

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 30, 1996

Mr. Robert Schenck President Bob's Deluxe Dry Cleaning, Inc. 1610 South Cypress Road Pompano Beach, Florida 33060

Re: Facility I.D. No. 0112331

Dear Mr. Schenck:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 16, 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 Monito

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Bruce Offord, Southeast District

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

# # 011 2331

1. (c) should not be marked

3, new large area source Should be marked

P.15

4. new large r. c. should be marked

(f) should be marked

## 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):
3.	Hazardous Waste Generator Identification Number:
	FLD 083611392
4.	Facility Location: Street Address: 1610 5, EYPRE55 RO
	City: Pam PANO BEACK County: BROWARY Zip Code: 33060
	,
5.	Facility Identification Number (DEP Use)  0112331
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Organization/Firm: BCB'S DELUXE DRY CLEARING INC. Street Address: 1610 S. CYPRESS RD
7.	Responsible Official Mailing Address:  Organization/Firms 170/7'S 17FL GA E TRY CLEARING 126
	Street Address: IEIC 5. CYPRESS RD
	City: PEMPANIC BEACH County: BROWARY Zip Code: 33060
8.	Responsible Official Telephone Number:
	Telephone: (954) 94-3-7880 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

RECEIVED

SEP 1 6 1996

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#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	X	8-27-96	9-2-96						
(2) w/ carbon adsorber		1						_	
(3) w/ no controls									
Washer Unit					•	•			
(4) w/ ref. condenser									
(5) w/ carbon adsorber				,					
(6) w/ no controls									
Dryer Unit	-	· ·							
(7) w/ ref. condenser			ł					_	
(8) w/ carbon adsorber									
(9) w/ no controls			-						
Reclaimer Unit								5. %,	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 mont Check why it is less	are re luant gallo	equired to be ity of perchloons ow many? [_	installed [	X perc)	purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large are	ea soi	urce []	Ne	w lai	rge area sour	ce []			

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4. What control technology is required on machines (Indicate with an "X".)	s pursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant ad hot water generating units on-site meet the following ::
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment te than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mo	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

#### Surrender of Existing Air Permit(s)

Please 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)
LX)	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 cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
	mptly notify the Department of any changes to the information contained in this notification.    I   I   I   I   I   I   I   I   I

BEST AVAILABLE COPY —	. Z KE-INSTECTION
TIME IN: 11:40 TIME OUT: 12:10	AIRS ID#: 0(1233)
TYPE OF FACILITY: DRY CLEANER	
FACILITY NAME: BORS DELUXE DRY CLEANU	Ub, DVC. DATE:
FACILITY LOCATION: 1610 S. CYPRESS RD. ADI	APANO FICH, FL. 33060
RESPONSIBLE OFFICIAL: ROCERT SCHENCK	PHONE NUMBER: (954)943-7880
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	<del>-</del>
Based on the results of the compliance requirements evaluated discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	-
COMMENTS:	
·	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: CCT	- 1998
<b>A</b>	proximate)
	ease Print)
INSPECTOR'S SIGNATURE: Coth Connetts	PHONE NUMBER: (954)519-1428

Page\_\_\_of\_\_\_.

Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	N 0	COMPLAINT/DI	SCOVERY	۵
AIRS ID#: <u>0(12331</u> I	DATE: 10/7/9-	7 TIME II	N: <u>//-40</u> T	IME OUT: _/	2:10
FACILITY NAME: BCBC	DELUXE !	DRY CLEA	NWG, INC.	c	
FACILITY LOCATION: 10	old 5 cyf	Press ri	D. Pompwo	BCN, FL.	<u>0000</u>
RESPONSIBLE OFFICIAL :	ROBERT Sci	HENCK	PHONE: (954)	943-7880	>
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					~
1. New facility notified DARM 3	· -	•			
2. Facility failed to notify DARM	A to use general perr	mit			
DADTH. CLASSIEICATION	<del> </del>			<del></del>	
PART II: CLASSIFICATION					
Facility indicated on notificatio (check appropriate box)			☐ No notification☐ Drop store/out		roleum
Facility indicated on notificatio	on form that it is:	2. New small and dry-to-dry only, transfer only, x	☐ Drop store/out rea source x < 140 gal/yr		roleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area sourc dry-to-dry only, x < 140 gal/y.	on form that it is:	dry-to-dry only,	□ Drop store/out  rea source  x < 140 gal/yr  < 200 gal/yr  40 gal/yr	of business/pet	roleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area sourc dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	e	dry-to-dry only, transfer only, $x < 1$ both types, $x < 1$ (constructed on $x < 1$ ). New large and dry-to-dry only, transfer only, 20	Drop store/out of the property of the propert	of business/pet	roleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga	on form that it is:  te	dry-to-dry only, transfer only, x oboth types, x < 1 (constructed on constructed on dry-to-dry only, transfer only, 20 both types, 140 section of the sectio	Drop store/out of the property of the propert	of business/pet	roleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)  5. This is a correct facility cla  If no, please check the a facility	e	dry-to-dry only, transfer only, x oboth types, x < 1 (constructed on constructed	Drop store/out of the property of the propert	of 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?	GY ON ON/A
2. Examining the containers for leakage?	ON ON ON/A
3. Closing and securing machine doors except during loading/unloading?	UN YEU
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part	v.
If classification 2 has been checked, the machine should be equipped with a ref (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber minstalled prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	BY ON
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?	GY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	SY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	opy on

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ו מט עם
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	A/אם אם צם
Is the temperature differential equal to or greater than 20° F?	DY DN DN/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	A'NO NO YO
Is the perc concentration equal to or less than 100 ppm?	אמם אם צם
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON WAN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	QY ON
2. Maintained rolling monthly averages of perc consumption?	at on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	BY 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?	RY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN. BÑA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN PANA
6. Maintained startup/shutdown/malfunction plan?	BY ON
7. Maintained deviation reports?	BY ON ONA
Problem corrected?	GY ON ON/A
8. Maintained compliance plan, if applicable?	DY DN DYNA

PART	VI: LEAK DETECTION AND F	REPAIRS					
1. Doe	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair -						
insp	pection?			ey on			
2. Has	the facility maintained a leak log?			r on			
3. Doe	3. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	ON ON/A	Muck cookers	<b>⊇</b> Ý ON ON⁄A			
	Door gaskets and seating	ØÝ □N □N/A	Stills	BY ON ON/A			
	Filter gaskets and seating	BY ON ON/A	Exhaust dampers	OY ON EM/A			
	Pumps	DY ON ON/A	Diverter valves	CY ON ON/A			
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A			
	Water separators	BY ON ON/A					
4. Wh	ich method of detection is used by t	he responsible official?					
	Visual examination (condensed se	olvent on exterior surface	es)	<b>G</b> ′			
	Physical detection (airflow felt th	rough gaskets)		<b>9</b>			
	Odor (noticeable perc odor)			9			
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector			0			
	If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	OY ON			
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON			
	d. Kept in a clean and s	ecure area when not in us	se?	OY ON			
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON			
	1- 2						
	Inspector's Name (Please Prin	nt)		ection			
	lethe Kinnth OCT 1978						
	Next Inspection						

٠.٠٠,

0112331

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: BOB'S DE	LIXE DRY CLEANERS, DUC	DATE: 10/7/97
FACILITY LOCATION: 1610 S	. CYPRESS RD POMPAUC F	BCH, FL. 33060
	7	
Annual Reporting Period:	τ /19 <u>96</u> το	<u>oct</u> / 19 <u>97</u>
	de V general air permit, my facility has rema (F.A.C.), during the period covered by this st	
If NO, complete the following:		•
#1. Term or condition of the general perm	nit that has not been in continuous compliance	ce during the reporting period stated above:
	·	RECEIVED
Exact period of non-compliance: from	t	ω
Action(s) taken to achieve compliance:		NOV 1 2 1997
Method used to demonstrate compliance:		Bureau of Air Monitoring  & Mobile Sources
#2. Term or condition of the general perm	nit that has not been in continuous complianc	
Exact period of non-compliance: from	to	)
Exact period of non-compliance: from Action(s) taken to achieve compliance:	to	)
•	to	
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:	to	
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  As the responsible official, I hereby certifinade in this notification are true, accurate	fy, based on information and belief formed ay te and complete. Further, my annual consun ts, does not exceed 2,100 gallons per year fo	nption of perchloroethylene solvent, based
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  As the responsible official, I hereby certifinade in this notification are true, accurate upon rolling averages of purchase receiping year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	te and complete. Further, my annual consun ts, does not exceed 2,100 gallons per year fo	nption of perchloroethylene solvent, based

Page \_\_\_\_\_ of \_\_\_\_.

<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.

ace V

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0112331

BOB'S DELUXE DRY CLEANERS INC ROBERT SCHENCK 1610 S CYPRESS ROAD POMPANO BEACH FL 33060 Bureau of Air Monitoring & Mobile Sources

reau of Air Monitorin

Do NOT Remove Label

Annual Reporting Period:	19 <u>97</u> то	DEC. 31, 1997
Based on each term or condition of the Title V generated 2-213.300, Florida Administrative Code (F.A.C.), of		<u> </u>
If NO, complete the following:		
#1. Term or condition of the general permit that has	not been in continuous compliance dur	ing the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that has	not been in continuous compliance duri	ng the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	· ·	<u></u>
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·	
	ormation and belief formed after reasonab y annual consumption of perchloroethylen	le inquiry, that the statements made in this e solvent, based upon purchase receipts,

<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.

## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINI/DISCOVERY
RE-INSPECTIO	NC - AC
	RECEIVED
AIRS ID#: 0 //233/ DATE: 10/23	3/98 TIME IN: TIME OUT:
- 11/0/	The state of the s
FACILITY NAME: Bobs De	Luxe Dry Cleaner FEB U 0 1777
FACILITY LOCATION:	Bureau of Air Monitorine  Bureau of Air Monitorine  Bureau of Air Monitorine  Bureau of Air Monitorine
	Tompano Sch
RESPONSIBLE OFFICIAL: Kobert	Scherck PHONE: (954) 943-7880
$\sim$ 1	Scherck PHONE: (954)943-7880
CONTACT NAME. / 10 GERT	School Provide: (457)775-7880
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to sta	ordun .
<ol> <li>Facility failed to notify DARM to use general pe</li> </ol>	· ·
2. Facility laned to notify Darkiv to use general pe	emit u
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, $x < 1.40$ gal/yr	dry-to-dry only, x < t40 gal/yr
transfer only, $x < 200 \text{ gal/yr}$	transfer only, x < 200 gallyr
both types, $x \le 140$ gal/yr (constructed before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)
(constitueed before 12/7/71)	(constructed on or area (27777)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ ,
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1.800$ gal/yr	both types, $140 \le x \le 1.800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	PY □N □Can not determine
If no, please check the appropriate classific	cation:
facility qualified for a ge	eneral permit as number above
☐ facility exceeds above lin	mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) perchloroethylene (perc) particles facility was 40 gallons.	ourchased within the preceding 12 months by this dry cleaning

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A Examining the containers for leakage? OY ON 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 BY ON ON/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? AMD NC 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DNA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПИ	DN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	$\square N/A$
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ДΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	И□	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ИП	A/ND

PART V: RECORDKEEPING REQUIREMENTS	_
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	ed.
1. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly total of perc consumption?	NOXO
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	A/ND NC YED
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 ONA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON THATA
5. Maintained exhaust duct monitoring data on perc concentrations?	אָס אם אָסָ
6. Maintained startup/shutdown/malfunction plan?	ON .
6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	DY ON ON/A
Problem corrected?	AND ND YD
8. Maintained compliance plan, if applicable?	OY ON DATA

7.3	TRI VI: LEAK DETECTION AND R	PART VI: LEAR DETECTION AND REPAIRS						
l.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?	1/-	luak 5	ON PE				
2.	Has the facility maintained a leak log?	106	( 0.	CY ON				
3.	Does the responsible official check the f	ollowing areas for leaks?						
	Hose connections, fittings, 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	OY ON ON/A	Exhaust dampers	DY ON PNA				
	Pumps	OY ON ON/A	Diverter valves	AND NO YO				
	Solvent tanks and containers	CY ON ON/A	Cartridge filter housings	DY ON ON/A				
	Water separators	AND NO X						
4.	Which method of detection is used by th	e responsible official?						
	Visual examination (condensed so	lvent on exterior surfaces)		2-				
	Physical detection (airflow felt thr	ough gaskets)						
	Odor (noticeable perc odor)							
	Use of direct-reading instrumentat	tion (FID/PID/catorimetric	tubes)	9				
	Halogen leak detector		N/A	a				
	If using direct-reading instru	imentation, is the equipme	ent:	ON/A				
	a. Capable of detecting p	erc vapor concentrations in	a a range of 0-500 ppin?	ND YC				
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas prior to and afte	er each use	OY ON				
	c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	NO YO				
	d. Kept in a clean and se	cure area when not in use?		OY ON				
	e. Verified for accuracy b	by use of duplicate samples	(calorimetric only)?	OY ON				
	Inspector's Name (Please Pork	20/9	Date of Inspe	ction				
	mispoetor s traine it lease win	,	Date of thispe	CHOIL				
_	Inspector's Signature		Approximate Date of	Next Inspection				

ACC

Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

610 So. (	Cleanoer DATE: 12/2 3/98  Appess RD
Pough, vo	15 ch.
19 <b>9</b> > то	Dec. 1998
al air permit, my facility has rer uring the period covered by this	mained in compliance with DEP Rule statement. TYES NO
not been in continuous complia	ance during the reporting period stated above:
	to
	<u> </u>
not been in continuous complia	ince during the reporting period stated above:
	to
olete. Further, my annual const	after reasonable inquiry, that the statements sumption of perchloroethylene solvent, based ties or 1,800 gallons per year for transfer or Signature  Date
	1992 TO  al air permit, my facility has requiring the period covered by this not been in continuous compliant information and belief formed bette. Further, my annual consists per year for dry-to dry facility.  Solve Nek Ne

Page \_\_\_\_\_ of \_\_\_\_\_.

<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.

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPE	CCTION   CCT
AIRS ID#: 0/1233/ DATE: 7/15 FACILITY NAME: Bobs  FACILITY LOCATION: /6/16  RESPONSIBLE OFFICIAL: Robert  CONTACT NAME: Robert	Deluxe Dry Cle Frence  10 So Cyprose Rd.  Pompons Bul 30 57 7880  Schenck PHONE: (354) 54 37880
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to 2. Facility failed to notify DARM to use generated.	
PART II: CLASSIFICATION	
Facility indicated on notification form that i (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)	t is:  □ No notification form □ Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
,	4. New large area source  dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr  transfer only, 200 ≤ x ≤ 1,800 gal/yr  both types, 140 ≤ x ≤ 1,800 gal/yr  (constructed on or after 12/9/91)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
B. The total quantity of perchloroethylene (per facility was 5 / gallons.	rc) purchased within the preceding 12 months by this dry cleaning

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) BY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? PY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber .DV 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). Curbon udsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY ON 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 BY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? NOVE 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 OY 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?	ΩY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ИП	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ПИ	□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,	<b>5</b> 17	<b>5</b> 0.4	D.V.
	if machines are equipped with a carbon adsorber?	ЦY	UN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΩИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ИО	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	אם	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) ND XQ 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? OX-ON 3. Maintained leak detection inspection and repair reports for the following: DY 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 DN DN/A and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) AHAD NO YO DY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON 6. Maintained startup/shutdown/malfunction plan? No deviations DY ON ON/A 7. Maintained deviation reports? OY ON ON/A Problem corrected? 8. Maintained compliance plan, if applicable? DY DN PNA

PART VI: LEAR DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspect	ion?			OY ON			
2. Has the	facility maintained a leak log?			DY ON			
3. Does th	e responsible official check the fo	ollowing areas for leaks?					
	Hose connections, fittings, couplings, and valves $\Box Y \Box N \Box N/A$ Muck cookers						
D	oor gaskets and seating	BY ON ON/A	Stills	DY ON ON/A			
Fi	ilter gaskets and seating	DY ON ON/A	Exhaust dampers	A/KG NO YO			
Pı	umps	OY ON ON/A	Diverter valves	BY ON ON/A			
So	olvent tanks and containers	OY ON ON/A	Cartridge filter housings	DY ON ON/A			
w.	ater separators	OY ON ON/A					
4. Which	method of detection is used by the	e responsible official?					
V	isual examination (condensed sol	vent on exterior surfaces)					
PI	hysical detection (airflow felt thro	ough gaskets)					
0	dor (noticeable perc odor)		,				
ប	<u>O</u>						
н							
	If using direct-reading instru	mentation, is the equipm	ent:	□N/A			
	a. Capable of detecting po	erc vapor concentrations in	n a range of 0-500 ppm?	OY ON			
	b. Calibrated against a str (PID/FID only)?	andard gas prior to and aft	er each use	□Y □N			
	c. Inspected for leaks and	obvious signs of wear on	a weekly basis?	OY ON			
	d. Kept in a clean and see	cure area when not in use?		ОУ ОИ			
	e. Verified for accuracy b	y use of duplicate samples	(calorimetric only)?	OY ON			
				,			
Tohn Coppela 7/12/95 Inspector's Name (Please Print) Date of Inspection							
	ction						
1							
K	Inspector's Signature		Approximate Date of	Next Inspection			

ARS ID#: 0/1233/



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Bob's	Delaxo	Dry	Cleaners	DATE: 7/12/29
FACILITY LOCATION:	10 So	Cup	Ress Rd	
	Ponpas	vo Ba	2 Ach	
Annual Reporting Period:	·	19 <u>98</u>	то	19 <u>9</u> 9
Based on each term or condition of the Titl	le V general air permi	t, my facility h	as remained in complia	/ _
62-213.300, Florida Administrative Code (	(F.A.C.), during the pe	riod covered b	by this statement.	ES UNO
If NO, complete the following:				
#1. Term or condition of the general perm	uit that has not been in	continuous co	mpliance during the rep	orung 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 perm	út that has not been in	continuous co	mpliance during the rep	orning period stated above:
Exact period of non-compliance: from		<del>-</del>	to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	<del></del>	<u>.</u>		
As the responsible official, I hereby certify made in this notification are true, accurate upon purchase receipts, does not exceed 2, combination facilities.	e and complete. Furth	er, my annual	consumption of perchlo	roethylene solvent, based
RESPONSIBLE OFFICIAL: RESPONSIBLE OFFICIAL: N	BERT-Se	HEURI	13 Plateret	pohno
N	ame (Please Print)		Signature	

<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.



## Board of County Commissioners, Broward County, Florida Department of Natural Resource Protection POLLUTION PREVENTION AND REMEDIATION PROGRAMS DIVISION



# HAZARDOUS MATERIAL MANAGEMENT ADDENDUM TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

#### WASTE GENERATED

		,		4 2 2 1	D OLIVER	*****			
Waste Type Code	Chemical name	Storage Method (Code <sup>1</sup> )	Disposal Method (Code <sup>2</sup> )	Ł,	Container Size (Gal.) or WT. (LBS)	Total Quantity (Gallons)	Monthly Use (Gallons)		Hauler Name
М3	Perchloroethylene	11.	16	F	30	10	5	5	Afety Kleen
NO	Dry Cleaning Filters	11	16	F	30	5	2	SA	fety Keen
02 Tanks 03 40 to 04 Sm. S 05 Open 06 Piled 07 Garba 08 Lab P 09 Other 10 Parts 11 Medii 12 Antiff	2 2 (continued)  Tanks - Above Ground 01 Landfill - Govt. or Priv. Hauler 15 Other Questionable Treatment  Tanks - Below Ground 02 Landfill - Generator Takes 16 Hazardous Waste Transporter  4 to 55-Gallon Drums 03 Buried on Property 17 Surface Discharge  4 Sm. Size Containers (0-9 Gals.) 04 Pit or Pond 18 Open Burning  5 Open Pits, Ponds, or Lagoons 05 Permitted Hazardous Waste Facility 19 Evaporation After Treatment  6 Piled on Ground, Floor, or Other Surface 06 Public Sewer 20 Used Oil Transporter  7 Garbage/Refuse Container 07 Septic Tank 21 Commercial Laundry Service-POTW  8 Lab Packs 08 Recycled or Reused 22 Metal Reclamation/Retort  9 Other-Good Storage Method 09 Blended or Burned for Fuel 23 Universal Waste Rule Treatment  10 Parts Cleaner/Washer Machines 10 Hazardous Waste Incineration 24 CESQG Waste to HHW Collection CTR  11 Medium Containers (10 to 39 Gallons) 11 Deep Well Injection 25 Waste to Energy SW Incinerator								
Any other	er hazardous waste streams	noted on pr	operty:	_		No			
	unt of hazardous waste gen s waste disposal manifests a	·		7 or five	gallons.	vailable upon	request for	<b>P</b> Yes	ON <sub>0</sub>
Was any h	nazardous material/waste di	scarded into	dumpsters	or refu	se containers?			OYes	OMO
All second	dary containment has suffic	ient volume	to hold ma	terial r	equired.			OYes	ONo
Floor drai storm wat	ns in a hazardous material h er system, are secured or pe	nandling, us crmanently s	age or stora sealed to pre	ge area	a, which lead to ne release of ha	drain field, se zardous materi	eptic tank or ials.	Oves	ON <sub>0</sub>
accumulai (Small Qu	Hazardous waste containers in hazardous waste storage areas are properly labeled as hazardous waste; an OYes ONo accumulation date is marked on the label; and the waste has not been stored on site for more than 180 days Small Quantity Generator) or 90 days (Generator) beyond the accumulation date. (Not applicable for Conditionally Exempt Small Quantity Generators.)								
	up inspection by Pollution I t this site.	Prevention I	Personnel, to	addre	ess possible enf	orcement activ	rities, is	OYes	3No
Comme	nts:								
_									

# PERCHLUKUETHY LENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

### BEST AVAILABLE COPY

TYPE OF INSPECTION:	ANNUAL	3	COMPLAINT/DIS	COVERY	
	RE-INSPECTIO	N 🗆			
		<u>.</u>			
AIRS ID#: 0(12331 D	ATE: 2/15/0	OO TIME	IN: TI	ME OUT: _	
FACILITY NAME:	b's Dela	re De	y Cleane	20	<del></del>
FACILITY LOCATION:	1616	So. C	PROSS R	el,	
	Poups	no Se	reli		
RESPONSIBLE OFFICIAL: _	Robert S.	heach	_ PHONE:	43-788	<u>C</u>
CONTACT NAME:R	bert Sou	hend	_ PHONE:	13-788	<u>უ</u>
				<del></del>	
PART I: NOTIFICATION			B	7	
(check appropriate box)			Rail B	AT .	
New facility notified DARM 30	) days prior to star	1un	A 10 2010 can of hir More & Mobile Sou		Ω
2. Facility failed to notify DARM		-	Air N	lana.	n
2. Tacinty laned to notify DAIDVI	to use general per		0 0 0 B	F1.	
			ce		<del></del>
PART II: CLASSIFICATION			an		
Facility indicated on notification	form that it is:		☐ No notification i		roloum
(check appropriate box)  A.			☐ Drop store/out o	i ousiness/peu	oleum
1. Existing small area source		2. New small		02	
dry-to-dry only, x < 140 gal/yr		dry-to-dry only transfer only, x			
transfer only, x < 200 gal/yr both types, x < 140 gal/yr		both types, $x <$			
(constructed before 12/9/91)			or after 12/9/91)		
3. Existing large area source		4. New large a	rea source	<u> </u>	
dry-to-dry only, $140 \le x \le 2,10$		_	$140 \le x \le 2,100 \text{ gal/}$	<del></del>	
transfer only, $200 \le x \le 1,800$ g	gal/yr	transfer only, 2	$00 \le x \le 1,800 \text{ gal/yr}$	•	
both types, $140 \le x \le 1,800$ gal.	/yr	both types, $140 \le x \le 1,800$ gal/yr			
(constructed before 12/9/91)		(constructed on	or after 12/9/91)		
5. This is a correct facility class	ification	DY ON	□Can not determin	ic	
If no, please check the app	-				
	qualified for a gene exceeds above limi		imber above gible for a general per		
B. The total quantity of perchloroc facility was all gallons.	thylene (perc) pur	rchased within th	ne preceding 12 month	hs by this dry	cleaning

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 2. Examining the containers for leakage? מם עם 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ÉY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON ON/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? DY DN ERY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

PART III: GENERAL CONTROL REQUIREMENTS

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

condenser exceeded 45°F?

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

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

111111	VI: LEAR DETECTION AND R	ET AIIG		<u></u> _
1. Do	es the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection a	nd repair
insj	pection?			DY ON
2. Has	the facility maintained a leak log?			OY ON
3. <b>D</b> oe	es the responsible official check the	following areas for leaks?	•	
	Hose connections, fittings, couplings, and valves	OY 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	OY ON ON/A	Exhaust dampers	DY ON PONÍA
	Pumps	OY ON ON/A	Diverter valves	OY ON ON/A
	Solvent tanks and containers	ON ON/A	Cartridge filter housings	ØY ON ON/A
	Water separators	QY ON ON/A		
4. Wh	ich method of detection is used by th	ne responsible official?		
	Physical detection (airflow felt thr	ough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumentat	ion (FID/PID/calorimetri	ic tubes) $\mathcal{N}/A$ .	
	Halogen leak detector		NIA.	
	□N/A			
	DY DN			
	OY ON			
	c. Inspected for leaks and	l obvious signs of wear or	n a weekly basis?	OY ON
	d. Kept in a clean and se	cure area when not in use	?	OY ON
	e. Verified for accuracy b	y use of duplicate sample	es (calorimetric only)?	OY ON
	John Coppel	, A	2/15/0	0
Inspector's Name (Please Print)  Date of Inspectio				
i	(De mule		aloi	
	Anspector's Signature		Approximate Date of I	Vext Inspection

AIRS ID#: 0//233/\_

pro

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

7 ( 0 / 6	
FACILITY NAME: Bobs Deluxo Day Clean on	25 DATE: 2/15/0x
FACILITY LOCATION: 1610 So. Cypress RI	
Annual Reporting Period:19 9 7 TO	19_ <i>OC</i>
Based on each term or condition of the Title V general air permit, my facility has remained in c	compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement	YES UNO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during	g 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	g 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 reaso made in this notification are true, accurate and complete. Further, my annual consumption of upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to a year for transfer or combination facilities.	perchloroethylene solvent, based
RESPONSIBLE OFFICIAL:    Part   Print   Print	2/5/00
Name (Please Print) Signate	ure / 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.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 362964

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 # 0112331

BOB'S DELUXE DRY CLEANERS ROBERT SCHENCK 1610 S.CYPRESS ROAD POMPANO BEACH FL 33060

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID 0112331 BOB'S DELUXE DRY CLEANERS INC ROBERT, SCHENCK			9	<ul> <li>Print your name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if spapermit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article.</li> <li>The Return Receipt will show to whom the article was delivered a delivered.</li> </ul>	I also wish to receive the following services (for an extra fee):  1.		
	POMPANO BEACH FL  Postage  Certified Fee	\$	DRESS completed	AIRS ID 0112331 BOB'S DELUXE DRY CLEANERS INC ROBERT SCHENCK 1610 S CYPRESS ROAD POMPANO BEACH FL 33060	4b. Service T ☐ Registered ☐ Express N ☐ Return Rec	ype d Certified Mail Insured eipt for Merchandise COD	\ \ !
	Special Delivery Fee Restricted Delivery Fee		TURN AD	5. Received By: (Print Name)	8. Addressee	796 's Address (Only if requested	1
April 1995	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address		s your BETURN ADDRESS	6. Signature: (Addressee or Agent)  X Robert Addressee	and fee is p		
3800	TOTAL Postage & Fees	\$	<u> </u>	PS Form <b>3811</b> , December 1994	2595-97-9-0-79	Domestic Return Receipt	ľ
PS Form	. Z+333 PJ	3 474 ,	8	SENDER:  Complete items 1 and/or 2 for additional services.	ia - mmil alam	I also wish to receive the	
Ī	US Postal Service Receipt for Certi	ified Mail	′,	<ul> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that card to you</li> <li>Attach this form to the front of the mallpiece, or on the back if sp permit.</li> </ul>		OAII	vice.
	No Insurance Coverage P Do not use for International	rovided. al Mail <i>(See reverse)</i> AIRS ID # 0112331	l	<ul> <li>Write "Return Receipt Requested" on the mailpiece below the ar</li> <li>The Return Receipt will show to whom the article was delivered delivered.</li> </ul>		2. Restricted Delivery  Consult postmaster for fee.	<b>Heceipt Service</b>
	B'S DELUXE DRY CL BERT SCHENCK	LEANERS		3. Article Addressed to:	4a. Article N	lumber	ecei
16	10 S CYPRESS ROAD MPANO BEACH FL 3	33060		AIRS ID # 0112331 BOB'S DELUXE DRY CLEANERS ROBERT SCHENCK 1610 S CYPRESS ROAD	4b. Service  Registere	7 (Certified 6	ing Keturn r
	Certified Fee			POMPANO BEACH FL 33060	☐ Return Re	ceipt for Merchandise  COD	š
	Special Delivery Fee				7. Date of D	elivery 1699	you ≍
ທ	Restricted Delivery Fee			5. Received By: (Print Name)	8. Addresse and fee is	e's Address (Only if requested spaid)	Mank
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. 31-0189

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0112331

BOB'S DELUXE DRY CLEANERS ROBERT SCHENCK 1610 S CYPRESS ROAD POMPANO BEACH FL 33060

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED MAIL ROOM

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**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID# 0112331 **BOB'S DELUXE DRY CLEANERS INC** ROBERT SCHENCK 1610 S CYPRESS ROAD POMPANO BEACH FL 33060

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 # 0112331

BOB'S DELUXE DRY CLEANERS
ROBERT SCHENCK
1610 S CYPRESS ROAD
POMPANO BEACH FL 33060

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

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Do NOT Remove Label

AIRS ID#0112331

BOB'S DELUXE DRY CLEANERS INC ROBERT SCHENCK 1610 S CYPRESS ROAD POMPANO BEACH FL 33060 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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E F	P 174 05 US Postal Service Receipt for Car BOB'S DELUXE DRY ROBERT SCHENCK 610 S CYPRESS ROA POMPANO BEACH FI	AIRS ID # 0112331 CLEANERS
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	Restricted Delivery Fee	
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# US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID#: 0112331 BOB'S DELUXE DRY CLEANERS INC ROBERT SCHENCK 1610 S CYPRESS ROAD POMPANO BEACH FL 33060 Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date Line Service Mail No Insurance Coverage Provided. AIRS ID#: 0112331 BOB'S DELUXE DRY CLEANERS INC ROBERT SCHENCK 1610 S CYPRESS ROAD POMPANO BEACH FL 33060