

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 17, 1997

Mr. Robert L. Denberg Dry cleaning Depot 730 West Broward Boulevard Fort Lauderdale, Florida 33312

Re: Facility I.D. No. 0112311

Dear Mr. Denberg:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 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"

# **BEST AVAILABLE COPY**

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

M112211

discretion of the responsible official to use this form.

FACILITY NAME: DRY CLEAN	in Depar	₩ 38		DATE: (C	0/28/97
FACILITY LOCATION: 1550	E. COMME	CAL B	LUD. BAK	WWD PK. FL, 3	3 <i>3334</i>
		<del></del> .			<u>-</u> -
Annual Reporting Period:	OCT 28	19 <b>96</b>	то	OCT 28	19 <u><b>97</b></u>
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code (	_				JNO JMe
If NO, complete the following:					
#1. Term or condition of the general perm	uit that has not been i	n continuous	compliance durin	g the reporting period s	tated above:
Exact period of non-compliance: from	·		to		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:				<del>"</del>	
#2. Term or condition of the general perm	uit that has not been i	in continuous	compliance durin	ng the reporting period s	tated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:		_		<b>F</b>	
Method used to demonstrate compliance:			·		
	<del></del> .			·	
As the responsible official, I hereby certify made in this notification are true, accurate upon rolling averages of purchase receipt year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	e and complete. Eur	ther, my cnnu	al consumption o	of perchloroethylene sol	vent, based
*This form is made available to you as an	aid in order to meet	your annual c	ompliance certifi	REC E	il at KneE D

NOV 1 2 1997 Page \_\_\_\_\_ of \_\_\_\_.

Bureau of Air Monitoring & Mobile Sources

# #0112311

P.14 1. (c) should not be marked

3. new large area source should be marked

P.15

4. new large r.c. should be marked

5. the first boy Should be marked

# Perchloroethylene Dry Cleaning Facility Notification

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

Colony Acquisition Corp.

2. Site Name (For example, plant name or number):

Commercial #38

3. Hazardous Waste Generator Identification Number:

FLD 980838957

4. Facility Location:

Ð

Street Address: 1550 E. Commercial Blvd.

City: Oakland Park

County: Broward

Zip Code: 33334

Facility Identification Number (DEP Use):

0112311

#### Responsible Official

6. Name and Title of Responsible Official:

Robert L. Denberg, President

7. Responsible Official Mailing Address:

Organization/Firm: Dry Cleaning Depot Street Address: 730 W. Broward Blvd.

City: Ft. Lauderdale

County: Broward

Zip Code: 33312

8. Responsible Official Telephone Number:

Telephone:

(954)

522-3660

Fax: (954)522-6332

#### Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

Steve Lundy - General Manager

10. Facility Contact Address:

Street Address: 1550 E. Commercial Blvd.

City: Oakland Park County: Broward

Zip Code: 33334

11. Facility Contact Telephone Number:

Telephone: (954)-771 - 7800

Fax: (954)522 -6332

RECEIVED

SEP 9 1996

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

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.

		Date	Date		Date	Date		Date	Date
		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			-					• • •	-
(1) w/ ref. condenser	#1	16 - NOV -	95	#2	16-NOV-	95			
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		* * * *				e e		,	
(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									
<ul> <li>(b) Control devices are required, but not yet installed</li></ul>									
Check why it is less  3. What is the facility's so (Indicate with an "X".  Existing small ar	urce ( Selec	classification t one classifi	based on the cation only.)	e defi	_	d in section (3			
Existing large are	ea soi	arce [X_]	Ne	w lai	rge area sour	ce []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

<ol> <li>What control technology is required on machines pursuant to sect (Indicate with an "X".)</li> </ol>	tion (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  Refrigerated c	ondenser 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 to Rule 62-213.300, F.A.C. Verify that all steam and hot water gene exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total head boiler HP or less), and (2) are fired exclusively by natural gas excep during which propane or fuel oil containing no more than one perce	ot for periods of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site  No	atural Gas Used
Equipment Monitoring and Recordkeep	oing Information
Check all logs which are required to be kept on-site in accordance w	ith the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[ <u>X</u> ]
(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	<u> </u>

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

# Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:						
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
[X_]	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facilion. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pro	mptly notify the Department of any changes to the information contained in this notification. $ \frac{9-1-96}{\text{Date}} $						

# BEST AVAILABLE COPY

ANDI ECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL Y	MPLAIN 17 DISCOVERY RE-INSPECTION
TIME IN: //610TIME OUT:	
TYPE OF FACILITY: PERC DRY CLEANER	
FACILITY NAME: DRY CLEANING DEPOT	
FACILITY LOCATION: 1550 EAST COMMER	CIAL BLVD.
	(0
RESPONSIBLE OFFICIAL: ROBERT VENBERG	PHONE NUMBER: (954)522-3660
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluated the compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluated the compliance requirements and the compliance requirements are compliance requirements.	•
Based on the results of the compliance requirements eval discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	1
	<del>-</del>
	-
COMMENTS:	
-	
The Annual Compliance Certification form has been properly cert	tified and submitted to the inspector. YES NO
	CT 1998
	Approximate)
INSPECTION CONDUCTED BY:	T PENNETTA Please Print)
INSPECTOR'S SIGNATURE: at long	phone number: (954)519-1428
The same of the same	rhone horiber. (127/011-1728

Page\_\_\_of\_\_\_. Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANN RE-II	UAL NSPECTION		MPLAINT/DISC	OVERY	
AIRS ID#: O[1231] DATE: FACILITY NAME: DRY CL	,			E OUT:	11:40
FACILITY LOCATION: 1550	D E. Comi FL. 3333			JAKIAN'	D
RESPONSIBLE OFFICIAL: RO	BERT L. D	ENGER (CH	one: <u>(954)</u>		io60
PART I: NOTIFICATION					
(check appropriate box)  1. New facility notified DARM 30 days p  2. Facility failed to notify DARM to use	-				
PART II: CLASSIFICATION				· · · _	
Facility indicated on notification form (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	□ 2. New dry-to-c	small area s iry only, x < 1	140 gal/yr		roleum
Facility indicated on notification form (check appropriate box)  A.  1. Existing small area source	2. New dry-to-c transfer both typ	small area s	Drop store/out of cource 140 gal/yr D gal/yr al/yr	business/pet	roleum
Facility indicated on notification form (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	2. New dry-to-c transfer both typ (constru	small area s iry only, x < 200 oes, x < 140 g licted on or af large area s iry only, 140	Drop store/out of source 140 gal/yr al/yr ter 12/9/91)  ource $\leq x \leq 2,100 \text{ gal/yr}$ $\leq 1,800 \text{ gal/yr}$	business/pet	roleum
Facility indicated on notification form (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	2. New dry-to-c transfer both typ (construction of the dry-to-c transfer both typ (construction of transfer both typ (construction of transfer the dry-to-c transfer both typ (construction of transfer the dry-to-c transfe	small area stry only, $x < 100$ does, $x < 140$ goes, $x < 140$ goes area stry only, $x < 140$ conty, $x < 140$ conty, $x < 140$ conty, $x < 140$ conty, $x < 140$ does, $x < 140$ conty, $x < 140$ does, $x < 140$ conty are strong on or affected o	Drop store/out of source 140 gal/yr al/yr ter 12/9/91)  ource $\leq x \leq 2,100 \text{ gal/yr}$ $\leq 1,800 \text{ gal/yr}$	business/pet	roleum
Facility indicated on notification form (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification of the propriation of the propri	2. New dry-to-o transfer both typ (construction)  4. New dry-to-o transfer both typ (construction)	r small area siry only, x < 200 ces, x < 140 go ceed on or after large area siry only, 140 conly, 200 < 30 ces, 140 < x < 140 ces, 140 c	Drop store/out of fource  [40 gal/yr 20 gal/yr al/yr ter 12/9/91)  Ource  Size x \( \) \(	business/pet	roleum

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?	ØY ON ON/A						
2. Examining the containers for leakage?	BY ON ON/A						
3. Closing and securing machine doors except during loading/unloading?	ØY ON						
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A						
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	D). ON QN/Y						
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 refr (complete A and B below).	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?	BY ON						
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A						
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A						
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	MO JM						
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condensor exceeded 45°F?	085 on on/a						
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מם אם						

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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?	<b>3</b>	7
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		ANA N
	Is the temperature differential equal to or greater than 20° F?		. 10 1
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,	<b>2</b>	N DEW
	if machines are equipped with a carbon adsorber?	UMAY □	N UEVA
!	Is the perc concentration equal to or less than 100 ppm?		И <u>П</u> :
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?		N 🗆 i :.
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	0Y 0	N (1) 10
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY D	N BY:

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	BY ON					
2. Maintained rolling monthly averages of perc consumption?	®Ý □n					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	ZY 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?	MA ON ON'A					
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON PANA					
5. Maintained exhaust duct monitoring data on perc concentrations?	AVAC NO YE					
6. Maintained startup/shutdown/malfunction plan?	⊠√ ΩN					
7. Maintained deviation reports?	ANG NG YE					
Problem corrected?	MY ON ONA					
8. Maintained compliance plan, if applicable?	OY ON EN/A					

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a	weekly	(for	small sources, b	i-weekly) leak detection ar	nd repa	air
	inspection?					$\Delta \lambda$	ПN
2.	Has the facility maintained a leak log?					œÝ	ПN
3.	Does the responsible official check the	followin	ng ar	eas for leaks?			
	Hose connections, fittings, couplings, and valves	<b>⊈</b> Y	□и	□N/A	Muck cookers	<b>⊡</b> Ý	□N □N/A
	Door gaskets and seating	<b>₫</b> Y	ПΝ	□N/A	Stills	₫\y	□N □N/A
	Filter gaskets and seating	<b>T</b> Y	ПΝ	□N/A	Exhaust dampers	<u>a</u> Ý	□N □N/A
	Pumps'	ØY	ПΝ	□N/A	Diverter valves	<b>T</b> Y	□N □N/A
	Solvent tanks and containers	₫Y	ΩИ	□N/A	Cartridge filter housings	ØÝ	□N □N/A
	Water separators	ØY	ПИ	□N/A			
4.	Which method of detection is used by	the respo	onsib	le official?			
	Visual examination (condensed s	solvent o	n ex	terior surfaces)		e (	
	Physical detection (airflow felt th	rough g	aske	ts)			
	Odor (nouceable perc odor)						
	Use of direct-reading instrument	ation (F)	D/P	D/calorimetric	tubes)		
	Halogen leak detector						
	If using direct-reading inst	rumenta	ation	, is the equipm	ent:	□N/.	A
	a. Capable of detecting	perc var	por c	oncentrations ir	a range of 0-500 ppm?	ΟY	ПΝ
	b. Calibrated against a (PID/FID only)?	standaro	i gas	prior to and aft	er each use	ΟY	ПИ
l,	c. Inspected for leaks a	nd obvio	us si	gns of wear on	a weekly basis?	ΟY	ΩΝ
	d. Kept in a clean and s			•	·	ΟY	ΩΝ
	e. Verified for accuracy					ΩZ	ПN
	·						
	1						
	ART PENNETTA	ı			10/28/9	, <b>-</b>	
_	Inspector's Name (Please Pri	nt)			Date of Inspe		
	$\cdot$ $\wedge$ $\wedge$ $\wedge$	•					
	lat Komets				OCT 199	8	
	Inspector's Signature			<del></del>	Approximate Date of I	Next I	nspection

# DRY CLEANER AIR QUALITY GENERAL PERMIT

# ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0112311

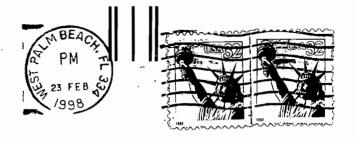
COLONY ACQUISITION CORP ROBERT L DENBERG 730 W BROWARD BLVD FT LAUDERDALE FL 33312 Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

Annual Reporting Period:	19 <u>97</u> TO	De 3/	1997				
Based on each term or condition of the Title V gener	ral air permit, my facility has	remained in compliance wi	ith DEP Rule				
62-213.300, Florida Administrative Code (F.A.C.), o	during the period covered by the	his statement. YES	□NO				
If NO, complete the following:	•						
#1. Term or condition of the general permit that has	not been in continuous comp	liance during the reporting	period stated above:				
			٤				
Exact period of non-compliance: from		to					
Action(s) taken to achieve compliance:	•		V.				
Method used to demonstrate compliance:							
#2. Term or condition of the general permit that has	not been in continuous comp	liance 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: Jo Anne / Name (Please	VEVILLE Salu	ine Merille	2/27/98				
Name (Pleas	se Print)	Signature	Date				

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

ANGELS DWY CLEANERS INC. (RHVER SIDE CLEANER) 778 River Side Dr Coral Springs. II. 33071



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

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU	AL		COMPLAIN	T/DISCOVERY	03.0
RE-INS	SPECTION				EINE
	( /				1997
AIRS ID#: <u>0//23//</u> DATE: <u>/</u>	2/18/98	TIME I	N://:15	_ TIME OUT:	MAR - W nitoring
FACILITY NAME: DRY	Clean	Ng 1	Depot	#3	MAR Air Meditoring
FACILITY LOCATION: /53	TO E	· Co	muero	ial B/O	THE WOOD
0	AKLAND	PARK	F/.	3333	9
RESPONSIBLE OFFICIAL:	ext Denb		/	522-3	660
CONTACT NAME: Steve		<i>y</i>		771-7	
	7				
PART I: NOTIFICATION	· ·				
(check appropriate box)			-		
1. New facility notified DARM 30 days pr	ior to startun				
2. Facility failed to notify DARM to use gr					
2. Pacinty failed to flomy DARWI to use go			· · ·		
PART II: CLASSIFICATION					
Facility indicated on notification form th	at it is:		☐ No notific	ation form	
(check appropriate box)	at It 15.			won form	petroleum
A	<b>-</b>				
1. Existing small area source dry-to-dry only, x < 140 gal/yr			rea source x < 140 gal/yr		
transfer only, x < 200 gal/yr			< 200 gal/yr		
both types, x < 140 gal/yr		types, x < !			,
(constructed before 12/9/91)	(cons	tructed on	or after 12/9/9	1)	:
3. Existing large area source	□ 4. No	ew large a	rea source		
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$			$140 \le x \le 2.10$		;
transfer only, $200 \le x \le 1.800$ gal/yr			$00 \le x \le 1.800$		:
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )			≤ x ≤ 1,800 ga or after 12/9/9		1
5. This is a correct facility classification		Ν̈́D	□Can not de	etermine	
	e classification: I for a general po above limits and				
B. The total quantity of perchloroethylene facility was <u>480</u> allons.	(perc) purchase	d within th	ne preceding 1:	2 months by this	iry cleaning

# 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

# PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

#### 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)

ł	(	
	l. Equipped all machines with the appropriate vent controls?	DY: ON ON/A
	2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
	3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ONA
	4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	<b>5</b> . 0%
	5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ANC NC P
	6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	BY ON

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

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	DRY ON				
2. Maintained rolling monthly total of perc consumption?	אם אם				
3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;	5/				
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ONA				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מאום אם אם				
4. Maintained calibration data? (for applicable direct reading instruments)	אגעם אם צם '				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONA				
6. Maintained startup/shutdown/malfunction plan?	DY ON				
7. Maintained deviation reports?	OY ON ONA				
Problem corrected?	ON ON ONA				
8. Maintained compliance plan, if applicable?	בואס אם צם ב				

P.	PART VI: LEAK DETECTION AND REPAIRS				
l.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			DY ON	
2.	Has the facility maintained a leak log?			MA ON	
3.	Does the responsible official check the f	following areas for leak	s?		
	Hose connections, fittings, couplings, and valves	ZY ON ON/A	Muck cookers	אותם עם אפ	
	Door gaskets and seating	DY ON ON/A	Stills	אוחם אם צני	
	Filter gaskets and seating	BY ON ON/A	Exhaust dampers	SY ON ONA	
	Pumps	MY ON ON/A	Diverter valves	אותם אם צב	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אותם אם צפ	
	Water separators	DY ON ON/A			
4.	Which method of detection is used by the	ne responsible official?			
	Visual examination (condensed so	lvent on exterior surfac	ces)	B	
	Physical detection (airflow felt thr	ough gaskets)			
	Odor (noticeable perc odor)			3	
	Use of direct-reading instrumenta	tion (FID/PID/calorime	etric tubes)	3/	
	Halogen leak detector			3	
	If using direct-reading instru	umentation, is the equ	ipment:	DXIA	
	<ol> <li>Capable of detecting p</li> </ol>	erc vapor concentratio	ns in a range of 0-500 ppm?	OY ON	
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	DY ON			
	c. Inspected for leaks an	אם צכ			
	d. Kept in a clean and se	NO YC			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			אם אם	

Notra Coppola	JE/58
Inspector's Name (Please Print)	Date of Inspection
	1- /00
Appector's Signature	Approximate Date of Next Inspection

AIRS ID#: 0/123//

KU

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	DRY Cleaning Depot # 3	EDATE: 12/18/98
FACILITY LOCATION:	1530 E. Commerce	
·	DAKLAND PARK, Fl. 33339	/
	· · · · · · · · · · · · · · · · · · ·	
Annual Reporting Period:	19TO	19
	V general air permit, my facility has remained in compliance.  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	ting 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 repor	ting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	·	
made in this notification are true, accurate upon purchase receipts, does not exceed 2, 1 combination facilities.	based on information and belief formed after reasonable inquand complete. Further, my annual consumption of perchloro 00 gallons per year for dry-to dry facilities or 1,800 gallons	pethylene solvent, based
RESPONSIBLE OFFICIAL: 376.	me (Please Print)  MEN T. LVNDY  Signature	13/18/95 Date
<u> </u>		

\*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.



VIRGIL PESTANA Manager

1550 E. Commercial Boulevard Fort Lauderdale, FL 33334

(954) 771-7800

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	ON   COMPLAIN I/DISCOVERY  ON
AIRS ID#: 0 /( 23/ ! DATE: 1/24/	75 TIME IN: TIME OUT:
. '	leaving Deport # 38
FACILITY LOCATION: 15370 E	Ommorcial Blud
	mdedale
RESPONSIBLE OFFICIAL: Colony (	Court on PHONE: 5223660
CONTACT NAME: Virgil Ve	STAWA PHONE: 771-7860
	·
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup
2. Facility failed to notify DARM to use general po	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	□Y □N □Can not determine
	cation: neral permit as number above nits and is not eligible for a general permit
<b>B.</b> The total quantity of perchloroethylene (perc) p facility was 400 gallons.	urchased within the preceding 12 months by this dry cleaning

RECEIVED

1 of 5 DEC 1 0 2000

Revised 9/15/97

# PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □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 DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY ON DATA 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 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 , □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated מם אם condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

DY ON

verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ON CO	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON	
	Is the temperature differential equal to or greater than 20° F?	ND KO	□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?	DY ON	□N/A
	Is the perc concentration equal to or less than 100 ppm?	DY ON	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON 1	⊠N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	N/A

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

# PART VI: LEAK DETECTION AND REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			ON ON	
2.	Has the facility maintained a leak log?			OY ON	
3.	. Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A	
	Door gaskets and seating	OY ON ON/A	Stills	ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	OY ON ON/A	Diverter valves	ON ON/A	
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	DY ON ON/A	
	Water separators	GM ON ON/A			
4.	Which method of detection is used by t	he responsible official?			
	Visual examination (condensed s	olvent on exterior surfaces	3)	0/	
	Physical detection (airflow felt th	rough gaskets)			
	Odor (noticeable perc odor)			<b>9</b>	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector			o No		
	If using direct-reading instrumentation, is the equipment:			ØN/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON		
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard gas prior to and a	fter each usc	OY ON	
	c. Inspected for leaks an	d obvious signs of wear or	n a weekly basis?	OY ON	
	d. Kept in a clean and s	ecure area when not in use	?	NO YO	
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON	
	Inspector's Name (Please Phil	00/p	Date of Inspe	29 ction	
	Magoola		11/200		
	Inspector's Signature Approximate Date of Ne			Next Inspection	

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME:	DRY	Chaving	Dapat.	DATE	1/24/29
FACILITY LOCATION: _		1550E.	Commerce	is Bluf	/ (
	9	P. Lun	le dale		<u> </u>
Annual Reporting Period:	Nou	<i>/</i> .	_19 <u>9 &amp;</u> то	Ns V. 98	1997
Based on each term or condition 62-213.300, Florida Administ		-	-		EP Rule NO
If NO, complete the following	<b>;</b> :				
#1. Term or condition of the	general permit t	that has not been in c	ontinuous compliance	during the reporting peri	od stated above:
Exact period of non-complian	ce: from _		to	)	
Action(s) taken to achieve con	npliance: _				
Method used to demonstrate c	ompliance:	· · · · · · · · · · · · · · · · · · ·			
#2. Term or condition of the	general permit t	hat has not been in c	ontinuous compliance	during the reporting peri	od stated above:
Exact period of non-complian	ce: from _		to_		
Action(s) taken to achieve con	mpliance: _				
Method used to demonstrate c	ompliance: _			- <del></del>	
		•			
As the responsible official, I he made in this notification are to upon purchase receipts, does not combination facilities.  RESPONSIBLE OFFICIAL	rue, accurate ar not exceed 2,10	nd complete. Further O gallons per year fo	, my annual consump	otion of perchloroethylene	solvent, based
*This form is made available discretion of the responsible o	-	-	annual compliance of	certification requirements.	It is at the

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY **RE-INSPECTION** AIRS ID#: D112311 100 TIME IN: 10140 DATE: TIME QUT: **FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL:** CONTACT NAME: Vical 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 2. New small area source dry-to-dry only, x < 140 gal/yrdry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr both types, x < 140 gal/yr(constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, 140 < x < 2,100 gal/yr dry-to-dry only, 140 < x < 2,100 gal/yr transfer only,  $200 \le x \le 1,800$  gal/yr transfer only,  $200 \le x \le 1,800$  gal/yr both types,  $140 \le x \le 1,800$  gal/yr both types,  $140 < x \le 1,800$  gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification ØҮ ΠN □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchlorocthylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 480 gallons.

TITLE V GENERAL PERMIT

MPLIANCE INSPECTION CHECKLIST

BEST AVAILABLE COPY

# (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? Y/ ON ON/A 3. Closing and securing machine doors except during loading/unloading? OY ON 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? 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? DAY ON ON/A 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 □N □N/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONT. L REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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

P	PART V: RECORDKEEPING REQUIREMENTS					
1	as the responsible official: heck appropriate boxes)	/				
1.	Maintained receipts for perc purchased?	OZY ON				
2.	Maintained rolling monthly total of perc consumption?	DY ON				
3.	Maintained leak detection inspection and repair reports for the following:					
	a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A				
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	dy on onya				
4.	Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A				
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY ON BINA				
6.	Maintained startup/shutdown/malfunction plan?	py on .				
7.	Maintained deviation reports?	DY ON ON/A				
	Problem corrected?	DY ON BIN/A				
8.	Maintained compliance plan, if applicable?	OY ON DIN/A				

PAR	T VI: LEAK DETECTIC \ND I	REPAIRS					
1. Do	oes the responsible official conduct a	weekly (for small sour	ces, bi-weekly) leak detection a	nd repa	air		
in	spection?			ŒΥ	ПN		
2. H	as the facility maintained a leak log?			© Y	ПΝ		
3. Do	3. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ФY	ON ON/A		
	Door gaskets and seating	MY ON ON/A	Stills	ďΥ	ON ON/A		
	Filter gaskets and seating	DY ON ONA	Exhaust dampers	ØΥ	ON ON/A		
	Pumps	AVO NO Y	Diverter valves	dy	ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ďΥ	□N □N/A		
	Water separators	DY ON ON/A					
4. W	hich method of detection is used by the	ne responsible official?		6			
	Visual examination (condensed so	olvent on exterior surfa	ces)	ପ୍			
	Physical detection (airflow felt the	ough gaskets)					
	Odor (noticeable perc odor)			q			
	Use of direct-reading instrumenta	tion (FID/PID/calorimo	etric tubes)				
	Halogen leak detector						
	If using direct-reading instru	imentation, is the equ	ipment:	ØN/A	<b>L</b>		
	a. Capable of detecting p	erc vapor concentration	ns in a range of 0-500 ppm?	□Y (	ПИ		
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and	d after each use	□Y (	□N		
	c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	OY (	ПΝ		
	d. Kept in a clean and se	cure area when not in t	ısc?	□Y (	□N		
	e. Verified for accuracy t	y use of duplicate sam	ples (calorimetric only)?	□Y (	⊐N		
	_						
Lo	Inspector's Name (Please Print	·	11/20/00 Date of Inspec	)			
	inspector s-value (1 yasy 1 mm		j i				
7	Transfer to the second		11/20/01				
<del>- y</del>	Inspector's Signature		Approximate Date of N	lext Ins	spection		



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	y Clean	sing )	Sepot	井 38		_ DATE:	11/20/00
FACILITY LOCATION:	1550	E. Co	mmerc	ial Bli	rd.		
	Ocekland	Park	F)	33	334		
		1	,				
Annual Reporting Period:		22/99		_ то	11/20	<u> </u>	20 <u>0</u> 0
Based on each term or conditio							
62-213.300, Florida Administra	ative Code (F.A.	.C.), during the	period cover	ed by this state	ement. YE	S	UNO
If NO, complete the following:							
#1. Term or condition of the go	eneral permit tha	at has not been	in continuou	s compliance d	uring the reporti	ng period s	stated above:
Exact period of non-compliance	e: from			to_			
Action(s) taken to achieve com	pliance:			ı			
Method used to demonstrate co	mpliance:						
#2. Term or condition of the ge	eneral permit tha	at has not been	in continuou	s compliance d	uring the reporti	ng period s	tated above:
Exact period of non-compliance	e: from			to			
Action(s) taken to achieve comp	pliance:	_					
Method used to demonstrate con	mpliance:				<del> </del>	<u>.</u>	
As the responsible official, I her in this notification are true, acc purchase receipts, does not exceedable of the combination facilities.  RESPONSIBLE OFFICIAL:	urate and completed 2,100 gallon	lete. Further, i is per year for d	my annual co	nsumption of p	erchloroethylene	solvent, b	ased upon

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

259645

REFERENCE NO.	DESCRI	PTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
	AIRS ID# 011231:	3				50.00
	AIRS ID# 0112312	2				50.00
	AIRS ID# 011231:	1				50.00
OUEOK DATE	CHECK NO		PAVEE		DICCOUNTS TAKEN	CUECK AMOUNT
CHECK DATE	CHECK NO.		PAYEE		DISCOUNTS TAKEN	CHECK AMOUNT
1/30/97	7452	Dept. of H	Environmental	Prot.		\$150.00

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. RECEIVED MAIL ROOM FEB -3 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0112311 **COLONY ACQUISITION CORP ROBERT L DENBERG** 730 W BROWARD BLVD FT LAUDERDALE FL 33312

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

#38

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

304158

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 0112311

COLONY ACQUISITION CORP ROBERT L DENBERG 730 W BROWARD BLVD FT LAUDERDALE FL 33312

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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 # 0112311

COMMERCIAL #38
ROBERT L DENBERG
730 W BROWARD BLVD
FT LAUDERDALE FL 33312

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

Obj.: 002273

#### **DRY CLEANING DEPOT**

REFERENCÈ NO.	DESCRIPT	ION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
0112313			1/1/01	50.00		50.00
0112312			1/1/01	50.00		50.00
0112311			1/1/01	50.00		50.00
CHECK DATE	CHECK NO.		PAYEE		DISCOUNTS TAKEN	CHECK AMOUNT
2/15/01	18262	Dept. of	Environmental	Prot.		\$150.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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 1D # 0112311
COLONY AQUISITION - COMMERCIAL #38
ROBERT L DENBERG
730 W BROWARD BLVD
FT LAUDERDALE FL 33312

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

Obj.: 002273

REFERENCE NO.	DESCR	IPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
	Licenses & Taxe	S				50.00
	Licenses & Taxe	5				50.00
	Licenses & Taxe	s				50.00
	Licenses & Taxe	s				50.00
•		•				
CHECK DATE	CHECK NO.		PAYEE		DISCOUNTS TAKEN	CHECK AMOUNT
/24/99	12834	Departm	ent of Environme	ntal Pr		\$200.00



# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING



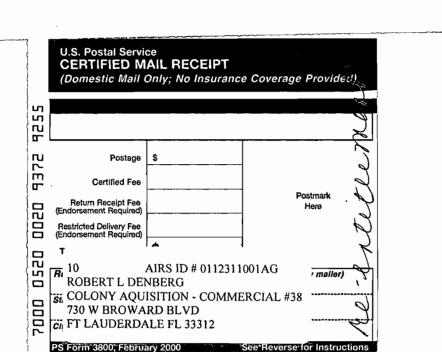
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

# **TOTAL AMOUNT DUE: \$50.00**

#### Do NOT Remove Label

AIRS ID # 0112311
COMMERCIAL #38
ROBERT L DENBERG
730 W BROWARD BLVD
FT LAUDERDALE FL 33312

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) 99 4754 Postage \$ Certified Fee Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Here AIRS ID # 0112311 COLONY AQUISITION - COMMERCIAL #38 ROBERT L DENBERG 7000 730 W BROWARD BLVD FT LAUDERDALE FL 33312 -See Reverse for Instructions PS-Form-Sept. February 2000

	Z 333 Ł	613 464 61A
	US Postal Service Receipt for Cer No Insurance Coverage	rtified Mail Provided. AIRS ID # 0112311
R 73	OMMERCIAL #38 OBERT L DENBERG 80 W BROWARD BLV I LAUDERDALE FL	y VD
	Certified Fee Special Delivery Fee	_
April 1995	Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address	
PS Form <b>3800</b> , April 1995	TOTAL Postage & Fees Postmark or Date	\$

SIICKER AT TOP OF ENVELOPE STICKER AT TOP OF ENVELOPE						
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent Addressee  D. Sødelivery address different from item 1?					
1. Article Addressed to:  AIRS ID # 0112311  COLONY AQUISITION - COMMERCIAL #38  ROBERT: L DENBERG  730 W.BROWARD BLVD	If YES, enter delivery address below:					
FT LAUDERDALE FL 33312	3. Service Type  Certified Mail					
2. Article Number (Copy from service label) 7000 0600 0026 4126 10671						
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789					

NA ADDRESS com sted on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	l also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.		
	3. Article Addressed to:  AIRS ID # 0112311  COMMERCIAL #38  ROBERT L DENBERG  730 W BROWARD BLVD  FT LAUDERDALE FL 33312	4a. Article Ni 2 3 3 4b. Service 1 Registere Express I Retum Rec 7. Date of De	umber 36/3469 Type ad Mail weipt for Merchandise	Certified
Is your RETUR	6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addresses and fee is	's Address (Only in paid)  Domestic Retu	f requested i

# P 174 052 229 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 0112311 COMMERCIAL #38 ROBERT L DENBERG 730 W BROWARD BLVD FT LAUDERDALE FL 33312 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address

, Z 333 613 162

**US Postal Service** 

**Receipt for Certified Mail** 

No Insurance Coverage Provided.

AIRS ID 0112311 COLONY ACQUISITION CORP ROBERT L DENBERG 730 W BROWARD BLVD FT LAUDERDALE FL 33312

	Postage	<b>*</b>
	Certified Fee	
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ω.	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
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N ADDRESS completed	AIRS ID # 04-12311 COMMERCIAL #38 ROBERT L DENBERG 730 W:BROWARD BLVD FT LALIDERDALE FL 33312	4b. Service 7 Registere	Y 052 Type ed Mail ceipt for Merchandis	229  ⊠ Certified  □ Insured  e □ COD	you for using Return Receipt
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Auc Clause  PS Form 3811, December 1994	8. Addressee and fee is	o's Address (Only paid)  Domestic Re		Thank you
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N ADDRESS completed on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write "Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	
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Is your RETUR	5: Received By: (Print Name)  6: Signature: (Addressee or Agent)  X  PS Form 3811, December 1994		Addressee's Address (Only if requested and fee is paid)	