

# 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. Arthur C. Li The Dry Cleaner 5534 West Oakland Park Boulevard Lauderhill, Florida 33313

Dear Mr. Li:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 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, F1 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

oth bletz

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. John Coppola, Broward County

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

401442

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 # 0112264

THE DRY CLEANER ARTHUR C LI 5534 W OAKLAND PARK BLVD LAUDERHILL FL 33313 JAN - 2 (

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

# #01/2264

,	The Dry Cleaner
	+ 1 re Dry Clearies
	-spoke with Arthur Li-9/16/96
1	
p./3	6 add title - Owner
p.15	5. (c) not required, mark out "V" and initial
	5.(f) required
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### Perchloroethylene Dry Cleaning Facility Notification

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
ArThur. C. Li - ArT's Drycleaning Inc-D.BA The Dry Cleaner  2. Site Name (For example, plant name or number):					
2. Site Name (For example, plant name or number):					
The Dry Cleaner					
3. Hazardous Waste Generator Identification Number:					
N.J. D054126264					
4. Facility Location: 5534 West Oak land Pk Blod. Street Address: City: Landenhill County: Broward Zip Code: 333/3.					
City: P County: Remark Zip Code: 222/2.					
5. Facility Identification Number (DEP Use):					
Responsible Official					
(%) Name and Title of Pagnancible Official.					
Name and Title of Responsible Official:					
Mrlhur 6 to					
7. Responsible Official Mailing Address: Organization/Firm: The Dry bearing Block Street Address: 5534 W pak land Pk Block City: Landerhell. County: Broward Zip Code: 333/3.					
Street Address: 5534 Wpak land PR Bwa					
City: Landerhell. County: Broward- Zip Code: 33313.					
8. Responsible Official Telephone Number:					
Telephone: $(954)730-3233$ Fax: $(-)$ — - —					
Facility Contact (If different from Desponsible Official)					
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:					
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) - RECEIVED  RECEIVED  RECEIVED  Received of Air Monitoring Sources  Bureau of Air Monitoring Sources					
ECF, "App					
Rr 28 Waring					
AUS air Monices					
iveau nobile sour					
DED Form No. 62-213 900(2) Page 13 of 16					

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#### **Facility Information**

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

Type of Machine  Type of Machine  ID  Type of Machine  ID  ID  ID  ID  ID  ID  ID  ID  ID  I		Date	Date		Date	Date
Type of Machine    ID   Purchased   Instate	rol	Machine	Control		Machine	Control
Example #1 03-OCT-93 12-16  Dry-to-Dry Unit #4 99 4 44  (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required, but not yet in (c) No control devices are required to be instant (b) If less than 12 months, how many? Language (1) Check why it is less than 12 months: New (1) Select one classification base (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ce	Initially	Device		Initially	Device
Dry-to-Dry Unit	lled ID	Purchased	Installed	ID	Purchased	Installed
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required, but not yet in the condenser of the condense of the conde	NOV-93 #2	08-DEC-91		#3	02-MAR-92	02-MAR-9
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required, but not yet in the condenser of the condense of the condens	491					
(3) w/ no controls  Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required, but not yet in the condenser of the c	liai	1				
Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required, but not yet in the condenser of the cond	Gai					
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(5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required, but not yet in the condenser of the condense of the conde					-	
(6) w/ no controls   Dryer Unit   (7) w/ ref. condenser   (8) w/ carbon adsorber   (9) w/ no controls   Reclaimer Unit   (10) w/ ref. condenser   (11) w/carbon adsorber   (12) w/ no controls   (12) w/ no controls   (13) w/ control devices are required, but not yet it (c) No control devices are required to be instant   2.(a) What was the total quantity of perchloroeth   2.5 feel gallons   (b) If less than 12 months, how many? [] Check why it is less than 12 months: New   3. What is the facility's source classification base (Indicate with an "X". Select one classification   12 months   13 months   14 months   15 months   16 months   16 months   17 months   17 months   18 months						
Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required, but not yet in the condenser (12) w/ no control devices are required to be instance.  2.(a) What was the total quantity of perchloroeth gallons  (b) If less than 12 months, how many? [] Check why it is less than 12 months: New  3. What is the facility's source classification base (Indicate with an "X". Select one classification						
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(9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser  (11) w/carbon adsorber  (12) w/ no controls  (b) Control devices are required, but not yet in the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required, but not yet in the control devices are required, but not yet in the control devices are required, but not yet in the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required, but not yet in the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices are required to be instant as a second of the control devices ar		1				
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<ul> <li>(b) Control devices are required, but not yet in the control devices are required to be instant.</li> <li>2.(a) What was the total quantity of perchloroeth gallons</li> <li>(b) If less than 12 months, how many? [] Check why it is less than 12 months: New</li> <li>3. What is the facility's source classification base (Indicate with an "X". Select one classification)</li> </ul>						
<ul> <li>(b) Control devices are required, but not yet in the control devices are required to be instant.</li> <li>2.(a) What was the total quantity of perchloroeth gallons</li> <li>(b) If less than 12 months, how many? [] Check why it is less than 12 months: New</li> <li>3. What is the facility's source classification base (Indicate with an "X". Select one classification)</li> </ul>						
(Indicate with an "X". Select one classificatio	nylene (perc)	purchased in				[]
Existing large area source [ ]	n only.) New sm	nitions found nall area sour	ce []	3) of	Part II?	

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)						
Existing large area source  Carbon adsorber  Refrigerated condenser  []						
New small area source Refrigerated condenser []						
New large area source Refrigerated condenser []						
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:						
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.						
All steam and hot water generating units exempt  No such units on-site  3 H.P. electric Boiler 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						
© Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration monitoring						
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction plan						

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#### Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ليكا	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prob	mptly notify the Department of any changes to the information contained in this notification.  8-26-96.  Date

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#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT OMPLIANCE INSPECTION CHECKLI.

RE-INSPECTION: ANNUAL	ON D		
AIRS ID#: 0// 2264 DATE: 10.23.	.97 TIME IN: 1:00 TIME OUT: 2:00		
FACILITY NAME: The Dry Clean	er		
FACILITY LOCATION: 5534 West	Oakland Park Boulevard		
Lauderhill	Florida 33313		
ll ·	. Li. PHONE: 730. 3233		
CONTACT NAME:	PHONE:		
PART I: NOTIFICATION			
(check appropriate box)	artup . 🖸		
1. New facility notified DARM 30 days prior to startup			
2. Facility failed to notify DARM to use general po	ermit $\square$		
PART II: CLASSIFICATION			
PART II: CLASSIFICATION  Facility indicated on notification form that it is:	□ No notification form		
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum		
Facility indicated on notification form that it is:			
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum  2. New small area source   dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr		
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,300 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr		
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification gallyr qualified for a general 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 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □ Y □ N □ Can not determine		

PART III: GENERAL CONTRI	REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tigl	tly sealed and impervious containers?	©Y □N □N/A		
2. Examining the containers for lea	kage?	CY ON ON/A		
3. Closing and securing machine do	מין סא			
4. Draining cartridge filters in their least 24 hours prior to disposal?	housing or in sealed containers for at	er on on/a		
5. Maintaining solvent-to-carbon rabeds according to the manufacture	tios and steam pressure for carbon adsorber rer's specifications?	OY ON ON/A		

### 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) PY DN 1. Equipped all machines with the appropriate vent controls? CYY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated BY DN 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? CY ON ONA 6. Conducted all temperature monitoring after an appropriate cooldown period and after MD YES verifying that the coolant had been completely charged?

	<u> </u>		
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 locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed DY D	И
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY C	N □N/A
	Is the temperature differential equal to or greater than 20° F?	OY O	A/NO NC
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 C	אומם מנ
	Is the perc concentration equal to or less than 100 ppm?		AND NO
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 C	אועם ענ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	םץ כ	N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY O	אואם אנ
<del></del>			
P	ART V: RECORDKEEPING REQUIREMENTS		
II .	as the responsible official: heck appropriate boxes)		
1.	Maintained receipts for perc purchased?	ey o	-
2.	Maintained rolling monthly averages of perc consumption?	94 O	11/2

TART V. RECORDAZETHO REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	ey on
2. Maintained rolling monthly averages of perc consumption?	84 0%
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?	ay on on/a
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	NC YO
7. Maintained deviation reports?	ANA NO YO
Problem corrected?	AVAC NC YO
8. Maintained compliance plan, if applicable?	AVA NO YÉ

PART V	I: LEAK DETECTION AND R	EPAIRS		
1. Does	the responsible official duct a v	veekly (for small sources, b	i-weekly) leak detection at	nd repair
inspe	ction?			ØY ON
2. Has t	he facility maintained a leak log?	•		ØY ON
3. Does	the responsible official check the fe	ollowing areas for leaks?		
	Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	ZY ON ON/A
	Door gaskets and seating	MY ON ON/A	Stills	ØY ON ON/A
	Filter gaskets and seating	ØY ON ON/A	Exhaust dampers	AND ND YE
	Pumps	ZÝ ON ONA	Diverter valves	ZY ON ON/A
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	ØY ON ON/A
	Water separators	MY ON ON/A		
4. Whic	th method of detection is used by th	e responsible official?		
	Visual examination (condensed so	lvent on exterior surfaces)		₽ .
	Physical detection (airflow felt three	ough gaskets)		<b>2</b> ′
	ব্			
	<b>B</b>			
Halogen leak detector				<b>T</b>
	If using direct-reading instru	mentation, is the equipm	ent:	□N/A
	a. Capable of detecting p	erc vapor concentrations ir	a range of 0-500 ppm?	OY ON
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				מס עם
c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON	
	·	cure area when not in use?	-	OY ON
	·	by use of duplicate samples		OY ON
	,		•	
	Bob Thomas		10 - 23 - 9 Date of Inspe	7
	Inspector's Name (Please Prin	t)	Date of Inspe	ection
	Bob Thomas		October	1998
	Inspector's Signature		Approximate Date of	Next Inspection

REST AVAILABLE COPY	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:00 - ME OUT: 2:00	Al' D#: 01/ 2264
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: The Dry Cleaner	DATE: 10-23-97
FACILITY LOCATION: 5534 West Oakland PS	ark Boulevard
Lauderhill Florids	33313
RESPONSIBLE OFFICIAL: A-Hor C. Li	PHONE NUMBER: 730-3233
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administrat	
Based on the results of the compliance requirements evaluat discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
1	
·	
•	
·	
	•
COMMENTS:	
The Annual Compliance Certification form has been properly certifie	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: October 19	998 proximate)
INSPECTION CONDUCTED BY: B66 Thom	·
	PHONE NUMBER: 519.1459
Page <sup>4</sup>	_of Revised 10

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

260894 /

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

RECEIVED MAIL ROOM

FEB 19 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0112264

ART'S DRY CLEANING ARTHUR C LI 5534 W OAKLAND PARK BLVD LAUDERHILL FL 33313 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obl.: 002273

# 

on the reverse side?	O) adolanua to dot tano autility  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.	also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	eceipt Service.
ADDRESS completed	AIRS ID#: 0112264 ART'S:DRY CLEANING INC ARTHUR C LI 5534 W OAKLAND PARK BLVD LAUDERHILL FL 33313	49. Article N 4b. Service  Registere Express I Return Rec 7. Date of D	Type  ad	for using Return R
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressee and fee is	s Address (Only if requested paid)  Domestic Return Receipt	Thank you

0112264

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNU! COMPLIANCE CERTIFICATION ORM

FACILITY NAME:	The Dry Clea	ner		·	DATE:	10-23-97
FACILITY LOCATION: _	5534 West	Oskland	Brk	Boulevard		
	Louderhill	Florida	73			
Annual Reporting Period:	Oct		1996	то	oct	19 <u>97</u>
Based on each term or condi 62-213.300, Florida Admini	<del>-</del>	=	-			P Rule NO
If NO, complete the followin	ıg:		•			
#1. Term or condition of the	e general permit that has	not been in con	itinuous co	ompliance during t	ne reporting perio	od stated above:
Exact period of non-complia	ince: from			to		<del></del>
Action(s) taken to achieve co	ompliance:				_	
Method used to demonstrate	compliance:					
#2. Term or condition of the	e general permit that has	not been in cor	ntinuous c	ompliance during t	he reporting peri	od stated above:
Exact period of non-complia	nnce: from			to		
Action(s) taken to achieve c	ompliance:		•			
Method used to demonstrate	compliance:					
As the responsible official, I made in this notification are upon rolling averages of pu year for transfer or combinate RESPONSIBLE OFFICIAL	e true, accurate and comprchase receipts, does not ation facilities.  L: A Market A Land	olete. Further,	ту сппиа	l consumption of p	erchloroethylene y facilities or 1,8	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

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

goe

AIRS ID#0112264

ART'S DRY CLEANING INC ARTHUR C LI 5534 W OAKLAND PARK BLVD LAUDERHILL FL 33313

Do NOT Remove Label

Annual Reporting Period:	19	то	19
Based on each term or condition of the Title V g 62-213.300, Florida Administrative Code (F.A.C		•	m
If NO, complete the following:			
#1. Term or condition of the general permit tha	t has not been in continuou	us compliance during	the reporting period stated above:
Exact period of non-compliance: from		to	/ED 00} ) 98
Action(s) taken to achieve compliance:		•	
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that			he reporting period stated above:
Exact period of non-compliance: from	RECE	IVED	
Action(s) taken to achieve compliance:	JAN 2	2 1998	
Method used to demonstrate compliance:	Bureau of Air & Mobile (	Monitoring Sources	,
As the responsible official, I hereby certify, based or notification are true, accurate and complete. Furth does not exceed 2,100 gallons per year for dry-to dry	er, my annual consumption	of perchloroethylene so	lvent, based upon purchase receipts,
RESPONSIBLE OFFICIAL:	Please Print)	Anthur Signatur	1-16-98 Date

<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.

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

202

Je g

AIRS ID#0112264

ART'S DRY CLEANING INC ARTHUR C LI 5534 W OAKLAND PARK BLVD LAUDERHILL FL 33313

Do NOT Remove Label

Annual Reporting Period:	JW	16	1997	то	2VN	16	196
Based on each term or condition of	of the Title	V general air permi	t, my facility	has remai	ned in com	pliance wi	th DEP Rule
62-213.300, Florida Administrativ	ve Code (F.	A.C.), during the pe	riod covered	by this sta	itement.	YES	NO
IFNO appellate the following:							
If NO, complete the following:							···
#1. Term or condition of the gene	ral permit	that has not been in	continuous c	ompliance	during the	reporting	period stated above:
							R
			<del>-</del>			м	
Exact period of non-compliance:	from _			to	'		()
Action(s) taken to achieve complia	ance:					30	
Method used to demonstrate comp	oliance:					of Air	1
					_		3
#2. Term or condition of the gene	ral permit t	hat has not been in	continuous c	ompliance	during the	reporting	period stated above:
man recommendation of the general	ra pomar	and has not seen in		• • • • • • • • • • • • • • • • • • •		. opor-ing	7
		PE	<u> </u>				
Exact period of non-compliance:	from _	, I L	CEI	<u> V E D</u>	)		
Action(s) taken to achieve complia	nce.	ŗ	IMI O o a				
Action(s) taken to active compile			JAN 5 5 14	. •			
Method used to demonstrate comp	liance:	Burea	au of Air Me Mobile Sou	nitoring			
		α	Mobile Sou	rces			
As the responsible official, I hereby			halist farmend				at-tatd- i thin
notification are true, accurate and co	omplete. Fu	rther, my annual con	sumption of p	erchloroet	hylene solve	nt, based u	ipon purchase receipts,
does not exceed 2,100 gallons per yea	ar for dry-to	dry facilities or 1,800	gallons per y	ear for tra	nsfer or con	ibination f	acilities.
	1	17 /		1	<i></i>	11	1
RESPONSIBLE OFFICIAL:	<u> 14 1                                 </u>	MUFC	Zi_/	M/C	Eur,	6K	1-16-98
•	Nam	e (Please Print)			Signature		Date

<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.

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY CON
RE-INSPECTION	COMPLAINT/DISCOVERY CEN VE
	8 1997
AIRS ID#: 0//2264 DATE: 12/30	128 TIME IN: TIME OUT: MAR Sources Bureau of Air Nonitoring Bureau of Air Nonitoring Bureau of Air Nonitoring
FACILITY NAME: The Da	Burea Mobile
FACILITY LOCATION: 5334	W. Ookland PK Blud
Loux	erlull-
RESPONSIBLE OFFICIAL: ARthur	PHONE: 730-3233
CONTACT NAME: Arthur	(; PHONE: 730 - 3233
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	☐N ☐Can not determine
	cation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was <u>28</u> gallons.	urchased within the preceding 12 months by this dry cleaning

CHRBON Adsorber

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) OY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? CY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ONA 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) 1. Equipped all machines with the appropriate vent controls? ND YD DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ONA 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 condenser exceeded 45° F? AVAD AD YD 6. Conducted all temperature monitoring after an appropriate cooldown period and after

PART III: GENERAL CONTROL REQUIREMENTS

ИО УО

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	ON DE
2. Maintained rolling monthly total 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;	QY 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?	BY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	ON ON/A
6. Maintained startup/shutdown/malfunction plan?	מע סא
7. Maintained deviation reports?	DY ON CHY/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON PHYA

### PART VI: LEAK DETECTION AND REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			ON NO	
2.	Has the facility maintained a leak log?			DY ON	
3.	Does the responsible official check the fe	ollowing areas for leaks?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A	
	Door gaskets and seating	SY ON ON/A	Stills	ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	OM ON ON/A	Diverter valves	OY ON ON/A	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ON ON/A	
	Water separators	DY ON ON/A		•	
4.	Which method of detection is used by th	e responsible official?			
Visual examination (condensed solvent on exterior surfaces)					
	<b>Q</b>				
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector			Off.	
	If using direct-reading instru	mentation, is the equipm	ent:	DMA	
	a. Capable of detecting p	erc vapor concentrations is	n a range of 0-500 ppm?	OY ON	
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and af	er each usc	OY ON	
	c. Inspected for leaks and	l obvious signs of wear on	a weckly basis?	UV UN	
	d. Kept in a clean and se	cure area when not in use?		NO YO	
	e. Verified for accuracy b	y use of duplicate samples	(calorimetric only)?	OY ON	
_					

John Corpola	12/30/98
Inspector's Name (Please Print)	Date of Inspection
Roule	(2/99
Anspector's Signature	Approximate Date of Next Inspection

# BEST AVAILABLE COPY

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

FACILITY NAME: The Day Cleaver	DATE: 12/30/88
FACILITY LOCATION: 5534 W. OAK(A	ad PK.
Londahill, Fl. 33	313
Annual Reporting Period:	Dec. 19 <u>98</u>
Based on each term or condition of the Title V general air permit, my facility has remai 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this sta	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance	e 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 made in this notification are true, accurate and complete. Further, my annual consumption purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	tion of perchloroethylene solvent, based
*This form is made available to you as an aid in order to meet your annual compliance of iscretion of the responsible official to use this form.	certification requirements. It is at the

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

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIANCE INSPECTION CHECKLIST				
TYPE OF INSPECTION:	NNUAL	<b>5</b> 0	COMPLAINT/DISCOVERY	
F	E-INSPECTION	a	•	
				\$ 1901. I
AIRS ID#: <u>012364</u> DAT	<b>1</b> : 10/21/99	TIME	in: <u>10'. +Q.,</u> тіме оит:	Ma Oan
FACILITY NAME:	Dur- Cle	aner		Mobile Source
FACILITY LOCATION: 55.	71		PK Blyd	Source
	Lauderhil			
RESPONSIBLE OFFICIAL :		,	PHONE: 730-312	<del></del>
·				
CONTACT NAME:	mue Lijous	ner	_PHONE:	<u> ۲</u>
PART I: NOTIFICATION				
(check appropriate box)  1. New facility notified DARM 30 d	G	exerctics 's	FLD (ESQG	
1. New facility notified DARM 30 d	ays prior to startup	USH E	PA	3
2. Facility failed to notify DARM to				
PART II: CLASSIFICATION				
Facility indicated on notification for (check appropriate box)	rm that it is:		☐ No notification form ☐ Drop store/out of business/p	etroleum
A.	<b></b> 2	Nam amall a	area source	
1. Existing small area source dry-to-dry only, x < 140 gal/yr		New small a -to-dry only,	x < 140 gal/yr	
transfer only, $x < 200 \text{ gal/yr}$	trai	nsfer only, x	< 200 gal/yr	
	no modern bot	h types, $x \le $	140 gal/yr or after 12/9/91)	
(constructed before 1217/71)	(60	nistracted on	of arci (2/7/71)	
3. Existing large area source		New large a		
	gai/yr gry	vino van-oi-v	$140 \le x \le 2,100 \text{ gal/yr}$	
dry-to-dry only, $140 \le x \le 2,100$ g transfer only $200 \le x \le 1,800$ gal				
transfer only, $200 \le x \le 2,100$ g both types, $140 \le x \le 1,800$ gal	/yr trai	nsfer only, 20	$00 \le x \le 1,800 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,800$ gal	/yr trai	nsfer only, 20 h types, 140		
transfer only, $200 \le x \le 1,800$ gall both types, $140 \le x \le 1,800$ gallyr	/yr trai bot (co	nsfer only, 20 h types, 140	$00 \le x \le 1,800 \text{ gal/yr}$ \le x \le 1,800 \text{ gal/yr}	
transfer only, $200 \le x \le 1,800$ galloth types, $140 \le x \le 1,800$ gallyr (constructed before $12/9/91$ )	/yr train bot (co	nsfer only, 20 h types, 140 nstructed on	$00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	· .
transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classifing the second of	/yr train bot (concation priate classification alified for a general	nsfer only, 20 h types, 140 nstructed on  N  n: permit as no	$00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after 12/9/91) $\square$ Can not determine	· .
transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classifing the second of	/yr train bot (concation priate classification alified for a general	nsfer only, 20 h types, 140 nstructed on  N  n: permit as no	$00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	

#### 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DN DN/A 3. Closing and securing machine doors except during loading/unloading? $\square N$ 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 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 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 DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? OY ON

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

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?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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?	Πv	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?			
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,	<b>u</b> 1		
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	QΥ	Ωи	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

PARTY: 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:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	ON ON A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	DY ON ONA
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	אואם אם אם A

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
ir	nspection?				<b>Y</b> Y	″ □N
2. H	as the facility maintained a leak log?				ŒΥ	ПN
3. D	oes the responsible official check the fe	ollowing ar	eas for leaks?			
	Hose connections, fittings, couplings, and valves	DY ON	□N/A	Muck cookers		ON ON/A
	Door gaskets and seating	MD AM	□N/A	Stills ·	ZY C	A/ND NC
	Filter gaskets and seating	NO AP	□N/A	Exhaust dampers	z y c	A/N□ NC
	Pumps	DAY ON	□N/A	Diverter valves	ØY/C	A/ND NC
	Solvent tanks and containers	CA ON	□N/A	Cartridge filter housings	ONY C	N □N/A
	Water separators	ØY □N	□N/A	;		
4. W	hich method of detection is used by th	e responsib	le official?			_
	Visual examination (condensed so	lvent on ex	terior surfaces)			
	Physical detection (airflow felt three	ough gaske	ts)			_
Odor (noticeable perc odor)			Q/			
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector					/	
If using direct-reading instrumentation, is the equipment:			<b>™</b> N/A			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				אב		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				אכ	
	c. Inspected for leaks and	obvious si	gns of wear on a	a weekly basis?	□Y (	אב
	d. Kept in a clean and sec	cure arca w	hen not in use?		OY (	אב
	e. Verified for accuracy b	y use of du	plicate samples	(calorimetric only)?		ור
E	Inspector's Name (Please Print)  Inspection  Inspection					
1						
26	Inspector's Signature			Approximate Date of N	Vext Inc	spection
				-FF		F

DRY CLEANER AIR QUALITY GENERAL PERMITA ANNUAL COMPLIANCE CERTIFICATION FORM
FACILITY NAME: The Day Cleaner:  FACILITY LOCATION: 5534 W. Oakland Pak. Blvd.  Lauderhill, FL.  Sunday Montage Company Compan
Annual Reporting Period: October 1999 TO October 1999  Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   YES NO
If NO, complete the following:  =1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Exact period of non-compliance: from
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Date

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

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

## **BEST AVAILABLE COPY**

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DIS	COVERY	<b>D</b>
<b>V</b>	RE-INSPECTION	۵	FIDCE	SQG	
AIRS ID#: 0112264 D	1 ' .	TIME I	N: 9:45an TI	ME OUT: 1	0:10
FACILITY NAME:	V	nd Pk.	Blvd.	aureau &	NEC PE
Lo	uder hill, F	<u>.</u>		Nobile S	1 1 1
responsible official : (	Jethur Li		_phone: <u>130</u>	-333 g	
CONTACT NAME:	ethunli		PHONE: <u>130</u>	-3333"	rine
PART I: NOTIFICATION					
			<del> </del>		
(check appropriate box)					
1. New facility notified DARM 3					
2. Facility failed to notify DARM	to use general permit				<u> </u>
PART II: CLASSIFICATION					
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)	c	nsfer only, $x < 1$ th types, $x < 1$	x < 140 gal/yr < 200 gal/yr		roleum
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, $140 \le x \le 1,800$ ga (constructed before $12/9/91$ )	00 gal/yr dry gal/yr trai l/yr bot	nsfer only, 20 h types, 140	rea source $140 \le x \le 2,100 \text{ gal/y}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \times x \le 1,800 \text{ gal/yr}$ or after $12/9/91$	CI T	
5. This is a correct facility clas	sification DY	Y ON	□Can not determine	3	
If no, please check the appropriate classification:  facility qualified for a general permit as number above					
3. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 35 gallons.					

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,
Storing perchloroethylene in tightly sealed and impervious containers?	DY, ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ON ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part  If classification 2 has been checked, the machine should be equipped with a rel (complete A below).  If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber n installed prior to September 22, 1993  If classification 4 has been checked, the machine should be equipped with a rel (complete A and B below).  A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	frigerated condenser er a refrigerated nust have been frigerated condenser
Equipped all machines with the appropriate vent controls?	אם עם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם אם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after	

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	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY		IN/A
	Is the temperature differential equal to or greater than 20° F?	ΩY		IN/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 against with a center of contents.	ΠV		DNI/A
	if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?			
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?			
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ם אם	IN/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for pere pure hased?	DY ON			
2. Maintained rolling monthly total - f perc consumption?	CX ON			
3. Maintained leak detection inspection and repair reports for the following:	in Leaks			
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ONA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/ic 5 days of receipt?	באאפט אם צם			
4. Maintained calibration data? (icapplicable direct reading instruments)	GY ON ONA			
5. Maintained exhaust duct monitoring data on perc concentrations?	COY ON ON/A			
6. Maintained startup/shutdown/palfunction plan?	DY ON			
7. Maintained deviation reports.	DY DN DAYA			
Problem corrected?	אינם אם אם אם			
8. Maintained compliance plan, if applicable?	אום אם אס			

#### PART VI: LEAK DETECTION AND REPAIRS

<u> </u>				<del></del>	
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			OY ON	
2.	Has the facility maintained a leak log?			DPY ON	
3.	Does the responsible official check the	following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	DY 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	DY ON ON/A	
	Pumps	OX, ON ON/A	Diverter valves	OY ON ON/A	
	Solvent tanks and containers	GY ON ON/A	Cartridge filter housings	ETY ON ON/A	
	Water separators	DY ON ON/A			
4.	Which method of detection is used by t	he responsible official?			
	Visual examination (condensed se	olvent on exterior surface	s)		
	Physical detection (airflow felt th	rough gaskets)			
	Odor (noticeable perc odor)				
	Use of direct-reading instrumenta				
	Halogen leak detector				
	If using direct-reading instr	□N/A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? $\Box Y \Box N$				
<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> </ul>				OY ON	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON	
	d. Kept in a clean and so	ecure area when not in us	c?	DY DN	
	c. Verified for accuracy by use of duplicate samples (calorimetric only)?			ОУ ОИ	
	·				
	Elizabeth F. Susky Inspector's Name (Please Prin	<u> </u>	Date of Inspec		
	Inspector's Name (Hlease Prin	nt)	Date of Inspec	ction	
	Galch Musly Inspector's Signature		Approximate Date of N		
	Inspector's Signature		Approximate Date of N	Vext Inspection	

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# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: The Day Cleaner	DATE: 11/07/90			
FACILITY NAME: The Day Cleaner FACILITY LOCATION: 5534 W. Oakland Park 814	d.			
Lauderhill, FC				
See Albarte j				
Annual Reporting Period: 12619	TO October 2000			
Based on each term or condition of the Title V general air permit, my facili 62-213.300, Florida Administrative Code (F.A.C.), during the period cover				
If NO, complete the following:	•			
#1. Term or condition of the general permit that has not been in continuous	compliance during the reporting period stated above:			
Exact period of non-compliance: from	to			
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:				
Exact period of non-compliance: from	to			
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:				
Name (Please Print)	Signature Date			

Page 1 of 1.

<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.



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

300329

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#0112264

ART'S DRY CLEANING INC ARTHUR C LI 5534 W OAKLAND PARK BLVD LAUDERHILL FL 33313

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

## BEST AVAILABLE COPY

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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41,30	Postage Certified Fee	\$			
002b	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here		
	Re 10  ARTHUR C LI  Str THE DRY CLE  Cit 5534 W OAKLA  LAUDERHILL	AND PARK BLVD FL 33313	001AG		

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD ALDOTTED LIME	MPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  R. Isidelivery actives different from them 1?   Yes			
1. Article Addressed to: 10 AIRS ID # 0112264001AG ARTHUR C LI THE DRY CLEANER 5534 W OAKLAND PARK BLVD	JUN 1 3 201			
LAUDERHILL FL 33313	3. Sensice / yee:    Certified Mail   Sources Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.     Restricted Delivery? (Extra Fee)   Yes			
2. Article Number (Copy from service label) 70,00 06,00 0026 4(30 3246				
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789			



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LAUDERHILL FL 33313

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