novt Inspection				

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

0112260

FACILITY NAME:	LEAN EX	RESS:	· <u> </u>		DATE:	10/4/99
FACILITY LOCATION: 43	35 NORTH	FEDERAL	Hwy,	Pompruo	BCH. F	<u>33062</u>
Annual Reporting Period:	12/22	·	19 <u>48</u> то		4	1999
Based on each term or condition of to 62-213,300, Florida Administrative		-	-	_	_	P Rule NO
If NO, complete the following:						
=1. Term or condition of the general	I permit that has	not been in con	tinuous compl	iance during the r	eporting perio	d stated above:
Exact period of non-compliance: fro	)m			to		
Action(s) taken to achieve compliance	ce:					·
Method used to demonstrate complia	ince:					
≠2. Term or condition of the general	l permit that has	not been in con	tinuous compl	iance during the r	eporting perio	d stated above:
Exact period of non-compliance: fro	m			_ to		
Action(s) taken to achieve compliance	;e:					
Method used to demonstrate complia	.nce:			•		
As the responsible official, I hereby of made in this notification are true, accupon purchase receipts, does not excombination facilities.  RESPONSIBLE OFFICIAL:	curate and comp	olete. Further, not some server for a	ny annual con	sympton of perch	loroethylene s	olvens, based
This form is made available to you a discretion of the responsible official t	as an aid in orde to use this form.	r to meet your a	nnual complia	nce certification re	equirements.	it is at the

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

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389214

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 # 0112260

DRYCLEAN EXPRESS RALPH EREZ 435 NORTH FEDERAL HWY POMPANO BEACH FL 33062 FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: BLO
Fund: 20-2-035001
Obj.: 002273

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	1 0 Q	COMPLAINTA	DISCOVERY	• •
AIRS ID#: <u>0112260</u> FACILITY NAME: <u>DR</u> FACILITY LOCATION:	YCLEAN EXP	RESS_		100 Ai - E	10:35 FL
RESPONSIBLE OFFICIAL CONTACT NAME:			_ phone: <u>(95</u> _ phone: _	- -	, [
PART I: NOTIFICATION					
(check appropriate box)  1. New facility notified DARM 30 days prior to startup  2. Facility failed to notify DARM to use general permit					
PART II: CLASSIFICATION					
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sou	rce	ransfer only, x oth types, x <	area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91)	on form  ut of business/petr	olcum
dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of the facility of facility of facility of the facility of faci	d,100 gal/yr d gal/yr tr gal/yr b (	ry-to-dry only ransfer only, 2 oth types, 140 constructed or IN on: all permit as n	$x$ , $140 \le x \le 2,100$ gal. $200 \le x \le 1,800$ gal. $200 \le x \le 1,80$	gal/yr /yr mine nbove	
B. The total quantity of perchlorocthylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 25 gallons.					

#### PART III: GENERAL CONTROL REQUIREMENTS 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? AYON ON/A 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/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) MA ON 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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΈLΥ	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?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	מם	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		⊐и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY (	אכ	□N/A

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

PAR	T VI: LEAK DETECTION AND I	REPAIRS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
in	spection?			DY DN	
2. H	as the facility maintained a leak log?			DAY DN	
3. D	oes the responsible official check the	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A	
	Door gaskets and seating	MY ON ON/A	Stills	CY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	OY ON ON/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ONA	
	Water separators	DY ON ON/A			
4. W	hich method of detection is used by the	ne responsible official?			
	Visual examination (condensed solvent on exterior surfaces)				
	Physical detection (airflow felt thr	ough gaskets)		Ø	
	Odor (noticeable perc odor)			प्र	
	Use of direct-reading instrumental	tion (FID/PID/calorimetric	tubes)	0	
	Halogen leak detector			۵	
	If using direct-reading instru	mentation, is the equipme	ent:	MN/A	
	a. Capable of detecting p	erc vapor concentrations in	a range of 0-500 ppm?	OY ON	
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas prior to and afte	er 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?		OY ON	
	e. Verified for accuracy b	y use of duplicate samples	(calorimetric only)?	OY ON	
_					
	· · · · · · · · · · · · · · · · · · ·				
	Apt PENNISTA		10/5/00		
	Inspector's Name (Please Print)  Date of Inspection				
	let terit		<u> </u>	<u> </u>	
	Inspector's Signature	<del></del>	Approximate Date of N	Vext Inspection	

AIRS ID#: 01/2260

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DRYCLEAU EXPRESS	DATE: 10 5 00
FACILITY LOCATION: 435 N. FEDERAL HWY	. Pompano Bon, FL 33002
Annual Reporting Period: OCT 4 1999 7	ro <u>CCT 5 20</u> CO
Based on each term or condition of the Title V general air permit, my facility ha 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous com-	apliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general permit that has not been in continuous com	pliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief form in this notification are true, accurate and complete. Further, my annual consumpurchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	ption of perchloroethylene solvent, based upon

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the

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

discretion of the responsible official to use this form.