

### 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 Rodriquez Dryclean USA 1875 West Commercial Boulevard, Suite 140 Fort Lauderdale, Florida 33309

Re: Facility No. 0112356

Dear Mr. Rodriquez:

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 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"

Printed on recycled paper.

#### #0112356

P.14
1.(a) add date control
device installed

- 1. (c) should not be marked
- 3. new small area Source should be marked
- P.15 4. new small r.C. snould be marked
  - (f) should be marked

#### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

| 1.    | Facility Owner/Company Name (Name of corporation, agency, or individual owner):   |
|-------|---|
|       | Dryclean USA  |
| 2.    | Site Name (For example, plant name or number):  |
|       | Commercial * 11348  |
| 3.    | Hazardous Waste Generator Identification Number:  |
|       | FLD984221994  |
| 4.    | Facility Location: Street Address: /al/(\O_1) \ O_5 \ \ O_5 \ \ O_5 \ \ O_1 \ O_1 \ O_1 \ O_5 \ \ O_5 |
|       | Street Address: 6400 W. Commercial BIVa.  City: County: Broward Zip Code: 33319   |
| . : م | Lecture ( ) III South South   |
| J.    | Facility Identification Number (DEP Use):   |
|       |   |
|       | Responsible Official  |
| 6.    | Name and Title of Responsible Official:   |
|       | Eddle Rodriquez, President Responsible Official Mailing Address:  |
| 7.    | Responsible Official Mailing Address:   |
|       | Organization/Firm: Dryclean USA<br>Street Address: 1875 W. Commercial Blva., Suite 140  |
|       | City: Ft. Lauderdale County: Broward 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: Dryclean USA.   |
|       | Street Address: 1875 W. Commercial Blud., Suite 140   |
|       | City: Ft. Lauderdale County: Broward Zip Code: 33309  |
| 11.   | racinty Contact Telephone Number:   |
|       | Telephone: (954)493-6700 Fax: (954)493-8444   |
|       |   |
|       | RECEIVED  |

NOV 8 1996

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

|  |        | Date<br>Machine | Date<br>Control |      | Date<br>Machine | Date<br>Control |       | Date<br>Machine | Date<br>Control |
|--|--------|-----------------|-----------------|------|-----------------|-----------------|-------|-----------------|-----------------|
|  | ĺ      | Initially       | Device          |      | Initially       | Device          |       | Initially       | Device          |
| Type of Machine  | ID     | Purchased       | Installed       | ID   | Purchased       | Installed       | ID    | 1_              | Installed       |
| Type of Machine  | 110    | T drenased      | mstaried        | 1D   | raichasea       | mstarred        | 110   | i diciiasca     | mstaried        |
| Example  | #1     | 03-OCT-93       | 12-NOV-93       | #2   | 08-DEC-91       |                 | #3    | 02-MAR-92       | 02-MAR-9        |
| Dry-to-Dry Unit  |        |                 |                 |      |                 |                 |       |                 |                 |
| (1) w/ ref. condenser  |        | 1195            |                 |      |                 |                 |       |                 |                 |
| (2) w/ carbon adsorber   |        | F               |                 |      |                 |                 |       |                 |                 |
| (3) w/ no controls   |        |                 |                 |      |                 |                 |       |                 |                 |
| Washer Unit  |        | •               | •               |      |                 |                 |       |                 |                 |
| (4) w/ ref. condenser  |        |                 |                 |      |                 |                 |       |                 |                 |
| (5) w/ carbon adsorber   |        |                 |                 |      |                 |                 |       |                 |                 |
| (6) w/ no controls   |        |                 |                 |      |                 |                 |       |                 |                 |
| Dryer Unit   |        | <del> </del>    |                 |      |                 |                 |       | <u> </u>        | •               |
| (7) w/ ref. condenser  |        |                 |                 |      |                 |                 |       |                 |                 |
| (8) w/ carbon adsorber   |        |                 |                 |      |                 |                 |       |                 |                 |
| (9) w/ no controls   |        |                 |                 |      |                 |                 |       |                 |                 |
| Reclaimer Unit   |        |                 | <u> </u>        |      | _               |                 |       |                 |                 |
| (10) w/ ref. condenser   |        |                 |                 |      |                 |                 |       |                 |                 |
| (11) w/carbon adsorber   |        |                 |                 |      |                 |                 |       |                 |                 |
| (12) w/ no controls  |        |                 |                 |      |                 |                 |       |                 |                 |
| (b) Control devices are required, but not yet installed                |        |                 |                 |      |                 |                 |       |                 |                 |
| 3. What is the facility's so (Indicate with an "X".  Existing small ar | Selec  | t one classifi  | cation only.)   | 1    | nitions found   |                 | 3) of | Part II?        |                 |
| Existing large are   | ea soi | urce [X         | Ne              | w la | rge area sour   | ce [            | ]     |                 |                 |

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| <ol> <li>What control technology is required on machines pursuant<br/>(Indicate with an "X".)</li> </ol>  | to section (5) of Part II of this notification form? |
|---|--|
| Existing large area source  Carbon adsorber   | rated condenser [X]                                  |
| New small area source Refrigerated condenser []   |  |
| New large area source Refrigerated condenser []   |  |
|   |  |
| 5. A facility which contains non-exempt emissions units shal to Rule 62-213.300, F.A.C. Verify that all steam and hot wat exemption criteria or that no such units exist on-site:                 |  |
| All steam and hot water generating units on-site (1) have a to<br>boiler HP or less), and (2) are fired exclusively by natural ga<br>during which propane or fuel oil containing no more than one | s except for periods of natural gas curtailment      |
| All steam and hot water generating units exempt No such units on-site   |  |
|   |  |
|   |  |
| Equipment Monitoring and Reco   | rdkeeping Information                                |
| Check all logs which are required to be kept on-site in accord  | ance with the requirements of this general permit:   |
| (a) Purchase receipts and solvent purchases   |  |
| (b) Leak detection inspection and repair  |  |
| (c) Refrigerated condenser temperature monitoring   | LY   |
| (d) Carbon adsorber exhaust perc concentration monitoring   |  |
| (e) Instrument calibration  |  |
| (f) Start-up, shutdown, malfunction plan  |  |

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

| Please indicate with an "X" the appropriate selection:  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
|   | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) |  |  |  |  |  |
| [_X]  | No air permits currently exist for the operation of the facility indicated in this notification form.   |  |  |  |  |  |
|   | Responsible Official Certification  |  |  |  |  |  |
| I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with 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.    1   4   9     Date                                   |  |  |  |  |  |

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#### PERCHLOROETHYLENE DRY CLEANERS

| TITLE V  | IYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST  | 04 Dec 96    |
|--|--|--------------|
| TYPE OF INSPECTION: ANNUAL RE-INSPECTION   | COMPLAINT/DISCOVERY  Mainly a drop station   | Spring       |
| AIRS ID#: 0112356 DATE: 12/20/   | 98 TIME IN: 1035 TIME OUT:   | 1100         |
| FACILITY NAME:   | ,  |              |
| FACILITY LOCATION: 6400 W.   | . Commonical Blvd.   |              |
| Lauderhii  | 1, FL.   | <del></del>  |
| RESPONSIBLE OFFICIAL: Barbara  | Shields PHONE: (954) 742.  | -6859        |
| CONTACT NAME:Same  | PHONE: Same  |              |
|  |  |              |
| 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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ ) |              |
| 5. This is a correct facility classification   | ☐Y □N □Can not determine   |              |
|  | ration: neral permit as number above nits and is not eligible for a general permit   |              |
| B. The total quantity of perchloroethylene (perc) pu facility was gallons.   | rchased within the preceding 12 months by this o   | dry cleaning |

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

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

| PART V: RECORDKEEPING REQUIREMENTS  |            |
|---|------------|
| Has the responsible official: W.A. (check appropriate boxes)  |            |
| 1. Maintained receipts for perc purchased?  | OY ON      |
| 2. Maintained rolling monthly total of perc consumption?  | OY 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<br>and parts installed w/in 5 days of receipt? | OY ON ON/A |
| 4. Maintained calibration data? (for applicable direct reading instruments)   | QY QN QN/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations?  | A/ND ND YD |
| 6. Maintained startup/shutdown/malfunction plan?  | UY UN      |
| 7. Maintained deviation reports?  | OY ON ON/A |
| Problem corrected?  | OY ON ON/A |
| 8. Maintained compliance plan, if applicable?   | OY ON ON/A |

| PA   | RT VI: LEAK DETECTION AND                         | REPAIRS                    |                            |            |  |  |
|--|---|----------------------------|----------------------------|------------|--|--|
| 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair |   |                            |                            |            |  |  |
|  | inspection?                                       |                            | N.A.                       | QY QN      |  |  |
| 2.   | Has the facility maintained a leak log?           | ٠.                         | N.H.                       | OY ON      |  |  |
| 3.   | Does the responsible official check the           | following areas for leaks? | ?                          |            |  |  |
|  | Hose connections, fittings, couplings, and valves | □Y □N □N/A                 | Muck cookers               | OY ON ON/A |  |  |
|  | Door gaskets and seating                          | OY ON ON/A                 | Stills                     | OY ON ON/A |  |  |
| ,  | Filter gaskets and seating                        | OY ON ON/A                 | Exhaust dampers            | OY ON ON/A |  |  |
|  | Pumps   | OY ON ON/A                 | Diverter valves            | □Y □N □N/A |  |  |
|  | Solvent tanks and containers                      | OY ON ON/A                 | Cartridge filter housings  | □Y □N □N/A |  |  |
|  | Water separators                                  | OA ON ON'Y                 |                            |            |  |  |
| 4.   | Which method of detection is used by t            | the responsible official?  | N.A.                       |            |  |  |
|  | Visual examination (condensed s                   | olvent on exterior surface | •                          |            |  |  |
|  | Physical detection (airflow felt th               | rough gaskets)             |                            |            |  |  |
|  | Odor (noticeable perc odor)                       |                            |                            |            |  |  |
|  | Use of direct-reading instruments                 | ation (FID/PID/calorimetr  | ric tubes)                 |            |  |  |
|  | Halogen leak detector                             |                            | •                          |            |  |  |
|  | If using direct-reading instr                     | umentation, is the equip   | oment:                     | □N/A       |  |  |
|  | a. Capable of detecting                           | perc vapor concentrations  | s in a range of 0-500 ppm? | ND Y       |  |  |
|  | b. Calibrated against a s<br>(PID/FID only)?      | standard gas prior to and  | after each use             | ПА ПИ      |  |  |
|  | c. Inspected for leaks ar                         | nd obvious signs of wear o | on a weekly basis?         | ND YO      |  |  |
|  | d. Kept in a clean and s                          | ecure area when not in us  | se?                        | OY ON      |  |  |
|  | e. Verified for accuracy                          | by use of duplicate sample | les (calorimetric only)?   | OY ON      |  |  |
|  |   |                            |                            |            |  |  |
|  |   |                            |                            |            |  |  |
|  |   |                            |                            |            |  |  |
|  | Paul R. She Hen                                   |                            | 12-28-9                    | <b>P</b> S |  |  |
|  | Inspector's Name (Please Pri                      | nt)                        | Date of Inspe              | ction      |  |  |

12-29-99

Approximate Date of Next Inspection

Inspector's Signature

| CL | ORUEITILENE DRI CLEA           | CK |
|----|--------------------------------|----|
| ,  | TITLE V GENERAL PERMIT         |    |
| C  | OMBITANCE INSPECTION CHECKLIST |    |

| TYPE OF INSPECTION: ANNUAL RE-INSPECTION  | COMPLAINT/DISCOVERY  |
|---|--|
| FACILITY LOCATION: 6400 WE  | 197 TIME IN: 1:00 TIME OUT: 2:00  15A - Commercial 11348  Est Commercial Blud  |
| RESPONSIBLE OFFICIAL: Edd je Ro   | Florida 33319<br>  driquez PHONE: 493-6200<br>  PHONE: 493-6700  |
| PART I: NOTIFICATION  |  |
| (check appropriate box)  1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general pe  | -  |
| PART II: CLASSIFICATION   |  |
| Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)                  | No notification form  Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)                |
| <ul> <li>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)</li> <li>5. This is a correct facility classification</li> </ul> | 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 $12/9/91$ ) |
| If no, please check the appropriate classific   |  |

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) GY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ZY 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 ZY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY 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 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) ZY ON 1. Equipped all machines with the appropriate vent controls? TY 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 MY 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?

| B. | Has the responsible official of an existing large or new large area source also:  |    |    |      |
|----|---|----|----|------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | ΩY | 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?   | □Y | ПN | □N/A |
|    | Is the perc concentration equal to or less than 100 ppm?  | ΠY | ПИ | □N/A |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | ΟY | ИП | □n/a |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ΩY | ПΝ | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | ΠY | ПN | □N/A |

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

| PART VI: LEAK DETECTIO: AND I                     | REPAIRS         |                   |                             |               |             |
|---|-----------------|-------------------|-----------------------------|---------------|-------------|
| 1. Does the responsible official conduct a        | weekly (for si  | mall sources, b   | i-weekly) leak detection ar | id rep        | air         |
| inspection?                                       |                 |                   |                             | .ŒÝ           | ПN          |
| 2. Has the facility maintained a leak log?        |                 |                   | ٠.                          | ÐΥ            | ПN          |
| 3. Does the responsible official check the        | following are   | as for leaks?     |                             |               |             |
| Hose connections, fittings, couplings, and valves | DY ON (         | ⊃N/A              | Muck cookers                | ΔY            | □N □N/A     |
| Door gaskets and seating                          | QA ON (         | ⊃N/A              | Stills                      | ΔY            | □N □N/A     |
| Filter gaskets and seating                        | ØY □N (         | ⊃N/A              | Exhaust dampers             | <b>□</b> Y    | □N □N/A     |
| Pumps   | OY ON (         | ⊃N/A              | Diverter valves             | œÝ            | □N □N/A     |
| Solvent tanks and containers                      | ו אם צם         | ⊃N/A              | Cartridge filter housings   | <b>Z</b> Y    | □N □N/A     |
| Water separators                                  | ØÝ ON (         | ⊃N/A              |                             |               |             |
| 4. Which method of detection is used by t         | the responsible | e official?       |                             |               |             |
| Visual examination (condensed s                   | olvent on exte  | erior surfaces)   |                             | Ø             |             |
| Physical detection (airflow felt th               | rough gaskets   | 5)                | •                           | Ø             |             |
| Odor (noticeable perc odor)                       |                 |                   |                             | Ø             |             |
| Use of direct-reading instruments                 | ation (FID/PII  | D/calorimetric    | tubes)                      | $\mathcal{P}$ |             |
| Halogen leak detector                             |                 |                   |                             | Ø             |             |
| If using direct-reading instr                     | rumentation,    | is the equipme    | ent:                        | □N/           | Α           |
| a. Capable of detecting                           | perc vapor co   | ncentrations in   | a range of 0-500 ppm?       | $\square Y$   | ΩИ          |
| b. Calibrated against a s<br>(PD/FD only)?        | standard gas p  | orior to and afte | er each use                 | ΩY            | □и          |
| c. Inspected for leaks ar                         | nd obvious sig  | ms of wear on     | a weekly basis?             | ΩY            | □и          |
| d. Kept in a clean and s                          | secure area wh  | nen not in use?   |                             | ΩY            | □N          |
| e. Verified for accuracy                          | by use of dup   | olicate samples   | (calorimetric only)?        | $\Box Y$      | $\square$ N |
|   |                 |                   |                             |               |             |
|   |                 |                   |                             |               |             |

| B Thomas                        | 12-29-97                            |  |  |
|---------------------------------|-------------------------------------|--|--|
| Inspector's Name (Please Print) | Date of Inspection                  |  |  |
| & Aung                          | December 1998                       |  |  |
| Inspector's Signature           | Approximate Date of Next Inspection |  |  |

#### 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# 0112356

DRYCLEAN USA
EDDIE RODRIGUEZ
1875 W COMMERCIAL BLVD SUITE 140
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



#### (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

DRYCLEAN USA # 11548

MICHAEL GAGLIANO
1875 W COMMERCIAL BLVD SUITE 140
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

| TYPE OF INSPECTION: ANN CO  | OMPLAINT/DISCOVE RE-INSPECTION                           |
|---|--|
| TIME IN: 1:00 TIME OUT: 2:00  TYPE OF FACILITY: Dry Cled-er   | AIRS ID#: 011 2356                                       |
| FACILITY NAME: Dry Clear USA - C<br>FACILITY LOCATION: 6400 West Comm                                       | encist forlevord   |
| RESPONSIBLE OFFICIAL: Eddie Rodriquez   | PHONE NUMBER: 493-6700                                   |
| Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admini | strative Code (F.A.C.).                                  |
| Based on the results of the compliance requirements eva discrepancies were noted:                           | cluated during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM  | FOLLOW-UP ACTION REQUIRED                                |
|   |  |
|   |  |
| · ·   |  |
| · · · · · · · · · · · · · · · · · · ·   |  |
|   |  |
|   |  |
|   |  |
| COMMENTS:   |  |
| The Annual Compliance Certification form has been properly ce   |  |
| DATE OF NEXT INSPECTION: December   | Approximate)   |
| INSPECTION CONDUCTED BY: 5 Thomas   | (Please Print)   |
| INSPECTOR'S SIGNATURE: B Throng   | PHONE NUMBER: 519-1459                                   |
| Page  | eof Revised 10/96  |

|                                |                       | f                   | The same of the sa |  |                            |                            |                 |  |
|--------------------------------|-----------------------|---------------------|--|--|----------------------------|----------------------------|-----------------|--|
| e?                             | SENDER:               | ot e                | ver top of envelope<br>the return address  |  |                            | so wish to                 | receive the     | -  |
| se sid                         |                       | 3, 4a, and 4        |  | so that we   | can return this            | following servi            |                 | ,  |
| \ Yer                          |                       | to the front        | of the mailpiece, or on the b  | ack if spac  | e does not                 | 1. 🗆 Addre                 | ssee's Address  | Š  |
| he re                          |                       |                     | ested" on the mailpiece below<br>w to whom the article was de  |  |                            | / 2. ☐ Restricted Delivery |                 |  |
| }                              | delivered.            |                     |  |  |                            | Consult postm              | aster for fee.  | è  |
| completed on the reverse side? | 3. Article Addr       | ressed to:          |  |  | 4a Article N               | umber 302 4/               | 4               | rn Rec                                     |
| Ę                              | 1                     |                     | ID#: 0112356   | j  | 4b. Service                | ,,                         | ~               | etn  |
|                                | COMMERCIAL EDDIE RODR |                     |  |  | Registere                  |                            | Certified       | g F  |
| ADDRESS                        | 1875 W COMM           | MERCIAL E           | SLVD SUITE 140   |  | Express                    |                            | Insured         | usir                                       |
| ) <u>E</u>                     | FT LAUDERDA           | ALE, FL 33          | 309  |  | 7. Date of De              | ceipt for Merchand         | IISE LI COD     | . <u>ē</u>                                 |
|                                |                       |                     |  | N A  | 7. Date of Di              | envery                     |                 | you 1                                      |
| your RETURN                    | 5. Received B         | y: (Print N         | (arge)   | 1/1  | 8. Addressed<br>and fee is | e's Address (On<br>paid)   | ly if requested | Thank you for using Return Receipt Service |
| ) <u>5</u>                     | 6. Signature          | Addresse            | e or Agent)  | 7  | 1                          | 1                          |                 | •  |
| s yo                           | _X///                 | 11/2                | Willefill  | \$   |                            |                            |                 |  |
| -                              | PS Form 381           | 1, Decem            | ber 1994   |  |                            | Domestic R                 | eturn Receipt   |  |
|                                |                       | CC EC               | JS Postal Service Receipt for Cert No Insurance Coverage II Do not use for Internation Sant In  AIRS II DIMMERCIAL #11348 DDIE RODRIGUEZ 75 W COMMERCIAL B LAUDERDALE FL 333  Certified Fee Special Delivery Fee  Restricted Delivery Fee  Return Receipt Showing to Whom, Date, & Addressee's Address  Return Receipt Showing to Whom, Date, & Addressee's Address  | tified  <br>Provided.<br>nal Mail (3<br>D#: 0112<br>BLVD SUI | See reverse)<br>2356       |                            |                 |  |
|                                |                       | 1                   | TOTAL Postage & Fees   | \$   |                            | 1                          |                 |  |
|                                |                       | PS Form <b>3800</b> | Postmark or Date   |  |                            |                            |                 |  |

#### 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

AIRS ID#0112356

COMMERCIAL #11348
MICHAEL GAGLIANO
1875 W COMMERCIAL BLVD SUITE 140
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0112356 COMMERCIAL #11348 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 Bureau of Air Monitoring

7

Do NOT Remove Label

| Annual Reporting Period: January 1,   | 1997                            | то                         | December 31, 1997                          |
|---|---------------------------------|----------------------------|--|
|   |                                 |                            |  |
| Based on each term or condition of the Title  | e V general air permit, my      | facility has remained in   | n compliance with DEP Rule                 |
| 62-213.300, Florida Administrative Code (I  | F.A.C.), during the period      | covered by this statemen   | nt. YES NO                                 |
| If NO, complete the following:  |                                 |                            | :  |
| #1 Town or and date of the control of | 4 4 h - 4 h 4 h i               | :                          |  |
| #1. Term or condition of the general permi  | t that has not been in cont     | inuous compliance duri     | ng 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 permi  | t that has not been in cont     | inuous compliance durit    | ng the reporting period stated above:      |
|   |                                 |                            | <u> </u>                                   |
| Exact period of non-compliance: from  |                                 | to                         |  |
| Action(a) taken to asking commission  |                                 |                            |  |
| Action(s) taken to achieve compliance:  |                                 |                            |  |
| Method used to demonstrate compliance:  | :                               |                            |  |
|   |                                 |                            |  |
| As the responsible official, I hereby certify, bas  | ed on information and hali      | of formad after reasonable | e inquiry that the statements made in this |
| notification are true, accurate and complete. I   | further, my annual consum       | ption of perchloroethylend | e solvent, based upon purchase receipts,   |
| does not exceed 2,100 gallons per year for dry-   | to dry facilities or 1,800 gal  | lons per year for transfer | or combination facilities.                 |
| NEGRONAL POPULATION AND MAIL OF THE PROPERTY O  | HAEL CACHANIC                   | ,                          | 2/0/00                                     |
|   | HAEL GAGLIANO me (Please Print) | Signa                      | 2/9/98 Date                                |
|   |                                 | 0/                         |  |

<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.

|  | BEST AVAILABLE COPY 1997,12-31 09:28 #565 P. 06  |
|--|--|
| FROM : DRYCLEAN-USA OII 2-370 ANNUA  | L'COMPLIANCE CERTIFICATION FORM 0//235   |
| ACILITY NAME: Dry eles   | - USA - Commercial 11348 DATE: 12-29-97  |
|  | Vest Commercial Boulevard  |
| Louder   | Lill Blorids 33319   |
| anual Reporting Period; Dece   | 11/ 1996 to December 1997  |
|  | tle V general air pennit, my facility has remained in compliance with DEF Rule (F.A.C.), during the period covered by this scatement. UYES UNO   |
| NO, complete the following:  |  |
| ). Tetm or condition of the general pera   | ruit that has not been in continuous compliance during the reporting period stated above:  |
| nact period of non-compliance: from  | TAAN 2 6 1000  |
| mion(s) taken to achieve compliance:   | Bureau of Air Monit  |
| result to demonstrate escaptiones:   | Bureau of All Bureau of All Source   |
| 2. Term or condition of the general penting o | nit that has not been in continuous compliance during the reporting period stated above:   |
| action(s) taken to actiove compliance:   |  |
| Hethod used to demonstrate compliance;   |  |
| nade in this notification are tase, eccura   | bused on information and belief formed after reasonable inquity, that the statements to and complete. Further, my annual consumption of perchloroethylene solvent, based is, does not exceed 2.100 gallons per year for dry-to dry facilities or 1,800 gallons per secrific try. |
| responsible official: Mich   | nel Gagliano 12/30/97 Name (Please Phill) Signature  12/30/97  |
| This form is made available to you as an<br>discretion of the responsible official to us   | a sld in order to meet your sentual compliance certification requirements. It is at the clubs form   |
|  | Pageof   |
|  |  |

# 0112356 DRY CLEANTR AIR QUALITY GENERAL ERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| ACILITY NAME: Dry clean USA - Commercial 11348 DATE: 12-29-97   |
|---|
| ACILITY NAME: Dry clear USA - Commercial 11348 DATE: 12-29-97 ACILITY LOCATION: 6400 West Commercial Boulevard  |
| 1 10.1'11 E/ 11 7.72.0  |
| Louderhill Blorids 33319  |
| nnual Reporting Period: December 1996 TO December 1997  |
| ased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  |
| NO, complete the following:   |
| 1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:   |
| xact period of non-compliance: from   |
| ction(s) taken to achieve compliance:   |
| Sethod used to demonstrate compliance:  |
| 2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:   |
| xact period of non-compliance: fromto   |
| action(s) taken to achieve compliance:  |
| fethod used to demonstrate compliance:  |
| s the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements ade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based pon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per ear for transfer or combination facilities.  XESPONSIBLE OFFICIAL: |
| 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.  |

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

| 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 .<br>le number.  | 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 0112356  COMMERCIAL #11348  MICHAEL GAGLIANO 1875 W. COMMERCIAL BLVD SUITE 140  FT LAUDERDALE FL 33309  | 4a. Article N  4b. Service  Registere  Express  Return Rec  7. Date of De | Type ed Certified Mail Insured ceipt for Merchandise COD ceilivery   |
| is your <u>RETURN</u> | 5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form <b>3811</b> , December 1994  | 8. Addressed<br>and fee is  | e's Address (Only if requested paid)  Domestic Return Receipt  |

#### Ž 333 613 315 **US Postal Service Receipt for Certified Mail** AIRS ID 0112356 COMMERCIAL #11348 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

ACC

Revised 09/15/97

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: P   | ry clean, USA<br>5400 W. Com<br>auderhill, FL | : #11348               |                     | DATE: 12-28-99            |
|--|---|------------------------|---------------------|---------------------------|
| FACILITY LOCATION:   | 5400 W. Com                                   | merical B              | lvO.                |                           |
|  | auderhill, FL                                 | •                      |                     |                           |
|  |   |                        |                     |                           |
| Annual Reporting Period:   | an. 1   | 19 <u>99</u> то        | Dec. 3,             | 19_98                     |
| Based on each term or condition of 62-213,300, Florida Administrativ   |   |                        |                     |                           |
| If NO, complete the following:   |   |                        |                     |                           |
| #1. Term or condition of the gene  | eral permit that has not been                 | in continuous complia  | nce during the repo | ting period stated above: |
| Exact period of non-compliance:  | from  |                        | to                  | -                         |
| Action(s) taken to achieve complia   | ance:   | · ·                    |                     |                           |
| Method used to demonstrate comp  | oliance:                                      |                        |                     |                           |
| ≠2. Term or condition of the gene  | ral permit that has not been                  | in continuous complia  | nce during the repo | ting period stated above: |
| Exact period of non-compliance:  | from  |                        | to                  |                           |
| Action(s) taken to achieve complia   | ance:   |                        |                     |                           |
| Method used to demonstrate comp  | oliance:                                      |                        |                     |                           |
| As the responsible official, I herely made in this notification are true, upon purchase receipts, does not combination facilities. | accurate and complete. Fur                    | rther, my annual consu | mption of perchloro | pethylene solvent, based  |
|  |   |                        | 1/ 1                | U A                       |
| RESPONSIBLE OFFICIAL:  | Name (Please Print)                           |                        | N.A.<br>Signature   |                           |

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

Eddie J. Rodriguez
President and
Chief Operating Officer
Retail Group

May 13, 1999

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

RECEIVED

Bureau of Air Monitoring

Sources oring

Re:

Responsible Official, Dryclean USA of Florida, Inc.

To Whom It May Concern:

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

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

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

Sincerely

Edglie J. Rodriguez Chief Operating Officer

/rf

cc Angelo Izquierdo

Art Pennetta, Natural Resource Specialist I, Broward County

LUITE DAT CLUMITUM TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST BEST AVAILABLE COPY TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY **RE-INSPECTION** AIRS ID#: 01/2356 DATE: 11/22/CO TIME IN: Dry Clean USA FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: Boil PHONE: 747 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: □ No notification form.... Drop store/out of business/petrolcum (check appropriate box) 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrtransfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr(constructed on or after 12/9/91) (constructed before 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only,  $140 \le x \le 2,100$  gal/yr dry-to-dry only, 140 < x < 2,100 gal/yr transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, 200 < x < 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)

Revised 9/15/97

 $\square N$ 

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

□Can not determine

5. This is a correct facility classification

facility was ( ) gallons.

If no, please check the appropriate classification:

| Is the responsible official of the dry cleaning facility:   |            |
|---|------------|
| (check appropriate boxes)   |            |
| 1. Storing perchloroethylene in tightly sealed and impervious containers?   | DY ON ON/A |
| 2. Examining the containers for leakage?  | OY ON ON/A |
| 3. Closing and securing machine doors except during loading/unloading?  | OY ON      |
| 4. Draining cartridge filters in their housing or in sealed containers for at<br>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? | OY ON ON/A |

| PART IV: PROCESS VENT CONTROLS  |                     |
|---|---------------------|
| In Part II-A: N. A.   |                     |
| If classification 1 has been checked, no controls are required. Proceed to Part   | v.                  |
| If classification 2 has been checked, the machine should be equipped with a ref. (complete A below).  | rigerated condenser |
| If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mainstalled prior to September 22, 1993 | •                   |
| If classification 4 has been checked, the machine should be equipped with a refu<br>(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?  | UY UN               |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  | OY 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?  | אם אם               |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?  | OY ON ON/A          |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  | □У □И               |

| В. | Has the responsible official of an existing large or new large area source also: $M$  | A.           |       |     |
|----|---|--------------|-------|-----|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | ΩY           | □и    |     |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | ΟY           | חם חם | I/A |
|    | Is the temperature differential equal to or greater than 20° F?   | ″ <b>Q</b> Y | □N □N | I/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?   | ΩY           |       | I/A |
|    | Is the perc concentration equal to or less than 100 ppm?  | ПY           | ON ON | Ī/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           | מם מם | [/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ΠY           | מם אם | /A  |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | ΠY           |       | /A  |

| FART V: RECORDRESSING REQUIREMENTS   |            |  |  |  |  |
|--|------------|--|--|--|--|
| Has the responsible official: (check appropriate boxes)  |            |  |  |  |  |
| Maintained receipts for perc purchased?  | OY ON      |  |  |  |  |
| 2. Maintained rolling monthly total of perc consumption?   | □Y □N      |  |  |  |  |
| 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 |  |  |  |  |
| <ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days<br/>and parts installed w/in 5 days of receipt?</li> </ul> | OY ON ON/A |  |  |  |  |
| 4. Maintained calibration data? (for applicable direct reading instruments)  | OY ON ON/A |  |  |  |  |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   |            |  |  |  |  |
| 6. Maintained startup/shutdown/malfunction plan?   |            |  |  |  |  |
| 7. Maintained deviation reports?   |            |  |  |  |  |
| Problem corrected?   | OY ON ON/A |  |  |  |  |
| 8. Maintained compliance plan, if applicable?  | OY ON ON/A |  |  |  |  |

| 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair |   |            |                           |       |       |  |
|--|---|------------|---------------------------|-------|-------|--|
| l  | inspection?   | λ./        | ٨                         | DY C  | M     |  |
| 2.   | Has the facility maintained a leak log?                               | , N.A.     |                           |       | IN    |  |
| 3.   | 3. Does the responsible official check the following areas for leaks? |            |                           |       |       |  |
|  | Hose connections, fittings, couplings, and valves                     | QY ON ON/A | Muck cookers              | ОУ ОИ | □N/A  |  |
|  | Door gaskets and seating  | OY ON ON/A | Stills                    | OY ON | □N/A  |  |
|  | Filter gaskets and seating  | OY ON ON/A | Exhaust dampers           | OY ON | □n'/A |  |
|  | Pumps   | OY ON ON/A | Diverter valves           | OY ON | □N/A  |  |
|  | Solvent tanks and containers  | OY ON ON/A | Cartridge filter housings | OY ON | □N/A  |  |
|  | Water separators  | □Y □N □N/A |                           |       |       |  |
| 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  |       |  |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?                                 |   |            | OY ON                     | ],    |       |  |
| b. Calibrated against a standard gas prior to and after each use<br>(PID/FID only)?                        |   |            | ОУ ОИ                     |       |       |  |
| c. Inspected for leaks and 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 accuracy by use of duplicate samples (calorimetric only)?                                  |   |            | OY ON                     |       |       |  |
|  |   |            |                           |       |       |  |

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

# 

| - (  | SA # 11348 DATE: 11/22/00 Commercial Blad.   |  |  |  |  |  |
|--|--|--|--|--|--|--|
| [ arclerhill   | · Fl.  |  |  |  |  |  |
| Annual Reporting Period:   | 1999 TO MOVEMBLEY 2000   |  |  |  |  |  |
| Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES |  |  |  |  |  |  |
| If NO, complete the following:   |  |  |  |  |  |  |
| #1. Term or condition of the general permit that 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 that 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:   | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |
| in this notification are true, accurate and complete. Furt   | rmation and belief formed after reasonable inquiry, that the statements made ther, my annual consumption of perchloroethylene solvent, based upon r for dry-to dry facilities or 1,800 gallons per year for transfer or  L Signature  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.