

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 31, 1996

Mr. Arthur J. Wilson Dry Clean by Wilson 11252 State Road #84 Davie, Florida 33325

Re: Facility I.D. No. 0112336

Dear Mr. Wilson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 8, 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"

0.11 2336 11/7/96 Spoke to Arthur J. Wilson, his boiler units are fired by natural gas. P.14 i. (a) add date control device installed 1. (c) should not be marked P15 5. the first box 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): ARTHUR J. Wilson (Amwils - Corporation) Site Name (For example, plant name or number):							
	ARTHUR S. Wilson (A	mwils.	-Corpora	Tion)				
2.	Site Name (For example, plant name or	number):	•					
	DRY CLEAN BY WILSON							
3.	Hazardous Waste Generator Identificati	ion Number:	FLD					
		982	1392 6	3				
4.	Facility Location: Street Address: // 252 ST. RD.	#84						
		County: BRC	war.d	Zip Code: 33325				
5.	Facility Identification Number (DEP U	se):						
			0	112336				
		Responsible (Official					
6.	Name and Title of Responsible Official ARTHUR S. WILSON - O							
7.	Responsible Official Mailing Address: Organization/Firm: Dey CLEAN Street Address: 11252 ST. RD. City: DAVIE, FLORIDA	By Wils #F4 County: E		Zip Code: 33325				
8.	Responsible Official Telephone Number Telephone: (954) 473 - 80 5		Fax: ()	-				
	Facility Contact	(If different fr	om 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				
				u =				

OCT 8 1996

Bureau of Air Monitoring & Mobile Sources

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

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		DRUP	FFO D	77	A			* .	
(1) w/ ref. condenser		SEPT 84							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	Y.				Figure 1993				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls						·			
Dryer Unit	1 - 13-5, - 1 - 3.4 :			10: 1. 10: 1	eljje ^{rt} verskist		1 a.		
(7) w/ ref. condenser							<u> </u>		
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	250		jistoyet o o o o						l Maring.
(10) w/ ref. condenser					,	Τ			
(11) w/carbon adsorber									1
(I2) w/ no controls						1			
(b) Control devices are									
2.(a) What was the total of [190] (b) If less than 12 mont Check why it is less	gallo	ons ow many? [_] months	•]
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	n based on the ication only.)	ew sn	nall area sou	rce [3) of	Part II?	
Existing large are	ea soi	arce X	Ne	ew lai	rge area sour	ce	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 14 of 16

Surrender of Existing Air Permit(s)

	(,)
Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.
·	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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.
I will prop	mptly notify the Department of any changes to the information contained in this notification.

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

 What control technology is required on machines pu (Indicate with an "X".) 	rsuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] R	Refrigerated condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions unit to Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site:	its shall not be eligible to use the general permit pursuant not water generating units on-site meet the following
All steam and hot water generating units on-site (1) ha boiler HP or less), and (2) are fired exclusively by natu during which propane or fuel oil containing no more th	ural gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and	Recordkeeping Information
Check all logs which are required to be kept on-site in	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	L X J
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	LXI
(d) Carbon adsorber exhaust perc concentration monitor	oring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

TYPE OF INSPECTION:

COMPLAINT/DISCOVERY

RE-INSPECTION	·
AIRS 10#: <u>614 2336</u> DATE: 11/161	100 TIME IN: 1575 TIME OUT: 1600 by Wilson
FACILITY NAME: Dry Claam	by Wilson
FACILITY LOCATION: 1/257 S K	284
Davie, EL.	33325 M
RESPONSIBLE OFFICIAL: Athur	Wilson PHONE: 2473-8058
CONTACT NAME:	PHONE: Sand
PART I: NOTIFICATION	
(check appropriate box)	0' 3
New facility notified DARM 30 days prior to sta	artup 🔲
2. Facility failed to notify DARM to use general pe	•
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	No notification form Drop store/out of business/petrolcum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ 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
If no, please check the appropriate classific facility qualified for a general facility exceeds above lim	
B. The total quantity of perchloroethylene (perc) pu facility wasO gallons.	archased within the preceding 12 months by this dry cleaning



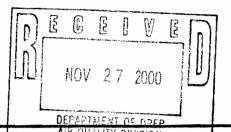
DRY CLEAN Wilson

11252 State Road 84 Davie Florida 33325

OWNERS: Arthur & Millie Wilson



DRY CLEAN Wilson



11252 State Road 84 Davie, Florida 33325 N954-473 8058

11-21-2000

DEAR MR. SHELTON,

As of JANUARY 1ST ZOOI, I WILL NO LONGER

BE OPERATIONS AS A DRY CLEANERS. THE LANDLONG

OF THE SHOPPING PLAZA HAS FORCED ME TO

ONLY BE A DROP STORE, NO MORE DRY CLEANING

ON THE PROPERTY.

I AM GOING TO REMAIN IN THE
SHOPPING PLAZA, BUT AT A NEW LOCATION.

AS SOON AS I MAKE THAT TRANSITION, I
WILL CONTACT YOU....

Sincerly, ARTHUR J. Wilson - OWNER Anthu CD. Wilson

PER (LOROETHYLENE DRY CLY NERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	4	COMPLAINT	/DISCOVERY	
· · · · · · · · · · · · · · · · · · ·	RE-INSPECTION	1 🖸			
AIRS ID#: 0112336 D FACILITY NAME: Dr FACILITY LOCATION: 1	y Clean	by Wals	IN: 1425	TIME OUT:	1530
RESPONSIBLE OFFICIAL :	Davie Fl Anthur Same	W./son	PHONE:^ PHONE:	473-800	2
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 3	0 days prior to start	up			а
2. Facility failed to notify DARM	•	•			a .
PART II: CLASSIFICATION					
				<u> </u>	
Facility indicated on notification (check appropriate box)	on that it is:		☐ No notificat	tion form out of business/p	petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 galors transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		transfer only, x both types, x < (constructed or	□ Drop store/of area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91)	out of business/p	7 0
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 galors transfer only, x < 200 gal/yr both types, x < 140 gal/yr	00 gal/yr gal/yr al/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	□ Drop store/of area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91)	out of business/p Bureau of gal/yr of	RECEIV
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2.7 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility chain of the property of the p	in gal/yr gal/yr www.	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or PY N tion: eral permit as n	Drop store/of area source (, x < 140 gal/yr 140 gal/yr 140 gal/yr n or after 12/9/91) area source (, 140 \leq x \leq 2,100 \leq x \leq 1,300 gal/yn or after 12/9/91) \Box Can not determined.	Bureau of Air Monitoring gal/yr gal/yr gal/yr galour above	RECE.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly scaled 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 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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weckly 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

PART III: GENERAL CONTROL REQUIREMENTS

verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1,	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	G Ý	ND	· · · · · · · · · · · · · · · · · · ·
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ďΥ	ип	□N/A
	Is the temperature differential equal to or greater than 20° F?	PY	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, if machines are equipped with a carbon adsorber?	ΩY	מם	ŒN/A
	Is the perc concentration equal to or less than 100 ppm?	ΩX	ΠN	UN/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	□и	SN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	T Y	DИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	G Y	ПN	□N/A

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

PART VI: LEAK DETECTION AND I	REPAIRS	V ₄ (2).					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?			ey on				
2. Has the facility maintained a leak log?			ery on				
3. Does the responsible official check the	following areas for leaks	?					
Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	מארם אם אים				
Door gaskets and seating	DY ON ON/A	Stills	AIND ND YE				
Filter gaskets and seating	PY ON ON/A	Exhaust dampers	DY ON ON/A				
Pumps	MY ON ON/A	Diverter valves	BY ON ON/A				
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	A/NO NO YE				
Water separators	EY ON ON/A						
4. Which method of detection is used by t	he responsible official?	w.					
Visual examination (condensed s	olvent on exterior surface	es)					
Physical detection (airflow felt th	rough gaskets)		也				
Odor (noticeable perc odor)			9				
Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)	- NA				
Halogen leak detector			a N/A				
If using direct-reading instr	umentation, is the equip	oment:	DN/A				
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON				
b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON				
c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	QY QN				
d. Kept in a clean and s	ecure area when not in u	se?	□Y □N				
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON				
,							
							
Paul R. Shelton		9/22/99 Date of Inspe					
Inspector's Name (Please Pri	nt) .	Date of Inspe	cuon				
RRT		9/22/2000					
Inspector's Signature		Approximate Date of	Next Inspection				

ADDITIONAL SITE	INFORMATION:	*44	
	TOWN TS		
	• .		
•			
	· .		
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BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Dry C/e	an by Wilson	•	DATE: _	9/22/99
FACILITY NAME: Dry C/e FACILITY LOCATION: 11253 Davie	2 S.R 84	·	·	
Davie,	FL. 33325			
Annual Reporting Period: Sept.	22 19	99 TO Sep	t. 00	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F				Rule DNO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in continu	ous compliance during	the reporting period	stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:			·	
Method used to demonstrate compliance:			-	
#2. Term or condition of the general permit	that has not been in continu	ous compliance during	the reporting period	stated above:
Exact period of non-compliance: from		· to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	·			
<u></u>	and complete. Further, my	annual consumption of p	perchloroethylene so	olvent, based
	· · · · · · · · · · · · · · · · · · ·	tol An	thur Wilson	

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

Page _____ of ____.



Comments:

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



HAZARDOUS MATERIAL MANAGEMENT ADDENDUM TO

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

WASTE GENERATED

Waste Type Code	Chemical name	Storage Method (Code ¹)	Disposal Method (Code ¹)	Ł,	Container Size (Gal.) or WT. (LBS)	Total Quantity (Gallons)	Monthly Use (Gallons)	Hauler Name	
М3	Perchloroethylene	11	16	1=	11	110	20	Safety Kleen	
NO	Dry Cleaning Filters	3	16	F	03	NA	NA	// //	
1 Tanks - Above Ground 01 Landfill - Govt. or Priv. Hauler 15 Other Questionable Treatment 02 Tanks - Below Ground 02 Landfill - Generator Takes 16 Hazardous Waste Transporter 03 40 to 55-Gallon Drums 03 Buried on Property 17 Surface Discharge 16 Hazardous Waste Transporter 17 Surface Discharge 17 Surface Discharge 18 Open Burning 18 Open Burning 19 Evaporation After Treatment 19 Evaporation After Tr									
Hazardou	ount of hazardous waste gen	•				vailable upon	request for	Yes ONo	
nspection	n. hazardous material/waste di	scarded into	dumneters	or refi	ica contniners?		•	OYes 9No	
	dary containment has suffic		•					OYes ONo	
	ins in a hazardous material ter system, are secured or pe		OYes ONO						
sccumula Small Qu	s waste containers in hazar tion date is marked on the la uantity Generator) or 90 day tally Exempt Small Quantity	abel; and thesis (Generate	e waste has or) beyond th	not be	en stored on sit	e for more that	n 180 days	eyes DNo	
	up inspection by Pollution 1 at this site.	Prevention	Personnel, to	addre	ess possible ent	orcement activ	vities, is	OYes 3No	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLAINT/DISCOPTINE COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION: ANNUAL RE-INSPECTION AIRS ID#: 0//2336 DATE: 08/15/97 TIME IN: 11 100 TIME OUT: 1 FACILITY NAME: Duy (lean by FACILITY LOCATION: 1/252 PART I: NOTIFICATION (check appropriate box) 1. Existing facility notified DARM by 9/1/96 2. New facility notified DARM 30 days prior to startup 3. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) 1. Existing small area source 2. New small area source dry-to-dry only, x<140 gal/yr dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr transfer only, x<200 gal/yr

both types, x<140 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) (constructed before 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<x<1,800 gal/vr transfer only, 200<x<1.800 gal/yr

This is a correct facility classification ØΥ ПN

If no, please check the appropriate classification:

both types, 140<x<1,800 gal/yr

(constructed before 12/9/91)

- facility qualified for a general permit as number _____ above facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 190 gallons.

both types, 140<x<1,800 gal/yr

(constructed on or after 12/9/9.1)

Ø

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	Y ON X MA
2. Examining the containers for leakage?	אוע א אם אם אם
3. Closing and securing machine doors except during loading/unloading?	MD AM
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY □N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	QY. QN X N/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part	v.
If classification 2 has been checked, the machine should be equipped with a refe (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 m installed 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)	
L. Equipped all machines with the appropriate vent controls?	MD Y 🖎
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO YE
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AM Z Z NO YO
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	ØY □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	À Y □N
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	M Y ON

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condensor located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	MO ABC
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	AY ON
Is the temperature differential equal to or greater than 20° F?	QAY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON XXN/A
Is the perc concentration equal to or less than 100 ppm?	, סג סא
4. Assured that the sampling port on the carbon adsorber exhaust for measuring pero 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?	ØYY □N
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MENIA
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN DNA
DADTY, DECORDIZEDING DECYMORYCENTS	
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	å. □n
Has the responsible official: (check appropriate boxes)	АБА ПИ ДДА ПИ
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	r
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	r
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	δαY □N
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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	ÀLY □N ÀLY □N
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ДУ ОИ . ДУ ОИ
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Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	AY ON AY AY ON AY AY ON AY AY ON AY AY ON AY ON
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Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pere purchased? 2. Maintained rolling monthly averages of pere consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on pere concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	

2.	Which method of detection is used by the responsible official?	
	Visual examination (condensed solvent on exterior surfaces)	X
	Physical detection (airflow felt through gaskets)	X
	Odor (noticeable perc odor)	র
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	□ <i>γ ν / /</i> †
	If using direct-reading instrumentation, is the equipment:	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	אם עכ
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	JY ON
	(אם עם
		אם עב
٠		אם אם
.7	Section 2. The section of the sectio	אם עב
		- 1 - Liv
+.	Does the responsible official check the following areas for leaks?	.
	Hose connections, fittings, couplings, and valves DY ON Muck cookers	ĎY □N
	Door gaskets and seating DY ON Stills	NO YE
	Filter gaskets and seating GY ON Exhaust dampers	איע אום אם
	Pumps PTY ON Diverter valves	DY DN VA
	Solvent tanks and containers TY ON Cartridge filter housings	ND YO
	Water separators TYY DN	

ARTHUR WILSON

Name of Responsible Official

OCTAVIAN OPRIS

Inspector's Name (Please Print)

71

Date of Inspection

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-	NUAL COMPLAINT/DISCOVERY -INSPECTION
FACILITY NAME: Anthe	1. Wilm Tone Star 1800 Sta
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days	s prior to starrup
2. Facility failed to notify DARM to us	
2. Facility failed to notify DARIVI to us	se general permit
The provided and the second	·
PART II: CLASSIFICATION	
Facility indicated on notification form	
Facility indicated on notification form (check appropriate box) A.	n that it is: ☐ No notification form ☐ Drop store/out of business/petroleum
(check appropriate box)	
(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	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
 (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 both types, 140 ≤ x ≤ 1.800 gal/yr both types, 140 ≤ x ≤ 1.800 gal/yr 	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 \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)
(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 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classifica If no, please check the appropring facility qualifications.	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 \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) Altion AY Can not determine

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN XYNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DYNA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DY DN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Δy on ona 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN KINA 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) DY UN 1. Equipped all machines with the appropriate vent controls? HY 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 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? MY UN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MD Y DIN verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located	
on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON'A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
Has the responsible official:	1b Y □ N
Has the responsible official: (check appropriate boxes)	₩
Has the responsible official: (check appropriate boxes) I. Maintained receipts for perc purchased?	_
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption?	_
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	₩ Y □N
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or: b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	M Y □N □N/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or: b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON ON/A MY ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or: b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments)	14Y ON ON/A 14Y ON ON/A 14Y ON ON/A 15Y ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or: b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations?	14Y ON ON/A 14Y ON ON/A 15Y ON ON/A 10Y ON 12N/A 10Y ON 12N/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or: b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	14Y ON ON/A 14Y ON ON/A 14Y ON ON/A 14Y ON 12N/A 14Y ON 12N/A 14Y ON 12N/A 14Y ON 12N/A

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΠN inspection? ИΩ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A MY ON ON/A couplings, and valves Muck cookers MY ON ON/A DY ON ON/A Door gaskets and seating Stills BY ON ON/A AY ON ON/A Filter gaskets and seating Exhaust dampers ZY ON ON/A DY ON ONA Diverter valves Pumps Y ON ON/A MY ON ON/A Cartridge filter housings Solvent tanks and containers DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? $\Box Y \Box N$ c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? OY ON e. Verified for accuracy by use of duplicate samples (calorimetric only)? $N \square Y \square Y$

OCTAVIAN OPRIS	05/26/98
Inspector's Name (Please Print)	Date of Inspection
And	May 1999_
Inspector's Signature	Approximate Date of Next Inspection

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

SEP 1 6 1997

COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

໘ ,

& Mobile Sources
COMPLAINT/DISCOVERY

AIRS ID#: 0//2336	DATE: 08/15/97	TIME IN: // .00	TIME OUT: /3'.00
facility name:	y Clean be	Wilson	
FACILITY LOCATION: _	11252 ST. KD.	#84 Dovie	, F/. 33325
- -	· · · · · · · · · · · · · · · · · · ·		

PART I: NOTIFICATION			
(check appropriate box)	·		
1. Existing facility notified DARM by 9/1/96	•		.Ag
2. New facility notified DARM 30 days prior to sta	rtup		Q
3. Facility failed to notify DARM to use general pe	rmit ··		۵
PART II: CLASSIFICATION		- 1	
Facility indicated on notification form that it is: (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)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yτ=""><td>⊠</td><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yτ=""><td>⊠</td><td></td></x<2,>	⊠	
This is a correct facility classification	XY ON		
If no, please check the appropriate classification:			,
facility qualified for a general per facility exceeds above limits and B. The total quantity of perchloroethylene (perc) p	is not eligible for a general permit		

OY ON X M 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON X P/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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber QY QN XN/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) MD YK 1. Equipped all machines with the appropriate vent controls? AVAD ND YE 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 AMIN NO YO condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? MD YX 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? MY QN 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? ЙУ □И

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

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?	MD AM
2. Measured and recorded the washer exhaust temperature at the condenser	MY ON
inlet and outlet weekly?	AY ON
Is the temperature differential equal to or greater than 20° F?	MY UN
3. Measured and recorded the perc concentration in the exhaust stream weekly	
at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON MINA
	OY ON
Is the perc concentration equal to or less than 100 ppm?	G1 GN
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?	XY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	OY ON M N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON MAN/A
o. Teodica artici to die caroni adsorber (a asca) ar ar aricos:	
D. DELL DECORPOREDING PROTECTION	
PART V: RECORDKEEPING REQUIREMENTS	l
Has the responsible official: (check appropriate boxes)	٠.,
(check appropriate boxes)	
Maintained receipts for perc purchased?	A Y □N
	ф у Ои
1. Maintained receipts for perc purchased?	r l
Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	r l
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	ATA ON
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 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	ATY ON

1. Does the responsible official conduct a weekly leak detection and repair inspection?

PART VI: LEAK DETECTION AND REPAIRS

۷.	Which inclind of detection is used by the	reshor	ממוכיו	141(•
	Visual examination (condensed solve	ent on	exterior s	surfaces)	X	
	Physical detection (airflow felt throu	gh ga	skets)		/2	
	Odor (noticeable perc odor)			•	X	
	Use of direct-reading instrumentatio	n (FII	O/PID/calc	orimetric tubes)	ړ □	N/H
	If using direct-reading instrument	ation,	, is the equ	uipment:		ŕ
	a. Capable of detecting per	c vap	or concent	rations in a range of 0-500 ppm?	ΩY	ПN
	b. Calibrated against a star (PID/FID only)?	ndard	gas prior t	to and after each use	QΥ	ПD
	c. Inspected for leaks and c	obviou	ıs signs of	wear on a weekly basis?	ΩY	ПN
	d. Kept in a clean and secu	ue are	a when no	ot in use?	QΥ	□и
	e. Verified for accuracy by	use o	f duplicate	samples (calorimetric only)?	QΥ	□И
3.	Has the facility maintained a leak log?				ΟY	ПN
4.	Does the responsible official check the fol	lowin	g areas for	r leaks?		
	Hose connections, fittings, couplings, and valves	ΣΊΥ	ПN	Muck cookers	ŻΊΥ	ΩN
	Door gaskets and seating	AZ	ПN	Stills	ΣΊΥ	ΩИ
	Filter gaskets and seating	B Y	ПN	Exhaust dampers	ΩY	DN, VA
	Pumps	72 Y	ПN	Diverter valves	QΫ́	אין גאם
	Solvent tanks and containers	ZYYY	ПN	Cartridge filter housings	ÞΩΥ	ПN
	Water separators	B X	ΩИ			
_	ARTHUR WILSO Name of Responsible Official OCTAVIAN OPR	0 A	<u>/</u>	08/15/9	<i>7</i> -	
_	Inspector's Name (Please Print))		Date of Inspec	tion	······································

Revised 10/23/96

Approximate Date of Next Inspection

ctor's Signature

,, v	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9:30 TIME OUT: 10:30 TYPE OF FACILITY: Dry Cleaning by FACILITY LOCATION: 11252 12. Rue # 2	- Per c	2336 DATE:
RESPONSIBLE OFFICIAL: ARTHUR WILSO.	N PHOME NUMBER:	
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluate discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	tive Code (F.A.C.).	ing compliance
		P
Facility is in Complione	Q _I	Jun C.
	*N	Control of the Contro
		Cos Oring
COMMENTS:		
COMMENTS.		
The Annual Compliance Certification form has been properly certific DATE OF NEXT INSPECTION:	1 1999	Y55[] NO
INSPECTION CONDUCTED BY: OCTAVIA	proximate) MN OPRIS ease Print)	
INSPECTOR'S SIGNATURE:	PHONE NUMBER	954) 519-14
Page <u>Z</u>	_of Z	Revised (



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		_		
FACILITY NAME: Arthur	J. Wilson		DATE:	05/26/98
FACILITY LOCATION: 1/252	RJ # 84	Davie		
Annual Reporting Period: Maxy	19	97 TO	Mery	19 <i>90</i>
Based on each term or condition of the Title V	general air permit, my fa	acility has remained in co	ompliance with DE	P Rule
62-213.300, Florida Administrative Code (F.A				□NO
If NO, complete the following:			1	5
#1. Term or condition of the general permit th	at has not been in contin	uous compliance during	the reporting perio	d stated above:
		, ,	& W	
	-		E SU	1
Exact period of non-compliance: from		to	14 or	151
Action(s) taken to achieve compliance:				8 O
Method used to demonstrate compliance:			The state of	
#2. Term or condition of the general permit th	at has not been in contin	uous compliance during	the reporting perio	d stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
de the management of Goral I have to a second to		1:-66		
As the responsible official, I hereby certify, ba made in this notification are true, accurate and				
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.	10 11111	Λ Λ Γ	' . ()	200 20
RESPONSIBLE OFFICIAL: // K / HU	(Please Print)	Utihur V-	NHOM	, 5 -40 -78
Name	(Please Print)	Signatu		Date

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



Department of Natural Resource Protection

RECEIVED

Air Quality Division 218 S.W. 1st Avenue Fort Lauderdale, FL 33301

(954) 519-1220 • FAX (954) 519-1495

September 09, 1997

SEP 1 6 1997

Bureau of Air Monitoring & Mobile Sources

Sandy Bowman Mobile Source Section, BAMMS Air Resource Management Bureau 2600 Blairstone Road Tallahassee, Florida 33299-2400

Dear Ms. Bowman,

In accordance with the Agreement for Title V Funding for Air Pollution Control for Broward County, please find enclosed the Inspection Summary Reports for the Dry Cleaner Air Quality General Permit inspections conducted during the month of August.

Should you have any questions, please contact me at 954-519-1208.

Sincerly,

Jarrett A. Mack

Manager, Stationary Source Section

cc: Title V file

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry Clean by Wi	lson	DATE: _	08/15/97
FACILITY NAME: Dry Clean by Win FACILITY LOCATION: 11252 State Rol	#84 Dar	ie Flouid	i a 33325
,	· · · · · · · · · · · · · · · · · · ·		
Annual Reporting Period: August	1997 TO A	egeel	19 98
Based on each term or condition of the Title V general air permit, 62-213.300, Florida Administrative Code (F.A.C.), during the peri	•	÷	NO NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not been in co	ontinuous compliance durin	RECEI	VED
Exact period of non-compliance: from	to	SEP 16	1997
Action(s) taken to achieve compliance:		Bureau of Air M	<u>lonitoring</u>
Method used to demonstrate compliance:		& Mobile So	urces
#2. Term or condition of the general permit that has not been in co	ontinuous compliance durin	g the reporting period	l stated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:		·	
Method used to demonstrate compliance:	•		<u> </u>
		·	
As the responsible official, I hereby certify, based on information of made in this notification are true, accurate and complete. Further upon rolling averages of purchase receipts, does not exceed 2,100 year for transfer or combination facilities.	, my annual consumption o	f perchloroethylene so	olvent, based
RESPONSIBLE OFFICIAL: ARTHUR WILSON Name (Please Print)	N arker Signa	· W Lbow_	8.15.97 Date
(· · · · · · · · · · · · · · · · · · ·	3		

^{*}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.

INSPECTION SUMMARY REPORT BEST AVAILABLE COPY ANNUAL X TYPE OF INSPECTION: COMPLAINT/DISCOVERY RE-INSPECTION 11:00 TIME IN: Dovie FACILITY LOCATION: PHONE NUMBER:(95 4) ARTHUR WILSON RESPONSIBLE OFFICIAL: X Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED Facility is in Compliance COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES 🔀 МОШ DATE OF NEXT INSPECTION: OCTAVIAN OPRIS INSPECTION CONDUCTED BY: (Please Print) PHONE NUMBER: (954) INSPECTOR'S SIGNATURE:

Revised 10/96

SENDER: COMPL-	Mind and the Section on Delivery
 Complete items 1, 2, which is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) A. J. WIJSON C. Signature X
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
10 AIRS ID # 0112336001AG ARTHUR J WILSON DRY CLEAN BY WILSON	
11252 STATE ROAD #84	3. Service Type
DAVIE FL 33325	Certified Mail
	4. Restricted ₱elivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
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ADDRESS completed	3. Article Addressed to: AIRS ID#: 0112336 ARTHUR J WILSON 11252 ST RD #84 DAVIE FL 33325		4a. Article Number 1265302398 4b. Service Type Registered Express Mail Return Receipt for Merchandise 7. Date of Delivery		
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811 , December 1994	8. Addresse and fee is	e's Address (Only if requested paid) Domestic Return Receipt	Thank you	

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5. Received By: (Print Name) 6. Signature: Addressee of Agent)	8. Addressed and fee is	e's Address (Only if reques paid) Domestic Return Receipt

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First-Class Mail Postage & Fees Paid USPS Permit No. G 0

 \bullet Print your name, address, and ZIP Code in this box \bullet

DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

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NPA 27 1998 - Non-itoring of Air Monitoring Sources

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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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112236

VALETERIA CLEANERS & LAUNDRY BARBARA KOFFLEN 339 NW 40TH AVENUE PLANTATION FL 33317 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: Blo 9: 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 # 0112236

VALETERIA CLEANERS & LAUNDRY BARBARA KOFFLER 339 NW 40TH AVE. PLANTATION FL 33317

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

Obj.: 002273

Voleteria Luc 339 N State Read 7 Plantatum, FL 33317



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

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 Map

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Do NOT Remove Label

AIRS ID # 0112336

DRY CLEAN BY WILSON ARTHUR J WILSON 11252 STATE ROAD #84 DAVIE FL 33325

Bureau of Air Monitoring & Mobile Sources

FOR GOVERNMENT USE ONLY

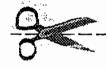
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F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32399-2400





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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 a railing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

Dry Clean by Wilson

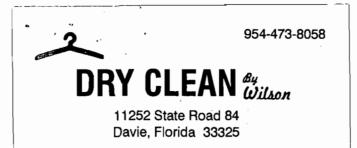
Michael - Wilson

11252 State Road 84

Davie, Florida 33325

AIAS IO 01/2336

FOR COVERNMENT USE ONLY
Org. 37530101000 EO: B1
Fund: 20-2-035001
Ong.; 002273



OWNERS:

Arthur & Millie Wilson



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# 0112336

DRY CLEAN BY WILSON

MICHAEL J WILSON 2601 EAST HENRY AVENUE

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 # 0112236 VALETERIA CLEANERS & LAUNDRY

BARBARA KOFFLER 339 NW 40TH AVE. PLANTATION FL 33317

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

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# 0112336

DRY CLEAN BY WILSON **ARTHUR J WILSON** 11252 ST RD #84 **DAVIE FL 33325**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Оъј.: 002273



405922 FEB22 2001 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

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AIRS ID # 0112336

DRY CLEAN BY WILSON ARTHUR J WILSON 11252 STATE ROAD #84 DAVIE FL 33325

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1



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

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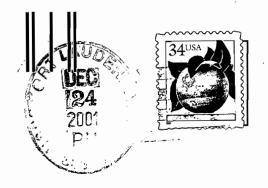
Do NOT Remove Label

AIRS ID # 0112236
VALETERIA CLEANERS & LAUNDRY
BARBARA KOFFLER
339 NW 40TH AVE.
PLANTATION FL
33317

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

VAleteria INC 339 N-Hert Pd7 Montation, Pl 33317



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

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Tollooblolloodblodblodoodbodoodbooldad

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

Bureau of Air Monitoring

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112336

DRY CLEAN BY WILSON ARTHUR J WILSON 11252 STATE ROAD #84 DAVIE FL 33325

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DRY CLEAN By JAN 30 01

RECEIVE Bureau of Air Nobile S

--11252 State Road 84 Davie, Florida 33325 9 954-473-805

1-25-01

TO WHOM IT MAY CONCERN,

AS OF NOVEMBER 2,000, I AM NO LONGER OPERATING

AS A DRY CLEANERS. THE SHOPPING CENTER WHERE

MY BUSINESS IS LOCATED, HAS ORDERED ME TO

DISCONTINUE ALL DRY CLEANING AND DRY CLEANING CHEMICALS

ON THE PROPERTY... SO AS OF NOW MY BUSINESS HAN

BEEN REDUCED TO A LAUNDRY DROP STORE

Giles 4 0112336 OWNER. Apthur V. Wilson



Jeb Bush Governor

Department of Environmental Protection

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

David, B. Struhs Secretary

January 31, 2001

Mr. Arthur J. Wilson Dry Clean By Wilson 11252 State Road 84 Davie, Florida 33325

Dear Mr. Wilson:

Thank you for your letter informing the Division of Air Resource Management that your facility Dry Clean By Wilson is now a drop store. We received your letter on January 30 and changed your facility status to inactive in our files.

The invoice you received was for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the **preceding** year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that Dry Clean By Wilson (AIRS ID #0112336) was in operation in **2000**, the fee is due.

For your convenience, another invoice along with a self-addressed envelope will be mailed to you next week. If you have any questions or need additional information or assistance, please call me at 850/921-9583.

Sincerely,

Sándra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

SB/