

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,

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"

#0112302

!	Dryclean - U.S.A.
	prytical non
D.14	1.(a) add date control device installed 1.(c) mark out "X" and initial
	installed
	1.(C) mank out "X" and initial
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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	DRYCLEAN-U.S.A
3.	Hazardous Waste Generator Identification Number:
	F4) 984225615
4.	Facility Location: Street Address: 7321 Street day St.
	Street Address: 5331 Sheridan St. City: Hollywood Zip Code: 33021
	5 Plottly Loudy
5.	Facility Identification Number (DEP Use):
	0112302
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Organization/Firm: Shevidan The Street Address: Street
7.	Responsible Official Mailing Address:
	Street Address: 231 Shawdaya T.
1	City: / La // (una pr) County: County: Zip Code:
8.	Responsible Official Telephone Number: Telephone: $(9 \le 1)$ $9 \le 2$ $9 \le 1$ Fax: () -
	Telephone: (954) 983-981/ Fax: () -
	Easility Contact (If different from Degrapoible Official)
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Facility Contact Address: (A. M.
10.	Facility Contact Address: / SAMI AS Howe
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () -SAMP AS M. Fax: () -
	/ mm 10 / mm/2

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SEP 3 1996

Facility Information

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

		Date	Date		Date	Date		Date	Date
1		Machine	Control		Machine	Control		Machine	Control
		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					2.1			•	174
(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			l						
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		i.e. in the second						_ :	
(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 [/60] (b) If less than 12 montl Check why it is less	uant gallo	equired to be ity of perchloons ow many? [_	installed [_ proethylene (perc)	purchased in				
3. What is the facility's sou (Indicate with an "X". S Existing small are Existing large are	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuan d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[X]
•	
Equipment Monitoring a	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	ĹXJ
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[<u>X</u>]
(d) Carbon adsorber exhaust perc concentration mon	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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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)			
ιχı	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 cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade 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 thin the air pollution control equipment described above so as to the 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. Music Signature Specific Date Date				

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

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVE	RY D	
AIRS ID#: <u>012302</u> FACILITY NAME: <u>DR</u> FACILITY LOCATION:	YCLEAN USA			UT: <u>//: 20</u>	
RESPONSIBLE OFFICIAL:					
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	-				
2. Facility failed to notify DAR	2. Facility failed to notify DARM to use general permit				
PART II: CLASSIFICATION	Ÿ		**************************************		
Facility indicated on potification (check appropriate box) 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the second of the secon	rce 2. /yr dr bo /ce 4. 100 gal/yr dr gal/yr bo (c	ansfer only, x oth types, x < onstructed on New large 2 cy-to-dry only, ansfer only, 2 oth types, 140 onstructed on	$x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 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 $12/9/91$) \square Can not determine	ness/petroleum	
Facility indicated on potification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the property of t	ion form that it is: ree 2. /yr dr tra bo (c ree 4100 gal/yr dr .00 gal/yr tra gal/yr bo lassification 2 appropriate classification ity qualified for a generality exceeds above limits broethylene (perc) purch	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 2 oth types, 140 onstructed on IN	☐ Drop store/out of busing trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) ☐ Can not determine Above gible for a general permit		

1 of 5

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

0112302	0	1	12	3	0	2
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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?	D Y	' 'חח	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	DAN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	DYN/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?			BN/A
	Is the perc concentration equal to or less than 100 ppm?	DУ	ΩN	
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?	ΩY	ПИ	D M√/∧
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПИ	DY V/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ИП	<u> </u>

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MO AN 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: BY ON ON/A 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 DY ON ON/A and parts installed w/in 5 days of receipt? DY DN PN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ON BYNA 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? DY ON ON/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN DYN 8. Maintained compliance plan, if applicable?

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repai inspection? 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks?	r ON
inspection? 2. Has the facility maintained a leak log?	ПИ
2. Has the facility maintained a leak log?	-
2. 110 210 11011,	<u>un</u>
J. Does are responsible external entering and the series and series are series and series and series and series are series are series and series are series are series are serie	
Hose connections, fittings,	
couplings, and valves $\square Y \square N \square N/A$ Muck cookers $\square Y \square Y$	ON □N/A
Door gaskets and seating	ON □N/A
Filter gaskets and seating	A/ND NC
Pumps ØY 🗆 N 🗆 N/A, Diverter valves ØY 🗅	A/ND NC
Solvent tanks and containers $\square Y \square N \square N/A$ Cartridge filter housings $\square Y \square N$	A/ND NC
Water separators	
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 (nouceable perc odor)	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	
Halogen leak detector	
If using direct-reading instrumentation, is the equipment:	•
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	אכ
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ИС
c. Inspected for leaks and obvious signs of wear on a weekly basis?	אכ
d. Kept in a clean and secure area when not in use?	אַכ
e. Verified for accuracy by use of duplicate samples (calorimetric only)? $\Box Y$	אכ
<u> </u>	
ART PENNETTA 10/31/97	

Inspector's Name (Please Print)

Date of Inspection

OCT 1978

Inspector's Signature

Approximate Date of Next Inspection

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TIME IN: 11:00 TIME OUT:	11:20	A I D C I D #.	RE-INSPECTION
TIME IN: 11:00 TIME OUT: YPE OF FACILITY: PERC DRY CLEANE		AIRS ID#:	0112302
•	<u> </u>	···	DATE: 10/21/22
ACILITY NAME: DRYCLEAN USA	· <= 1101		DATE: 10/31/97
ACILITY LOCATION: 5331 SHERIDAN	O ST. HOL	LYWOOD FL.	
ESPONSIBLE OFFICIAL: DAMON PEL	Passi	PHON'E NI IMBI	ER: (954) 983-9811
ESPONSIBLE OFFICIAL: DAMON PCL	ROJUT	ITIONE NOMBI	(134) 103 1011
Based on the results of the compliance requires compliance with DEP Rule 62-213.300, Florid			facility is found to be in
Based on the results of the compliance required discrepancies were noted:	ments evaluated ,	during this inspection, the	following compliance
COMPLIANCE REQUIREMENT/PRO	BLEM	FOLLOW-UP AC	TION REQUIRED
		•	
•			
	<u> </u>		
COMMENTS:			
The Annual Compliance Certification form has been pr	operly certified	and submitted to the inspec	tor. YES NO
DATE OF NEXT INSPECTION:	007	1998	
	(Appro	oximate)	
INSPECTION CONDUCTED BY:	/ (Pleas	Print)	
INSPECTOR'S SIGNATURE:	- (1 1635	ŕ	er: <u>/954) 519-1428</u>
MULLETON SSIGNATURE: // //	MO		CR. (107/011-1720

TIME IN: 9:30 TIME OUT: 10:3	
TYPE OF FACILITY: Dry Cleaning - P	er (.
FACILITY NAME: Duyclean 45A.	DATE: 04/06/98
FACILITY LOCATION: 531 Shevidon St.	
	333021
RESPONSIBLE OFFICIAL: Damon Del Rossi	2HONE NUMBER (954) 183-9811
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300. Florida Administrativ	
Based on the results of the compliance requirements evaluated discrepancies were noted:	during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
Faulity is in Couplionce	Burger of Cr.
	Odis Fill Man E
	<u> </u>
	· .
COMMENTS .	
The Annual Compliance Certification form has been properly derivided	and submittee to the inspector YESTY NOT
DATE OF NEXT INSPECTIONS Thank	/7 / 7
	o Cimate) 1 OPRIS se Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER (954) 519-1420
200.2	sc 7 Savised 10/9

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RE-MSPECTION

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ARS D#: 01/2302 DATE: 04/06	198 TIME IN: 9:30 TIME OUT: 10130
FACILITY MAME: Dry clean	USA
FACILITY LOCATION: 5331 SL	
	1, Florida 33301
RESPONSIBLE OFFICIAL: Damon 1	Del Rossi PHONE: (954) 983-9811
	:3NOB9
PART I: NOTUTICATION	B
(check appropriate box)	
U. New facility notified DARM III days onor to sta	Guo .
2. Facility failed to notify DARM to use general pe	
	100 2 - 1
PART U: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate 55%)	☐ No notification form () ☐ Orop storetoit of business/bettering
A. 1. Existing small area source 10/40-40/30nly (< 140 gainer rathsfer only (< 100 gainer 1000 gaes (< 1 (40 gainer 1000 gainer 100	1. New small area source ary no-ary only, c < (40 gally); transfer only, c < 100 gally); both types, c < (40 gally); scons(meted only); after (1200));
Figure 1 and 1 and 1 and 2 and 2 and 2 and 2 and 3 and	4. New targe urga murce Discovering only (20 5 v 5 1 100) galour transfer only (100 5 v 5 1 300) galour pota ropes, (40 5 v 5 1 300) galour constructed in originary (2000).
5. This is a correct facility digital dampn	Xii □N □Can not tetermene
of no piense theorethe corropriate dissistic	XIII DN DCan not retermine

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	s the responsible official of the dry cleaning facility:	BEST AVAILAB	LE COPY
ι.	Storing perchloroethylene in tightly sealed and impervious co	oucaruecz.;	אואם אם א ס י
2.	Examining the containers for leakage?		AY DN DNY
j.	Closing and securing machine doors except during loading/u	Moading?	₩ ₹ ⊒₩
<u>+</u> .	Draining cartindge filters in their housing or in sealed contait least 24 hours prior to disposal?	ners for at	• KME- ME- Y A
٤.	Maintaining solvent-to-tarbon ratios and steam pressure for beds according to the manufacturer's speculications?	radiosale nocue	 ⊒Y ⊒N ∀ N/A

PART IV: PROCESS VENT CONTROLS

In Part (I-A:

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

If classification I has been checked, the machine should be equipped with a reinigerated 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 12, 1993.

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

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

i				
	Equipped all machines with the ippropriate vent controls?	\mathbf{Z}	ЭN	
	Equipped artificial machines with a tipsed 4000 inport venting inflicting	Ā	DN:	BNA
:	Equiposed the condenses with a proposed value 30 mission will be precised twin from the tondenses upon opening the door?	₽ .:	ΩN	28-4
	Dudenser ou it weekplyge-weekply basis,	₽.	ΒN	
;	Repaired on adjusted the equipment within 14 hours of the exhaust temperature of the condenser exceeded 45° F°	A :	⊒ <u>\</u> :	⊒‰ ¥.
	exported til tembetatite tubuttonok iget in roblobuate tombomu bevog hug riget.	# ::	⊇N	

В.	Aus the responsible official of an existing large or new large area source also:	
ι.	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?	אבי אבי
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ok on k wa
	Is the temperature differential equal to or greater than 20° 7°	אאלן אם אם
3	Measured and recorded the pero 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?	⊐4 ⊐4 A MY
	is the percisoncentration equal to or less than 100 ppm?	DA DA RAIY
-	Assured that the sampling port on the carbon adsorber exhaust for measuring pero concentrations is at least 3 duct diameters downstream of any bend, contraction, or expansion; is at least 3 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inter?	OK ON RWY
;	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OR ON RWY
ó	Routed aurillow to the carbon adsorber (it used) at all times?	DY DN RWY

PART V. RECORDRESPING REQUIREMENTS				
Eas the responsible official. (check appropriate boxes)				
Maintained receipts for pero purchased?	A. 34			
2. Maincained rotting monthly total of perc consumption?	D √: □N			
3. Maintained leak detection inspection and repair reports for the following				
i documentation of leaks repaired with 14 ars for:	MY DN DNA			
o documentation of parts ordered to repair leak and leak repaired with 1 days and parts installed with 3 days of receipt?	A A. 38. 384			
4 Maintained calibration data? Hor voolitante virist reoding instituteenst	ar an but			
3. Maintained extraust abut monitoring data on perclaphoesitrations.	38 38 PX *			
் 'Appurational startup/strutdown/maltanetion plan '	5 4 38			
Maintained deviation reports?	A A 38 38 4			
"maiden"	R. 30 30 4			
1 Maintained compilance plan, d'applicable 1	DA DA RAY			

	ruzbectious.	BEST AVAILABLE CO	1 PY	1 27 (2)	, ,
2.	Has the facility maintained a leak log?	erol Manipulle A	7 11.	¼ ⊼ ⊐!	,
3.	Does the responsible official check the fo	ollowing areas (or leaks?			
	Hose connections, fittings, couplings, and valves	AND NO Y	Muck cookers	AK OM O	AINE
	Door gaskets and seating	AN UN UNY	Salis	A JA C	AWE
	Filter gaskets and seating	RY DN DWY	Exhaust dampers	व्यर ज्ञार व	79/7
	Situ os	AL DM DMY	Diverter valves	MY DN C	2,17,2
	Solvent (anks and containers	AL DU DULY	Curindge filter housings	ו אם צישו	AWE
	Water separators	AND NO A			:
-	Which method of detection is used by th	e responsible official"			
	Visual examination (condensed so	lvent on exterior surfaces)		Ā	
	Physical detection (वात्तीवण हिर्देश केंग	ough gaske(s)		Ŕ	:
	Odor (nouceable percipaor)			Z (1	
	Use of direct-reading instrumental	ion (FD/P(D/calonmeticc	(uoes)	15 MH	
	Hallogen leak detector			Ā	
	If using direct-reading instra	ւտշուգյուր, ւշ (նշ շղաւրտ	ent	E NIA	
	a. Capable of detecting p	ero vapor concentrations in	រ i យៅនិះ ១(ភ)-១១០ ១៦៣ ,	MC YE	
	7 Стюсяяе талига и ж Э—Стюсяя записа и ж	andard yas phor to hid fig	ren bac'h use	אב צב	
	e Inspected for leaks and	d opvious अञ्चलक वर्ग अववर अव	Eweskiy basis '	אב אב	
	d. Kept in a clean and se	במוב אופס אטפט טסל זע מפל,		コス コタ	
	s - Ventied for accuracy !	estanta; encortaun pe sen ya	; വേരണമാനാണ് :	DA DM	

Inspector's Signature

O4/06/98 Date of Inspection

Looroxumere Date of Next inspection

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	de de	COMPLAINT/DISCOV	ERY 🗆	
	RE-INSPECTION		•		
	DATE GIF99		N: 11:15am TIME (оит: `. 40	Am
FACILITY NAME:	y - Clean AUSA	3 1999			
FACILITY LOCATION: 5	331 Spaniephorn	Air Monitoring le Sources	· · · · · · · · · · · · · · · · · · ·		_
<u> </u>	ollywood, FL	33 3 0			_
RESPONSIBLE OFFICIAL :	Damon Del Ro Owner)	5551	PHONE: <u>954–98</u>	13-9811	
CONTACT NAME:			_ PHONE:		
PART I: NOTIFICATION					
(check appropriate box)				/	/
New facility notified DARM	• •	•		M	
2. Facility failed to notify DAR	M to use general perm	it			
	 				
PART II: CLASSIFICATION					
PART II: CLASSIFICATION	N				
			☐ No notification form		
Facility indicated on notification (check appropriate box)			☐ No notification form ☐ Drop store/out of busi	ness/petroleum	
Facility indicated on notificati (check appropriate box) A.	ion form that it is:		☐ Drop store/out of busi	ncss/pctroleum	
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour	ion form that it is:	. New small a	☐ Drop store/out of busi	ness/petroleum	diam of the Art of the
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/	ion form that it is: rce	lry-to-dry only,	☐ Drop store/out of busi rea source x < 140 gal/yr	ness/petroleum	The state of the s
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour	ion form that it is: ree	· - · · • - · · · · · · · · · · · ·	☐ Drop store/out of busi rea source x < 140 gal/yr < 200 gal/yr	ness/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	ion form that it is: ree	lry-to-dry only, ransfer only, x ooth types, $x < 1$	☐ Drop store/out of busi rea source x < 140 gal/yr < 200 gal/yr	ness/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	rce 2 /yr d	lry-to-dry only, ransfer only, x ooth types, x < 1 constructed on	☐ Drop store/out of business rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ness/petroleum	
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour	rce 2 /yr d tr	lry-to-dry only, ransfer only, x ooth types, x < 1 constructed on	☐ Drop store/out of busing rea source ☐ x < 140 gal/yr < 200 gal/yr ☐ 40 gal/yr for after 12/9/91)	ncss/pctroleum	1 A A A A A A
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	rce 4,100 gal/yr datis:	lry-to-dry only, ransfer only, x both types, x < 1 constructed on large a lry-to-dry only,	☐ Drop store/out of business rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ness/petroleum	Table Value
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr	rce 2/yr d cce 4,100 gal/yr d gal/yr b	lry-to-dry only, ransfer only, x ooth types, x < 1 constructed on . New large a lry-to-dry only, ransfer only, 20 ooth types, 140 coth types, 140	☐ Drop store/out of business ource $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $= 12/9/91$) From Source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$	ness/petroleum	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	rce 2/yr d cce 4,100 gal/yr d gal/yr b	lry-to-dry only, ransfer only, x ooth types, x < 1 constructed on . New large a lry-to-dry only, ransfer only, 20 ooth types, 140 coth types, 140	☐ Drop store/out of business ource $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $= 12/9/91$) rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$	ness/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr	rce 2 /yr d	lry-to-dry only, ransfer only, x ooth types, x < 1 constructed on . New large a lry-to-dry only, ransfer only, 20 ooth types, 140 coth types, 140	☐ Drop store/out of business ource $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $= 12/9/91$) From Source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$	ness/petroleum	The state of the s
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facility of facility of facility constructed before 12/9/91)	ion form that it is: ree	Iry-to-dry only, ransfer only, x ooth types, x < 1 constructed on New large a lry-to-dry only, ransfer only, 20 ooth types, 140 constructed on New large a lry-to-dry only, ransfer only, 20 ooth types, 140 constructed on In I	□ Drop store/out of business rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine	ncss/petroleum	The second of th

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) IN □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N/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 □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	MO AM
2	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON PAN/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?	DY DN PRI/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 DANIA
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MIN/A
6	Routed airflow to the carbon adsorber (if used) at all times?	OY ON DAVIA

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
Maintained receipts for perc purchased?	MERY DIN			
2. Maintained rolling monthly total of perc consumption?	ŒYÝ □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	TOW 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 OXIA			
4. Maintained calibration data? (for applicable direct reading instruments)	,DY ON ON/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	. ON ON/A			
6. Maintained startup/shutdown/malfunction plan?	OY ON			
7. Maintained deviation reports?	ON ON/A			
Problem corrected?	OY ON DAY/A			
8. Maintained compliance plan, if applicable?	DX ON ON/A			

D/	PART VI: LEAK DETECTION AND REPAIRS					
	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
1.		Id repair				
,	inspection? Has the facility maintained a leak log?					
	Does the responsible official check the	following areas for looks?				
٦.	Hose connections, fittings,	toffowing areas for leaks?		,		
	couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and seating	OPY ON ON/A	Exhaust dampers	אועם אם אום		
	Pumps	ON ON/A	Diverter valves	DY DX ON/A		
	Solvent tanks and containers	OX ON ON/A	Cartridge filter housings	ON ON/A		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by the	ne responsible official?				
	Visual examination (condensed solvent on exterior surfaces)			2		
	Physical detection (airflow felt thi	ough gaskets)		P /		
	Odor (noticeable perc odor)			· ·		
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)			
	Halogen leak detector					
	If using direct-reading instra	umentation, is the equipm	ent:	DM/A		
	a. Capable of detecting r	perc vapor concentrations in	a range of 0-500 ppm?	OY ON		
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and aft	er each use	OY ON		
	c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	OY ON		
		cure area when not in use?		OY ON		
	e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	OY ON		
-		<u> </u>				
	COS LIB TS Chi		1/17/20			

Elizabeth F. SuSky Inspector's Name (Please Print)	6/17/99
Inspector's Name (Please Print)	Date of Inspection
Elzalem Hausty Inspector's Signature	6/17/00
Inspector's Signature	Approximate Date of Next Inspection

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

* ACC

FACILITY NAME: DRY- Clean U.S.A. : DATE: 6/17/99
FACILITY LOCATION: 5331 Sheudon 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.
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 faqilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) OWNER 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.

Page I of I

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FEB 9 1968 Grand Bureau of Air Monitoring A Mobile Sources	AIRS ID#0112302 SHERIDAN CLEANERS INC DAMON L DEL ROSSI 5331 SHERIDAN ST HOLLYWOOD FL 33021 Do NOT Remove Label	
Amual Reporting Period:	$\frac{1}{1/78}$ 19 TO $\frac{12/3}{1}$	19 <u>78</u>
	Title V general air permit, my facility has remained in compliance with ode (F.A.C.), during the period covered by this statement. YES	ith DEP Rule NO
#1. Term or condition of the general p	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:	·	50 TED
Method used to demonstrate compliance	ce:	
#2. Term or condition of the general p	ermit 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	:e: <u>· · · · · · · · · · · · · · · · · · ·</u>	
notification are true, accurate and comple	y, based on information and belief formed after reasonable inquiry, that the ete. Further, my annual consumption of perchloroethylene solvent, based u r dry-to dry facilities or 1,800 gallons per year for transfer or combination f	ipon purchase receipts,
RESPONSIBLE OFFICIAL:	MON L. JEL 70551 Juna L. Jul Plany Name (Please Print) Signature	. 2/3/98 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.

Oll 2302 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dyclean 45 A	DATE: 04/06/98
FACILITY LOCATION: 513/ Sheridon St.	, , -
Hollywood, Florida 337021	
Annual Reporting Period: Affail 1997 TO Affail	1998
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 62-213-300. Fiorida 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 repor	tingornod stated above:
Exact period of non-compliance: from	E C
Action(s) taken to achieve compliance:	2 1
Method used to demonstrate compliance:	4 99 6
#2. Term or condition of the general permit that has not been in continuous compliance during the report	ung penod stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	<u> </u>
Method used to demonstrate compliance:	_
As the responsible official. Thereby certify, based on information and belief formed after reasonable inquinities in this notification are true, accurate and complete. Further, my annual consumption of perchlorous upon purchase receipts, does not exceed 2, 100 gallons per year for dry-to dry facilities or 1,300 gallons combination facilities. RESPONSIBLE OFFICIAL: Amon L. PEC Rossi	ethylene solvent, pased

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

DRY CLEANER AIR QUALITY GENERAL PERMI ANNUAL COMPLIANCE CERTIFICATION FORM

CETVED	DAMON I 5331 SHEI	N CLEANERS INC L DEL ROSSI RIDAN ST OOD FL 33021	AIRS ID#0112302			
Manual Reporting Period:	2/2/97	Do <u>NOT</u> Remo		2/2 /) 98	19
Based on each term or condition 62-213.300, Florida Administratif NO, complete the following: #1. Term or condition of the gen	tive Code (F.A.C.), duri	air permit, my facil	ity has remain	tement. XY	ES 🗆	INO
Exact period of non-compliance: Action(s) taken to achieve comp			to_		Bureau o	P T C T
Method used to demonstrate con #2. Term or condition of the ger		t been in continuou	s compliance	during the repo	bile sourced	2 1 998 H
Exact period of non-compliance:	- ·		to			
Action(s) taken to achieve comp						
As the responsible official, I hereby notification are true, accurate and does not exceed 2,100 gallons per y	complete. Further, my a	nnual consumption	of perchloroeth	ylene solvent, b	ased upon purch	ts made in this nase receipts,
RESPONSIBLE OFFICIAL: _	Name (Please P	TEL (0.55)	Mum s	L. Jul / C.	nu 2	12-198 Date

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

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0112302

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

242.1500 7
all

FACILITY NAME: DRYCLEAN USA		DAT	e: 10(31/97
FACILITY LOCATION: 5331 SHERIDA	N ST. HOLLYWO	OD PL.	·
Annual Reporting Period: 0773	19 <u>96</u> то	oct 31	1997
Based on each term or condition of the Title V general aid 62-213.300, Florida Administrative Code (F.A.C.), durin		· /	DEP Rule □NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not	been in continuous complian	ce during the reporting po	eriod 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 complian	ice during the reporting p	eriod stated above:
Exact period of non-compliance: from	·t	0	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, based on informade in this notification are true, accurate and complete upon rolling averages of purchase receipts, does not excure year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please P.	e. Further, my annual consulted a 2,100 gallons per year for	mption of perchloroethyle	ne solvent, based
	•	DEC	FIVED

*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.

NOV 1 2 1997

Page _____ of ____.

Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: A	NNUAL []	COMPLAINT	T/DISCOVERY [# RE-INSPECTION
TIME IN:	TIME OUT:		AIRS ID#:	
TYPE OF FACILITY: D.A. &	lores 1	for c		
FACILITY NAME: Duy	lan JUI	H.		DATE:
FACILITY LOCATION:				
RESPONSIBLE OFFICIAL:			PHONE NUMBE	R:
Based on the results of the c	•		-	acility is found to be in
Based on the results of the c discrepancies were noted:	ompliance requiremen	its evaluated durin	ng this inspection, the f	ollowing compliance
COMPLIANCE REQUIR	EMENT/PROBL	EM F	FOLLOW-UP AC	TION REQUIRED
				P
Faility 1s	in Coupli	iana	· &	MAN EI
)			E NOB	MAN SI 1994 ED
			-	Out Ces Ofine
			,	
COMMENTS:				
The Annual Compliance Certificatio	n form has been propei	rly certified and s	ubmitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION:		Approxima	1997	
INSPECTION CONDUCTED BY:	0 C7 A	Please Prin	VOPR	15
INSPECTOR'S SIGNATURE:	1/	<u> </u>	PHONE NUMBE	7957 519-142
		Page		Revised 10/9

FERCHLURUETHYLENE DRY CLEANERS

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TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

STAVALABLE GUPT	COMPLIANCE I	NSPECTION (CHECKLIST	CINDO SIL
TYPE OF INSPECTION:	ANNUAL	D.	COMPLAIN	COIRCOVERY
	RE-INSPECTIO	и 🗆	,001,42,142,1	
			FLDG	184225615
1 ms m () 11 33 a 0	7 A	\		·
AIRS 10#: <u>○ 1\23</u> 0 2	DATE: 7 20 00	TIME	IN: J.40pn	TIME OUT: 3:15 pm
FACILITY NAME:	g- Clean U	SA		
FACILITY LOCATION:	5331 Sheid	m St.	<u> </u>	
_	follywood, F	₹ 3330 <u> </u>		<u>^</u>
RESPONSIBLE OFFICIAL	Dumon Del	. Rossi	_ PHONE (95	49 B3-9811
CONTACT NAME:	full+ine		PHONE:	11
CONTACT NAME:	CK LAPAN		- PHUNC:	
			10 to 1	
PART I: NOTIFICATION			(A. O.)	
(check appropriate box)		· · · · · · · · · · · · · · · · · · ·		(3
1. New facility notified DARM	1 30 days prior to star	tup		
2. Facility failed to notify DAF	• •	•		10
PART II: CLASSIFICATIO	N			
Facility indicated on notificat	ion form that it is:		☐ No notifica	tion form
(check appropriate box)			☐ Drop storc/	out of business/petroleum
A. 1. Existing small area sou	rce 🗆	2. New small	area source	0
dry-to-dry only, x < 140 gal			x < 140 gal/yr	_
transfer only, $x < 200 \text{ gal/yr}$	•	transfer only, x	< 200 gal/yr	
both types, $x < 140 \text{ gal/yr}$		both types, $x <$	140 gal/yr	
(constructed before 12/9/91))	(constructed or	or after 12/9/91)	
3. Existing large area sour	rce 🔽	4. New large	arca source	
dry-to-dry only, $140 \le x \le 2$			$140 \le x \le 2,100$	gal/yr
transfer only, $200 \le x \le 1.80$	00 gal/yr		$00 \le x \le 1,800 \text{ g}$	
both types, $140 \le x \le 1,800$		both times 1.10	< x < 1,800 gal/	yr
		both types, 140	TYPE INDIA PUR	
(constructed before 12/9/91)		• •	or after 12/9/91)	,
(constructed before 12/9/91) 5. This is a correct facility of		• •		•
i i	lassification	(constructed on	or after 12/9/91)	•
5. This is a correct facility of If no, please check the	lassification appropriate classificatity qualified for a gene	(constructed on MY	Or after 12/9/91) Can not deto	above
5. This is a correct facility of If no, please check the	lassification appropriate classifica	(constructed on MY	Or after 12/9/91) Can not deto	above

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1.	Equipped all machines with the appropriate vent controls?	DY ON	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ON PO	□n/a
↓ .	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?	QY ON	□N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY-ON	

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?	ON ON
2	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	CY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	ON ON/A
l	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 ONA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ON/A
6,	Routed airflow to the carbon adsorber (if used) at all times?	DY ON ONIA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	No Reaks
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DNA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON DN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	אום אם אס
6. Maintained startup/shutdown/malfunction plan?	DET ON
7. Maintained deviation reports?	DY ON DONA
Problem corrected?	OY ON OM/A
8. Maintained compliance plan, if applicable?	DY ON ON/A

PAK	PART VI. LEAR DETECTION AND REPAIRS					
1. D	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
in	inspection?					_ N□
2. H	as the facility maintained a leak log?				DY	ПИ
3. D	oes the responsible official check the f	ollowing are	eas for leaks?			
	Hose connections, fittings, couplings, and valves	ON ON	□N/A	Muck cookers	ON T	N/A
1	Door gaskets and seating	DY DN I	□N/A	Stills ·	T Y	DN □N/A
	Filter gaskets and seating	DY DN (□N/A	Exhaust dampers	DX (ÖN □N/A
	Pumps	ו אם צים	□N/A	Diverter valves		JN □N/A
	Solvent tanks and containers	DAY DIN I	□N/A	Cartridge filter housings	□Y (A/MO NC
	Water separators	DAY DIN I	□N/A			
4. W	hich method of detection is used by th	e responsible	e official?		4	
:	Visual examination (condensed so	lvent on exte	erior surfaces)		Ù2	
Physical detection (airflow felt through gaskets)						/
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector						
	If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						אכ
	b. Calibrated against a statement(PID/FID only)?	andard gas p	orior to and afte	er each use	QY (אב
	c. Inspected for leaks and	l obvious sig	ns of wear on a	weekly basis?	□Y 0	אכ
	d. Kept in a clean and sec	cure area wh	nen not in usc?		□Y 0	אכ
	e. Verified for accuracy b	y use of dup	licate samples	(calorimetric only)?	□Y (. ИС
_E	Trabeth F. Susky			07/23/00 Date of Inspec		
	Inspector's Name (Please Print)		Date of Inspec	ction	
4,	alph Physles			07/23/01		
-66	Inspector's Signature			Approximate Date of N	Vext Inc	spection

AIRS ID#: 011 230 a

BEST AVAILABLE COPY

VCAIPER ATATIONAR

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dey- Clean USA	DATE: <u>07/28/50</u>
FACILITY LOCATION: 5331 Sheridan St. Hollywood, FL 33301	
Annual Reporting Period: July 1969 TO July	2000
Based on each term or condition of the Title V general air permit, my facility has remained in compliance	ce with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	res 🗆 no
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the report	rting 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 report	rting 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 inquin this notification are true, accurate and complete. Further, my annual consumption of perchloroethyle purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year combination facilities. RESPONSIBLE OFFICIAL: Name (Please Pript) Signature	ne solvent, based upon

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

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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

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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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Org.: 37550101000 EO: B1

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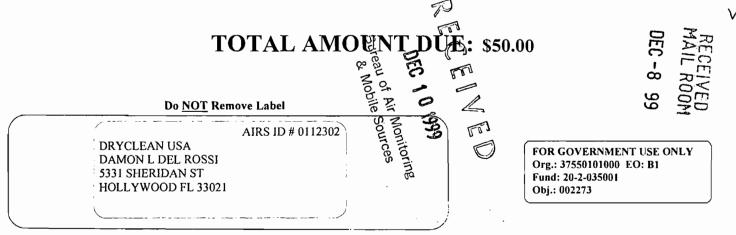
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Rec. 10	AIRS ID # 011230	02001AG ————————————————————————————————————
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B Stree DRYCLEAN		<u>' </u>
Stree DRYCLEAN City, 5331 SHERI		······ \frac{1}{2}
HOLLYWO	OD FL 33021	العا
PS. V		of Instructions

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 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 	A. Received by (Rlease Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
DRYCLEAN USA ; L 5331 SHERIDAN ST	3. Service Type
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