

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 29, 1997

Mr. Eddie Rodriguez Dryclean USA 1875 West Commercial Boulevard, Suite 140 Fort Lauderdale, Florida 33309

Re: Facility No. 0112343

Dear Mr. Rodriguez:

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

Eddie J. Rodriguez President and Chief Operating Officer Retail Group

May 13, 1999

Bureau of Air Monitoring & Mobile Sources MS5510
Department of Environmental Protecton 2600 Blair Stone Road
Tallahassee, FL 32399-2400

RECEIVED

Bureau of Air Monitoring

Sources ources

11/234

Re:

Responsible Official, Dryclean USA of Florida, Inc.

To Whom It May Concern:

Please accept this letter as authorization to change the appointed Responsible Official representing Dryclean USA from myself to our Division Vice President Angelo Izquierdo.

I am constantly traveling and not always available to sign the Annual Compliance Certification Forms when they arrive from your organization. In order to return these forms to you as quickly as possible, please allow Mr. Izquierdo to sign and expedite the process.

Thank you for your cooperation in this matter. From this point forward, please acknowledge Angelo Izquierdo as our Responsible Official.

Sincerely.

Eddie J. Rodriguez

Chief Operating Officer

/rf

cc Angelo Izquierdo

Art Pennetta, Natural Resource Specialist I, Broward County

01/2343

P.14

3. existing Small should be marked

P.15

4. nothing should be marked

mark (f)

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	<u> </u>
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Dryclean USA
2.	Site Name (For example, plant name or number):
	Shenandoah Square *11349
3.	Hazardous Waste Generator Identification Number:
	FLD 982 122 418
4.	Facility Location: Street Address: 13608 State Road 84
	City: Davie County: Broward Zip Code: 33325
5.	Facility Identification Number (DEP Use):
	0110343
	Postporsible Official
	Responsible Official
6.	Name and Title of Responsible Official:
	Eddle Rodriquez, President Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:

Facility Contact (If different from Responsible Official)

Broward

Fax: (954) 493 - 8444

9. Name and Title of Facility Contact (For example	ole, plant manager):				
Camilla Cuza, Distr	riat Margarat				
Califfild CO24 , DISII	na ranager				
10. Facility Contact Address: Dryclean USA	1				
Street Address: 1875 W. Commercial Blva., Suite 140					
City: Count	aty:— Zip Code:				
City: Ft. Lauderdale Count	Broward Zip Code: 33369				
11. Facility Contact Telephone Number: Telephone: (954) 493 - 16700					
Telephone: (954)493 - 6700	Fax: (954)443 -8444				

RECEIVED

Zip Code:

NOV 8 1996

Bureau of Air Monitoring & Mobile Sources

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

Organization/Firm: Dryclean USA

Responsible Official Telephone Number:

Telephone:

auderdale

(954)493-6700

Street Address: 1875 W. Commercial Blva, Suite 140 City: County:

Page 13 of 16

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit									
(1) w/ ref. condenser		125/91		l					
(2) w/ carbon adsorber		711 -							
(3) w/ no controls		1							
Washer Unit		1						1	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		<u>' </u>			-				
(7) w/ ref. condenser				-					1
(8) w/ carbon adsorber									
(9) w/ no controls							_		
Reclaimer Unit		<u> </u>	1	•				•	
(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 devices (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchlons ow many? [installed [_ proethylene (y perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.) Ne	w sn	nall area sour	rce [3) of]	Part II?	
Existing large are	a soi	urce []	Ne	w lai	rge area sour	LE [J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	s pursuant to section (3) of i	Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser	LX)
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam are exemption criteria or that no such units exist on-site	d hot water generating unit	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by a during which propane or fuel oil containing no more	natural gas except for perio	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring	and Recordkeeping Infor	nation
Check all logs which are required to be kept on-site	in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases		
(b) Leak detection inspection and repair		[<u>X</u>]
(c) Refrigerated condenser temperature monitoring		(X)
(d) Carbon adsorber exhaust perc concentration mor	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 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)			
لگ	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 smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.			
I will prov	nptly notify the Department of any changes to the information contained in this notification.			

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

Signature

TYPE OF INSPECTION: ANN L COM	PLAINT/DISCOVE RE-INSPECTION
TIME IN: 3:00 TIME OUT: 4:00	AIRS ID#: 0.112343
TYPE OF FACILITY: Dry cleser	
FACILITY NAME: Drycleza USA - Shenda	dost Square 11349 DATE: 12-26-97
FACILITY LOCATION: 13608 State Road	84
Pavie Florida 3	3325
RESPONSIBLE OFFICIAL: Eddie Rodrique Z	PHONE NUMBER: 49 3-6700
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	ative Code (F.A.C.).
Based on the results of the compliance requirements evalua discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
COMMENTS:	
÷	
The Annual Compliance Certification form has been properly certif	
DATE OF NEXT INSPECTION: December (Ap	1998
(Ap	proximate)
INSPECTION CONDUCTED BY: 19/homs	ease Print)
INSPECTION CONDUCTED BY: Thoms (PI INSPECTOR'S SIGNATURE: Bother)	PHONE NUMBER: 5/9-1459
	THORE NORDER.
Page	of Revised 10/96

DRY CLEANTR AIR QUALITY GENERAL ERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry Clean US	9 DATE: 12-29-97
FACILITY LOCATION: 7220 South	Laste Boulevard
North Lauder	
Annual Reporting Period: December	1996 to December 1997
Based on each term or condition of the Title V general air 62-213.300, Florida Administrative Code (F.A.C.), during	permit, my facility has remained in compliance with DEP Rule the period covered by this statement. YES NO
If NO, complete the following:	;
#1. Term or condition of the general permit that has not b	een in continuous compliance during the reporting period stated above:
	111ED
Exact period of non-compliance: from	RECEIVED
Action(s) taken to achieve compliance:	JAN 2 6 1998 -
•	
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
#2. Term or condition of the general permit that has not b	een in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
made in this notification are true, accurate and complete	Further, my annual consumption of perchloroethylene solvent, based ed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per Signature Date

Page _____ of ____.

^{*}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

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# 0112343

PRYCLEAN USA EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

#565 P.02/09

1997,12-31

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

Page ____ of ___

0112343

DRY CLEANTR AIR QUALITY GENERAL ERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Prycles ~ USA - She	windost Square 11349DATE: 12-	26.97
FACILITY LOCATION: 13608 Stote Road		
Davie Florida 3:	3325	
Annual Reporting Period: December	1996 TO December	1997
Based on each term or condition of the Title V general air permit, m 62-213.300, Florida Administrative Code (F.A.C.), during the period		1
If NO, complete the following:		
#1. Term or condition of the general permit that has not been in con	tinuous compliance during the reporting period stated	above:
Exact period of non-compliance: from	gureau of Air Monitoring of	
Action(s) taken to achieve compliance:	APP! & C NAI,	·
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that has not been in cor	SECEIAED Authorized grivated and grivable scale of 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 ar made in this notification are true, accurate and complete. Further, upon rolling averages of purchase receipts, does not exceed 2,100 gyear for transfer or combination facilities.	my annual consumption of perchloroethylene solvent,	based
RESPONSIBLE OFFICIAL:		

*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 ____.



DRY CLEANER AIR QUALITY GENERAL PERMITS of Air Monitoring AIRS ID#0112343 SHENANDOAH SQUARE #11349 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

70

Do NOT Remove Label

Annual Reporting Period: January 1, 1997		то	Decembe	r 31, 1997
		j		
Based on each term or condition of the Title V genera	al air permit, my facilit	y has remained in co	mpliance with DI	EP Rule
62-213.300, Florida Administrative Code (F.A.C.), de	aring the period covere	d by this statement.	YES	□NO
If NO, complete the following:			,	,
#1. Term or condition of the general permit that has	not been in continuous	compliance during t	he reporting perio	od stated above:
3				
		4-		
Exact period of non-compliance: from	·	to		
Action(s) taken to achieve compliance:	• •			_
Method used to demonstrate compliance:				
#2. Term or condition of the general permit that has	not been in continuous	compliance during t	he reporting perio	od 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 info	emation and haliaf form	ed after reasonable in	aviev that the state	mants mada in this
notification are true, accurate and complete. Further, m	y annual consumption o	f perchloroethylene so	lvent, based upon p	ourchase receipts,
does not exceed 2,100 gallons per year for dry-to dry facil	lities or 1,800 gallons pe	r year for transfer or c	combination facilit	es.
RESPONSIBLE OFFICIAL: MICHAEL GA	GLIANO			2/9/98
RESPONSIBLE OFFICIAL: MICHAEL GA		Signatur	e	Date
•		(K)		

^{*}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.

PERCH OROETHYLENE DRY CLEATERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

		/
l .		- /
		- /
		- /
		/
	- N	/
		•

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISCOVERY	
		•	

RE-INSPECTION U	
AIRS ID#: 01/2243 DATE: 12-29-97 TIME IN: 3:00 TIME OUT: 4:00	2
FACILITY NAME: Dry Clesa USA	
FACILITY LOCATION: 7220 Southgute Boulevard	
North Lauderdele 33068	
RESPONSIBLE OFFICIAL: Sotish Charles PHONE: 954 721-8136	<u> </u>
CONTACT NAME: Satish Govhen PHONE:	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup □	
2. Facility failed to notify DARM to use general permit	
PART II: CLASSIFICATION	

Facility indicated on notification form that it is: ☐ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum A. 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrtransfer only, x < .200 gal/yr both types, x < 140 gal/yrboth types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800 \text{ gal/yr}$ 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 $\Box Y$ $\square N$ □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number _____above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 65 gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ZOY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DY ON ON/A ØÝ □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY ON 1. Equipped all machines with the appropriate vent controls? ZY 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 EY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated BY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ONA 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

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?	ΩY	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	\square 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?	ΠY	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠИ	\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?	ΩY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	·□Y	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	ØY ON			
2. Maintained rolling monthly averages of perc consumption?	מם צק			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	ZY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	IN ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ON/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	ØY ON ON/A			
6. Maintained startup/shutdown/malfunction plan?	מצ טא			
7. Maintained deviation reports?	AND ND YA			
Problem corrected?	MY ON ON/A			
8. Maintained compliance plan, if applicable?	A/ND ND YZ			

PART VI: LEAK DETECTIO: AND	REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			DY ON		
2. Has the facility maintained a leak log	?	•	ety on		
3. Does the responsible official check th	e following areas for leak	s? .	•		
Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	⊠Ý □N □N/A		
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A		
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	ØY □N □N/A		
Pumps	DY ON ON/A	Diverter valves	OY ON ON/A		
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	☐Y □N □N/A		
Water separators	MY ON ON/A				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed	a.				
Physical detection (airflow felt through gaskets)			Ø		
Odor (noticeable perc odor)			₽ ·		
Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)	Ø		
Halogen leak detector			Ø		
If using direct-reading inst	trumentation, is the equi	pment:	□N/A		
a. Capable of detecting	g perc vapor concentration	as in a range of 0-500 ppm?	OY ON		
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON.		
c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	DY DN		
d. Kept in a clean and	secure area when not in u	se?	OY ON		
e. Verified for accurac	y by use of duplicate samp	oles (calorimetric only)?	OY ON		
B Thomas Inspector's Name (Please Pr		12-29-97	,		
Inspector's Name (Please Pr	int)	Date of Inspe	ction		

December 1998
Approximate Date of Next Inspection

Inspector's Signature



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry cleon USA	DATE:
FACILITY LOCATION: 13608 State Rul 84	
, , , , , , , , , , , , , , , , , , ,	•
Annual Reporting Period: 1997 TO	April 1998
Based on each term or condition of the Title V general air permit, my facility has remain	ined in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this st	
If NO, complete the following:	P
#1. Term or condition of the general permit that has not been in continuous compliance	e during the reporting period stated above:
· · · · · · · · · · · · · · · · · · ·	Ely May C/
Exact period of non-compliance: fromto	thor 2, th
Action(s) taken to achieve compliance:	SIR TIME STATE OF THE STATE OF
Method used to demonstrate compliance:	TITO ITO ITO
#2. Term or condition of the general permit that has not been in continuous compliance	e during the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after made in this notification are true, accurate and complete. Further, my annual consumption purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities combination facilities. RESPONSIBLE OFFICIAL:	ption of perchloroethylene solvent, based
Name (Please Print)	Signature (1916)

^{*}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.

PERCH OROETHYLENE DRY CLEATERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST						
TYPE OF INSPECTION:	ANNUAL	Ø	COMPLAINT/DISCOVERY			
	RE-INSPECTION	Ō				
AIRS ID#: 0 112343	DATE: 12 - 26 - 9	77TIME	IN: 3:00 TIME OUT:	4:00		
FACILITY NAME: Dry	clesa USA	-5/en	andool Square 11	349		
FACILITY LOCATION:	FACILITY LOCATION: 13608 State Road 84					
	Davie Flora	ds 33	325	· 		
RESPONSIBLE OFFICIAL	Eddie Kodr	guez	PHONE: 493-670	0		
CONTACT NAME:	mi'lla Cuz	<u>د</u>	_ PHONE: 4 9 3 - 67	00		
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARN	f 30 days prior to startup					
2. Facility failed to notify DAI	RM to use general permit			۵		

PART II: CLASSIFICATION			
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum		
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)		
5. This is a correct facility classification	□Y □N □Can not determine		
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 25 gallons.			

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

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?	ΩY	ПΝ	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПП	□N/A
Is the temperature differential equal to or greater than 20° F?	$\Box Y$	ΠN	□N/A
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	□и	□N/A
Is the perc concentration equal to or less than 100 ppm?	ПY	ΠN	□N/A
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	ΩΝ	□n/a
Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A
	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? Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? Measured and recorded the pere concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the pere concentration equal to or less than 100 ppm? Assured that the sampling port on the carbon adsorber exhaust for measuring pere 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? Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	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? Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? 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? Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	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? Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? Measured and recorded the pere concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the pere concentration equal to or less than 100 ppm? Assured that the sampling port on the carbon adsorber exhaust for measuring pere 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? Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?

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

PART VI: LEAK DETECTION AND REPAIRS

_					
I.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			DN DN	
2.	Has the facility maintained a leak log?	. •	٠.	DY DN	
3.	Does the responsible official check the	following areas for leaks	s? ·		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers ,	ØY ON ON/A	
	Door gaskets and seating	ɗY □N □N/A	Stills	☑Y □N □N/A	
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	TY ON ON/A	
	Pumps	ZY ON ON/A	Diverter valves	OY ON ON/A	
	Solvent tanks and containers	ØÝ □N □N/A	Cartridge filter housings	DY ON ON/A	
	Water separators	94 on on/a	,		
4.	Which method of detection is used by the	ne responsible official?			
Visual examination (condensed solvent on exterior surfaces)				Z	
	Physical detection (airflow felt the	rough gaskets)		A	
	Odor (noticeable perc odor)				
	Use of direct-reading instrumenta	tion (FID/PID/calorime	tric tubes)	Q.	
	Halogen leak detector			Ģ∕	
	If using direct-reading instr	umentation, is the equi	pment:	□N/A	
	a. Capable of detecting p	perc vapor concentration	is in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a s	tandard gas prior to and	after each use		
	(PID/FID only)?			— — — — — — — — — — — — — — — — — — —	
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON	
	d. Kept in a clean and se	ecure area when not in t	ise?	OY ON	
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OZ ON	
_					
				•	

& Thomas	12-26-97
Inspector's Name (Please Print)	Date of Inspection
3 Mm	December 1998
Inspector's Signature	Approximate Date of Next Inspection

TYPE OF ENSPECTION:

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سلك نيا ا

COMPLAIM

SCOVERY

RE INSPECTION

AIRS D#: 01/23 43 DATE: 04/29/98 TIME IN: 9:00 TIME OUT FACILITY NAME: FACILITY LOCATION: 13608 Done Florida 3325 RESPONSIBLE OFFICIAL: £ didie historiques PHONE: 493-0 J. Jandiez PHONE: 497-6700 CONTACT MAME:

PART I: MOTURICATION	
(check appropriate box)	
L. New facility notified DARM (3) days prior to startup	23
2 Facility failed to notify DARM to use general permit	٦

Facility indicated on notification form that it is: (check appropriate box)	பி No nowication form பி Drop store/out of business/petroleum
A. 1. Existing small area source ary-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before (2/7/91))	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 teonstnicted on or after 12/9/91;
3. Existing large area marce \Box dry-to-dry only, $(40) \le x \le 2,000$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr both types: $(40) \le x \le 1,300$ gal/yr (constructed before (279791))	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gallyr transfer only, $100 \le x \le 1,300$ gallyr both types, $140 \le x \le 1,300$ gallyr constructed on or lifter $12/9/91$)
5. This is a correct facility classification	¥Y ⊒N □Cun not determine
If no, please check the appropriate classific (active exceeds above times)	nits and is not eligible for a general permit.
8 The total quantity of perchloroethylene (perc) productive was 125 gallons.	urchased within the preceding (2 months by this dry cleanin

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry uning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	AND NO YE
2. Examining the containers for leakage?	OX ON ANY
3. Closing and securing machine doors except during loading/unloading?	XX ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AL ON ONY
5. Maintaining solvent-to-tarbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אוא אם אם אם

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

If classification I has been checked, the machine should be equipped with a 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 12, [99]

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

.4.	Has the responsible official of all new	sources	and	टराइसम्ब	large	area	sources:
(cho	eck appropriate boxes)						

Į	Equipped all machines with the appropriate vent controls?	X 3.	ИC	
2	Equipped dry-to-dry machines with a closed-loop suppor venting system?	- ¾ y	BΝ	⊇N/A
;	Equipped the condenser with a diverter valve so airtlow will be directed away from the condenser upon opening the door?	ΞY	ЫC	¥188 4
-	Measured and recorded the temperature of the outlet exhaust stream of a retrigerated condenser on a weekly/br-weekly basis?	ŻΥ	⊒N	
	Repaired or adjusted the equipment within 14 hours of the exhaust temperature of the condenser exceeded 45° F°	∑ g∀.	⊒ 8/	⊒MA
0	Conducted all temperature monitoring litter in appropriate cooledwin period and after verifying that the coolant had been completely charged?	\$P.S.	⊐N	

В.	Has the responsible official of a listing large or new large area source also:	
l.	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?	מבי אם
2.	Measured and recorded the washer exhaust temperature at the condenser injet and outlet weekly?	אאם אט ארט.
	(s the temperature differential equal to or greater than 20° F?	AND ND YD
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?	AMD MD YD
	Is the perc concentration equal to or less than 100 ppm?	DY DN DNA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pero concentrations is at least 3 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other infet;	AND NO YO
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	AME NE YE
6	Routed aurilow to the carbon adsorber (it used) at all times?	AWE NE YE

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
L. Maintained receipts for percipurchased?	AA □N				
2. Maintained rolling monthly total of perc consumption?	2 4 √3%				
Maintained leak detection inspection and repair reports for the following:	:				
a. documentation of leaks repaired with 24 hrs? or:	ANA NE YE				
 b. documentation of parts ordered to repair leak and leak repaired with 2 days and parts installed with β days of receipt? 	AK ON ONY				
4 Maintained calibration data? (for applicable virte: reading instruments)	AMA NO YO				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN X WA .				
் Managed sactup/shutdown/malfunction plan?	MC YK				
Manained deviation reports?	AME NE YEK				
Problem corrected?	AWE NE YE				
3 Maintained compliance plan, d'applicable!	DY DN XWA				

Ų.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			NC A K	
2.	Has the facility maintained a leak log?			d aā □14	
3.	Does the responsible official check the	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	אוא טא טאוץ	Muck cookers	אואבי אבו איל	
	Door gaskets and seating	AND NO ALL	Súlls	אמם אם אם	
	Filter gaskets and seating	AND NO SP	Exhaust dampers	AMA NO YO	
	Ритрs	DA DA DAY	Diverter valves	אואלי אם אבי	
	Solvent tanks and containers	אמם מם אבי	Carridge ülter housings	DY DN DNIA	
	Water separators	YND NO YE			
1.	Which method of detection is used by	ine responsible official?		:	
	Visual examination (condensed solvention exterior surfaces)				
	Physical detection (airflow felt through gaskets)				
	Odor (nouceable perc odor)			7	
	Use of direct-reading instrument	auon (FD/PID/calorimetr	no (ubas)	A	
	Halogen leak detector			†	
	If using direct-reading insc	cumentation, is the equip	oment:	MNA	
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-300 ppm?	DY DY	
	b - Calibrated against a (PD/FD only)?	standard gas prior to and	uter each use	DY DW	
1	c. Inspected for leaks a	nd opvious signs of wear a	on a weekly basis?	ゴマ ロマ	
1	d. Kept in a clean and secure area when not in use?				
	a. Medified for accurac	y by use of duplicate samp	les (calorimetric only)?	□Y □ Y □	
-					

0	TAVIAN	OPRIS
	Inspector's Name (21	euse Print)

04/29/98 Date of Inspection

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

AIRS ID#: 011 2343 FACILITY NAME: Day CI	ANNUAL RE-INSPECTION	0	COMPLAINT/DISCO	CERY VED	
AIRS 10#: 011 23 4-3	DATE: 5/ /99	TIME	IN: //: 40 Sure Time	рит: <u>13</u> 9.05	
FACILITY NAME: <u>Dry CI</u>	lean USA Shena	indoah	· · · · · · · · · · · · · · · · · · ·	e Sources	
FACILITY LOCATION: 13	608 State B	d. 84			
	avie, Florida			·	
RESPONSIBLE OFFICIAL :	Eddie Rodrique	3	_PHONE:493 -	6700	
CONTACT NAME:	Ricionalo Dancel	103	_PHONE:493 -	6700	
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM	30 days prior to startup				
2. Facility failed to notify DAR	M to use general permit				
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)			☐ No notification form☐ Drop store/out of bu	`	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	on form that it is: ce	to-dry only, sfer only, x types, x < structed on	☐ Drop store/out of bu Area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	siness/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is: TCC	sfer only, x to-dry only, x types, x < a structed on to-dry only, sfer only, 2 types, 140	☐ Drop store/out of bu Area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	siness/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g	on form that it is: ce	sto-dry only, sfer only, x types, x < a structed on New large a sto-dry only, sfer only, 2 a types, 140 astructed on	Drop store/out of but area source $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after $12/9/91$) area source [140 $\le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	siness/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility cl	on form that it is: ce	sfer only, x a types, x < a types, x < a types, x < a tructed on the large a to-dry only, sfer only, 2 a types, 140 a tructed on \[\begin{array}{c} \text{N} & \text{STRUCTED ON } & \text{D} & \text{N} & \text{D} & The large of th	□ Drop store/out of but Area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source $140 \le x \le 2,100 \text{ gal/yr}$ $500 \le x \le 1,800 \text{ gal/yr}$ $500 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine Amber above gible for a general permit	siness/petroleum	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) SAY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? CAY ON ON/A 2. Examining the containers for leakage? KOY ON 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? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN SIN/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) ЖУ □И 1. Equipped all machines with the appropriate vent controls? SAY 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 DN DN/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? OXY □N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? INY ON DONA 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DAY □N

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?	□Y □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N □N/A
	Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	□Y □N □N/A
	Is the perc concentration equal to or less than 100 ppm?	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?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)	16				
1. Maintained receipts for perc purchased?	ØSY □N				
2. Maintained rolling monthly total of perc consumption?	X ÎY □N				
3. Maintained leak detection inspection and repair reports for the following:					
 a. documentation of leaks repaired w/in 24 hrs? or; 	ZEY □N □N/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ĎY □N □N/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ØXN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N QXÍN/A				
6. Maintained startup/shutdown/malfunction plan?	ĎAŶ □N				
7. Maintained deviation reports?	OY ON PAN/A				
Problem corrected?	OY ON BAN/A				
8. Maintained compliance plan, if applicable?	OY ON XIN/A				

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection? □N						
2. Has the facility maintained a leak log?			אם אלם			
3. Does the responsible official check the						
Hose connections, fittings, couplings, and valves	Ý UN UN/A	Muck cookers	SOLA ON ON/A			
Door gaskets and seating	DAY ON ON/A	Stills	XIY ON ON/A			
Filter gaskets and seating	XY ON ON/A	Exhaust dampers	Y □N BAN/A			
Pumps	GY ON ON/A	Diverter valves	_Y □N QBN/A			
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	OY ON TOWNA			
Water separators	DAY ON ON/A					
4. Which method of detection is used by	the responsible official?					
Visual examination (condensed s	solvent on exterior surfaces)		▽			
Physical detection (airflow felt th	rough gaskets)					
Odor (noticeable perc odor)						
Use of direct-reading instruments	ation (FID/PID/calorimetric t	tubes)				
Halogen leak detector						
If using direct-reading instr	rumentation, is the equipme	ent:	MN/A			
a. Capable of detecting	perc vapor concentrations in	a range of 0-500 ppm?	DY DN			
b. Calibrated against a (PID/FID only)?	standard gas prior to and afte	er each use	OY ON			
• • • • • • • • • • • • • • • • • • • •	nd obvious signs of wear on a	weekly basis?	OY ON			
_	secure area when not in use?		DY ON			
•	by use of duplicate samples	(calorimetric only)?	OY ON			
·		,				
		•				
Start E Sust						
Elizabeth F. Susky Inspector's Name (Please Print) Date of Inspection						
Showleth Tousky 6/8/00						
Inspector's Signature Approximate Date of Next Inspection						

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

· · · · · · · · · · · · · · · · · · ·								
FACILITY NAME: Dry Cleon U.A.	A . J Shenou	ndoah	α	ATE: <u>6/9/99</u>				
FACILITY LOCATION: 13608 State	FACILITY LOCATION: 13608 State Rd. 84							
Davie, Florid		•						
- Save, I Jonia	33345							
Annual Reporting Period: April	19 <u>98</u>	то <u>с</u>	Ipiie.	19 99				
Based on each term or condition of the Title V general a 62-213.300, Florida Administrative Code (F.A.C.), duri				ith DEP Rule				
If NO, complete the following:								
=1. Term or condition of the general permit that has no	t been in continuous	compliance di	iring the reporting	g 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 no	t been in continuous	compliance du	iring the reporting	g period stated above:				
Exact period of non-compliance: from		to						
Action(s) taken to achieve compliance:								
Method used to demonstrate compliance:								
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.								
RESPONSIBLE OFFICIAL:		,						
Name (Please P	Print)	Sig	gnature	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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCOVERY	
•	RE-INSPECTION	<u> </u>	FLD982122418	
AIRS 10#: <u>0 -34-3</u>	DATE: 06/09/00	_ TIME I	N: <u>10:33 rm</u> TIME OUT:	11:15 m
FACILITY NAME: Day	Clean USA She	nondo	oah	
FACILITY LOCATION: 13	609 State Bd	. 84	<u></u>	
	wie, FL 3332			P 500
RESPONSIBLE OFFICIAL:	Eddie Bodrig	uez	PHONE: 954 \ 423-	67000
CONTACT NAME:	Ruben Ku		_PHONE: <u>(954)</u> 495-	6700
			ν ₂	
PART I: NOTIFICATION			7kC3	
(check appropriate box)	_	Facilit	y should be classif. New Large & Insp. 1+ from 5/20/99.	المَهُمَّ الْمُ
1. New facility notified DARM	30 days prior to startup	as r	lew Large . Insp.	Ù
2. Facility failed to notify DARI	M to use general permit	repor (1809	1+ from 5/20/99. PERC)	
1				
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box) A.	on form that it is:		☐ No notification form ☐ Drop store/out of business/p	etroleum
1. Existing small area sourd dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$)	r dry-to trans: both	o-dry only, fer only, x types, x <	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	
 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 g both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classified the constructed before 12/9/91 	100 gal/yr dry-to 0 gal/yr trans. gal/yr both (cons assification	o-dry only, fer only, 20 types, 140 tructed on	area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine 120 Cong.	
☐ facilit	appropriate classification: y qualified for a general po y exceeds above limits and roethylene (perc) purchase	l is not elig	gible for a general permit	ry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ETY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/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 ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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 ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DYY ON condenser on a weekly/bi-weekly basis? No repairs ohuning ir 2000 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DYY DN verifying that the coolant had been completely charged?

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 condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ON/A
Is the temperature differential equal to or greater than 20° F?	DY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	BY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	BY 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?	DY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OM ON ON/A

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

 Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection inspection? Has the facility maintained a leak log? 	n and repair					
2. Has the facility maintained a leak log?						
	DAY ON					
3. Does the responsible official check the following areas for leaks?						
Hose connections, fittings, couplings, and valves	GY ON ON/A					
Door gaskets and seating	DY ON ON/A					
Filter gaskets and seating	DY ON ON/A					
Pumps QY QN QN/A Diverter valves	DY ON ON/A					
Solvent tanks and containers TY ON ON/A Cartridge filter housin	gs DY ON ON/A					
Water separators						
4. Which method of detection is used by the responsible official?	/					
Visual examination (condensed solvent on exterior surfaces)	2					
Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector	۵					
If using direct-reading instrumentation, is the equipment:	□N/A					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N						
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
c. Inspected for leaks and obvious signs of wear on a weekly basis?	□Y □N					
d. Kept in a clean and secure area when not in use?	OY ON					
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON					
Inspector's Name (Please Print) Objection	spection					
Political Control of the Control of	•					
Inspector's Signature Obligation Approximate Date	of Next Inspection					

AIRS ID#: <u>0110345</u> 0112343

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And

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry-Clean USA S	henandoah		DATE:	06/08/00
FACILITY LOCATION: 13608 St. Rd.				
Dowie, Fl 33		*		
	505			
Annual Reporting Period:	1869	то	June	20 <u>ර</u> ට
Based on each term or condition of the Title V general a	nir permit, my facility h	as remained in co	mpliance with DEF	Rule
62-213.300, Florida Administrative Code (F.A.C.), duri	ng the period covered	by this statement.	YES	□NO
If NO, complete the following:				
#1. Term or condition of the general permit that has not	t been in continuous co	mpliance during t	he 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 co	mpliance during t	he reporting period	stated above:
Exact period of non-compliance: from	ż	to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based on infoin this notification are true, accurate and complete. Fur purchase receipts, does not exceed 2,100 gallons per year combination facilities. RESPONSIBLE OFFICIAL: Name (Please P	rther, my annual consu ar for dry-to dry facilit.	mption of perchlo	oethylene solvent, ns per year for tran.	based upon sfer or
ranic (riease r	*****/	l Digitatu	Dan	•

*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 1 ___.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

DRYCLEAN USA #1349, AIRS ID # 0112343
ANGELO IZQUIERDO
1875 W COMMERCIAL BLVD SUITE 140
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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AIRS ID # 0112343

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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

on the reverse's.	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive following services extra fee): 1. Addresse 2. Restricted Consult postmast	e's Address
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	PS Form 3800, Februa	ary 2000	See Reverse for Instructions

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AIRS ID # 0112343

DRYCLEAN USA - DAVIE ANGELO IZQUIERDO # 71349

7771 W. OAKLAND PARK BLVD

SUITE 201

SUNRISE, FL 33351

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

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AIRS ID#0112343

SHENANDOAH SQUARE #11349 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

ОЫ: 002273

reverse side?	SENDER: Complete items 1 and or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write *Return Receipt Requested* on the mailpiece below the article.	e can return this	i also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery
on the	■The Return Receipt will show to whom the article was delivered an delivered.		2. Restricted Delivery Consult postmaster for fee.
Is your RETURN ADDRESS completed o	AIRS ID#: 0112343 SHENANDOAH SQUARE #11349 EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 5. Received By: (Print Name) 6. Signature: (Addressee Str Agent)	7. Date of De	Type and Certified Mail Insured Delivery Insured Selivery Insured Delivery
	PS Form 3811 , December 1994		Domestic Return Receipt

P- 265 302 390 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID#: 0112343 SHENANDOAH SQUARE #11349 EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 Certified Fee Special 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