

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 27, 1997

Mr. Sang Joon Park President Official Hillcrest, Inc. 1000 South Powerline Road Pompano Beach, Florida 33069

Re: Facility I.D. No. 0112296

Dear Mr. Park:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

Please note that in January 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, Florida 32399-2400

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

Sincerely,

, Dotty Diltz, Chief Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. John Coppola, Broward County



Department of Environmental Protection

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

David B. Struhs Secretary

January 27, 2004

Mr. Eunae Park Nu-Look 1 Hr Cleaners #56 1000 South Powerline Road Pompano Beach, Florida 33069

Dear Mr. Park:

Thank you for your note asking the Division of Air Resource Management to change the name of the Responsible Official for Nu-Look 1 Hr Cleaners #56 (#0112296) from Sang Park to Eunae Park. The division received your request on January 26.

Our database indicates that authorization to operate under the Title V general permit program has expired. Rule 62-213.300 Florida Administrative Code, (F.A.C.), states "the duration of this general permit is for five years. No later than 30 days prior to the fifth anniversary of the filing of intent to use this general permit, the responsible official shall submit a new notice of intent which shall contain all current information regarding the facility."

For your convenience, I am forwarding to you a current Perchloroethylene Dry Cleaner Air General Permit Notification Form. Please complete and submit the form to the address provided on page 18.

If you have questions concerning the Title V general permit program or completion of this form, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Cliff Bittle, Broward County

"More Protection, Less Process"

Printed on recycled paper.

#0112296

σ
Nu-Look / Hr. Cleaners #56
-spoke with Un Hee Park (wife)-
-spoke with Un Hee Park (wife)- 10/3/96 + 9/30/96
p.14 1.1a) add date control device installed
installed
1.10) mark out "X" and instial. 3. Should be new small area
3. Spould be new small area
DIE Higher Id ha have and I are
p.15 4. Should be new small area. Source W/refng. con.
D.16-certify and date -see
P./le-certify and date-see fax-never sent original
· · · · · · · · · · · · · · · · · · ·

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
2 -	OFFICAL HILLCHEST INC Site Name (For example, plant name or number):						
2.							
3.	NU-LOOK 1 HN CLEANENS #56 Hazardous Waste Generator Identification Number:						
3.	•						
	to FLD 98216184						
4.	Street Address: 1000 S. POWENLINE ND						
	City: POMPANO BCH County: BNOWAND Zip Code: 33069						
*51.0°	,						
	Facility Identification Number (DEP Use):						
160	0/12296						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	SANG JOON PARK (PRES)						
7.	11 11 11 11 11 11 11 11 11 11 11 11 11						
	Street Address: 1000 S. Powerline hi)						
	Organization/Firm: OFFICIAL HILLCREST INC Street Address: 1000 S. POWENLINE NI) City: POMPANO BUH County: BROWARD Zip Code: 33069						
8.	Responsible Official Telephone Number:						
	Telephone: 954978-9325 Fax: (954) 776-9827						
	$\boldsymbol{\mathcal{J}}$						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
	SAME AS ABOVE						
10.	Facility Contact Address:						
	Street Address:						
	City: County: Zip Code:						
11	Facility Contact Telephone Number:						
	Telephone: () - Fax: () -						

RECEIVED

SEP 3 1990

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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.

T. 634 1:		Date Machine Initially	Date Control Device	15	Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	·	i Çenek			and the second				*****
(1) w/ ref. condenser		22-Sest.	94						
(2) w/ carbon adsorber									
(3) w/ no controls		<u> </u>							
Washer Unit									2 -
(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	÷	*		. :				The state of	11: 12:11
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
(Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large area source New large area source]									

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					
(d) Carbon adsorber exhaust perc concentration monitoring					
(e) Instrument calibration					
(e) Instrument calibration [] (f) Start-up, shutdown, malfunction plan					

DEP Form No. 62-213.900(2)

Surrender of Existing Air Permit(s)

	No air permits currently exist for the operation of the facility indicated in his notification form.			
	Responsible Official Certification			
this notificat statements m maintain the	igned, am the responsible official, as defined in Part II of this form, of the facility addressed it ion. I hereby certify, based on information and belief formed after reasonable inquiry, that the ade in this notification are true, accurate and complete. Further, I agree to operate and air pollutant emissions units and air pollution control equipment described above so as to all terms and conditions of this general permit as set forth in Part II of this notification form.			
I will promptly notify the Department of any changes to the information contained in this notification.				

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

R	E-INSPECTIO	on . D			/DISCOVERY	
AIRS ID#: <u>O\\2296</u> DAT	. ,					10:45
FACILITY LOCATION: 1000						
responsible official : <u>S</u>	ANG JO	on Par	<u>K</u> P	HONE: <u>(</u> 9	54) 9 78-93	25
CONTACT NAME:			P	HONE:		
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM 30 da	ays prior to star	rtup				9
2. Facility failed to notify DARM to	-	-				۵
						~
PART II: CLASSIFICATION						
TARTH. CLASSIFICATION			<u> </u>			
Facility indicated on notification fo (check appropriate box) A.	rm that it is:			D No notifica D Drop store	tion form out of business/p	petrolcum
Facility indicated on notification fo (check appropriate box)	rm that it is:	transfer on both types,	nall area only, x < iy, x < 2 x < 140	D Drop store/ a source < 140 gal/yr :00 gal/yr	out of business/p	регојсшп
Facility indicated on notification fo (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	□ gal/yr /yr	dry-to-dry (transfer on both types, (constructe 4. New lan dry-to-dry (transfer on both types,	nall area only, x < 2 x < 140 d on or a only, 144 ly, 200 \(\)	Drop store/ a source < 140 gal/yr 00 gal/yr gal/yr after 12/9/91	out of business/g	petrolcum
Facility indicated on notification fo (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 g transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	O gal/yr /yr	dry-to-dry (transfer on both types, (constructe 4. New lan dry-to-dry (transfer on both types,	nall area only, x < 2 x < 140 d on or a rge area only, 141 ly, 200 ≤ 140 ≤ x d on or a	Drop store/ a source < 140 gal/yr :00 gal/yr :00 gal/yr after $12/9/91$ a source $0 \le x \le 2,100$ $\le x \le 1,800 \text{ gal/s}$	out of business/g	petro)cum
Facility indicated on notification fo (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 g transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification, please check the approach facility quarter.	□ gal/yr /yr cation	dry-to-dry (transfer on both types, (constructe 4. New lan dry-to-dry (transfer on both types, (constructe ation: neral permit	all area only, x < 1y, x < 2 x < 140 d on or a only, 144 ly, 200 s d on or a d on or a only 140 s x d on or a only	Drop store/ a source <pre>140 gal/yr 200 gal/yr gal/yr after 12/9/91 a source 0 \le x \le 2,100 \le x \le 1,800 gal/ after 12/9/91 Can not det per</pre>	out of business/g	petro)cum

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?						
8. 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?	OY ON ON/A					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	O) ON ON/A					
PART IV: PROCESS VENT CONTROLS	<u> </u>					
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 refri (complete A below).	gerated condenser					
. 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?	ØŶ DN					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OXÝ □N □N/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	GY ON ON/A					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON					

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	nted PY DN
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	. או או אים אם אם
Is the temperature differential equal to or greater than 20° F?	OY ON O
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 Otto
Is the perc concentration equal to or less than 100 ppm?	DA DW D:
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 Obs.
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	מעמ מם צם 🗠 🗅
6. Routed airflow to the carbon adsorber (if used) at all times?	Ed NO AG
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	₽ Ý □N
2. Maintained rolling monthly averages of perc consumption?	G Ý ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ONA
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)	DY DN DAVA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DAVA
6. Maintained startup/shutdown/malfunction plan?	DA DN
7. Maintained deviation reports?	OY ON ONA
Problem corrected?	BY ON ON/A
8. Maintained compliance plan, if applicable?	DY ON DANIA

PA	RT VI: LEAK DETECTION AND	REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			DY ON				
2.	DY DN							
3.	Does the responsible official check the following areas for leaks?							
!	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ey on on/a				
	Door gaskets and seating	on on/a	Stills	™ Y □N □N/A				
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	OY ON ON/A				
	Pumps	DY ON ONA	Diverter valves	CY ON ON/A				
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	BY ON ON/A				
	Water separators	CY ON ON/A						
4.	Which method of detection is used by	the responsible official?						
	Visual examination (condensed s	solvent on exterior surfac	es)	12				
	Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)							
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector							
	If using direct-reading instrumentation, is the equipment:							
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?								
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?							
	c. Inspected for leaks and obvious signs of wear on a weekly basis?							
	d. Kept in a clean and secure area when not in use?							
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?							
	·	,	•					
	۸ ೧							
_	ART TENNETTA		10/17/97	<u> </u>				
	Inspector's Name (Please Pri	nt)	Date of Inspe	ection				
	O(O)							
	Inspector's Signature		Approximate Date of	Next Inspection				

on the reverse side?	SENDER: OL adolarue to dot large out to additional services. 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.	ie can return this se does not se number.	- Critica 100/1	eipt Service.
s your RETURN ADDRESS completed o	AIRS ID#: 0112296 OFFICIAL HILLCREST INC SANG JOON PARK 1000 S POWERLINE RD POMPANO BEACH FL 33069 5. Received By: (Print Name) 6. Signature: (Aldressee or Adent) X	7. Date of D	Type ed Certified Mail Insured ceipt for Merchandise COD elivery C e's Address (Only if requested paid)	Thank you for using Return Rec
i —	PS Form 3811 , December 1994		Domestic Return Receipt	- 1

	P 265 302 385							
	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to							
SA 100	AIRS ID#: 0112296 FICIAL HILLCREST INC NG JOON PARK 00 S POWERLINE RD MPANO BEACH FL 33069							
	Certified Fee							
	Special Delivery Fee							
995	Return Receipt Showing to							
April 1	Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address							
900,	TOTAL Postage & Fees \$							
PS Form 36	Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date							

Surrender of Existing Air Permit(s) Please indicate with an "A" the appropriate selection: I harrby 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 porification form. Responsible Official Certification I the undervigand, and the responsible official, as defined in Part II of this form, of the facility widewood in this north arran. Thereby vertify, based on information and ballef formed after reasonable inquiry, that the statements made in this notification are tene, occurrie and complete. Further, Logres to operate and maintain the air pollutioni emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this nonfication form I will promptly notify the Department of any changes to the information contained or this notification,

AND LUTION SUMMART REPORT

TIME IN: (0:20 TIME OUT: (0:5	45AIRS ID#: 0112296 .
TYPE OF FACILITY: DRY CLEAVER	
FACILITY NAME: NU-LOOK I HR CLEANERS	
FACILITY LOCATION: 1000 5. POWERLINE RD	tomawo BCH, FL. 33069
	6-1000 270
RESPONSIBLE OFFICIAL: SANGTOON PARK	PHONE NUMBER: (954)978-9325
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administr	•
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance .
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
•	
COMMENTS:	
	,
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NO
	199?
INSPECTION CONDUCTED BY:	PEVVETA
INSPECTOR'S SIGNATURE: At Connetto	PHONE NUMBER: <u>954-519-1428</u>

Page___of___.

Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

0/12296 all

FACILITY NAME: NU-LOCK	I HR CLEAN	ers #	56	·	DATE: 10	17/97
FACILITY LOCATION: 1000 S.	POWERLING	2 RD.	Pompavo	BCH, FL	3306	٩
<u> </u>						
· · · · · · · · · · · · · · · · · · ·					·	
Annual Reporting Period:	τ (7	19 <u>96</u>	то	OCT I	Z	1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	-	-				
If NO, complete the following:						•
#1. Term or condition of the general permit	that has not been in	continuous c	ompliance duri	ing the reporti	ing period stat	ted 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 dur	ing the report	ing period sta	ted 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, a made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Furth	er, my chnu	al consumption	of perchloroe	thylene solve	nt, based

*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 ____.

NOV 1 2 1997

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

OFFICIAL HILLCREST INC SANG JOON PARK 1000 S POWERLINE RD POMPANO BEACH FL 33069

AIRS ID#0112296

Do NOT Remove Label

Annual Reporting Period:	19TO	19
62-213.300, Florida Administrative Code (F.A. If NO, complete the following:	V general air permit, my facility has remained in compliance with A.C.), during the period covered by this statement. YES	□NO
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:	to	MANIL RCOM
#2. Term or condition of the general permit t	that has not been in continuous compliance during the reporting p	period stated above:
Exact period of non-compliance: from	RECEIVED	
Action(s) taken to achieve compliance: Method used to demonstrate compliance:	JAN 2 2 1998 Bureau of Air Monitoring & Mobile Sources	
notification are true, accurate and complete. Fu	d on information and belief formed after reasonable inquiry, that the sorther, my annual consumption of perchloroethylene solvent, based up dry facilities or 1,800 gallons per year for transfer or combination fac	on purchase receipts,
RESPONSIBLE OFFICIAL: Sang J	e (Please Print) Signature	116198 Date

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



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0112296

acc

OFFICIAL HILLCREST INC SANG JOON PARK 1000 S POWERLINE RD POMPANO BEACH FL 33069

Do <u>NOT</u> Remove Label

Annual Reporting Period:	N 16	19 <u>97</u> то	DW 160	19 98
Based on each term or condition of the 62-213.300, Florida Administrative Co				PRule □NO
If NO, complete the following:		·		
#1. Term or condition of the general po	ermit that has not been in cor	ntinuous compliance duri	ng the reporting period	stated above:
				A)
Exact period of non-compliance: from		to	<u></u>	M
Action(s) taken to achieve compliance:			Burg	<u> </u>
Method used to demonstrate compliance	e:		W NO TO	
#2. Term or condition of the general po	ermit that has not been in cor	ntinuous compliance duri	ng the reporting period	stated about
Exact period of non-compliance: from	REC	EIVED		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	e: Bureau (of Air Monitoring		
As the responsible official, I hereby certify notification are true, accurate and comple does not exceed 2,100 gallons per year for	r, based on information and bel te. Further, my annual consun	ief formed after reasonabl nption of perchloroethylen	e solvent, based upon pu	rchase receipts, ·
RESPONSIBLE OFFICIAL:	Name (Please Print)	Sign:	prure Park	1116.198 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
AIRS ID#: 01/2296 DATE: 10/13/9	? TIME IN: 10:20 TIME OUT: 11:00
FACILITY NAME: NU-LOOK OUE N	10UR CLEAUERS
FACILITY LOCATION: 1000 S. P.	OWERLINE RD. POMPANO BCH, Fl. 33069
RESPONSIBLE OFFICIAL: SANG JOO	ON PARK PHONE: (954)978-9325
CONTACT NAME:	PHONE:
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) 4. New large area source
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	¹ ½ Y □N □Can not determine
	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was 115 gallons.	ourchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DAY ON ON/A 2. Examining the containers for leakage? 02Y □N 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 ONIA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber MY ON ONIA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY UN 1. Equipped all machines with the appropriate vent controls? DAY ON ONIA 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 AND ND 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 AND ND condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON	Į.
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אם אם	I: □N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	I DN/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	I □N/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	I DN/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	I ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	חס אם	AWD 1
6.	Routed airflow to the carbon adsorber (if used) at all times?	אם צם	I 🗆 N/A
P.	ART V: RECORDKEEPING REQUIREMENTS		
ı	as the responsible official: heck appropriate boxes)		

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
I. Maintained receipts for perc purchased?				
2. Maintained rolling monthly total of perc consumption?	OND PRO			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	WY 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?	QY ON ONA			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON WINA			
5. Maintained exhaust duct monitoring data on perc concentrations?	אואם אם אם			
6. Maintained startup/shutdown/malfunction plan?	ON IN			
7. Maintained deviation reports?	AINO NO YE			
Problem corrected?	מאס אס אס			
8. Maintained compliance plan, if applicable?	בואם אם אם			

PA	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?					ख्र¥	ПN
2.	Has the facility maintained a leak log?			• •		W Ý	ДИ
3.	Does the responsible official check the fo	ollowi	ing au	eas for leaks?			
	Hose connections, fittings, couplings, and valves	T Ý	ΩИ	□N/A	Muck cookers	œK	
	Door gaskets and seating	Y	Ωи	□N/A	Stills	₫Y	□N □N/A
	Filter gaskets and seating	W Y	ПΝ	□N/A	Exhaust dampers	₫Y	□N □N/A
	Pumps	G Y	ПИ	□N/A	Diverter valves	Ω √ Υ	□N □N/A
	Solvent tanks and containers	Y Y	ПΝ	□N/A	Cartridge filter housings	ŒΥ	ON ON/A
	Water separators	T Y	ПN	□N/A			
4.	Which method of detection is used by th	e resp	onsib	ole official?			
	Visual examination (condensed so	lvent	on ex	terior surfaces)			
	Physical detection (airflow felt thro	ough	gaske	ets)		Ø	
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentat	ion (F	ID/P	[D/calorimetric	tubes)		
	Halogen leak detector					О	
	If using direct-reading instru	ıment	ation	i, is the equipm	nent:	(AV)	'A
	a. Capable of detecting p	erc va	porc	concentrations i	n a range of 0-500 ppm?	QY	ПN
	b. Calibrated against a st (PID/FID only)?	andar	d gas	prior to and af	ter each use	ΩY	ΩΝ
	c. Inspected for leaks and	d obvi	ous s	igns of wear on	a weekly basis?	ΩY	ИD
	d. Kept in a clean and se	cure a	irca v	vhen not in usc) ·	ΩY	Пh
	e. Verified for accuracy t	oy use	of di	iplicate sample:	s (calorimetric only)?	ΩY	ПN
	,						
<u> </u>						_	
	ART PENNETTA				10/13/98		
_	Inspector's Name (Please Prin	t) .			Date of Inspe	ction	
	De late				OCT '9'	7	
_	Inspector's Signature				Approximate Date of	Nevr I	Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Nu-LOOK	ONE HOUR CLEANERS	DATE:	10/13/98
FACILITY LOCATION: 1000 S	. POWERLINE RO. POMPANO	BCH, FL. 33069	
Annual Reporting Period:	OCT 17 1997 TO	∞т 13	19.98
	Fitle V general air permit, my facility has remde (F.A.C.), during the period covered by this		Rule NO
f NO, complete the following:			
il. Term or condition of the general pe	ermit that has not been in continuous compliar	nce during the reporting period	stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
efethod used to demonstrate compliance	g:		
=2. Term or condition of the general pe	ermit that has not been in continuous compliar	nce during the reporting period	stated above:
Exact period of non-compliance: from		0	
Action(s) taken to achieve compliance:			
······································	S:		
made in this notification are true, accur	tify, based on information and belief formed a rate and complete. Further, my annual consul d 2,100 gallons per year for dry-to dry faciliti Name (Please Print)	mption of perchloroethylene so	olvent, 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.

PERCHLUROETHYLENE DRY CLEANERS

BEST AVAILABLE COPY

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

/
v

TYPE OF INSPECTION:

ANNUAL

e e

COMPLAINT/DISCOVERY

RE-INSPECTION

	tana ang kalanda ay kang kang kang kang kang kang kang kang
AIRS ID#: 01/2296 DATE: 11/9/90	TIME IN: //:CO TIME OUT: //: 40
FACILITY NAME: NU LOOK I HI	DUR CLEANERS #56 CA
FACILITY LOCATION: (COO 5.)	A . Y b
RESPONSIBLE OFFICIAL: SANG SCON	16 M
CONTACT NAME: SAME	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	·
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	
(check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
•	
(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
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 12/9/91) 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
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 facility 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

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? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN ØN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN ØN/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) MY DN 1. Equipped all machines with the appropriate vent controls? MY ON ONIA 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 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 MY ON verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	DИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	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	ΩΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QΥ	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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	Ви	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)	,			
1. Maintained receipts for perc purchased?	OY ON			
2. Maintained rolling monthly total 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;	ØY 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 ON DEN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A			
6. Maintained startup/shutdown/malfunction plan?	at on			
7. Maintained deviation reports?	OY ON ØN/A			
Problem corrected?	DY DN ØN/A			
8. Maintained compliance plan, if applicable?	DY DN EN/A			

P	RT VI: LEAK DETECTION AND R	EPAIRS		
l.	Does the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection ar	d repair
	inspection?			OTÝ ON
2.	Has the facility maintained a leak log?			MA ON
3.	Does the responsible official check the	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	ɗY □N □N/A
	Door gaskets and seating	dy on ona	Stills	CY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	OY ON ON/A
	Water separators	OY ON ON/A		
4.	Which method of detection is used by the	ne responsible official?		
	Visual examination (condensed so	olvent on exterior surfaces	;)	Ø
	Physical detection (airflow felt the	rough gaskets)		.0
	Odor (noticeable perc odor)			₫
	Use of direct-reading instrumenta	tion (FID/PID/calorimetri	c tubes)	
	Halogen leak detector			۰,
	If using direct-reading instr	umentation, is the equip	ment:	M/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	ОХ ОИ
	c. Inspected for leaks an	d obvious signs of wear of	n a weekly basis?	OY ON
	d. Kept in a clean and so	ecure area when not in use	2?	מם צם
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON
	ART PENNETTA		Nov 9	99
_	Inspector's Name (Please Prin	nt)	Date of Inspe	ction
	//. D ,			
_	Unt Tannett		Nov 200	
	Inspector's Signature		Approximate Date of	Next Inspection

ANNUAL COMPLIANCE CERTIFICATION FORM

Acc

· · O112296	BEST AV	HLABLE COPY		· · · · · · · · · · · · · · · · · · ·
FACILITY NAME: NU LOO	< 1-HOUR CI	EAVERS IT	56	DATE: 11/9/19
FACILITY LOCATION: 1000	5. POWERLIN	E RD PCO	MPNUO BCH	FL.
••				
Annual Reporting Period:	_(3	_19 <u>9?</u> то	P vou	1999
Based on each term or condition of the Titl	•	•	_/	_
62-213.300, Florida Administrative Code (.A.C.), during the per	iod covered by this	s statement. YE	S UNO
If NO, complete the following:				
#1. Term or condition of the general permi	that has not been in o	continuous complia	ance during the repor	ting 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 permi	that has not been in c	ontinuous complia	ince during the repor	ting period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
·				
is the responsible official. I hereby certify, and in this notification are true, accurate	based on information and complete. Furthe	and belief formed : r. my annual consu	ajter reasonable inqu imption of perchloro	ury, that the statements ethylene solvent, based
con purchase receipts, does not exceed 2, ombination facilities.	00 gallons per year fo	r dry-to dry facilit	ies or 1.800 gallons	per year for transfer or
ESPONSIBLE OFFICIAL: 941	16 Jani	PART	Sand A	1/2 11/9/9A
Na	ne (Please Print)	<u> </u>	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 scretion of the responsible official to use this form.

Page _____ of ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Œ	COMPLAINT/DISCOVE	ERY □
	RE-INSPECTION		-/	N
			2 1	
AIRS ID#: 011229(0	DATE: 11/21/00	TIME IN	N: 10:30 TIME 0	OUT VICO
FACILITY NAME:	148		10 Z 2	2
FACILITY LOCATION: N	IN FOOK DEA		_ `& O	8
			Fompaus Code,	
RESPONSIBLE OFFICIAL:	: SAUG JOON	PARK	phone: <u>(954)97</u>	8-9325
CONTACT NAME:	,		PHONE:	<u> </u>
NOMERCATION				
PART I: NOTIFICATION		······································		
(check appropriate box)				
1. New facility notified DARM	f 30 days prior to startup			
2. Facility failed to notify DAR	M to use general permit	-		<u> </u>
				
PART II: CLASSIFICATION	У			
Facility indicated on notificati			☐ No notification form	
Facility indicated on notificati (check appropriate box)			☐ No notification form ☐ Drop store/out of busin	ess/petrolcum
Facility indicated on notificati (check appropriate box) A.	ion form that it is:		☐ Drop store/out of busin	ess/petrolcum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour	ion form that it is:	New small are	Drop store/out of busin	ess/petrolcum
Facility indicated on notificati (check appropriate box) A.	ion form that it is: rce		Drop store/out of busin ea source ~140 gal/yr	ess/petrolcum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: rce	New small are to-dry only, x asfer only, x < h types, x < 14	Drop store/out of business source < 140 gal/yr 200 gal/yr 0 gal/yr	ness/petrolcum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr	ion form that it is: rce	New small are to-dry only, x asfer only, x < h types, x < 14	Drop store/out of busin ea source 2140 gal/yr 200 gal/yr	ness/petrolcum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source.	ion form that it is: rce	New small are to-dry only, x asfer only, x < h types, x < 14 astructed on on	Drop store/out of business source 140 gal/yr 200 gal/yr 0 gal/yr r after 12/9/91)	ess/petrolcum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2,	ion form that it is: ree	New small are to-dry only, x asfer only, x < h types, x < 14 astructed on on New large are to-dry only, 1	Drop store/out of busing a source 2140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) a source 40 \le x \le 2,100 gal/yr	ness/petrolcum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	ion form that it is: rce	New small are to-dry only, x asfer only, x < h types, x < 14 astructed on or New large are to-dry only, 1 asfer only, 200	Drop store/out of busing the source $< 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 200 \text{ gal/yr}$	ness/petrolcum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	ion form that it is: rce	New small are -to-dry only, x asfer only, x < h types, x < 14 astructed on or New large are -to-dry only, 1 asfer only, 200 h types, 140 <	Drop store/out of busing the source $< 140 \text{ gal/yr}$ $= 200 \text{ gal/yr}$ $= 0 \text{ source}$	ess/petrolcum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	ion form that it is: rce	New small are -to-dry only, x asfer only, x < h types, x < 14 astructed on or New large are -to-dry only, 1 asfer only, 200 h types, 140 <	Drop store/out of busing the source $< 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 200 \text{ gal/yr}$	ness/petrolcum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	ion form that it is: rce	New small are -to-dry only, x asfer only, x < th types, x < 14 astructed on on New large are -to-dry only, 1 asfer only, 200 th types, 140 < anstructed on on	Drop store/out of busing the source $< 140 \text{ gal/yr}$ $= 200 \text{ gal/yr}$ $= 0 \text{ source}$	ess/petrolcum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classified in the please check the angle of the please check the please ch	ion form that it is: rce	New small are -to-dry only, x asfer only, x \text{nstructed on or } \text{N} \text{nstructed on or }	Drop store/out of busing the source $< 140 \text{ gal/yr}$ and $< 12/9/91$) The source $< 40 \le x \le 2,100 \text{ gal/yr}$ and $< x \le 1,800 \text{ gal/yr}$ after $< 12/9/91$) The source $< x \le 1,800 \text{ gal/yr}$ and $< x \le 1,800 $	ess/petrolcum

DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY 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 ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/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) DAY CJN 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 DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY 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?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

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	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ĽΩΥ	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?	ШY	ЦΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	□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,			4.
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly total of perc consumption?	ey on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	02√Y □N □N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DAY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DONA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON PAN/A
6. Maintained startup/shutdown/malfunction plan?	MO AM
7. Maintained deviation reports?	מאמט אם צם A
Problem corrected?	OY ON MYA
8. Maintained compliance plan, if applicable?	OY ON WON/A

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repair
inspection?			CHÝ ON
2. Has the facility maintained a leak log?	•		ON ON
3. Does the responsible official check the	following areas for leaks	s?	
Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	MY ON ON/A
Door gaskets and seating	MY ON ON/A	Stills	er on on/a
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A
Pumps	MY ON ON/A	Diverter valves	DY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	CAY ON ON/A
Water separators	DY ON ON/A		· ·
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	olvent on exterior surface	es)	©
Physical detection (airflow felt th	rough gaskets)	·	@ ^_
Odor (noticeable perc odor)			œ
Use of direct-reading instrumenta	ation (FID/PID/calorimetr	ric tubes)	
Halogen leak detector			a ,
If using direct-reading instr	umentation, is the equip	oment:	ON/A
a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	OY ON
c. Inspected for leaks an	d obvious signs of wear o	on a weekly basis?	OY ON
d. Kept in a clean and so	ecure area when not in us	e? ****	OY ON
e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	OY ON
1 0		: 1	
ART LEWIETTA		1/2/00	
Inspector's Name (Please Prin	it)	Date of Inspec	ction
Inspector's Signature		Approximate Date of N	lext Inspection

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AIRS ID#: 011 2296

All

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: NU LOOK I HR DRY CLEAN	BRS # 56 DATE: 11/21/00
FACILITY LOCATION: 1000 S. POWERLINE R	O. POMPANO BCH, FL.
Annual Reporting Period: NOV 9 1999	то <u>Поу. 21</u> 20 <i>ОО</i>
	it MA
Based on each term or condition of the Title V general air permit, my facility	·
62-213.300, Florida Administrative Code (F.A.C.), during the period covered	d by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous	compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	;
Method used to demonstrate compliance:	·
#2. Term or condition of the general permit that has not been in continuous of	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 for in this notification are true, accurate and complete. Further, my annual consumer purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities.	sumption of perchloroethylene solvent, based upon
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.



Florida Profit

NU-LOOK CLEANERS OF PALM AIRE INC.

PRINCIPAL ADDRESS 1000 S POWERLINE RD BAY 2 POMPANO BCH FL 33069

MAILING ADDRESS 1000 S POWERLINE RD BAY 2 POMPANO BCH FL 33069

Document Number	FEI Number	Date Filed
P0300000573	NONE	01/02/2003
State FL Transport	Status ACTIVE	NONE

Registered Agent

:		· · · · · · · · · · · · · · · · · · ·
	Name & Address	
	HOBAN, CHIE-KYOUNG	
	7355 NW 41 ST	
	MIAMI FL 33166	

Officer/Director Detail

Name & Address	Title
PARK, EUNAE 5501 SW 114 AVE	DPST
COOPER CITY FL 33330	

Annual Reports

21	Report Year	N's at	Filed Date
999 9 <u>5</u>		***	., ··· · · · · · · · ·

435606 JAN23 2004

Please include your AIRS ID# on your check or money order. This number of Please charge ble name to Eunae Instead of TOTAL AMOUNT DUE: \$50.00 Property of Particular of Property of Particular of Part Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

Thank the name to Eunae Instead of FANG.

SANG PARK NU-LOOK 1 HR CLEANERS #56 1000 S POWERLINE RD POMPANO BEACH FL 33069

FOR GOVERNMENT USE ONLY Org.: 37530101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

To: Department of Environmental Protection.

The new owner of NU-LOOK CLEANERS, at 1000 S. Power line Road Pompano Beach FL. 33069, is now **Eunae Park** as of February 1st, 2003.

Please make a change when you get a chance. If you need anything, please let me know.

Thanks. Sincerely Yours,

Eunae Park

President of NU LOOK CLEANERS 1000 S. Powerline Road Pompano Beach FL 33069



423007 FEB142893

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID#0112296

NU-LOOK 1 HR CLEANERS #56 SANG JOON PARK 1000 S POWERLINE RD POMPANO BEACH FL 33069

FOR GOVERNMENT USE ONL Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

l	i i	Service MAIL RECEIPT nly; No Insurance Coverage Provided)
6837	OFF	ICIAL USE
2747 1000	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$ Posthark
7001 0320	AIRS ID#0112296 Ser. NU-LOOK 1 HR CLEANERS #56 Sang Joon Park or f 1000 S POWERLINE RD Cib POMPANO BEACH FL 33069 PS. Institutions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print/Gearly) B. Date of Delivery C. Signature X
Article Addressed to:	D. 15 delivery address different from item 1? LI Yes If YES, enter delivery address below: No
AIRS ID#0112296 NU-LOOK 1 HR CLEANERS #56 SANG JOON PARK 1000 S POWERLINE RD POMPANO BEACH FL 33069	3. Service Type The Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7001 0320	0001 7975 6837
PS Form 3811, March 2001 Domestic	Return Receipt 102595-01-M-1424

UNITED STATES POSTAL SERVICE



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2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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FEB (1.2 2003

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AIRS ID # 0112296 NU-LOOK 1 HR CLEANERS #56 SANG JOON PARK 1000 S POWERLINE RD POMPANO BEACH FL 33069

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

OFFICIAL HILLCREST INC. 4306 N. FEDERAL HWY. FORT LAUDERDALE, FL 33308 FT LAUD FL 33310 JSE 12/22/01 22:05

Inflortellandeldadfilmlandflactadflactateld

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

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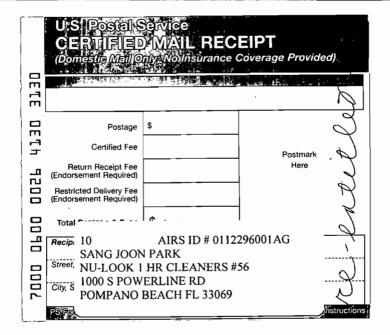
NU-LOOK 1 HR CLEANERS #56 SANG JOON PARK 1000 S POWERLINE RD POMPANO BEACH FL 33069 FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

OFFICIAL HILLCREST INC. 4306 N. FEDERAL HWY. FORT LAUDERDALE, FL 33308 ISS#406 FT LAUDERDALB FL 33 12-18 2000 St. Societies Societies

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

<u> </u>				
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10 AIRS ID # 0112296001AG SANG JOON PARK NU-LOOK 1 HR CLEANERS #56	3. Servjæe Type			
1000 S POWERLINE RD POMPANO BEACH FL 33069	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.			
	4. Restricted Delivery? (Extra Fee)			
2. Article Number (Copy from service label) 7000 6 (600 002 6 4130 3130				
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789			



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Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obi.: 002273

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Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

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NU-LOOK 1 HR CLEANERS #56
SANG JOON PARK
1000 S POWERLINE RD
POMPANO BEACH FL 33069

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