

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 5, 1996

Mr. Jaswant K. Chauhan President J & H Cleaners, Inc. 825 West Sample Road Pompano Beach, Florida 33064

Facility I.D. No. 0112301 Re:

Dear Mr. Chauhan:

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 November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. John Coppola, Broward County

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



Department of Environmental Protection

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

July 9, 2001

David B. Struhs Secretary

Mr. Jaswant K. Chauhan J & H Cleaners, Inc. 825 West Sample Road Deerfield Beach, Florida 33064

Dear Mr. Chauhan:

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

In reviewing your submittal, it was noted that J & H Cleaners, Inc. elected to surrender its existing Title V air general permit (AIRS ID 0112301). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

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

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

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

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/jw Enclosure

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCO	JVERY	
AIRS ID#: 0112301 D	ATE: 10/8/97	TIME	n: <u>9:30</u> timi	E OUT:	7:55
FACILITY NAME:	DH CLEAN	ers, I	<u>vc.</u>		
FACILITY LOCATION: 8.	25 W. SAM	IPLE R	D. Pompano B	CH, FL.	<u>33064</u>
RESPONSIBLE OFFICIAL : .	JASWANT K. (CHAUHAN	phone: <u>954–78</u>	5-368	7
CONTACT NAME:			_ PHONE:		
Town Market Mark					ر
PART I: NOTIFICATION	_ 				
(check appropriate box)	0.1				
1. New facility notified DARM 3	• •				_
2. Facility failed to notify DARM	1 to use general permu	t 			
II TO A TO'T' TT. II'T A SECTION OF A CONTRACTOR					ll l
PART II: CLASSIFICATION				····	
Facility indicated on notification	n form that it is:		☐ No notification for ☐ Drop store/out of b		roleum
Facility indicated on notification (check appropriate box) A.	•		☐ Drop store/out of b	usiness/peu	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source	e 🗹 2.	New small a	☐ Drop store/out of bearea source		roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	e 12 2. r dr		☐ Drop store/out of bearea source x < 140 gal/yr	usiness/peu	roleum
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	e 🗹 2. r dr tra bo	y-to-dry only, ansfer only, x oth types, x <	□ Drop store/out of bource x < 140 gal/yr < 200 gal/yr 140 gal/yr	usiness/peu	roleum
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	e 🗹 2. r dr tra bo	y-to-dry only, ansfer only, x oth types, x <	□ Drop store/out of bearea source x < 140 gal/yr < 200 gal/yr	usiness/peu	roleum
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	e	y-to-dry only, ansfer only, x oth types, x < onstructed on New large 2 y-to-dry only, ansfer only, 2 oth types, 140	□ Drop store/out of bource x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	usiness/peu	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr = 1,800 ga	e 2. r dr tra bc (c) e 4. 00 gal/yr dr gal/yr tra al/yr bc	y-to-dry only, ansfer only, x oth types, x < onstructed on New large 2 y-to-dry only, ansfer only, 2 oth types, 140	Drop store/out of by area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	usiness/peu	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no, please check the appropriate to the property of the	e 2. r dr tra bo (c e 4. 00 gal/yr dr gal/yr tra al/yr bo ssification 2 ppropriate classification qualified for a genera	y-to-dry only, ansfer only, x oth types, x < onstructed on New large 2 y-to-dry only, ansfer only, 2 oth types, 140 onstructed on	□ Drop store/out of by Area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine	usiness/peu	roleum

1 of 5

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	Y ON ON/A
2. Examining the containers for leakage?	ZY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	et on
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?	M ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-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 refrig (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
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?	OY ON
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?	OY ON
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 verifying that the coolant had been completely charged?	OY ON

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	OMY □N
2. Maintained rolling monthly averages of perc consumption?	ØÝ □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	®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?	GY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON PANA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BN/A
6. Maintained startup/shutdown/malfunction plan?	r on Pr
7. Maintained deviation reports?	MY ON ON/A
Problem corrected?	PY ON ONA
8. Maintained compliance plan, if applicable?	DY ON ON/A

<u> </u>	PART VI. LEAR DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			⊡ Y □N		
2.	Has the facility maintained a leak log?			r on		
3.	Does the responsible official check the	following areas for leak	s?			
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	™ Y □N □N/A		
	Door gaskets and seating	er on ona	Stills	™ ON ON/A		
	Filter gaskets and seating	dy on on/a	Exhaust dampers	DY DN BN/A		
	Pumps	ØY ON ON∕A	Diverter valves	MY ON ON/A		
	Solvent tanks and containers	œY □n □n/a	Cartridge filter housings	ØY ON ON/A		
	Water separators	OY ON ON/A				
4.	Which method of detection is used by t	he responsible official?				
	Visual examination (condensed s	olvent on exterior surfac	ces)	प्र		
	Y					
	΄/A					
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	□Y □N		
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	d after each use	מם עם		
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and s	ecure area when not in	use?	OY ON		
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	DY DN		
	;					
=						
	1 P	·				
-	Inspector's Name (Please Pri	nt)	10/8/97 Date of Inspe	ection		
	1. 0	,	z ato or mape			
	Sither Coute		OCT 98			
_	Inspector's Signature		Approximate Date of	Next Inspection		

#0112301

P. 14 1.(a) place date in appropriate box

2.(a) if they could

purchase 1 16 less,

the facility

would be

existing small.

Change number

or re-classify,#3

P.15 (f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1 Facility Owner/Company Name (Name of comparation, agency, or individual owner)						
Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
2. Site Name (For example, plant name or number):						
2. Site Name (For example, plant name or number):						
PRICE CITATION AND A						
3. Hazardous Waste Generator Identification Number:						
7. Hazardous waste deficiation identification number.						
FLD 981031602 4. Facility Location: 825 W SAMPLE ROAP.						
Street Address: . City: FOMPANO BEACH County: BROWAILD Zip Code: 33064						
City. 101/12/00 1867/67 County, Electron 1465. Zip cout. 3 802						
5. Facility Identification Number (DEP Use):						
Responsible Official						
						
6. Name and Title of Responsible Official:						
JASHANT K. CHAUHAN. PRISIDENT						
7. Responsible Official Mailing Address:						
Organization/Firm:						
Street Address: 825 W. SAMPLE POAD						
City: PomPano Beach County: Broward, Zip Code: 33064						
8. Responsible Official Telephone Number:						
Telephone: $(954)785 - 3689$, Fax: () -						
Facility Contact (If different from Degrapoible Official)						
Facility Contact (If different from Responsible Official)						
9. Name and Title of Facility Contact (For example, plant manager):						
· Aca A						
AS ABOVE						
10. Facility Contact Address:						
Street Address:						
City: County: Zip Code:						
11. Parillia Contra Talankara Mankara						
11. Facility Contact Telephone Number: Telephone: () - Fax: () -						
receptione. () -						

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SEP 3 1556

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

LLEAN PRO 440		Date	Date		Date	Date		Date	Date
PANCEZACITI.	1	Machine	Control	ĺ	Machine	Control		Machine	Control
ANG CALLATE	ł	Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	•	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		71	187.						
(1) w/ ref. condenser			, <u>s</u> ,	<u> </u>					
(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 (c) No control devices are 2.(a) What was the total q (b) If less than 12 montly Check why it is less	are re uantii galloi ns, ho	quired to be y of perchlo ns w many? [installed [roethylene (p] months	perc)] purchased in				
3. What is the facility's sou (Indicate with an "X". S	Select	one classific	cation only.)		nitions found) of F	Part II?	
Existing small are	a sou		146	w Sill	an arca sourc				
Existing large are	2 5011	rce []	Nev	w lare	70 2702 COULC				

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

 What control technology is required on made (Indicate with an "X".) 	chines pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser	
New small area source Refrigerated condenser		
New large area source Refrigerated condenser []		
•		
5. A facility which contains non-exempt emis to Rule 62-213.300, F.A.C. Verify that all stee exemption criteria or that no such units exist o	am and hot water generating unit	
All steam and hot water generating units on-si boiler HP or less), and (2) are fired exclusively during which propane or fuel oil containing no	y by natural gas except for perio	ds of natural gas curtailment
All steam and hot water generating units exem No such units on-site	pt [<_]	
Equipment Monito	ring and Recordkeeping Infori	nation
Check all logs which are required to be kept or	n-site in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent purchases		\angle
(b) Leak detection inspection and repair	1	
(c) Refrigerated condenser temperature monito	ring	<u>(X_</u>)
(d) Carbon adsorber exhaust perc concentration	n monitoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
$ \swarrow $	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in eation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 the terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	8 23 96 Date

COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30 TIME OUT: 9:55 AIRS ID#: 012301
TYPE OF FACILITY: DRY CLEANER
FACILITY NAME: J AND H CLEAVERS IX. DATE: 10/8/97
FACILITY LOCATION: 825 W. SAMPLE RD POMPANO BON, FL. 330104
RESPONSIBLE OFFICIAL: JASWANT CHAUHAN PHONE NUMBER: 954-785-3689.
Based on the results of the compliance requirements evaluated during this inspection, the facility is round to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED
-
COMMENTS:
· ·
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: OCT 98
INSPECTION CONDUCTED BY: ART PENNETTA (Please Print)
INSPECTOR'S SIGNATURE: Let land phone number: (954)519-1428

Revised 10/96

0112301

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: JAND H CLE	EAUERS	IV.			_DATE: <u> </u>	0/8/97
facility location: 825 w.	SAMPLE	RD. PO	npavo 1	3CH FL.	<i>33</i> 0@	54
<u> </u>	· · · · · · · · · · · · · · · · · · ·					
Annual Reporting Period:	8	19_76	. ^{TO} , —	OCT 8	<u> </u>	19 97
Based on each term or condition of the Title V	-				_	
62-213.300, Florida Administrative Code (F.A	.C.), during the	period covered	by this stat	ement YF	ES L	NO
If NO, complete the following:						
#1. Term or condition of the general permit th	at has not been	in continuous o	compliance	during the repor	rting period s	tated 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 the	aat has not been	in continuous (compliance	during the repo	rting period s	tated 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, be made in this notification are true, accurate an upon rolling averages of purchase receipts, do year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	d complete. Fu	erther, my annu	al consump	tion of perchlori	oethylene sol	vent, based
	(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.

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Page ____ of ____.

NOV 1 2 1997

ale

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0112301 J & H CLEANERS INC JASWANT K CHAUHAN 825 W SAMPLE ROAD POMPANO BEACH FL 33064

Do NOT Remove Label

Annual Reporting Period:	19	то	19
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	t that has not been in continuous	compliance during the	reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:	·		
Method used to demonstrate compliance:			
#2. Term or condition of the general permit	that has not been in continuous		
Exact period of non-compliance: from		to	CEIVED
Action(s) taken to achieve compliance:			JAN 2 1 1998
Method used to demonstrate compliance:	· ·		eau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, bass notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	further, my annual consumption of	perchloroethylene solve	nt, based upon purchase receipts,
RESPONSIBLE OFFICIAL: JASWAN Nar	M CHAUHAN: =	Signature	1 1 1 9 8 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.

ISN -



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0112301

J & H CLEANERS INC JASWANT K CHAUHAN 825 W SAMPLE ROAD POMPANO BEACH FL 33064

Do NOT Remove Label

Annual Reporting Period: TAN (199	7 to	w u	19 <u>78</u> ,
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	• • • • •	•	<u> </u>	EP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in continuo	us compliance durin	g the reporting perio	od stated above:
Exact period of non-compliance: from		to	<u>P</u>	, C
Action(s) taken to achieve compliance:	<u> </u>		& COL	五八
Method used to demonstrate compliance:				19 1
#2. Term or condition of the general permit	that has not been in continuo	ıs compliance durin	g the reporting perio	d staged above:
Exact period of non-compliance: from	·	to	RECEIV	ED
Action(s) taken to achieve compliance:			JAN 2 1 19	98
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·		Bureau of Air Mo	
As the responsible official, I hereby certify, base notification are true, accurate and complete. Fu does not exceed 2,100 gallons per year for dry-to	orther, my annual consumption	of perchloroethylene	solvent, based upon p	urchase receipts,
RESPONSIBLE OFFICIAL: ASWAN	CHAUHAN	Signat	Ture	1 (4 g

^{*}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.	o .	COMPLAINT/E	DISCOVERY	<u> </u>
AIRS ID#: 01/2301 D	, ,			TIME OUT:	11:40
FACILITY NAME: 5 +	•			Всн.	33064
RESPONSIBLE OFFICIAL:					
PART I: NOTIFICATION					P
(check appropriate box)					7
L. New facility notified DARM 3	0 days prior to startup			Ø.	
2. Facility failed to notify DARM	f to use general permit			& CAL .	OL .
				70,7	, 0
r			·	0, 7	<u> </u>
PART II: CLASSIFICATION					13 3
Facility indicated on notificatio (check appropriate box)	n form that it is:		☐ No notification ☐ Drop store/ou		petrol@m
Facility indicated on notificatio	e 🗹 2. r dr tra bo	insfer only, x th types, $x \le $	☐ Drop store/out trea source x < 140 gal/yr < 200 gal/yr		petroligam
Facility indicated on notificatio (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	e 2. r dr tra bo (co	y-to-dry only, ansfer only, x th types, x < onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140	☐ Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ut of business/	petrologim
Facility indicated on notificatio (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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal	e	y-to-dry only, ansfer only, x th types, x < onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on	☐ Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2.100 \text{ gal/yr}$ $\le x \le 1.800 \text{ gal/yr}$	at of business/	petroligim
Facility indicated on notificatio (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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility clause of the second of the	e	y-to-dry only, ansfer only, x th types, x < onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on Y □N	Drop store/outrea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$). The source $140 \le x \le 2.100 \text{ gal/yr}$ or after $12/9/91$). Define a final field of $12/9/91$. The source $140 \le x \le 1.800 \text{ gal/yr}$ or after $12/9/91$. The source $12/9/91$.	at of business/ gal/yr /yr mine	petrologim

l of 5

(check appropriate boxes) DY 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 MY ON ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber שאים אים איא 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 helow). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? AIND ND YD 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 AMD NO YO 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? OY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AME NO YO condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YO verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

n				
ช.	Has the responsible official of an existing large or new large area source also:			
l.	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	ДΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□14 :	□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? Is the perc concentration equal to or less than 100 ppm?		-•	□N/A □N/A
	The state of the s			
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?	QΥ	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	וא□	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ИΩ	□N/A
n	ART V. DECORDIZEDRIC DECUIDEMENTS			

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

P.	PART VI: LEAK DETECTION AND REPAIRS							
l.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?					∆ X	ΩИ	
2.	Has the facility maintained a leak log?			٠.		⊡ Y	ПИ	
3.	Does the responsible official check the fo	ollowi	ng ar	eas for leaks?				
	Hose connections, fittings, couplings, and valves	₫Y	ΩИ	□N/A	Muck cookers	d Y	ON ON/A	
	Door gaskets and seating	₫Y	ΩΝ	□N/A	Stills	⊡ Y	ON ON/A	
	Filter gaskets and seating	Y	ΩИ	□N/A	Exhaust dampers	ŒYY	אואם אם	
	Pumps	QY	ПN	□N/A	Diverter valves	₫Y	ON ON/A	
	Solvent tanks and containers	त्र्√	ПN	□N/A	Cartridge filter housings	ØY	אואם אם	
	Water separators	ŒΥ	ПΝ	□N/A				
4.	Which method of detection is used by th	e resp	onsib	ole official?				
	Visual examination (condensed so	ivent o	on ex	terior surfaces)				
	Physical detection (airflow felt three	ough g	gaske	ts)				
	Odor (noticeable perc odor)					Ø		
	Use of direct-reading instrumentat	ion (F	ID/P	M/calorimetric	tubes)			
	Halogen leak detector					ο,		
	If using direct-reading instru	iment	ation	, is the equipm	ent:	ØN.	/A	
	a. Capable of detecting p	erc va	por c	oncentrations in	a range of 0-500 ppm?	ΩY	ПN	
	b. Calibrated against a st (PID/FID only)?	andar	d gas	prior to and aft	er each usc	ΩY	ПN	
	c. Inspected for leaks and	d obvie	ous si	igns of wear on	a weekly basis?	QΥ	אם	
	d. Kept in a clean and se	cure a	rea w	when not in use?		ΩY	ПN	
	e. Verified for accuracy t	oy use	of di	iplicate samples	(calorimetric only)?	QΥ	ПN	
					·			
		-						
	10				. []			
_	HRT TENNETTA				10/5/98			
	Inspector's Name (Please Prin	it)			Date of Inspe	ction		
	14/4				007 1000			
-	Inspector's Signature				Approximate Date of	Next	Inspection	



Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 3+ H CLEAUERS:	DATE:10/14/98
FACILITY LOCATION: 825 W. SAMPLE RD. POMPAUO BCH 3306	04
Annual Reporting Period: OCT 9 1997 TO CCT	5 19 98
Based on each term or condition of the Title V general air permit, my facility has remained in complian 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
₹1. Term or condition of the general permit that has not been in continuous compliance during the repo	orting period stated above:
Exact period of non-compliance: from	·
Action(s) taken to achieve comptiance:	
Method used to demonstrate compliance:	
=2. Term or condition of the general permit that has not been in continuous compliance during the repo	orting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
·	
As the responsible official, I hereby certify, based on information and belief formed after reasonable in made in this notification are true, accurate and complete. Further, my annual consumption of perchlor agon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallon symbination facilities.	roethylene solvent, based
RESPONSIBLE OFFICIAL: JASWANT. K. HAUHANT Signature	0 14/98 Date

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

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PERCHLURUETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU	IAL COMPLAINT/DISCOVERY	
RE-IN	SPECTION	
AIRS ID#: DATE:	10/4/99 TIME IN: 10:45 TIME OUT:	11:15
FACILITY NAME: + H(CLEANERS	
FACILITY LOCATION: 825 W	1. SAMPLE RD. POMPANO BOH, 3	3064
RESPONSIBLE OFFICIAL: JAS	WANT CHAUHAN PHONE: 954-785-30	? 1
CONTACT NAME: Since	REPHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days pr	ior to startup	9
2. Facility failed to notify DARM to use g	•	o
PART II: CLASSIFICATION		
<u></u>		
Facility indicated on notification form the (check appropriate box)	nat it is: No notification form Drop store/out of business/p	etroleum
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 $12/9/91$)	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)	OCT 0 6 1999 Bureau of Air Monitor & Mobile Sources
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	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	1 0 6 1979 of Air Monitoring Nobile Sources

If no, please check the appropriate classification:

5. This is a correct facility classification

facility qualified for a general permit as number _____

 $\square N$

□Can not determine

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

PART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. Storing perchloroethylene in tightly sealed and impervious containers?	Y ON ON/A					
2. Examining the containers for leakage?	ZY ON ON/A					
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?	OY ON ON/A					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אואפו אם צם					
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 refrig (complete ${\bf A}$ below).	gerated condenser					
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	=					
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser					
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?	OY ON					
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?	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?	□У □И					
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 verifying that the coolant had been completely charged?	OY ON					

A STATE OF THE PARTY OF THE PAR	
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 located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	CY CN CN/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
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times? PART V: RECORDKEEPING REQUIREMENTS	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official:	מלץ טא
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	OY ON
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption?	שלי טא
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	OY ON
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A OY ON ON/A OY ON ON/A OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A OY ON ON/A OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A OY ON ON/A OY ON ON/A OY ON ON/A

DY DN BN/A

8. Maintained compliance plan, if applicable?

1.4	ART VI. LEAR DETECTION AND R	EI AIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?			ZY		אכ			
2.	Has the facility maintained a leak log?			ØΥ		אכ			
3.	Does the responsible official check the i	following areas for leaks?							
	Hose connections, fittings, couplings, and valves	GY ON ON/A	Muck cookers	ŒΥ	ПN	□N/A			
	Door gaskets and seating	MY ON ON/A	Stills	d Y	ПN	□N/A			
	Filter gaskets and seating	ØY □N □N/A	Exhaust dampers	T Y	ПN	□N/A			
	Pumps	DY ON ON/A	Diverter valves	σY	ПN	□N/A			
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	ŒΥ	ПN	□N/A			
	Water separators	DY ON ON/A							
4.	Which method of detection is used by the	ne responsible official?							
	Visual examination (condensed so	lvent on exterior surfaces	3)						
	Physical detection (airflow felt thr	ough gaskets)							
	Odor (noticeable perc odor)			2					
	Use of direct-reading instrumental	tion (FID/PID/calorimetri	ic tubes)						
	Halogen leak detector								
	If using direct-reading instru	amentation, is the equip	ment:	ON/	A				
	a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	ПY	ПΝ				
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to and a	ufter each use	ΩY	ПN				
	c. Inspected for leaks and	d obvious signs of wear or	n a weekly basis?	ΠY	ПN				
	d. Kept in a clean and so	cure area when not in use	2?	ΠY	ПN				
	e. Verified for accuracy l	by use of duplicate sample	es (calorimetric only)?	ΩY	ПN				
			<u>.</u>						
	1 P		1.1.100						
_	Inspector's Name (Please Prin	t)	\\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	ction					
	/) () .	~/	zate of mope						
	let Yant		OCT 200	0					
_	Inspector's Signature		Approximate Date of 3		กรกดด	tion			

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM FACILITY NAME: J+ H CLEANERS Pompaus Bai. 33064 SAMPLE RD. Annual Reporting Period: _____ OCT 5 _____ 1998 Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. WYES \square 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 Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:

As the responsible official. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

*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 ____.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357055

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 # 0112301

J & H CLEANERS INC JASWANT K CHAUHAN 825 W SAMPLE ROAD POMPANO BEACH FL 33064

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

/ 389525

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED

Eureau of Air Moritoring

& Mobile Source

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: BI

Fund: 20-2-035001

Obj.: 002273

Do NOT Remove Label

AIRS ID # 0112301

J & H CLEANERS INC JASWANT K CHAUHAN 825 W SAMPLE ROAD POMPANO BEACH FL 33064

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	V 0	COMPLAINT/DISCO		
AIRS ID#:	825 W. 3	ANERS Sample	RO. DomPANCE	75. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.	
RESPONSIBLE OFFICIAL CONTACT NAME:			_ PHONE: <u>(954) 72</u> _ PHONE:		9
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	A 30 days prior to starti	up			۵
2. Facility failed to notify DAI	RM to use general pern	nit			a
		1			
PART II: CLASSIFICATIO					
PART II: CLASSIFICATIO	N				
Facility indicated on notificat (check appropriate box)			☐ No notification form☐ Drop store/out of but		lcum
Facility indicated on notificat	rce	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	☐ Drop store/out of business source x < 140 gal/yr < 200 gal/yr	siness/petro	leum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	☐ Drop store/out of business source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	siness/petro	leum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,80 both types, 140 \le x \le 1,800	rce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	siness/petro	leum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facility o	rce // / / / / / / / / / / / / / / / / /	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 toth types, 140 (constructed on IV) IV IV	□ Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine	siness/petro	leum

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ENT ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DAY ON ON/A 2. Examining the containers for leakage? MA DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DAY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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? OY ON 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 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? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	Ωи	□N/A
	Is the temperature differential equal to or greater than 20° F?	' 🗆 Y	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	ПΝ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	n □N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	CY ON				
2. Maintained rolling monthly total of perc consumption?	CAN 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?	OY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DAN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MON/A				
6. Maintained startup/shutdown/malfunction plan?					
7. Maintained deviation reports?	OY ON WN/A				
Problem corrected?	אואם אם אם				
8. Maintained compliance plan, if applicable?	OY ON CONVA				

PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
I	inspection?			MD AN	
2.	Has the facility maintained a leak log	?		DY DN	
3.	Does the responsible official check the	e following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	MY ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills	GY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	CAY ON ON/A	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	OY ON ON/A	
	Water separators	Y ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surface	s)	Ø.	
	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:			MN/A	
	a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm?			OY ON	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			DY DN	
d. Kept in a clean and secure area when not in use?			OY ON		
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON	
	ACTEUNETA		10/5/00		
	Inspector's Name (Please Prin	nt)	Date of Inspect	ction	
	Inspector's Signature		Approximate Date of N	Text Inspection	

AIRS ID#: 01(2.30)

DEEE VE

Revised 01/18/00

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM DEPARTMENT OF DPER

DATE: 10 5 00 FACILITY NAME: 5 + H CIENLERS W. SAMPLE RD. FACILITY LOCATION: 825 Annual Reporting Period: 0ct 4 1999 20 00 Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. Name (Please Print)

^{*}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.

7287		EIPT Coverage Provide	d)	
4128	Postage Certified Fee	\$		
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here	
7000 OF00	Total Po 10 AIRS ID # 0112301001AG Recipient JASWANT K CHAUHAN Street, Ap. J & H CLEANERS INC 825 W SAMPLE ROAD City, Static POMPANO BEACH FL 33064 PS. Political Of February 2000 See Reverse for Instructions			

PLACE STICKER AT TOP OF ENVELOPE	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. 1. Article Addressed to: AIRS ID # 0112301001AG JASWANT K CHAUHAN	A. Received by (Please Print Clearly) B. Date of Pelivery C. Signature X D. Is delivery address different from item 17 If YES, enter delivery address below: No				
J & H CLEANERS INC 825 W SAMPLE ROAD OMPANO BEACH FL 33064	3. Service Type Certified Mail				
2600 0026 4128 7281	4. Restricted Delivery? (Extra Fee)				
2. Article Number (Copy from service label)					
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789				





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

3231243070

This portion must be attached to remittance for proper handling 400567

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 # 0112301 J & H CLEANERS INC JASWANT K CHAUHAN 825 W SAMPLE ROAD POMPANO BEACH FL 33064

FOR GOVERNMENT USE ONE Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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JAN 29 97 TOTAL AMOUNT DUE: \$50.00

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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obl.: 002273

259258

300122

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

MAIL ROOM TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0112301 J & H CLEANERS INC **IASWANT K CHAUHAN** 825 W SAMPLE ROAD POMPANO BEACH FL 33064

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obi.: 002273