

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 27, 1997

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

Re: Facility I.D. No. 0112348

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, Florida 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. John Coppola, Broward County

2 Manage Clarida's Environment and Natural Resources"

<u></u>	#0112348
	Dryclean USA
P.14	1.(a) add date control device installed
	1.(e) mark out "X" and initial  3. should be new large area
·	3 should be new large area
p./5	Source 4. Should be new large area Source W/refrig. Con. 5.(f) required
	Source W/reting. Con.
	S. C. J. Squil-Ser

•

## Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

	· · · · · · · · · · · · · · · · · · ·
l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Dryclean USA
2.	Site Name (For example, plant name or number):
•	Browned * 11305
3.	Hazardous Waste Generator Identification Number:
	FLD 981 031 180
4.	Facility Location: Street Address: 7165 West Broward Blvd. City: Plantation County: Broward Zip Code: 33317
5.	Facility Identification Number (DEP Use):
	0/12348
	Responsible Official
6.	Name and Title of Responsible Official:
	Eddie Rodriquez, President
7.	Responsible Official Mailing Address:  Organization/Firm: Dryclean USA  Street Address: 1875 W. Commercial Blvd., Suite 140
	City: Ft. Lauderdate County: Breward Zip Code: 33309
8.	Responsible Official Telephone Number: Telephone: (954) 493 - 6700 Fax: (954) 493 - 8444
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Camilla Cuza, District Manager
10.	Facility Contact Address: Dryckan USA,
	Street Address: 1875 W. Commercial Blva., Suite 146 City: Zip Code: 33309
11.	Facility Contact Telephone Number: Telephone: (954)493 - 6700 Fax: (954)493 -8444

RECEIVED

NOV 8 1996

#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			<u> </u>					-	
(1) w/ ref. condenser	×Υ	1/10/95							
(2) w/ carbon adsorber	-	1,,,,,,,,							
(3) w/ no controls	T								
Washer Unit	_	<u>'</u>			_				
(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		·	<u>,                                      </u>		<u> </u>				
(10) w/ ref. condenser									
(11) w/carbon adsorber						•			
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	et one classifi	ication only.) Ne	ew sn	initions foun nall area sour	rce [	3) of ] ]	Part II?	

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

What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)	Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenser	ιX
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 Rule 62-213.300, F.A.C. Verify that all steam and hot water generating univexemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ods of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site	
Equipment Monitoring and Recordkeeping Infor	rmation
Check all logs which are required to be kept on-site in accordance with the rec	quirements of this general permit:
(a) Purchase receipts and solvent purchases	ιX
(b) Leak detection inspection and repair	<u>[ X ]</u>
(c) Refrigerated condenser temperature monitoring	ιχ
(d) Carbon adsorber exhaust perc concentration 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)

Please indicate	e with an "X" the appropriate selection:				
لــا	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
Ľ	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notific statements maintain t	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 pron	nptly notify the Department of any changes to the information contained in this notification.				
	11/4/96				

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

Signature

TYPE OF INSPECTION: ANN LE COM	BEST AVAILABLE COPY  V RE-INSPECTION
TIME IN: 8:00 TIME OUT: 9:00	AIRS ID#: 01/2348
TYPE OF FACILITY: Drydesner	
FACILITY NAME: Drycles USA - Bio	DATE: 12-29-97
FACILITY LOCATION: 7165 West Brows	
Plantation Flor	ids 33317
RESPONSIBLE OFFICIAL: Comilla Cozd	PHONE NUMBER: 792 - 382)
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· ·	
·	
COMMENTS:	
	;
The Annual Compliance Certification form has been properly certi	
DATE OF NEXT INSPECTION: December	98
DATE OF NEXT INSPECTION: December  (A)  INSPECTION CONDUCTED BY: B Thomas	pproximate)
	lease Print)
INSPECTOR'S SIGNATURE: Both	PHONE NUMBER: 5/9-1459
Page_	of . Revised 10/96

FROM : DRYCLEAN-USA ON 2348 ANNUAL	TO : BEST AVAILABLE COPY 1997, 12-31 09:26 #565 P.03/6
FACILITY NAME: Dry cles.  FACILITY LOCATION: 7185  F/2-1st	West Browsed Boulevard
Annual Reporting Period: Dece	wher 1996 to Openber 1992
:	V general sir permit, my facility has remained in compliance with DEP Rule F.A.C.), during the period covered by this statement. AYES UNO
	t that has not been in continuous compliance during the reporting period trates over D
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permi	to JAN 2 6  Bureau of Air_Monitoring  & Mobile Sources  it that has not been in continuous compliance during the reporting period states above:
Exact period of non-compliance; from Action(s) taken to achieve compliance; Method used to demonstrate compliance.	
made in this notification are true, eccurate	bosed on information and belief formed after reasonable inquiry, that the statements and complete. Further, my annual consumption of perchlorosathylene solvent, based to does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per actions (Please Phal)  Signature  Deta
*This form is made available to you as an a discretion of the responsible official to use	aid in order to most your annual compliance certification requirements. It is at the this form.

5122 \_\_\_\_ ol \_\_\_

BEST AVAILABLE COPY

0112348

# DRY CLEANER AIR QUALITY GENERAL ERMIT ANNUAL OMPLIANCE CERTIFICATION FORM

FACILITY NAME: Drycles ~ USA - B	10ward 11305	DATE: 12-29-97
, 1/ , =	ord Boule vard	
Plantation Flori	* 1	
	,	
Annual Reporting Period: December 1	1996 TO Occem	ber 1997
Based on each term or condition of the Title V general air permit, my 62-213.300, Florida Administrative Code (F.A.C.), during the period		_
If NO, complete the following:		
#1. Term or condition of the general permit that has not been in cont	inuous compliance during the rep	orting 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 cont	tinuous compliance during the rep	orting 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 made in this notification are true, accurate and complete. Further, a upon rolling averages of purchase receipts, does not exceed 2,100 gayear for transfer or combination facilities.	ny annual consumption of perchlo	roethylene solvent, based
RESPONSIBLE OFFICIAL:  Name (Please Print)	Simature	Date
Name (Flease Filmt)	Signature	

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

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

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM DRYCLEAN USA #//305 GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309

Do NOT Remove Label

Annual Reporting Period: January 1, 1997	то	December 31, 1997
The state of the s	974 1	and the second DED Date
Based on each term or condition of the Title V general air permit, my faci		
62-213.300, Florida Administrative Code (F.A.C.), during the period cover	ered by this statemen	at. YES INO
If NO, complete the following:		
#1. Term or condition of the general permit that has not been in continuo	ous compliance durin	ig the reporting period stated above:
Total of condition of the goneral portate that has not over in condition	do compilation daring	S are reporting person named are re-
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		<del>-</del>
Mathed ward to demonstrate compliance		
Method used to demonstrate compliance:		· ·
#2. Term or condition of the general permit that has not been in continuo	us compliance durin	of the reporting period stated above:
#2. Term of condition of the general permit that has not occur in continuo	as compnance durin	ag the reporting period stated above.
	_	·
Exact period of non-compliance: from	to	
Exact period of non-compnance. Irom	to	<u> </u>
Action(s) taken to achieve compliance:		·
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based on information and belief for notification are true, accurate and complete. Further, my annual consumption		
does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons		
		•
MICHAEL GAGLIANO		2/9/98
RESPONSIBLE OFFICIAL:  Name (Please Print)	1/20	
	Signa	ture Date

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

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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#0112348 Broward #11305 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

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

## V

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

Do NOT Remove Label

AIRS ID # 0112348

BROWARD #11305 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 space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.		
ADDRESS completed	3. Article Addressed to:  AIRS ID 0112348  DRYCLEAN USA GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309		4a. Article Number  233 613 311  4b. Service Type  Registered Express Mail Return Receipt for Merchandise  COD  7. Date of Delivery		
s your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee and fee is	e's Address (Only if requested paid)		
=	PS Form <b>3811</b> , December 1994		Domestic Return Receipt		

IS Postal Service		
Receipt for Cer	tifiec	Mail :
	ΑI	RS ID 0112348
YCLEAN USA	•	
GLIANO MICHAEL		CTTP 140
5 W COMMERCIAL E		SIE 140
LAUDERDALE FL 33	309	
*		
Postage	\$	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Restricted Delivery Fee  Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom,		
Return Receipt Showing to Whom & Date Delivered	\$	

ve can return this ace does not be number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
4a. Article N  4b. Service  Registere  Express  Retum Rec  7. Date of De	Type ad Certified Mail Insured Copipt for Merchandise COD
8. Addressee and fee is	e's Address (Only if requested 논
	4b. Service  Registere Express Return Red  7. Date of December 1.

## . .P. 265 302 412 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID#: 0112348 DRYCLEAN USA EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD., STE 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 Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date

#### 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# 0112348

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

# PERCH' OROETHYLENE DRY CLEATERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	9	COMPLAINT/DISCOVERY	
	RE-INSPECTION		· · · · · · · · · · · · · · · · · · ·	
		_	•	
II .			$N: 8:00$ time out: _	9:00
FACILITY NAME:	icken US	A - B1.	oward 11305	
FACILITY LOCATION:	7165 West	t Brow	and Boulevard	
_	Plantation		33317	
RESPONSIBLE OFFICIAL :	Camilla 1	Cuza	_phone: <u>49 3-670</u>	
CONTACT NAME:		-	PHONE: 792 - 38	27
		·		
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	f 30 days prior to startu	р		
2. Facility failed to notify DAR	lM to use general perm	it		
		-		
PART II: CLASSIFICATION				
7.2.2.2.	.1			
<u> </u>			☐ No notification form	
Facility indicated on notificat (check appropriate box)			☐ No notification form ☐ Drop store/out of business/pe	troleum
Facility indicated on notificat (check appropriate box) A.	ion form that it is:	New small a	☐ Drop store/out of business/pe	etroleum
Facility indicated on notificat (check appropriate box)	ion form that it is:	. New small a	☐ Drop store/out of business/pe	etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr	ion form that it is:  rce	lry-to-dry only, ransfer only, x	☐ Drop store/out of business/pearea source  x < 140 gal/yr < 200 gal/yr	troleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is:  rce	fry-to-dry only, ransfer only, $x$ both types, $x \le 1$	☐ Drop store/out of business/pearea source  x < 140 gal/yr < 200 gal/yr 140 gal/yr	etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr	ion form that it is:  rce	fry-to-dry only, ransfer only, $x$ both types, $x \le 1$	☐ Drop store/out of business/pearea source  x < 140 gal/yr < 200 gal/yr	etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area sour	ion form that it is:  ree	Iry-to-dry only, ransfer only, x both types, x < constructed on I. New large a	□ Drop store/out of business/pearea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  rea source	troleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gall 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	ion form that it is:  rce	Iry-to-dry only, ransfer only, x both types, x < constructed on  New large a dry-to-dry only,	□ Drop store/out of business/per area source $x < 140 \text{ gal/yr}$ < 200  gal/yr 140  gal/yr or after $12/9/91$ ) area source $140 \le x \le 2,100 \text{ gal/yr}$	etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	ion form that it is:  rce	lry-to-dry only, ransfer only, x coth types, x < constructed on New large a lry-to-dry only, ransfer only, 20	□ Drop store/out of business/pearea source $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91)  The source $x \le 2,100 \text{ gal/yr}$ of $x \le 1,800 \text{ gal/yr}$ in $x \le 1,800 \text{ gal/yr}$ of $x \le 1,800 \text{ gal/yr}$ in $x \ge 1,800 \text{ gal/yr}$ in $x$	etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gall 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	ion form that it is:  rce	lry-to-dry only, ransfer only, x both types, $x < 0$ constructed on l. New large a lry-to-dry only, ransfer only, 20 both types, 140	□ Drop store/out of business/per area source $x < 140 \text{ gal/yr}$ < 200  gal/yr 140  gal/yr or after $12/9/91$ ) area source $140 \le x \le 2,100 \text{ gal/yr}$	etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (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	ion form that it is:  rce	lry-to-dry only, ransfer only, x both types, $x < 0$ constructed on l. New large a lry-to-dry only, ransfer only, 20 both types, 140	Drop store/out of business/per area source $x < 140 \text{ gal/yr}$ < 200  gal/yr 140  gal/yr or after $12/9/91$ ) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (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 (constructed before 12/9/91)  5. This is a correct facility of	ion form that it is:  rce	Iry-to-dry only, ransfer only, x coth types, x < constructed on  I. New large a dry-to-dry only, ransfer only, 20 coth types, 140 constructed on	Drop store/out of business/per area source $x < 140 \text{ gal/yr}$ < 200  gal/yr 140  gal/yr or after $12/9/91$ ) area source $x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,80 both types, 140 \le x \le 1,800 (constructed before 12/9/91)  5. This is a correct facility of the please check the facility of the please check the	ion form that it is:  rce	lry-to-dry only, ransfer only, x poth types, x < constructed on the large and lry-to-dry only, ransfer only, 20 to th types, 140 constructed on the large and lry-to-dry only, and permit as nursing the large and large	□ Drop store/out of business/per strea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  **rea source □ $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  □ Can not determine	etroleum

Ι.	GRI III. GENERAL CONTROL REQUIREMENTS	FART III. GENERAL CONTROL REQUIREMENTS			
	Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
l.	Storing perchloroethylene in tightly scaled and impervious containers?	DY ON ON/A			
2.	Examining the containers for leakage?	ZY ON ON/A			
3.	Closing and securing machine doors except during loading/unloading?	py on			
4.	Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A			
5.	Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A			
_					
PA	ART 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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	-			
	If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser			
	. Has the responsible official of all new sources and existing large area sources: heck appropriate boxes)				
1.	Equipped all machines with the appropriate vent controls?	DY ON			
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	ZY ON ON/A			
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØÝ ON ON/A			
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	M			
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ØY ON ON/A			
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ZÝ 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?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□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	מם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ΩΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A
_			=	

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	BY ON		
2. Maintained rolling monthly averages of perc consumption?	ØÝ □N		
3. Maintained leak detection inspection and repair reports for the following:	· .		
a. documentation of leaks repaired w/in 24 hrs? or;	27 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?	MY ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	ØY ON ON/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	ZY ON ON/A		
6. Maintained startup/shutdown/malfunction plan?	OY ON		
7. Maintained deviation reports?	DY ON ON/A		
Problem corrected?	AND NO YE		
8. Maintained compliance plan, if applicable?	ZY ON ON/A		

#### PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection ar	nd repair
	inspection?		•	ZY ON
2.	Has the facility maintained a leak log?		•	ØY □N
3.	Does the responsible official check the	following areas for leak	s? .	
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers ,	ɗy on on∕a
	Door gaskets and seating	ØY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	ØY ON ON/A	Exhaust dampers	ØY □N □N/A
	Pumps	ØY □N □N/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	ØY ON ON/A		
4.	Which method of detection is used by the	he responsible official?		
	Visual examination (condensed se	olvent on exterior surfac	ces)	
	Physical detection (airflow felt through gaskets)			
	Odor (noticeable perc odor)			<u> </u>
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			<u>a</u>
	Halogen leak detector			<u>a</u>
	If using direct-reading instr	umentation, is the equi	ipment:	□N/A
_	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON
	c. Inspected for leaks an	nd obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and s	ecure area when not in t	ıse?	OY ON
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON

B 720715	12-29-97
Inspector's Name (Please Print)	Date of Inspection
Bolomy	December 1998
Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#: 01/2348



Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Pryclean USA FACILITY LOCATION: 7165 W. Plantation	,#1i305		DATE: 12/21/98
FACILITY LOCATION: 7165 W.	(ommerica)	broward Blud.	
Plantation	FL.	·	
Annual Reporting Period: Jan. 1	1998	TO Dec.	31 19 <u>98</u>
Based on each term or condition of the Title V gene 62-213.300, Florida Administrative Code (F.A.C.),		<u> </u>	
If NO, complete the following:			
#1. Term or condition of the general permit that ha	as not been in continuous	compliance during the rep	orting 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 ha	as not been in continuous	compliance during the rep	orting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:		r	
Method used to demonstrate compliance:		•	
vieulou used to demonstrate compitation.			
As the responsible official, I hereby certify, based of made in this notification are true, accurate and consupon purchase receipts, does not exceed 2,100 gall combination facilities.	nplete. Further, my annu	al consumption of perchlo	roethylene solvent, based
RESPONSIBLE OFFICIAL:  Name (Ple		Signature	12-21-98 Date

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



7165 W. Broward Blvd. Plantation, FL 33317

Phone

(954) 792-3827

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION •	<b>d</b>	COMPLAINT/D	ISCOVERY	
	ATE: 12/21/98			TIME OUT: _	1300
· · ·	y clean Usi				
	165 W. Br	isward	BAVA.	_	
	Delene Br Same	rrett	PHONE:	92-38 d same	27
PART I: NOTIFICATION				· · · · · · · · · · · · · · · · · · ·	·
(check appropriate box)					
1. New facility notified DARM 30	days prior to startup				<b>g</b>
2. Facility failed to notify DARM	to use general permit			•	
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A.	form that it is:		☐ No notificatio☐ Drop store/ou		troleum
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)	dry trar boti	$\begin{array}{l} \text{nsfer only, } x < \\ \text{h types, } x < 1 \end{array}$	x < 140 gal/yr < 200 gal/yr	<b>.</b>	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gal. (constructed before $12/9/91$ )	0 gal/yr dry gal/yr tran /yr boti	nsfer only, 20 h types, 140 <u>&lt;</u>	rea source $140 \le x \le 2,100 \text{ g}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)		
5. This is a correct facility class	sification 🔲 Y	( ON	□Can not determ	nine	
☐ facility €  B. The total quantity of perchloroe	qualified for a general exceeds above limits a	permit as nu nd is not eligi	ible for a general p		y cleaning
facility was 248 gallons.					

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) CY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ODY 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 DY 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) DAY UN 1. Equipped all machines with the appropriate vent controls? BY 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 GY 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 TY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

Ī	. 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?	OY ON
2	. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	□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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y □N □N/A
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
$\epsilon$	. 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)		
Maintained receipts for perc purchased?	ETY ON	
2. Maintained rolling monthly total of perc consumption?	ØY 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)	on on/a	
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A	
6. Maintained startup/shutdown/malfunction plan?	ray on	
7. Maintained deviation reports?	MY ON ON/A	
Problem corrected?	OY ON 1911/A	
8. Maintained compliance plan, if applicable?	OY ON ON/A	

P.A	ART VI: LEAK DETECTION AND I	REPAIRS			
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			MZY ON	
2.	Has the facility maintained a leak log?	•		DY ON	
3.	Does the responsible official check the	following areas for leaks	s?		
	Hose connections, fittings, couplings, and valves	CY ON ON/A	Muck cookers	DY ON ON/A	
	Door gaskets and seating	OY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	CY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	MY ON ON/A	
	Solvent tanks and containers	CY ON ON/A	Cartridge filter housings	DY ON ON/A	
	Water separators	GY ON ON/A			
4.	Which method of detection is used by t	he responsible official?			
	Visual examination (condensed se	olvent on exterior surfac	es)	<b>B</b>	
	Physical detection (airflow felt through gaskets)			<b>a</b>	
	Odor (noticeable perc odor)		•	G	
	Use of direct-reading instrumenta	tion (FID/PID/calorime	tric tubes)		
	Halogen leak detector			. 🗖	
	If using direct-reading instr	umentation, is the equi	pment:	□N/A	
	a. Capable of detecting	perc vapor concentration	is in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON	
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	OY ON	
	d. Kept in a clean and s	ecure area when not in u	se?	OY ON	
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON	

Paul R. Shelton	12/21/98
Inspector's Name (Please Print)	Date of Inspection
Red	12/21/99
Inspector's Signature	Approximate Date of Next Inspection

4 of 5

CLEANERS RECEIVED TO THE COMPLAINT/DISCOVER FURE MODIFICATION OF Air MODIFIC OF THE COURCE OF THE CO PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION: ANNUAL RE-INSPECTION AIRS ID#: 01/2348 DATE: apri/29, 99 TIME IN: 1525 TIME OUT: 1550 FACILITY NAME: Dry Clean, USA # 11305

FACILITY LOCATION: 7165 W. Broward Blvd.

Plantakin FL. 33317 RESPONSIBLE OFFICIAL: Delene Barrett PHONE: (954) 792-3827 CONTACT NAME: Same PHONE: Same 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/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed 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,  $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, 140 < x < 2,100 gal/yr transfer only,  $200 \le x \le 1,800$  gal/yr transfer only,  $200 \le x \le 1,800$  gal/yr both types,  $140 \le x \le 1,800$  gal/yr both types,  $140 \le x \le 1,800$  gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning

facility was 240 gallons.

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

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	CHY ON C	□N/A
	Is the temperature differential equal to or greater than 20° F?	DY ON C	⊐N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	DY ON C	□N/A
	Is the perc concentration equal to or less than 100 ppm?	GI UN C	⊒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?	מאם אם	⊐N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ON CON	
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN (	⊃N/A

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

P	ART VI: LEAK DETECTION AND R	EPAIRS			
1.	Does the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection as	nd repa	air
	inspection?			ØY	□N
2.	Has the facility maintained a leak log?			<b>e</b> Y	□N
3.	Does the responsible official check the f	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	urý	□N □N/A
	Door gaskets and seating	DY ON ON/A	Stills	<b>D</b> Y	□N □N/A
	Filter gaskets and seating	TAY ON ON/A	Exhaust dampers	<b>T</b> Y	□N □N/A
	Pumps	MY ON ON/A	Diverter valves	<b>E</b> Y	□N □N/A
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	<b>D</b> Y	□N □N/A
	Water separators	DY ON ON/A	·		
4.	Which method of detection is used by the	ne responsible official?		/	
	Visual examination (condensed so	lvent on exterior surfaces	)	ď	
	Physical detection (airflow felt through gaskets)			<b>9</b>	
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentat	tion (FID/PID/calorimetric	tubes)		
	Halogen leak detector				
If using direct-reading instrumentation, is the equipment:				DYN/	A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				$\Box$ Y	□N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				ΩY	ПN
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			ШY	□N
	d. Kept in a clean and secure area when not in use?			ПY	□N·
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			ΩY	ПИ	

Paul R. Shelfon	4-29-99
Inspector's Name (Please Print)	Date of Inspection
PR	4-29-2000
Inspector's Signature	Approximate Date of Next Inspection

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ALL

FACILITY NAME:D\( \( \)	1 Clean USA #	11305	D&	ATE: april 29,99
FACILITY LOCATION: 7	165 W. Brown	d Blud.		
	antation, FL 3			
Annual Reporting Period:	april 29	19 97	TO apri/29	2000
Amiliai Reporting Period.		197_		
Based on each term or condition of 62-213 300, Florida Administration			77/	th DEP Rule
If NO, complete the following:	•			
≠1. Term or condition of the gene	eral permit that has not been	in continuous co	ompliance during the reporting	period stated above:
·				·
Exact period of non-compliance:	from	<u> </u>	to	
Action(s) taken to achieve complia	ance:			
Method used to demonstrate comp	oliance:			
≠2. Term or condition of the gene	eral permit that has not been	in continuous co	om Dalage B	arrett mad.
+2. Term of condition of the gone	trai permit diat has not occir	m conundous co	Je/27/C /-	•
	<i>6</i>		****	<b>,</b>
Exact period of non-compliance:			DRYCLEAN USA	7165 W. Broward Blvd. Plantation, FL 33317
Action(s) taken to achieve compli	ance:		— Clean Across America	(05.4) 702.293
Method used to demonstrate comp	pliance:		Charles Time and	Phone (954) 792-382
		<u> </u>		
As the responsible official, I hered made in this notification are true, upon purchase receipts, does not combination facilities.	accurate and complete. Ful	rther, my annua	l consumption of perchloroethy	lene solvent, based
	1	Ramalt	Q to the	4-29-99
RESPONSIBLE OFFICIAL:	For Delene	JOH 91/	my x xx word	

\*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 \_\_\_\_\_.

## PERCHLURUE I HYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL RE-INSPECTI	COMPLAINT/DISCOVERY CON CON CON CON CON CON CON CONCERN CON CONTRACTOR CONTRA
FACILITY NAME: Dey Clean, USF	100 TIME IN: 16; 23 Am TIME OUT: 10; 50 Am
FACILITY LOCATION: 7165 VV. J	Braward Blvd.
	FL 33317
RESPONSIBLE OFFICIAL: Delene B	arrett PHONE: (954) 792-3827
CONTACT NAME: <u>CASSANDRA RO</u>	gers PHONE: 792-3827
	& Bau III
PART I: NOTIFICATION	op or
(check appropriate box)	e Si M
1. New facility notified DARM 30 days prior to sta	artup Sources Nonitori
2. Facility failed to notify DARM to use general po	ermit Sing
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	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 before 12/9/91)	(constructed on or after 12/9/91)

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY 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 □N □N/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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

Y ON ON/A

ON ON/A

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

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

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

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	dý on
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DAY 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?  Is the perc concentration equal to or less than 100 ppm?	DY 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?	DEY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	MY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)	/		
1. Maintained receipts for perc purchased?	ZY ON		
2. Maintained rolling monthly total of perc consumption?	gy □n		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	ØY 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)	DY ON ON/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A		
6. Maintained startup/shutdown/malfunction plan?	DY ON		
7. Maintained deviation reports?	edy on byna		
Problem corrected?	DY DN DYN/A		
8. Maintained compliance plan, if applicable?	DAY 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 ΠN inspection? $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DAY ON ON/A DY ON ON/A Muck cookers couplings, and valves DY ON ON/A DY ON ON/A Stills Door gaskets and seating MY ON ON/A MY ON ON/A Exhaust dampers Filter gaskets and seating DY ON ON/A MY ON ON/A Diverter valves **Pumps** Solvent tanks and containers ØY ØN □N/A Cartridge filter housings □N □N/A MY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: □N/A DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN DY DN d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? OY ON Date of Inspection

Approximate Date of Next Inspection

# M

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dey Clean, USA,	# 1305	DATE: 05/19/00
FACILITY LOCATION: 7165 YV. Brown	ward Blud.	
Plantation, FL 3		
Annual Reporting Period: May	<u> 79</u> -99_ то	May 2000
Based on each term or condition of the Title V general as	ir permit, my facility has remained	in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), durin	ng the period covered by this stater	nent, <b>DYES DNO</b>
If NO, complete the following:		
#1. Term or condition of the general permit that has not	been in continuous compliance du	ring the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that has not	been in continuous compliance du	ring 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 infoin this notification are true, accurate and complete. Further purchase receipts, does not exceed 2,100 gallons per year combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Programme)	ther, my annual consumption of pe	rchloroethylene solvent, based upon gallons per year for transfer or

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



# Department of Environmental Protection

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



(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 # 0112348

DRYCLEAN USA - BROWARD #11305 ANGELO IZQUIERDO

7771 W. OAKLAND PARK BLVD SUITE 201 SUNRISE, FL 33351 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Org.: 37550101000 EO: A1

Obj.: 002273



#### 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 # 0112348

DRYCLEAN USA - BROWARD #11305

ANGELO IZQUIERDO

7771 W. OAKLAND PARK BLVD

SUITE 201

SUNRISE, FL 33351

16-01 Pd

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



(Cut nere)

#### 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 # 0112348

BROWARD #11305 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