Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

January 21, 1997

Mr. Damon L. Del Rossi
Sheridan Cleaners, Inc.
5331 Sheridan Street
Hollywood, Florida 33021

Re: Facility I.D. No. 0112302

Dear Mr. Rossi:

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,

for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. John Coppola, Broward County

#0112302

Dryclean - U.S.A.

p.14 1.(a) add date control device installed

1.(c) mark out "X" and initial

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   Sheridan Cleaners, INC.
2. Site Name (For example, plant name or number):
   DRYCLEAN- U.S.A
3. Hazardous Waste Generator Identification Number:
   FLD 984225615
4. Facility Location:
   Street Address: 5331 Sheridan St.
   City: Hollywood County: Broward Zip Code: 33021
5. Facility Identification Number (DEP Use): 0112302

Responsible Official

6. Name and Title of Responsible Official:
   Damon L. Del Rossi, President
7. Responsible Official Mailing Address:
   Organization/Firm: Sheridan Cleaners, INC.
   Street Address: 5331 Sheridan St.
   City: Hollywood County: Broward Zip Code: 33021
8. Responsible Official Telephone Number:
   Telephone: (954 983- 9811 Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   Alex Odom, MANAGER
10. Facility Contact Address: Same As Above
    Street Address:
    City: County: Zip Code:
11. Facility Contact Telephone Number:
    Telephone: ( ) - Same As Above Fax: ( ) -

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SEP 3 1996
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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	11/91							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed [____]

1(c) No control devices are required to be installed [X]

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
[160] gallons

(b) If less than 12 months, how many? [____] months
Check why it is less than 12 months: New owner: [____] New store: [____] Did not keep records: [____]

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
(Indicate with an "X". Select one classification only.)

existing large area source

Existing small area source [____] New small area source [____]

Existing large area source [X] New large area source [____]

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source
Carbon adsorber [ ] Refrigerated condenser [X]

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 [X]
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 [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Instrument calibration [ ]

(f) Start-up, shutdown, malfunction plan [X]

Surrender of Existing Air Permit(s)

Please indicate 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) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant 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 notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature _____ Date 8/26/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0112302 DATE: 10/31/97 TIME IN: 11:00 TIME OUT: 11:20

FACILITY NAME: DRYCLEAN USA

FACILITY LOCATION: 5331 SHERIDAN ST, HOLLYWOOD FL.

RESPONSIBLE OFFICIAL: DAMON DEL ROSSI PHONE: (954) 983-9811

CONTACT NAME: ALEX ODOM PHONE: (954) 983-9811

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☑
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

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)

3. Existing large area source ☑
   dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
   transfer only, $200 \leq x \leq 1,800$ gal/yr
   both types, $140 \leq x \leq 1,800$ gal/yr
   (constructed before 12/9/91)

4. New large area source ☐
   dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
   transfer only, $200 \leq x \leq 1,800$ gal/yr
   both types, $140 \leq x \leq 1,800$ gal/yr
   (constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 240 gallons.

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	☐N	☐N/A
2. Examining the containers for leakage?	☑Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y	☐N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y	☐N	☑N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

→ If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	☑Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y	☐N	

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?	☑Y	☐N	
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	☐Y	☐N	☑N/A
Is the temperature differential equal to or greater than 20° F?	☐Y	☐N	☑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?	☐Y	☐N	☑N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y	☐N	☑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?	☐Y	☐N	☑N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y	☐N	☑N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y	☐N	☑N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y	☐N	
2. Maintained rolling monthly averages of perc consumption?	☑Y	☐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?	☑Y	☐N	☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y	☐N	
7. Maintained deviation reports?	☑Y	☐N	☐N/A
Problem corrected?	☑Y	☐N	☐N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☑N/A

PART VI: LEAK DETECTION AND REPAIRS

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? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☑
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☑
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐

   If using direct-reading instrumentation, is the equipment: ☑N/A

   a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
   b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
   c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
   d. Kept in a clean and secure area when not in use? ☐Y ☐N
   e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

ART PENNETTA
Inspector's Name (Please Print)

10/31/97
Date of Inspection

Inspector's Signature

OCT 1998
Approximate Date of Next Inspection

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 11:00 TIME OUT: 11:20 AIRS ID#: 0112302

TYPE OF FACILITY: PERC DRY CLEANER

FACILITY NAME: DRYCLEAN USA DATE: 10/31/97

FACILITY LOCATION: 5331 SHERIDAN ST. HOLLYWOOD FL.

RESPONSIBLE OFFICIAL: DAMON DEL ROSSI PHONE NUMBER: (954) 983-9811

☑ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☑ NO ☐

DATE OF NEXT INSPECTION: OCT 1998 (Approximate)

INSPECTION CONDUCTED BY: ART PENNETTA (Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: (954) 519-1428

TIME IN: 9:30 TIME OUT: 10:30 AIRS ID#: 01123 02

TYPE OF FACILITY: Dry Cleaning - Perc.

FACILITY NAME: Dryclean USA DATE: 04/06/98

FACILITY LOCATION: 5331 Sheridan St.
Hollywood, Florida 33021

RESPONSIBLE OFFICIAL: Damon Del Rossi PHONE NUMBER: (954) 983-9811

[X] Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

[ ] Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Facility is in Compliance	

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MAY 21 1998
Bureau of Air Monitoring & Mobile Sources

COMMENTS

The Annual Compliance Certification form has been properly certified and submitted to the inspector YES[Y] NO[ ]

DATE OF NEXT INSPECTION: April 1999
(Approximate)

INSPECTION CONDUCTED BY: OCTAVIAN OPRIS
(Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: (954) 519-1420

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐

RE-INSPECTION ☐

AIRS ID#: 0112302 DATE: 04/06/98 TIME IN: 9:30 TIME OUT: 10:30

FACILITY NAME: Drycleon USA

FACILITY LOCATION: 5331 Sheridan St.

Hollywood, Florida 33301

RESPONSIBLE OFFICIAL: Damon Del Rossi PHONE: (954) 983-9811

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/relocation

A.

1. Existing small area source ☐
dry-to-dry only, $\leq$ 140 gal/yr
transfer only, $\leq$ 200 gal/yr
both types, $\leq$ 140 gal/yr
constructed before 12/9/91

2. New small area source ☐
dry-to-dry only, $\leq$ 140 gal/yr
transfer only, $\leq$ 200 gal/yr
both types, $\leq$ 140 gal/yr
constructed on or after 12/9/91

3. Existing large area source ☒
dry-to-dry only, 140 $<$ x $\leq$ 2,100 gal/yr
transfer only, 200 $<$ x $\leq$ 1,800 gal/yr
both types, 140 $<$ x $\leq$ 1,800 gal/yr
constructed before 12/9/91

4. New large area source ☐
dry-to-dry only, 140 $<$ x $\leq$ 2,100 gal/yr
transfer only, 200 $<$ x $\leq$ 1,800 gal/yr
both types, 140 $<$ x $\leq$ 1,800 gal/yr
constructed on or after 12/9/91

5. This is a correct facility classification ☒Y ☐N ☐Can not determine

If no, please check the appropriate classification
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 240 gallons

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☒Y	☐N	☐N/A
2. Examining the containers for leakage?	☒Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☒Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☒Y	☐N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y	☐N	☒N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993.*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	☒Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☒Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☒Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☒Y	☐N	
5. Repaired or adjusted the equipment within 24 hours of the exhaust temperature of the condenser exceeded 45° F?	☒Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after ensuring that the coolant had been completely charged?	☒Y	☐N	

8. 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?	☒ Y	☐ N	
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	☐ Y	☐ N	☒ N/A
Is the temperature differential equal to or greater than 20° F?	☐ Y	☐ N	☒ 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?	☐ Y	☐ N	☒ N/A
Is the perc concentration equal to or less than 100 ppm?	☐ Y	☐ N	☒ N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 3 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?	☐ Y	☐ N	☒ N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐ Y	☐ N	☒ N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐ Y	☐ N	☒ N/A

PART V. RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☒ Y	☐ N	
2. Maintained rolling monthly total of perc consumption?	☒ Y	☐ N	
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired within 24 hrs? or;	☒ Y	☐ N	☐ N/A
b. documentation of parts ordered to repair leak and leak repaired within 5 days and parts installed within 5 days of receipt?	☒ Y	☐ N	☐ N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐ Y	☐ N	☒ N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐ Y	☐ N	☒ N/A
6. Maintained startup/shutdown/malfunction plan?	☒ Y	☐ N	
7. Maintained deviation reports?	☒ Y	☐ N	☐ N/A
Problem corrected?	☒ Y	☐ N	☐ N/A
8. Maintained compliance plan, if applicable?	☐ Y	☐ N	☒ N/A

inspection? ☑Y ☐N

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2. Has the facility maintained a leak log? ☑Y ☐N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Sulls	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces) ☑
- Physical detection (airflow felt through gaskets) ☑
- Odor (noticeable perc odor) ☑
- Use of direct-reading instrumentation (FID/PID/colorimetric tubes) ☑ N/A
- Halogen leak detector ☑
  - If using direct-reading instrumentation, is the equipment: ☑N/A
    - a. Capable of detecting perc vapor concentrations in a range of 0-300 ppm? ☐Y ☐N
    - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
    - c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
    - d. Kept in a clean and secure area when not in use? ☐Y ☐N
    - e. Verified for accuracy by use of duplicate samples (colorimetric only)? ☐Y ☐N

OCTAVIAN OPRIS
Inspector's Name (Please Print)

04/06/98
Date of Inspection

Inspector's Signature

April 1999
Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

FLD984225615

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

RECEIVED
JUN 3 1999
Air Monitoring & Mobile Sources

AIRS ID#: 0112302 **DATE:** 6/7/99 **TIME IN:** 11:15am **TIME OUT:** 11:40 Am

FACILITY NAME: Dry-Clean USA

FACILITY LOCATION: 5331 Sheridan St
Hollywood, FL 33301

RESPONSIBLE OFFICIAL: Damon Del Rossi (Owner) **PHONE:** 954-983-9811

CONTACT NAME: _____ **PHONE:** _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☑
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

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)

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)

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)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not cligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 240 gallons.

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	☐N	☐N/A
2. Examining the containers for leakage?	☑Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y	☐N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y	☐N	☑N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). ***Carbon adsorber must have been installed prior to September 22, 1993***

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	☑Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y	☐N	

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?	☑Y	☐N	
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	☐Y	☐N	☑N/A
Is the temperature differential equal to or greater than 20° F?	☐Y	☐N	☑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?	☐Y	☐N	☑N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y	☐N	☑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?	☐Y	☐N	☑N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y	☐N	☑N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y	☐N	☑N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y	☐N	
2. Maintained rolling monthly total of perc consumption?	☑Y	☐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?	☐Y	☐N	☑N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☑Y	☐N	☐N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☑Y	☐N	☐N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☑N/A
Problem corrected?	☐Y	☐N	☑N/A
8. Maintained compliance plan, if applicable?	☑Y	☐N	☐N/A

PART VI: LEAK DETECTION AND REPAIRS

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? ☐Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☑
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☑
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐
   - **If using direct-reading instrumentation, is the equipment:** ☑N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Elizabeth F. Susky
Inspector's Name (Please Print)

6/17/99
Date of Inspection

Elizabeth F. Susky
Inspector's Signature

6/17/00
Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

*ACC

FACILITY NAME: Dey-Clean U.S.A. DATE: 6/17/99

FACILITY LOCATION: 5331 Sheridan St.
Hollywood, FL 33301

Annual Reporting Period: April 1998 TO June 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☒ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: Damon L. Del Rossi OWNER — Damon L. Del Rossi — 6/17/99
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.

301815

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0112302
SHERIDAN CLEANERS INC
DAMON L DEL ROSSI
5331 SHERIDAN ST
HOLLYWOOD FL 33021

Do NOT Remove Label

Annual Reporting Period: 1/1/98 19___ TO 12/31 19 98

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☒ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

____

Exact period of non-compliance: from _______________ to _______________

Action(s) taken to achieve compliance: _______________

Method used to demonstrate compliance: _______________

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

____

Exact period of non-compliance: from _______________ to _______________

Action(s) taken to achieve compliance: _______________

Method used to demonstrate compliance: _______________

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

RESPONSIBLE OFFICIAL: DAMON L. DEL ROSSI (Name (Please Print)) [signature] (Signature) 2/2/98 (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.

11/06/97

0112302 ✓

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dryclean USA DATE: 04/06/98

FACILITY LOCATION: 5331 Sheridan St.
Hollywood, Florida 33021

Annual Reporting Period: April 1997 TO April 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. ☒ 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 compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,300 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: DAMON L. DEL ROSSI (Name Please Print) | Damon L. Del Rossi (Signature) | 4/6/98 (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.

301815

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0112302

SHERIDAN CLEANERS INC
DAMON L DEL ROSSI
5331 SHERIDAN ST
HOLLYWOOD FL 33021

Do NOT Remove Label

Annual Reporting Period: 2/2/97 19__ TO 2/2/98 19__

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☒ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: Damon L. Del Rossi (Name (Please Print)) Damon L. Del Rossi (Signature) 2/2/98 (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.

11/06/97

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

0112302

FACILITY NAME: DRYCLEAN USA DATE: 10/31/97

FACILITY LOCATION: 5331 SHERIDAN ST. HOLLYWOOD FL.

Annual Reporting Period: OCT 31 1996 TO OCT 31 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: RAMON L. DEL ROSSI (Name (Please Print)) Ramon L. Del Rossi (Signature) 10/31/97 (Date)

RECEIVED
NOV 12 1997

*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.

Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN:_____ TIME OUT:_____ AIRS ID#:_____

TYPE OF FACILITY: Dry Cleaning - Perc

FACILITY NAME: Dry Clean USA DATE:_____

FACILITY LOCATION:_____

RESPONSIBLE OFFICIAL:_____ PHONE NUMBER:_____

☒ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Facility is in Compliance	

RECEIVED
MAY 21 1998
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES☐ NO☐

DATE OF NEXT INSPECTION: April 1999 (Approximate)

INSPECTION CONDUCTED BY: OCTAVIA W OPRIS (Please Print)

INSPECTOR'S SIGNATURE:_____ PHONE NUMBER: (954) 519-1420

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

FCD984225615

AIRS ID#: 0112302 DATE: 7/28/00 TIME IN: 2:40pm TIME OUT: 3:15pm

FACILITY NAME: Dry-Clean USA

FACILITY LOCATION: 5331 Sheridan St.
Hollywood, FL 33301

RESPONSIBLE OFFICIAL: Damon Del Rossi PHONE: (954) 983-9811

CONTACT NAME: Peter LaPann & full time PHONE:

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☑
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

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)

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)

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)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 240 gallons.

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	☐N	☐N/A
2. Examining the containers for leakage?	☑Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☐Y	☐N	☑N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☑Y	☐N	☑N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). ***Carbon adsorber must have been installed prior to September 22, 1993***

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	☑Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y	☐N	

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?	☒Y ☐N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	☒Y ☐N ☐N/A
Is the temperature differential equal to or greater than 20° F?	☒Y ☐N ☐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?	☒Y ☐N ☐N/A
Is the perc concentration equal to or less than 100 ppm?	☒Y ☐N ☐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?	☐Y ☐N ☒N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☒Y ☐N ☐N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y ☐N ☒N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☒Y ☐N
2. Maintained rolling monthly total of perc consumption?	☒Y ☐N
3. Maintained leak detection inspection and repair reports for the following:	No Leaks at this time
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?	☐Y ☐N ☒N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☒Y ☐N ☐N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☒Y ☐N ☐N/A
6. Maintained startup/shutdown/malfunction plan?	☒Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☒N/A
Problem corrected?	☐Y ☐N ☒N/A
8. Maintained compliance plan, if applicable?	☒Y ☐N ☐N/A

PART VI: LEAK DETECTION AND REPAIRS

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? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☐Y ☐N ☑N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)	☑
Physical detection (airflow felt through gaskets)	☐
Odor (noticeable perc odor)	☑
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	☐
Halogen leak detector	☐
If using direct-reading instrumentation, is the equipment:	☐N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	☐Y ☐N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
d. Kept in a clean and secure area when not in use?	☐Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y ☐N

Elizabeth F. Susky
Inspector's Name (Please Print)

07/23/00
Date of Inspection

Elizabeth F Susky
Inspector's Signature

07/23/01
Approximate Date of Next Inspection

AIRS ID#: 0112302

BEST AVAILABLE COPY

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry-Clean USA DATE: 07/28/00

FACILITY LOCATION: 5331 Sheridan St.
Hollywood, FL 33301

Annual Reporting Period: July 1999 TO July 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☐ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: Pete Lapan Pete LAPAN 7/24/00
Owner Not present May Signing
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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357049

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

TOTAL AMOUNT DUE: $50.00

RECEIVED
MAIL ROOM
JAN 13 99

Do NOT Remove Label

AIRS ID # 0112302
DRYCLEAN USA
DAMON L DEL ROSSI
5331 SHERIDAN ST
HOLLYWOOD FL 33021

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

301815

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#0112302
SHERIDAN CLEANERS INC
DAMON L DEL ROSSI
5331 SHERIDAN ST
HOLLYWOOD FL 33021

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 258143 ✓

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

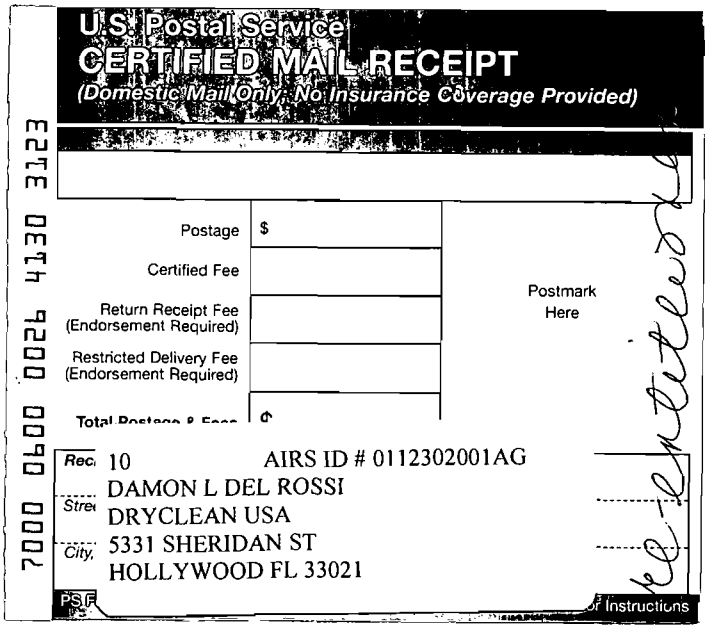
RECEIVED
MAIL ROOM
JAN 15 97

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID# 0112302
SHERIDAN CLEANERS INC
DAMON L DEL ROSSI
5331 SHERIDAN ST
HOLLYWOOD FL 33021

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

7000 0600 0026 4130 3123

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Rec 10 AIRS ID # 0112302001AG
Stre DAMON L DEL ROSSI
City, DRYCLEAN USA
5331 SHERIDAN ST
HOLLYWOOD FL 33021

PS F ... Instructions

Re-attached

SENDER: *COMPLETE THIS SECTION*

- 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:

10 AIRS ID # 0112302001AG
DAMON L DEL ROSSI
DRYCLEAN USA
5331 SHERIDAN ST
HOLLYWOOD FL 33021

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Del Rosse
B. Date of Delivery 8-17

C. Signature
X Damon L. Del Rosse ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0026 4130 3123

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 389198

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
DEC 10 1999
Bureau of Air Monitoring & Mobile Sources

RECEIVED
MAIL ROOM
DEC -8 99

Do NOT Remove Label

AIRS ID # 0112302
DRYCLEAN USA
DAMON L DEL ROSSI
5331 SHERIDAN ST
HOLLYWOOD FL 33021

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 399718

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

12/13/00

RECEIVED
MAIL ROOM
DEC 00

Do NOT Remove Label

AIRS ID # 0112302
DRYCLEAN USA
DAMON L DEL ROSSI
5331 SHERIDAN ST
HOLLYWOOD FL 33021

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