

# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

June 25, 1997

Mr. Michael Nagel, Vice President One Price Dry Cleaning 7675 West Sample Road Coral Springs, Florida 33065

Re: Facility No.: 0112374

Dear Mr. Nagel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 12, 1997.

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

	#0112374 One Price Dry Cleaning
P.14	1. (c) mark out "X"
p.15	4. Should be new small area
	1.(c) mark out "X" 4. should be new small area 3 ource Wrefrig. con. 5.(f) required
	5.01 required
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# Perchloroethylene Dry Cleaning Facility Notification

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2+2 OR CONNES PRINCE INC
2. Site Name (For example, plant name or number):
ONE PRICE DRY CLEANING
3. Hazardous Waste Generator Identification Number:
Apricies Kin 172/97
4. Facility Location: 7675 WEST SAMPLE MORO Street Address:
City: Coare Springs County: Brings Zip Code: 33061
5. Facility Identification Number (DEP Use):
0/12374
Responsible Official
6. Name and Title of Responsible Official:
MICHAEL NAGEL V. PRESIDENT
7. Responsible Official Mailing Address: 7675 WEST SAMPLE MAD
Organization/Firm: Street Address:  ONE PAICE DAY CLEANING
City: Coam Serves County: Browned Zip Code: 33061
8. Responsible Official Telephone Number:
Telephone: (914) 345-7106 Fax: ()
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) / - Fax: ( ) -
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MAY 1 2 1997

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

MLLTIMATIC  S/S 386  Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	.1.15°			iy.					
(1) w/ ref. condenser	(1)	02 MAY 97	02 my 9						
(2) w/ carbon adsorber		1							
(3) w/ no controls									
Washer Unit			Printer Committee					ida Barg	olimetin etti il
(4) w/ ref. condenser		<u> </u>			Ī	<u> </u>			
(5) w/ carbon adsorber									
(6) w/ no controls							_		
Dryer Unit	ŞV, DŞ.			4.5.5			Marine.		Land Valegori evitri
(7) w/ ref. condenser		7 90		1. 2011	T	T	T .	-1,1,-0,000 2,000 00,.10,550	Contract Con
(8) w/ carbon adsorber	<del>                                     </del>								
(9) w/ no controls							<del>                                     </del>		
Reclaimer Unit			r typer.	, - <sup>1</sup> ,3 /3			<del>-</del>	Late Haja Gal	
(10) w/ ref. condenser		1			<u> </u>	<u> </u>	T		ara menanggan s
(11) w/carbon adsorber	ļ						<del> </del>	<del> </del>	
(12) w/ no controls		<del>-</del>					+		
(b) Control devices are  No control devices	•	·	-						
2.(a) What was the total of [ / 3 o ]  (b) If less than 12 mont Check why it is less	gallo	ons $\mathcal{I}_{\kappa_i}$	months	<i>ng</i> 10	MA	PENC / LUINE	' N 7	. Dry	
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	t one classifi	cation only.) Ne	w sm	nall area sour	ce 🔀	,	Part II?	
Existing large are	ea soi	ırce []	Ne	w lar	ge area sourc	ce [	]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(4) What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source  Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:  All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.  All steam and hot water generating units exempt  No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
Start-up, shutdown, malfunction plan

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
$\succeq$	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. $ \sqrt{3/97} $
Signature	Date Date

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

## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTIO	D NG	cc	)MPLAINT/I	DISCOVER	Υ□	
AIRS ID#: <u>0(12374</u> DAT	re: 12/14/00	) TR	ME IN: _	P:30	TIME OUT	r: <u>9:<i>5</i>0</u>	
FACILITY NAME: $2+2$	OF CORN	SPRIN	65_				[
FACILITY LOCATION:7	675 W.	SAMPL	s Ro	CORN	L Speci	<b>ు</b> స్ క	
					_	065	
RESPONSIBLE OFFICIAL :		NAGEL	PH	one: <u>(954</u>			<del>-</del>
CONTACT NAME:			PH	ONE:			
	· · · · · · · · · · · · · · · · · · ·		<u> </u>			<del></del>	
PART I: NOTIFICATION							
(check appropriate box)	· · · · · · · · · · · · · · · · · · ·						
1. New facility notified DARM 30 d	ays prior to star	tup				Q	
2. Facility failed to notify DARM to	use general per	mit			•		
PART II: CLASSIFICATION  Facility indicated on notification for (check appropriate box)	orm that it is:			To notification		/petroleum	
A.	-			-	_	•	
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		2. New small dry-to-dry of transfer only both types, a (constructed	nly, x < 1 /, x < 200 c < 140 ga	40 gal/yr gal/yr ll/yr	& Mobile		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ g transfer only, $200 \le x \le 1,800$ galboth types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	gal/yr /yr		nly, 140 ≤ v, 200 ≤ x .40 ≤ x ≤	$x \le 2,100 \text{ ga}$ $\le 1,800 \text{ gal/y}$ 1,800  gal/yr	bile Sources	& 2000 Air Monitoring	
5. This is a correct facility classift	cation		ī □Ca	an not determ	ine		
	priate classifica alified for a gene eeds above limi	eral permit a			ove ermit		
<b>B.</b> The total quantity of perchloroeth facility was $100$ gallons.	ylene (perc) pur	chased with	n the prec	eding 12 mo	nths by this	dry cleanin	ıg

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A Examining the containers for leakage? MD Y 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYNA 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? OY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DAY 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 ONA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

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

PART	VI: LEAK DETECTION AND I	REPAIRS					
l. Do	es the responsible official conduct a	weekly (for	small sources,	bi-weekly) leak detection a	ind rep	air	
ins	pection?				ØY	ON	
2. Ha	s the facility maintained a leak log?				<b>E</b> Y	□N	
3. Do	es the responsible official check the	following a	reas for leaks?				
	Hose connections, fittings, couplings, and valves	DY ON	□N/A	Muck cookers	, Darx	ON ON	√A.
	Door gaskets and seating	MY ON	□N/A	Stills	OPY.		√A
	Filter gaskets and seating	OY ON	□N/A	Exhaust dampers	OY	םא םא	√A.
	Pumps	DY ON	□N/A	Diverter valves	_	מם מם	
	Solvent tanks and containers	GY ON	□N/A	Cartridge filter housings	ZY	ON CN	J/A
	Water separators	מם צעם	□N/A				
4. Wh	ich method of detection is used by the	he responsil	ole official?		,		
	Visual examination (condensed so	olvent on ex	terior surfaces)	)	Q		
	Physical detection (airflow felt thr	ough gaske	ets)		a		
	Odor (noticeable perc odor)				Ø		
	Use of direct-reading instrumental	tion (FID/P	ID/calorimetric	tubes)			
	Halogen leak detector						
	If using direct-reading instru	umentation	, is the equipn	ient:	ON/	A	
	a. Capable of detecting p	erc vapor c	oncentrations i	n a range of 0-500 ppm?	ΩY	ПN	
	b. Calibrated against a st (PID/FID only)?	andard gas	prior to and af	ter each use	ΩY	ON	
	c. Inspected for leaks and	d obvious si	gns of wear on	a weekly basis?	ΩY	ΩN	
	d. Kept in a clean and se	cure area w	hen not in use?	? -	ΩY	ΠN	
	e. Verified for accuracy b	y use of du	plicate samples	s (calorimetric only)?	ΟY	ΠN	
	ART PEWETA			12/14/00		1	_
	Inspector's Name (Please Print	t)		Date of Inspec			
	Inspector's Signature			Approximate Date of N		spection	

Revised	01	/1	2	'n	n
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AIRS ID#: 0112374

# MU

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	ONE	PRICE	CLEAN	<u>ers</u>		DATE	: 12/14/00
FACILITY LOCATION:	7675 U	u. Sam	PLE RO.	CORAL	SPRINGS	5, FL.	3306 <b>5</b>
Annual Reporting Period:	JAU	12	<u>2</u> 2 <u>\alpha</u>	<u>о</u> то _	DEC	14	2000
Based on each term or condition 62-213.300, Florida Administrat		_			-	ance with DE	P Rule
If NO, complete the following:							
#1. Term or condition of the gen	neral permit t	hat has not bee	en in continuou	s compliance	during the rep	porting perio	d stated above:
Exact period of non-compliance	: from _			t	0		
Action(s) taken to achieve comp	liance: _	· · · · · · · · · · · · · · · · · · ·					<del></del>
Method used to demonstrate con	npliance: _	f					<u> </u>
#2. Term or condition of the ger	neral permit tl	nat has not bee	n in continuou	s compliance	during the rep	porting period	d stated above:
Exact period of non-compliance:	from _			to			
Action(s) taken to achieve comp	liance:						<u> </u>
Method used to demonstrate con	npliance: _			···			
As the responsible official, I here in this notification are true, accupurchase receipts, does not exceed combination facilities.	rate and com	plete. Further	, my annual co	nsumption of	perchloroethy	ylene solvent,	based upon
RESPONSIBLE OFFICIAL:	NHGE Name	e (Please Print)	)	TII - N	Signature	Da	te

<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.



400661

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 # 0112374

ONE PRICE DRY CLEANING MICHAEL NAGEL 7675 WEST SAMPLE ROAD CORAL SPRINGS FL 33065

FOR GOVERNMENT USE ONEY Org.: 37550101000 EO-A1 = Fund: 20-2-035001 Obj.: 002273

ONE PRICE DRY CLEANERS 7675 W Sample Rd. Coral Springs, FL 33065



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

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# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

May 13, 1997

Mr. Michael Nagel Vice President One Price Dry Cleaners 7675 West Sample Road Coral Springs, Florida 33065

Dear Mr. Nagel:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#124) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 904/488-6140.

Sincerely,

Sandra Bowman

Environmental Manager

Mobile Source Control Section

Bureau of Air Monitoring and

Mobile Sources

SB\

Enclosure

# Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	2+2 OR CORNE SPRINCE INC
2.	Site Name (For example, plant name or number):
	ONE PAICE DAY CLEANING
3.	Hazardous Waste Generator Identification Number:
	APPRICE FOR 172/97
4.	Facility Location: 7675 WEST SAMPLE HORD  Street Address:
	City: Coare Springs County: Brings Zip Code: 33065
5.	Facility Identification Number (DEP Use):
	Responsible Official
6.	Name and Title of Responsible Official:
	MICHAEL NAGEL V. PRESIDENT
7.	Responsible Official Mailing Address: 7675 WEST SAMPLE MAD
	Organization/Firm: Street Address:  ONE PAICE DAY CLEANING
	City: Conn Semus County: Brunno Zip Code: 33061
8.	Responsible Official Telephone Number:
	Telephone: (954) 345-7106 Fax: ()
	Facility Contact (If different from Responsible Official)
_	
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
l	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -
	DECEIVED

MAY 1 2 1997

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources



# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell 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, 1997. Your check and the detachable portion of this invoice below should be mailed to:

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

RECEIVED

(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#: 0112274

WARRICK 3 INC KEITH WARECH 8745 SW 57TH ST COOPER CITY FL 33328 PLEASE NOTE: WE ARE NO longer Using PERC AT This location

FOR GOVERNMENT USE ONLY

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

Оы.: 002273

300649

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0112374 2 + 2 OF CORAL SPRINGS INC MICHAEL NAGEL 7675 WEST SAMPLE ROAD CORAL SPRINGS FL 33065 Do NOT Remove Label Annual Reporting Period: MAY 1 1997 19 TO 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. NO 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 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 Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL:

<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.

## O/12379 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

1.0	
	DRY CLEANING DATE: 12-19-97
FACILITY LOCATION: 1675 W S	AMPLE RD.
CORAL SPRINGS	FL 33065
Annual Reporting Period: MAY 1997	19 TO
Based on each term or condition of the Title V general air po	ermit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the	he period covered by this statement. TYES INO
If NO, complete the following:	
#1. Term or condition of the general permit that has not bee	en in continuous compliance during the reporting period stated above:
	RECEIVED
	NECEIVED
Exact period of non-compliance: from	JAN 2 6 1998
Action(s) taken to achieve compliance:	Bureau of Air Monitoring
Method used to demonstrate compliance:	& Mobile Sources
#2. Term or condition of the general permit that has not been	en 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:	
•	nation and belief formed after reasonable inquiry, that the statements Further, my annual consumption of perchloroethylene solvent, based
upon rolling averages of purchase receipts, does not exceed	d 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per
year for transfer or combination facilities.	On Water 12 12 12
RESPONSIBLE OFFICIAL: M. Name (Please Print	Sindature Date
1.2.0 (1.2.0 1.1.1.	

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 \_\_\_\_.

BEST AVAILABLE COPY INSPECTION SUMMARY REPORT TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION TIME IN: 10:30 \_\_\_\_\_AIRS ID#: 0112374 TIME OUT: Clesner West FACILITY LOCATION: PHONE NUMBER: 345 - 7106 RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is round to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. NO DATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY: \_PHONE NUMBER: \_\_519-1459 INSPECTOR'S SIGNATURE:

Page \_\_of

Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCON	VERY 🗆
AIRS ID#: 01/23 79 DATE: 12-18-97 TIME IN: 10:30 TIME	OUT: //: 30
FACILITY NAME: One Price Dry Cleaning	<del></del> _
FACILITY LOCATION: 7675 West Sumple Road	
Coral Springs Florida 330	65
RESPONSIBLE OFFICIAL: Michael Nogel PHONE: 345-	
CONTACT NAME: Michael Nagel PHONE: 345-	7106
CONTROL TRANS.	
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:  (check appropriate box)  □ No notification form □ Drop store/out of bu	
Facility indicated on notification form that it is:	
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    No notification form that it is:   Drop store/out of bu	
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  The proposed of the control of the cont	
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    No notification form that it is:   Drop store/out of bu	
Facility indicated on notification form that it is:  (check appropriate box)  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	
Facility indicated on notification form that it is: (check appropriate box)  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 transfer only area source dry-to-dry only, $x < 140$ gal/yr transfer only area source both types, $x < 140$ gal/yr transfer only area source constructed before $12/9/91$ )  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	
Facility indicated on notification form that it is: (check appropriate box)  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 both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  1. Existing small area source dry-to-dry only, $x < 140$ gal/yr (constructed on or after $x < 12/9/91$ )	isiness/petroleum

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ZY ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? ZY ON ON/A 2. Examining the containers for leakage? KY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ZY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) ØY ON 1. Equipped all machines with the appropriate vent controls? ZY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ZY 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?

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?	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?	אומם מם צם
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?	ОУ ОИ ОИ/А
	Is the perc concentration equal to or less than 100 ppm?	DY DN DN/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?	מ'אם אם עם עם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
_		
P.	ART V: RECORDKEEPING REQUIREMENTS	
11	as the responsible official: heck appropriate boxes)	
1.	Maintained receipts for perc purchased?	DY □N
2.	Maintained rolling monthly averages of perc consumption?	DY ON
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or;	DA 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)	PY ON ON/A
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY ON ONA
6.	Maintained startup/shutdown/malfunction plan?	DA ON
7.	Maintained deviation reports?	DY ON ON/A
Ш		
	Problem corrected?	PY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?						
2. Has the facility mai	ety on					
3. Does the responsible	3. Does the responsible official check the following areas for leaks?					
Hose connecti couplings, ar		ZY ON ON/A	Muck cookers	ØY □N □N/A		
Door gaskets :	and seating	ØÝ □N □N/A	Stills	DYÝ □N □N/A		
Filter gaskets	and seating	MY ON ON/A	Exhaust dampers	ØY □N □N/A		
Pumps		MY ON ON/A	Diverter valves	ZÝ ON ON/A		
Solvent tanks	and containers	ØY □N □N/A	Cartridge filter housings	ØY □N □N/A		
Water separat	ors	ØÝ □N □N/A				
4. Which method of de	etection is used by th	e responsible official?	)			
Visual examin	nation (condensed so	lvent on exterior surfa	aces)	Ø		
Physical detec	ction (airflow felt thro	ough gaskets)		Q*		
Odor (noticea	ble perc odor)	• 1		<b>Z</b>		
Use of direct-	reading instrumentat	ion (FID/PID/calorim	etric tubes)	<b>a</b> ´		
Halogen leak	detector			<b>2</b> ′		
If using d	irect-reading instru	mentation, is the equ	uipment:	□N/A		
a. C	apable of detecting p	erc vapor concentration	ons in a range of 0-500 ppm?	□Y □N		
II .	alibrated against a st PID/FID only)?	andard gas prior to an	nd after each use	OY ON		
c. In	ispected for leaks and	l obvious signs of wea	r on a weekly basis?	□Y □N		
d. K	ept in a clean and se	cure area when not in	use?	□Y □N		
e. V	erified for accuracy b	y use of duplicate san	nples (calorimetric only)?	□Y □N		
		<del></del>				
	1		2 / /	18 1997		
	roms		Pecembel			
Inspector'	's Name (Please Prin	t)	Date of Inspe	ection		
Sylv	m		December	1998		
Inspec	ctor's Signature		Approximate Date of	Next Inspection		

AIRS ID#: 0119374

Acc

Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	2+2 One 7675 W. Coea/ Sp	Price d	comers		_DATE: 12/s	98
FACILITY LOCATION: _	7675 W.	Sample Re	£			
	Coral Sp	Mings F	c. 3306s			
		-				
Annual Reporting Period:	Jan. 1	19_	99 TO _	Dec 31	· 	_19 <u>8</u> 8
Based on each term or conditi	ion of the Title V gener	al air permit, my fa	cility has rem	ained in compliane	ze with DEP Rule	
62-213.300, Florida Administ	trative Code (F.A.C.), o	luring the period co	vered by this	statement. TYP	$\Box$ NO	O
If NO, complete the following	<b>g</b> :					
#1. Term or condition of the	general permit that has	s not been in continu	uous complian	ce during the repo	rting period stated	d above:
Exact period of non-complian	nce: from			to		
Action(s) taken to achieve con	mpliance:					
Method used to demonstrate o	compliance:					
#2. Term or condition of the	general permit that has	s not been in continu	uous complian	ce during the repo	rting period stated	d above:
Exact period of non-complian	nce: from		to	).		
Action(s) taken to achieve co						
•				,3	_	
Method used to demonstrate of	сотриалсе:	<del></del> :	·	•	_	
As the responsible official, I h made in this notification are t upon purchase receipts, does combination facilities.	true, accurate and com	plete. Further, my	annual consur	nption of perchlore	oethylene solvent,	based
RESPONSIBLE OFFICIAL	Lydin.	D. Newmi	Chr	hm	- 12/	130/4
	/ Name (Plea	se Print)		Signature	'D	ate'

<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.

ONE PRICE DRY CLEANING DRY CLEANING
MON - FRI • 7 am - 7 pm
SAT • 8 am - 6 pm

PRICE

(954) 345-7106

7675 W. Sample Rd. Coral Springs, FL 33065

# PERCHLOROETHYLENE DRY CLEANERS

	E INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY C
RE-INSPECT	TION · □
AIRS ID#: 0112374 DATE: 12/80	98 TIME IN: 1410 TIME OUT: 1435
FACILITY NAME: 2+2 One	Phice Cleaners
FACILITY LOCATION: 76 75 U	
Cora/S	Springs, FL. 33065
RESPONSIBLE OFFICIAL: Lydia D	2. Newman PHONE: (954) 345-7106 PHONE: Samp
CONTACT NAME: Same	PHONE: Samf
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 $\square$
PART II: CLASSIFICATION	
Facility indicated on notification form that it is	
(check appropriate box) A.	☐ 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, $x < 200 \text{ gal/yr}$	transfer only, $x < 200$ gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, $x < 140$ gal/yr (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, $140 \le x \le 2{,}100 \text{ gal/yr}$
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, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	□Y □N □Can not determine
If no, please check the appropriate class	
	general permit as number above limits and is not eligible for a general permit
iacinty exceeds above	mines 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) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ey 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 COY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber □N □N/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? Y ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated 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

PART III: GENERAL CONTROL REQUIREMENTS

verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	מע סא
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	MY 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?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	MY 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? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: Y ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days BY ON ON/A and parts installed w/in 5 days of receipt? Y ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) Y, ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? ND YE 6. Maintained startup/shutdown/malfunction plan? MY ON ON/A 7. Maintained deviation reports? OY/ON CHINA Problem corrected? EY ON ON/A 8. Maintained compliance plan, if applicable?

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			ely on				
2.	Has the facility maintained a leak log?	•		ey on				
3.	Does the responsible official check the f	ollowing areas for leaks	s?					
	Hose connections, fittings, couplings, and valves	DY DN DN/A	Muck cookers	MY ON ON/A				
	Door gaskets and seating	Y ON ON/A	Stills	MY ON ON/A				
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A				
	Pumps	DY ON ON/A	Diverter valves	MY ON ON/A				
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A				
	Water separators	DY ON ON/A	,					
4.	Which method of detection is used by the	e responsible official?		./				
	Visual examination (condensed so	lvent on exterior surfac	es)	4				
	Physical detection (airflow felt thr	ough gaskets)		4				
	Odor (noticeable perc odor)			9				
	Use of direct-reading instrumentat	ion (FID/PID/calorime	tric tubes)					
	Halogen leak detector							
	If using direct-reading instru	imentation, is the equi	pment:	□N/A				
	a. Capable of detecting p	erc vapor concentration	is in a range of 0-500 ppm?	□Y □N				
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas prior to and	after each use	□У □И				
	c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	OY ON				
	d. Kept in a clean and se	cure area when not in t	ise?	□Y □N				
	e. Verified for accuracy b	by use of duplicate samp	oles (calorimetric only)?	OY ON				
	Paul R. She 16		12/80/9	8				
	Inspector's Name (Please Prin	it)	Date of Inspe	ction				
	10		12/30/99	ı				
_	Inspector's Signature		Approximate Date of	Next Inspection				

# PERCHLOROETHYLENE DRY CLEANERS

TITLE V	GENERAL PERMI	T
COMPLIANCE	INSPECTION CHE	CKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>a</b>	COMPLAINT/DISCOV	ÆRY 🛚
AIRS ID#: $0112374$ D2  FACILITY NAME: $2+2$ FACILITY LOCATION: $7$	OUE PRICE	CIER	NERS RE TH	P 2:45 OF EL.
RESPONSIBLE OFFICIAL : _	MICHAEL		ō	5 FG 15-7866
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30	days prior to startup			9
2. Facility failed to notify DARM	to use general permit			a
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. dry- trar botl	$\begin{array}{l} \text{nsfer only, } x \\ \text{h types, } x < 1 \end{array}$	x < 140 gal/yr < 200 gal/yr	iness/petroleum
Facility indicated on notification (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	dry- trar both (con  gal/yr trar dry- gal/yr trar both trar both	-to-dry only, x she types, x < 1 nstructed on New large at -to-dry only, asfer only, 20 th types, 140 she types, 140 she had a she to-dry only, asfer only, 20 th types, 140 she types, 14	☐ Drop store/out of business  rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91)  5. This is a correct facility class  If no, please check the appropriate to the property of the propriate to the property of the propert	dry- trar both (cor	nstructed only, as fer only, x in types, x < 1 instructed on the New large and to-dry only, as fer only, 20 in types, 140 instructed on the Instructed on th	Drop store/out of business  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine  mber above ible for a general permit	

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON ON/A 2. Examining the containers for leakage? MY 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? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MON/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) MY UN 1. Equipped all machines with the appropriate vent controls? ZY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

DY ON BNA

8. Maintained compliance plan, if applicable?

PART	PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
ins	pection?				<b>Y</b> Y		N
2. Has	the facility maintained a leak log?				<b>P</b> Y	C	אב
3. Do	es the responsible official check the	following ar	reas for leaks?				
	Hose connections, fittings, couplings, and valves	MY ON	□N/A	Muck cookers	<b>T</b> Y	ПN	□N/A
	Door gaskets and seating	QA ON	□N/A	Stills	″ <b>⊡</b> Y	ΠN	□N/A
	Filter gaskets and seating	ØY ON	□N/A	Exhaust dampers	<b>GY</b>	□N	□N/A
	Pumps	DY ON	□N/A	Diverter valves	ØΥ	□N	□N/A
	Solvent tanks and containers	og√y □n	□N/A	Cartridge filter housings	<b>Z</b> Y	ΠN	□N/A
	Water separators	DY ON	□N/A				
4. Wh	ich method of detection is used by th	ne responsib	ole official?				
	Visual examination (condensed so	olvent on ex	terior surfaces)		12		
	Physical detection (airflow felt thr	ough gaske	ts)				
	Odor (noticeable perc odor)				<b>Z</b>		
	Use of direct-reading instrumenta	tion (FID/P	ID/calorimetric	tubes)			
	Halogen leak detector						
	If using direct-reading instru	unientation	, is the equipm	ent:	DAN/	'A	
	a. Capable of detecting p	erc vapor c	oncentrations in	n a range of 0-500 ppm?	ΠY	ΠN	
	b. Calibrated against a st (PID/FID only)?	tandard gas	prior to and aft	er each use	ΠY	□N	
	c. Inspected for leaks and	d obvious si	gns of wear on	a weekly basis?	ΠY	ПN	
	d. Kept in a clean and se		_		ΠY	ПN	
	e. Verified for accuracy l				ΠY	ПN	
	. •		•				
-							
				_			
	Dor Paris			: 42 00			
	Inspector's Name (Please Prin	ıt)		<i>i-j2-00</i> Date of Inspe	ction		<del></del>
	$\bigcirc$	7					
	Let Tenneth			JAN 200	(		
	Inspector's Signature			Approximate Date of 1	Next I	nspec	tion

# BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: OUE PRICE DRY C	CLENERS DATE: 1/12/100
FACILITY LOCATION: 7075 W SAMA	111111 0.0 0000 11011
	ALD OUTLITY DIVISION
Annual Reporting Period: DEC	1998 TO1999
Based on each term or condition of the Title V general air p 62-213.300, Florida Administrative Code (F.A.C.), during	permit, my facility has remained in compliance with DEP Rule the period covered by this statement.
If NO, complete the following:	
#1. Term or condition of the general permit that has not be	een in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	·
Method used to demonstrate compliance:	
≠2. Term or condition of the general permit that has not be	een in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	-
made in this notification are true, accurate and complete.	mation and belief formed after reasonable inquiry, that the statements Further, my annual consumption of perchloroethylene solvent, based year for dry-to dry facilities or 1,800 gallons per year for transfer or  CGEL Signature Date
	<i>U</i>
*This form is made available to you as an aid in order to me discretion of the responsible official to use this form.	eet your annual compliance certification requirements. It is at the

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

443620 DEC21204

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00** 

#### Do NOT Remove Label

AIRS ID# 112374 10 ONE PRICE DRY CLEANING 7675 West Sample Road CORAL SPRINGS, FL 33065

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.



(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

112374 MICHAEL NAGEL ONE PRICE DRY CLEANING 7675 WEST SAMPLE ROAD «CORAL SPRINGS FL 33065

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273



#### This portion must be attached to remittance for proper handling

420805 DEC182002

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**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID#0112374 ONE PRICE DRY CLEANING MICHAEL NAGEL 7675 WEST SAMPLE ROAD CORAL SPRINGS FL 33065

FOR GOVERNMEN USE OF Org.: 37550101000 EO: AFS Fund: 20-2-035000 CO



413465 JAN24 2002

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

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



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AIRS ID # 0112374
ONE PRICE DRY CLEANING
MICHAEL NAGEL
7675 WEST SAMPLE ROAD
CORAL SPRINGS FL
33065

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



300649

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

#### Do NOT Remove Label

AIRS ID#0112374

2 + 2 OF CORAL SPRINGS INC MICHAEL NAGEL 7675 WEST SAMPLE ROAD CORAL SPRINGS FL 33065 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

0354999

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

TOTAL AMOUNT D

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AIRS ID # 0112374

ONE PRICE DRY CLEANING MICHAEL NAGEL 7675 WEST SAMPLE ROAD **CORAL SPRINGS FL 33065** 

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FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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

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

Do NOT Remove Label

AIRS ID # 0112374

ONE PRICE DRY CLEANING MICHAEL NAGEL 7675 WEST SAMPLE ROAD **CORAL SPRINGS FL 33065** 

FOR GOVERNMENT USE ONLY

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

Obj.: 002273