

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

Facility No. 0112346

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"



Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), 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 32315-3070

Drob



(cut here)

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 # 0112346

DEERFIELD MALL #11416 ANGELO IZQUIERDO 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

0112346

P.14

- 1 (a) add date control device installed
- 1. (c) should not be marked
- 3. new large area source Should be marked
- P.15 4. new large area r. c. Should be marked
 - (4) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

·				
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ļ			
L Dryclean USA				
2. Site Name (For example, plant name or number):				
Deerfield Mall *11416				
3. Hazardous Waste Generator Identification Number:				
FLD982114571				
4. Facility Location: Street Address: 3720 W. Hillsboro Blvd.				
City: County: Zip Code:	•			
Dee Chield Beach Brownerd 33442 5. Facility Identification Number (DEP Use): 0112346				
01/2346				
Responsible Official				
6. Name and Title of Responsible Official:				
Eddie Rodriquez, President				
7. Responsible Official Mailing Address: Organization/Firm: Dry Clean USA Street Address: 1875 W. Commercial Blvd, Suife 140 City: County: Zip Code: Broward 8. Responsible Official Telephone Number:				
Street Address: 1875 12 Commercial Blvd. Suite 140				
City: Zip Code:				
Ft. Lauderdale Broward 3330	7			
8. Responsible Official Telephone Number: Telephone: (954) 493 - 6760 Fax: (954) 493 - 8444				
Telephone. (134) 443 - 6/100 Tax. (454) 470 - 8444				
Facility Contact (If different from Responsible Official)				
O Nove and Title of Facility Control (Facility C				
9. Name and Title of Facility Contact (For example, plant manager):				
Larry Berger District Manager				
10. Facility Contact Address. Dy clean USA				
Street Address: 1875 W. Commercial Bluce, Soite 140				
City: Ft. Laurderdale County; Broward Zip Code: 33309				
11. Facility Contact Telephone Number:				
Telephone: (954)493-6760 Fax: (954)493-8444				

RECEIVED

NOV 8 1996

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are ref. (c) No control devices are		03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are ref. (c) No control devices are		12/10/95							
(2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are ref. (c) No control devices are		29/01/45							
(3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are ref. (c) No control devices are									
Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are ref. (c) No control devices are									
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are ref. (c) No control devices are									
(5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are ref. (c) No control devices are									
(6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are ref. (c) No control devices are									
Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are ref. (c) No control devices are									
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are ref. (c) No control devices are									
(8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are ref. (c) No control devices are									
(9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are ref. (c) No control devices are									
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are ref. (c) No control devices are									
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are ref. (c) No control devices are								-	
(11) w/carbon adsorber (12) w/ no controls (b) Control devices are re (c) No control devices ar								_	,
(b) Control devices are re (c) No control devices ar									
(b) Control devices are re(c) No control devices ar									
(c) No control devices ar									
(b) Control devices are required, but not yet installed									
3. What is the facility's sour (Indicate with an "X". Se Existing small area Existing large area	elect	one classifi	cation only.)	w sn	initions found nall area sour rge area sour	rce [(3) of	Part II?	

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

(Indicate with an "X".)	nachines pursuant to section (3) of Part II of this notification form?				
Existing large area source Carbon adsorber	Refrigerated condenser [X]				
New small area source Refrigerated condenser					
New large area source Refrigerated condenser []					
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:					
	-site (1) have a total heat input of 10 million BTU/hr or less (298 vely by natural gas except for periods of natural gas curtailment no more than one percent sulfur is fired.				
All steam and hot water generating units exe No such units on-site	empt X				
·					
Equipment Mon	itoring and Recordkeeping Information				
Check all logs which are required to be kept	on-site in accordance with the requirements of this general permit:				
(a) Purchase receipts and solvent purchases					
(b) Leak detection inspection and repair	[<u>X</u>]				
(c) Refrigerated condenser temperature mon	itoring [\(\frac{\frac{1}{2}}{2}\)]				
(d) Carbon adsorber exhaust perc concentrate	ion monitoring []				
(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)

	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 notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					

BEST AVAILABLE COPY

.... LETE UT INSPECTION: ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 11:40 TIME OUT: 12:15	AIRS ID#: 0112346					
TYPE OF FACILITY: DRY CLEANER						
FACILITY NAME: DRY CLEAN USA # 11416	DATE: 10/16/97					
FACILITY LOCATION: 3720 W. HILLSBORD BLVD	DEERFIELD PCH FL 33442					
RESPONSIBLE OFFICIAL: EDDIE RODRIGUEZ PHONE NUMBER: (954)493-6706						
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 evaluate discrepancies were noted:	ed during this inspection, the following compliance					
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED					
	-					
	•					
COMMENTS:						
-						
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO						
DATE OF NEXT INSPECTION: CCT 1998						
(App	proximate)					
INSPECTION CONDUCTED BY: ART PENNETS						
INSPECTOR'S SIGNATURE: Ath County PHONE NUMBER: (954)519-1428						

Page___of___.

Revised 10/96

ERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPEC ON: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION AIRS ID#: 0112346 DATE: 10/16/97 TIME IN: 11:40 TIME OUT: 12:15 FACILITY NAME: DRYCLEAN USA # 11414 FACILITY LOCATION: 3720 W. HILLSBORD BLUD DEERFIELD BCH, FL RESPONSIBLE OFFICIAL: EDDIE RODRIGUEZ PHONE: (954) 493-6700 CONTACT NAME: ANTHOUS DESIMONE PHONE: (954) 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 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/yrtransfer only, x < 200 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, $140 \le x \le 2.100$ gal/yr dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, 200 < x < 1,800 gal/vrtransfer only, 200 < x < 1,800 gal/yrboth types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification $\square N$ DCan 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 360 gallons.

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

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Z Y	ДИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			□N/A
	Is the temperature differential equal to or greater than 20° F?	\mathbf{Z}_{Y}	ПИ	□ N . 4
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?			OK/A
	Is the perc concentration equal to or less than 100 ppm?	Пλ	ΠN	D.
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion, is at least 2 duct diameters upstream from any bend, contraction, or expansion, and downstream from no other inlet?	ΟY	ПN	A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	2 11/4
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	1
=				

ØÝ □N
-
P Y ON
BY ON ON/A
ON ON ONA
A/AB אם צם
DY DN BN/A
NO NO
DY ON ON/A
ANO NO YO
DY DN DN/A

The second secon

1 1 1 1 1	I VI: LEAK DETECTION AND R	EPAIRS		
1. Do	es the responsible official conduct a v	veekly (for small sources,	, bi-weekly) leak detection ar	id repair
ins	spection?			⊠ Ý □N
2. Ha	s the facility maintained a leak log?			⊠ Ý □N
3. Do	es the responsible official check the f	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	SY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	CY ON ON/A	Stills	OY ON ON/A
	Filter gaskets and seating	œY □n □n/a	Exhaust dampers	DYY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	GY ON ON/A
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	Y ON ON/A		
4. W1	hich method of detection is used by th	e responsible official?		
	Visual examination (condensed so	lvent on exterior surfaces	5)	Y
	Physical detection (airflow felt thr	ough gaskets)		
	Odor (noticeable perc odor)			d
	Use of direct-reading instrumentat	tion (FID/PID/calorimetri	ic tubes)	
	Halogen leak detector			
	If using direct-reading instru	mentation, is the equip	ment:	□N/A
	OY ON			
	OY ON			
	c. Inspected for leaks and	d obvious signs of wear o	n a weekly basis?	DY DN
	d. Kept in a clean and se	cure area when not in use	e?	□Y □N
	e. Verified for accuracy l	by use of duplicate sample	es (calorimetric only)?	OY ON
		•		
	Λρ		. / /	
-	Inspector's Name (Please Prin	<u>t)</u>	<u>10/16/97</u> Date of Inspe	ction
	Del 0 "		• -	
	Inspector's Signature		Approximate Date of 3	Next Inspection

0112346

FROM : DRYCLEAN-USA

1997,10-27

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

facility name:DR	(CLEAN USA # 11416		DATE:
facility location: 37	20 W. HILLSBORD PLUD. C	DEERFIELD BCH, FL	33442
		<i>C</i>	_ 1/-
Annual Reporting Period:	CT 16 19	996 TOOC	T 16 1997
	of the Title V general air permit, my investment of the period of the pe	`	_
If NO, complete the following:			
#1. Term or condition of the ger	continuate that has not been in conti	auous compliance during the	reporting period stated above;
Exact period of non-compliance:	from	to	
Action(s) taken to achieve compl	liance:		
Method used to demonstrate con	pliance:		
#2. Term or condition of the ger	heral permit that has not been in conti	inuous compliance during the	reporting period stated above:
Exact period of non-compliance:	from	to	NOV 1 2 1997
Action(s) taken to achieve comp	liance:		Bureau of Air Monitoring
Method used to demonstrate con	ipliance:		& Mobile Sources
made in this notification are tru- upon rolling averages of purcha year for transfer or combination	eby certify, based on information and e, accurate and complete. Further, mose receipts, does not exceed 2,100 gas facilities. EDDIC J. RODILIBUEL	ry canual consumption of perc	thioroethylene solvent, based
RESPONSIBLE OFFICIAL:	Name (Please Print)	Signature	10/23/4 /. Date

Page ____ of ___

[&]quot;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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Deer Fie O 124 | United to 12346

DRYCLEAN USA | 140 | United to 140 |

GAGLIANO MICHAEL | 1875 W COMMERCIAL BLVD., STE 140 |

FT LAUDERDALE FL 33309

Bureau of Air Monitoring

A Mobile Sources

70

Do NOT Remove Label

Annual Reporting Peric January 1, 1997	то	December 31, 1997
	V general air permit, my facility has remained in co	
62-213.300, Florida Administrative Code (F.A.	A.C.), during the period covered by this statement.	MYES UNO
If NO, complete the following:		
#1. Term or condition of the general permit t	hat has not been in continuous compliance during	the reporting period stated above:
		- -
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit t	hat has not been in continuous compliance during t	the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	·	
Method used to demonstrate compliance:		
Mediod used to demonstrate compnance.	· · · · · · · · · · · · · · · · · · ·	· •
	· · · · · · · · · · · · · · · · · · ·	
	l on information and belief formed after reasonable in rther, my annual consumption of perchloroethylene so	
	dry facilities or 1,800 gallons per year for transfer or o	
MOU	AFTI OAQUANO	
	AEL GAGLIANO (Please Print) Signatur	2/9/98 Date
Name	(rease rint) Signatur	C 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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

16 1000

FACILITY NAME: DRYCLEAN USA	# 11416	DATE: 9-18-98
FACILITY LOCATION: 3720 W. HILLSE	OORO BLUD. DEERF	IELD BCH. 33442
		· · · · · · · · · · · · · · · · · · ·
Annual Reporting Period: 10-16	1997 то	9-18 1998
Based on each term or condition of the Title V general air 62-213.300, Florida Administrative Code (F.A.C.), during	-	
If NO, complete the following:		10/5/198
#1. Term or condition of the general permit that has not b	een in continuous compliance dur	ing the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
#2. Term or condition of the general permit that has not b	een in continuous compliance dur	ing the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	,	<u> </u>
As the responsible official, I hereby certify, based on informade in this notification are true, accurate and complete, upon purchase receipts, does not exceed 2,100 gallons per combination facilities. RESPONSIBLE OFFICIAL: Name (Please Pri	Further, my annual consumption ryear for dry-to dry facilities or l	of perchloroethylene solvent, hased
	/ /	UV

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INS	PECTION	<u> </u>	COMPLAIN 1/	DISCOVERI	
AIRS ID#: 0112346 DATE: C				* "	//: 20 E
facility location: 3720 v	V HILLSE	BORO B	LVD	Burg OFC	EIVE.
	DEER	FIELD	BCH., FL	- 3344, 2	15750
RESPONSIBLE OFFICIAL : <u>FODIE</u>	RODRIGI)EZ	PHONE: <u>(95</u>	54)493-5q	700
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days pr	or to startup				3
2. Facility failed to notify DARM to use go	eneral permit				
PART II. CLASSIFICATION					
PART II: CLASSIFICATION			O No patifican	ion form	
Facility indicated on notification form the (check appropriate box)	at it is:		☐ No notificat	ion form out of business/p	etroleum
Facility indicated on notification form the (check appropriate box) A.	2. N dry-t trans both	sfer only, $x < 1$ types, $x < 1$	Drop store/orea source x < 140 gal/yr < 200 gal/yr	out of business/p	etroleum
Facility indicated on notification form the (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. N dry-t trans both (con 4. N dry-trans both	to-dry only, x sfer only, x stypes, x < 1 structed on older large at to-dry only, sfer only, 20 types, 140 stypes,	Drop store/orea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	gal/yr	etroleum
Facility indicated on notification form the (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	2. No dry-trans both (con dry-trans dry-trans both (con dry-trans	to-dry only, x services, x < 1 structed on a structed on a services, types, x < 1 services, x	Drop store/orea source $x < 140$ gal/yr < 200 gal/yr $= 40$ gal/yr garafter $= 12/9/91$) $= 120$ $=$	gal/yr	ctroleum
Facility indicated on notification form the (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	2. Nodry-turans both (conditional decides of the conditional decides of the	to-dry only, x services types, x < 1 structed on a structed on a structed on a structed only, as fer only, 20 structed on a stru	Drop store/of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2.100$ $0 \le x \le 1.800 \text{ gal/yr}$ or after $12/9/91$) $= 1.800 \text{ gal/yr}$ or after $12/9/91$) $= 1.800 \text{ gal/yr}$ or after $12/9/91$)	gal/yr al/yr yr above	ctroleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	RÝ ON ON/A
2. Examining the containers for leakage?	®Y □N □N/A
3. Closing and securing machine doors except during loading/unloading?	127Y 🗆 N
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON WAYA
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 refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mi installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	ON ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ØÝ □N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ry on
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	TY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	uy on

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	v Y	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			ŒN/A
	Is the temperature differential equal to or greater than 20° F?	QΥ	ПN	ØN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?			ON /A 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?	ΟY	ПN	□ 1√0/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY	Пи	⊡ Ni/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	oar{∙	ΩN	□N/A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
l. Maintained receipts for perc purchased?	OY ON	
2. Maintained rolling monthly total of perc consumption?	CRY ON	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or:	DRY 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?	ON ON/A	
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON PANA	
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON PANA	
6. Maintained startup/shutdown/malfunction plan?		
7. Maintained deviation reports?	MY ON ON/A	
Problem corrected?	· BY ON ON/A	
8. Maintained compliance plan, if applicable?	OY ON ON/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?	_		gy on		
2. Has the facility maintained a leak log?	·		BY ON		
3. Does the responsible official check the	following areas f	or leaks?			
Hose connections, fittings, couplings, and valves	ON ON ON	/A Muck cookers	CAN ON ON/A		
Door gaskets and seating	QY ON ON	/A Stills	OY ON ON/A		
Filter gaskets and seating	ogy on on	/A Exhaust dampers	מ/אם אם צעם		
Pumps	מל טא טא	/A Diverter valves	MY ON ON/A		
Solvent tanks and containers	MD ND YM	/A Cartridge filter housin	gs BY ON ON/A		
Water separators	WY ON ON	/A			
4. Which method of detection is used by	the responsible of	ficial?			
Visual examination (condensed	solvent on exterio	r surfaces)			
Physical detection (airflow felt the	rough gaskets)				
Odor (noticeable perc odor)			$ \mathfrak{A} $		
Use of direct-reading instrument					
Halogen leak detector	٥				
If using direct-reading inst	rumentation, is t	he equipment:	D N/A		
a. Capable of detecting	perc vapor conce	entrations in a range of 0-500 ppm	? OY ON		
b. Calibrated against a (PID/FID only)?	standard gas prio	or to and after each use	OY ON		
c. Inspected for leaks a	nd obvious signs	of wear on a weekly basis?	OY ON		
d. Kept in a clean and	secure area when	not in use?	OY ON		
e. Verified for accurac	y by use of duplication	ate samples (calorimetric only)?	OY ON		
ART PENNETTA SEP-18-1997					
Inspector's Name (Please Pr		Date of Ir	spection		
Inspector's Signature			of Next Inspection		

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TITLE V	TYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST COMPLAINT/DISCOVERY COMPLAINT/DISCOVERY COMPLAINT/DISCOVERY
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	Sureau of A
AIRS ID#: <u>0112346</u> DATE: <u>5-3-</u> FACILITY NAME: <u>DRYCLEAN</u> USA	79 TIME IN: 2:15 TIME OUT: 3:00 ourc
	FIELD BOH, FL - 38442
RESPONSIBLE OFFICIAL: EDDE RO	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup ·
2. Facility failed to notify DARM to use general pe	rmit 🔾
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, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)
5. This is a correct facility classification	☐Y ☐N ☐Can not determine
	cation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) professional facility was 260 gallons.	archased within the preceding 12 months by this dry cleaning

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

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?	ody (ИС
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		ON ON NA
	Is the temperature differential equal to or greater than 20° F?	OY (A/AD NC
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 (DN D N√A
	Is the perc concentration equal to or less than 100 ppm?		IN DANA
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?		DN BN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY (ON WA
6.	Routed airflow to the carbon adsorber (if used) at all times?		ON ON/A

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			CY ON		
2. Has the facility maintained a leak l	og?	•	MY ON		
3. Does the responsible official check	the following areas for leaks	?			
Hose connections, fittings, couplings, and valves	מ/אם אם צעם	Muck cookers	OY ON ON/A		
Door gaskets and seating	CY ON ON/A	Stills	MY ON ON/A		
Filter gaskets and seating	dy on on/a	Exhaust dampers	CY ON ON/A		
Pumps	MY ON ON/A	Diverter valves	OY ON ON/A		
Solvent tanks and containers	GY ON ON/A	Cartridge filter housings	GY ON ON/A		
Water separators	UY ON ON/A				
4. Which method of detection is used	by the responsible official?		•		
Visual examination (condens	ed solvent on exterior surface	es)			
Physical detection (airflow fe	lt through gaskets)				
Odor (noticeable perc odor)			र्ज		
Use of direct-reading instrum					
Halogen leak detector					
If using direct-reading i	nstrumentation, is the equip	pment:	MN/A		
a. Capable of detect	ing perc vapor concentrations	s in a range of 0-500 ppm?	OY ON		
b. Calibrated agains (PID/FID only)?	st a standard gas prior to and	after each use	OY ON		
c. Inspected for leak	s and obvious signs of wear	on a weekly basis?	NO YO		
d. Kept in a clean a	nd secure area when not in us	sc?	NO YO		
e. Verified for accur	racy by use of duplicate samp	les (calorimetric only)?	ND YD		
·					
•					
ART TENNETTA		5-3-9			
Inspector's Name (Please	Inspector's Name (Please Print) Date of Inspection				
I al Del	Z	00-			
Inspector's Signature		Approximate Date of			

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		24 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
: ·# 11416	//// DATE	5-3-99
BORO BLUD.	BPOU	1999
RFIELD BCH,	FL. 33442	TY OF MONEY
19 <u>98</u> то	May 3	19 99
•	/	EP Rule
n in continuous complia	nce during the reporting per	iod stated above:
	to	
n in continuous compliar	nce during the reporting per	iod stated above:
	to	
	,	
urther, my annual consulear for dry-to dry faciliti	mption of perchloroethylene	e solvent, based
	BORO BLVD. REVELD BCH, 1998 TO The period covered by this in continuous compliant in continuous	BORO BLVD - ART JAY 2 1998 TO MAY 3 Trait, my facility has remained in compliance with Dependence of period covered by this statement. TYES In in continuous compliance during the reporting period in continuous continuous continuous continuous continu

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the

Page ____ of ____

discretion of the responsible official to use this form.

BEST AVAILABLE COPY

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	CTI	ON:
* * * *	OT.	TIME		VII.

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 01123410 DATE: 5112	ಯ time in: pas time out: ರೀತಿರ
FACILITY NAME: DRYCLEAU USA	# 114160
FACILITY LOCATION: 3720 W.	MILLSBORD BLUD DEFRAIELD BOH
	PL
RESPONSIBLE OFFICIAL:	SUTITIES PHONE: (954)493-6700
CONTACT NAME:	PHONE:
	~
	TO PT
PART I: NOTIFICATION	
(check appropriate box)	FACILITY IS A BROXIDED
1. New facility notified DARM 30 days prior to sta	artup SITE AS OF STOP 1899
2. Facility failed to notify DARM to use general pe	FACILITY IS A BROOTOFF artup SITE AS OF SEPTEMBER crmit
PART II: CLASSIFICATION	23
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petrolcum
(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
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general source.	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? WY ON ONA 2. Examining the containers for leakage? DY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON ONA 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) DVY CIN 1. Equipped all machines with the appropriate vent controls? OY 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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45°F? Conducted all temperature monitoring after an appropriate cooldown period and after

PART III: GENERAL CONTROL REQUIREMENTS

verifying that the coolant had been completely charged?

В	. Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	er on	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	DAN/A
	Is the temperature differential equal to or greater than 20° F?	″ОУ ОИ	DAN/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?	מם אָם	©∕Ñ/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN	DX/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	□⁄N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	⊡ Ń/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN	ΦΝ/A

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

	the second of the format of the second of th			
1. Do	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
in	spection?			אם אַדם
2. Ha	as the facility maintained a leak log?		•	on Yeo
3. Do	ses the responsible official check the	following areas for leak	s?	
· And described to a	Hose connections, fittings, couplings, and valves	CY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ONA
	Pumps	OY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	DY ON ON/A	ı	
4. W	hich method of detection is used by t	he responsible official?		
	Visual examination (condensed se	olvent on exterior surfac	es)	G
	Physical detection (airflow felt the	rough gaskets)	•	
	Odor (noticeable perc odor)			1
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
٠.	Halogen leak detector			
	If using direct-reading instrumentation, is the equipment:			DAN/A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	ОУ ОИ
	c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and se	cure area when not in u	sc?	OY ON
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON
	And Danie		m-1 80	
	Inspector's Name (Please Prin	<u>t)</u>	5-1-00 Date of Inspec	ction
	De Personal de la companya della companya della companya de la companya della com			
-	Inspector's Signature Approximate Date of N			lext Inspection

AIRS	ID#:	0112346

pro

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DRYCLE	NU USA # 11411	6		DATE: 5-1-2000
FACILITY LOCATION: 3720	W. HILLSBORD !	BLUD DE	erifica Bail	, FL
Annual Reporting Period:	My 3	<u>99</u> то _	My I	20 <u><i>OO</i></u>
Based on each term or condition of the 62-213.300, Florida Administrative Con		-		
If NO, complete the following:			,	
#1. Term or condition of the general po	ermit that has not been in con	tinuous complianc	e during the reporting	ng period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	e:			
#2. Term or condition of the general pe	ermit that has not been in cont	inuous compliance	e during the reportin	ng period stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	e:			
As the responsible official, I hereby cert in this notification are true, accurate an purchase receipts, does not exceed 2,10 combination facilities. RESPONSIBLE OFFICIAL:	nd complete. Further, my ann	ual consumption of dry facilities or 1,8	f perchloroethylene	solvent, based upon
	Name (Please Print)		Signature	Date '

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

COMPLETE THIS SECTION ON DELIVERY
A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D/ is delivery address different from item 12 Yes
☐
3. Service Type Certified Mail
4. Restricted Delivery? (Extra Fee)

· -		+)		
z 210	PPS 3P5			
US Postal Service	- 20	00		
Receipt for Cer	tified Mail			
No Insurance Coverage	Provided.			
Do not use for Internation	nal Mail <i>(See rever</i> se)			
Sent to				
	AIRS ID # 0112	346		
DEERFIELD MALL #1			•	
ANGELO IZQUIERDO				
1875 W COMMERCIAL	RIVD STE 140			
FT LAUDERDALE FL				
I I ENOBERDALE I E .	73307			
Ceraneo i ee	1			
Special Delivery Fee				
Restricted Delivery Fee				
Return Receipt Showing to Whom & Date Delivered				
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	,			
TOTAL Postage & Fees	\$			
Postmark or Date	•	7	•	
[]				
조				
8				
		1 1		



(cut here)

392365

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 # 0112346

DEERFIELD MALL #11416 ANGELO IZQUIERDO 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309

FOR COVERNMENT USE ONLY Org.: 37850 1000 EO: B1
Fund: 20 2035001
Obj.: 002273

	Na sa V.Va Wellbill by Jan		
of equipyer to	and the second of the second		ON ON BELLVERY
SENDER: COMPLETE THIS SECTION	V	COMPLETE THIS SECTION	ON ON DELIVERY
 Complete ifems 1, 2, and 3. Also cor item 4 if Restricted Delivery is desired 		A. Received by (Please Pri	int Clearly) B. Date of Delivery
■ Print your name and address on the	reverse	Ce: Shorrature	5 1900
 so that we can return the card to you Attach this card to the back of the m 			Agent
or on the front if space permits.	anpiece,	11/ Juli	MeMU □ Addressee
Article Addressed to:		 D. Is delivery address differ If YES, enter delivery ad 	_
)		ii 125, enter delivery ac	duress below. \square No
i	# 0112346		
DEERFIELD MALL #11416 ANGELO JIZQUIERDO	.]]	•	
1875 W COMMERCIAL BLVD., STE	∃ 140		<u> </u>
FT LAUDERDALE FL 33309		3. Service Type	_
{		<i>L</i> _	Express Mail Return Receipt for Merchandise
'			C.O.D.
		4. Restricted Delivery? (Ex	ctra Fee)
2. Article Number (Copy from service label)			
2 333 617 240			
PS Form 3811, July 1999	Domestic Retu	urn Receipt	102595-99-M-1789
			
-	Z 333 68	L9 240	
US Postal			
Receir	ot for Certi	fied Mail	
No Insurar	nce Coverage Pr	rovided. AIRS ID # 0112346	
DEERFIEL	D MALL #114	16	
AŅGELO I	ZQUIERDO		
		3LVD., STE 140	
FILAUDE	RDALE FL 33	309	
••••			
Postage	1	\$	
Certified Fe	е		
Special Del	ivery Fee		
	Delivery Fee		
Whom & Da	eipt Showing to ate Delivered		
Return Receip Date, & Addre	ot Showing to Whom, essee's Address		
🙊 📗		\$	
Postmark o	r Date		
PG			
8g			

on the reverse side?	Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write *Return Receipt Requested* on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date		I also wish to receive the following services (for an extra fee): 1.	Receipt Service.
RN ADDRESS completed	3. Article Addressed to: AIRS ID 0112346 DRYCLEAN USA GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309	4b. Service Registere Express I Return Rec	Type ad Mail Insured ceipt for Merchandise COD	you for using Return
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Lulu Lulu Lulu X	8. Addressee and fee is	e's Address (Only if requested paid)	Thank
-	PS Form 3811 , December 1994		Domestic Return Receipt	

Z 333 613 310

US Postal Service Receipt for Certified Mail

AIRS ID 0112346

DRYCLEAN USA GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309

	Postage	\$
	Certified Fee	
	Special Delivery Fee	_
	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
PS Form 3800, April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
Ę	Postmark or Date	
S Fo		
ď		



(cut here)

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 # 0112346

DEERFIELD MALL #11416 GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302656

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

Deer Gield Mall Airs id#0112346
DRYCLEAN USA # 11416
GAGLIANO MICHAEL
1875 W COMMERCIAL BLVD., STE 140
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write *Return Receipt Requested* on the mailpiece below the article The Return Receipt will show to whom the article was delivered an delivered.	1. Addressee's Address cle number. nd the date 2. Restricted Delivery Consult postmaster for fee.
N ADDRESS completed	AIRS ID#: 0112346 DRYCLEAN:USA EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309	4b. Service Type Registered Express Mail Return Receipt for Merchandise Cod 7. Date of Delivery
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) Addressee of Agent) Addressee of Agent)	8. Addressee's Address (Only if requested and fee is paid)
	PS Form 3811 , December 1994	Domestic Return Receipt

.

a (s a	302 391
US Postal Service Receipt for C No Insurance Covers Do not use for Interm Sent to	
DRYCLEAN USA EDDIE RODRIGUE	IAL BLVD., STE 140
Special Delivery Fee	
Restricted Delivery Fee	110
Whom & Date Delivered Return Receipt Showing to W Date, & Addressee's Address	Whom,
TOTAL Postage & Fees	\$
Return Receipt Showing Whom & Date Delivered Whom & Date Delivered Date, & Addressee's Address Postmark or Date	7

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# 0112346

DRYCLEAN USA EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273