

### Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 21, 1998

Mr. Jae Heung Lee One Stop Dry Cleaners & Shoe Repair 1323 South Military Trail Deerfield Beach, Florida 33442

Facility No.: 0112421

Dear Mr. Lee:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 2, 1998.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

Mr. John Coppola, Broward County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

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<i>(c)</i>	Should not be marked. Markout
1	Add Title of Responsible Official Should not be marked. Workout and initial.
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(f)	Required. Should be marked
	Add permit #'s of DEP issued permity. If work, marbout and initial and marb "the air permits".
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#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	745 45 11 15 3
	ONE STOP DAY CLEANEN & SHOE REPAIR &
2.	Site Name (For example, plant name or number):
	ONE STOP DAY CLEANERS & SHIE MERAIN
3.	Hazardous Waste Generator Identification Number:
	APPLIED FOR 8/31/88
4.	Street Address:
	City: OFFREICLO OFFRE County: Browns Zip Code: 33472
5.	Facility Identification Number (DEP Use):
	0/12/12
	Responsible Official
6.	Name and Title of Responsible Official:
	JAE HEUNG LEE
7.	Responsible Official Mailing Address: ONE ST. POLY CLOSURE & STE REPAIR
	Organization/Firm: Street Address:  /323 South micitary Thaic
	City: DECIFICIO GEALH County: Blowano Zip Code: 23442
8.	Responsible Official Telephone Number:
ο.	Telephone: (944) 426 - 8473 Fax: ( ) -
	100pilotte: (744) 726 8473
	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: ( ) U-
/	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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#### **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.

SENENA SUN 310		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
MEAD STEAL .		Initially	Device		Initially	Device		Initially	Device
AENO-TECH 40 200 Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#/	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit			_						
(1) w/ ref. condenser	(1)	-1-AU698	01/08/98	(2)	01/08/98	01/-8/51	_		
(2) w/ carbon adsorber	,			~					
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					•				•
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
7(10) ( 6 1 1 1									
(10) w/ ref. condenser									
(11) w/carbon adsorber					_				
(11) w/carbon adsorber (12) w/ no controls									
(11) w/carbon adsorber	uanti gallo	equired to be ty of perchlons ow many? [	installed [roethylene (p	perc)	THE AM	ur Kn M	, re	HINE	

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(Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser  []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following :
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
•	
Fauinment Manitaring	and Recordkeeping Information
	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

Please indicate	with an "X" the appropriate selection:
	1 hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain th	rsigned. am the responsible official, as defined in Part II of this form, of the facility addressed in ation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to hall terms and conditions of this general permit as set forth in Part II of this notification form.
l will prom	ptly notify the Department of any changes to the information contained in this notification.
	8/31/98

Signature TAE I HEUNG LEE

Date

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

# RECEIVED

SEP 09 1998 Hazardous Waste

Cleanup Section

#### COMPLIANCE EPORT FOR CONTROL REQUIREMENTS

for each plant.	TAE HEUNG	LEC	
· / / / / / / / / / / / / / / / / / / /	CTOP DAY CL	CANEM X SHE	KEPAIN
Mailing Address 132	3 SOUTH MIG	ITARY TRAIC	
		State K Zip	33442
Plant Address (If Diff	erent Than Mail	ing Address)	
Street Address	AME		Bure
City	·	State_	k M
Phone Number 97	4) 426-4	873	obile
			Moni
Write in the total wol	ume of narchlor	oethylene (perc) purch	
cleaning plant over th	ne last 12 month	is (based on actual pur	chase receipts)
	90	gallons	
on pages 5 and 6 of th	ow for each mac ne INITIAL NOTIF	thine at your plant. UTICATION REPORT to dete	rmine required
Machine Type (Dry-to-Dry or	ow for each mache INITIAL NOTIFICHE INITIAL NOTIFICATION DATE Machine	chine at your plant. U	rmine required ached.  Date Control
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	1)
	nd out what type of monitoring is required, $0/2421$
Check	all boxes that apply:
M	I use a refrigerated condenser on a dry-to-dry machine to meet the required control.
	If you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser is less than or equal to 45 degrees Fahrenheit.
	I use a refrigerated condenser on a transfer machine to meet the required control.
~	If you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser on the transfer dryer is less than or equal to 45 degrees Fahrenheit AND that the difference between the inlet and the outlet temperature of the refrigerated condenser on the transfer washer is greater than or equal to 20 degrees Fahrenheit.
	I use a carbon adsorber on a dry-to-dry or a transfer machine to meet the required control, OR
	I use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber IMMEDIATELY UPON door opening.
	If you checked either of the two boxes above, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc in the exhaust from the carbon adsorber is not over 100 parts per million.
	I use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber BEFORE the machine door is opened.
	If you checked this box, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc inside the dry cleaning machine drum at the end of the drying cycle is not over 300 parts per million.
	I use a room enclosure on a transfer machine.
	If you checked this box, you are required to vent all air from inside the room enclosure through a carbon adsorber. The room enclosure must be constructed of materials impermeable to perc, must be designed and operated to maintain a negative pressure at

5. Print or type the name and title of the Responsible Official for the dry cleaning facility:

all times while the transfer machine is operating, and must exhaust

TAE HEUNG LEG OWNEN/OPENTON

Name

Title

to a carbon adsorber.

#### Examples of Responsible Officials:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning facility,
- · An owner of the dry cleaning facility,
- · The manager of the dry cleaning facility, or
- A government official if the dry cleaning facility is owned by the Federal, State, City, or County government,
- · A ranking military officer if located at a military base.

The Responsible Official <u>must</u> certify below that all of the information presented in this initial report is accurate and true.

I CERTIFY THE INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND THAT THIS PLANT IS IN COMPLIANCE WITH ALL APPLICABLE CONTROL DEVICE AND MONITORING REQUIREMENTS LISTED IN THIS REPORT.

(Signature of Responsible Official)

#### INITIAL NOTIFICATION REPORT

	Print or type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.  Owner operator  Owner operator  Owner of type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.  Owner operator  Owner of type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.
	Mailing Address 1323 South MILITARY THAIL
	City DEERFIELD BEACH State FC Zip 33442
	Plant Address (If Different Than Mailing Address)
	Street Address SAME
	CityState
	Phone Number (954) 426-8573
2.	Check the box below if:
	your dry cleaner is a pick-up store.
th	your dry cleaning plant has only coin-operated dry cleaning machines of the customers.
	If you checked either box above, you can STOP HERE and return the form to the address given in the accompanying letter.
3.	Write in the total volume of perchloroethylene (perc) purchased for ALL of the machines at the dry cleaning plant over the past 12 months:
	90 gallons
	NOTE: If perchloroethylene purchase records have not been kept at the plant, the volume may be estimated for this initial report.
	Method of determining gallons (circle one):
	actual $9_o$ estimated
4.	Next to each machine type listed below, write the number of machines of that type located at your plant:
	2 Dry-to-Dry Transfer

Provide the following information for EACH MACHINE at your plant. If you
have more than 4 machines at your plant, make additional copies of this
page.

	Machine 1	Machine 2	Machine 3	Machine 4
Machine Type (Circle One)	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer
Date Machine Was Installed	8/1/98	8/1/98		
Control Device (Use WORKSHEET on Pages 5 & 6 to Determine Required Control)	REFRICEIATED	REFRICENTED		
Date Control Device was Installed or Is Planned to Be Installed	8/1/98	8/1/98		

- 6. The following pollution prevention practices must be performed at your plant starting on 12/20/93. These practices are listed on an attached sheet that can be posted next to your machine:
  - Conduct a weekly leak detection and repair program to inspect all dry cleaning equipment for leaks that are obvious from sight, smell, or touch. NOTE: This program is required every other week if you wrote NO CONTROL REQUIRED in the shaded box in Question 5.
  - Repair leaks within 24 hours after they are found, or order repair parts within 2 working days after detecting a leak that needs repair parts. Install the repair parts by 5 working days after they are received.
  - Keep a log of the weekly (or biweekly) results of the leak detection and repair program.
  - Follow good housekeeping practices, which include keeping all perc and wastes containing perc in covered containers with no leaks, draining cartridge filters in closed containers, and keeping machine doors shut when clothing is not being transferred.
  - Operate and maintain all dry cleaning equipment according to manufacturers' instructions.

- 7. The following records must be kept at your plant:
  - A log of the results of the leak detection and repair program.
  - A log of the amount of perc purchased for the past 12 months, calculated each month.
  - The operation and maintenance manuals for all dry cleaning equipment at the plant.
- 8. If a room enclosure is installed on a transfer machine as stated in Question 4, the following information about the room enclosure must be attached to this report.
  - Description of the materials that the room enclosure is constructed of to show that it is impermeable to perchloroethylene, and
  - Explanation of how the room enclosure is operated to maintain a negative pressure at all times while the transfer machine is operating.
  - Explanation of how the room enclosure exhausts into a carbon adsorber
- 9. Print or type the name and title of the Responsible Official for the dry cleaning plant:

JAE HEUNG LEE OWNER/OPENTER

Name

Title

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning plant,
- · An owner of the dry cleaning plant,
- · The manager of the dry cleaning plant, or
- A government official if the dry cleaning plant is owned by the Federal, State, City, or County government.
- A ranking military officer if the dry cleaning plant is located at a military base.

The Responsible Official <u>must</u> certify below that all of the information presented in this initial report is accurate and true.

I CERTIFY THE INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

(Signature of Responsible Official)

#### WORKSHEET

A.	To find out if control is required:
	Check all boxes that apply:
	I reported less than 140 gallons in Question 3 (page 1).
	I reported less than 200 gallons in Question 3 (page 1) <u>AND</u> reported only transfer machines in Question 4 (page 1).
	If you checked either box above and all your machines were installed before 12/9/91, you can STOP HERE. Write NO CONTROL REQUIRED in the shaded box on page 2 for each machine at your plant that was installed before 12/9/91. For those machines installed on or after 12/9/91, continue with the rest of the worksheet.
	YOU ARE FINISHED WITH THE WORKSHEET. GO TO QUESTION 6 (page 2).
	If you did not check a box above, go to Part B below.
В.	Control is required. Fill out Part B for EACH MACHINE at your plant.
	Check the appropriate box:
	Machine was installed BEFORE 12/9/91.
	If you checked this box, your required control is a refrigerated condenser or a carbon adsorber that was installed before 9/22/93. Write REFRIGERATED CONDENSER or CARBON ADSORBER in the shaded box below the machine on page 2.
	Control must be installed by 9/22/96.
	Machine was installed ON OR AFTER 9/22/93.
	If you checked this box, your required control is a dry-to-dry machine with refrigerated condenser.
	Write DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER in the shaded box below the machine on page 2. NOTE: NO NEW OR USED TRANSFER MACHINES CAN BE INSTALLED AFTER 9/22/93.
	Control must be installed when machine is installed.
	Machine was installed ON OR AFTER 12/9/91 AND BEFORE 9/22/93.
	If you checked this box, your required control is a dry-to-dry machine with refrigerated condenser. Write DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER in the shaded box below the machine on page 2.
	If the machine you have is NOT a dry-to-dry machine with a refrigerated condenser, the machine must use either a refrigerated condenser or carbon adsorber from 9/22/93 until 9/22/96. On or after 9/22/96, any carbon adsorbers on dry-to-dry machines must be replaced with a refrigerated condenser. If the machine is a transfer machine with a carbon adsorber

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or a refrigerated condenser, you may keep this installation until 9/22/96. If you plan to keep a dry-to-dry machine with a carbon adsorber or a transfer machine with either a refrigerated condenser or carbon adsorber until 9/22/96, also write this information in the shaded box.

#### COMPLIANCE REPORT FOR POLLUTION PREVENTION

1.	Print or typ												
	(facility).	The	owner	of m	ore th	nan one	a plant	must	fill	out	a	separate	form
	for each pla	ant.										_	

r each plant.	
nertoperator JAE HEUNG LEE	
mpany Name ONE STAP DAY CLEANERS & SHOE REPAIR	<u>.                                    </u>
iling Address 1323 South MILITARY TRAIC	
ty DEENFIELD BEACH State FL Zip 334	42
ant Address (If Different Than Mailing Address)	
reet Address SAME	
tyState	
one Number (974) 426-8773	
	areau &

2. Write in the total volume of perchloroethylene (perc) purchased for ALL the machines at the dry cleaning plant over the past 12 months (based on actual purchase receipts):

90 gallons

- The following pollution prevention practices must be performed at your plant starting on 12/20/93.
  - Conduct a weekly leak detection and repair program to inspect all dry cleaning equipment for leaks that are obvious from sight, smell, or touch. NOTE: This program is required only every other week (biweekly) if you reported NO CONTROLS REQURIED in the INITIAL NOTIFICATION REPORT.
  - Repair leaks within 24 hours after they are found, or order repair parts within 2 working days after detecting a leak that needs repair parts.
     Install the repair parts by 5 working days after they are received.
  - Keep a log of the weekly (or biweekly) results of the leak detection and repair program.
  - Follow good housekeeping practices, which include keeping all perc and wastes containing perc in covered containers with no leaks, draining cartridge filters in closed containers, and keeping machine doors shut when clothing is not being transferred.
  - Operate and maintain all dry cleaning equipment according to manufacturers' instructions.
- 4. The following records must be kept at your plant:
  - A log of the results of the leak detection and repair program.
  - A log of the amount of perc purchased for the past 12 months, calculated each month.

- The operation and maintenance manuals for all dry cleaning equipment at the plant.
- 5. Print or type the name and title of the Responsible Official for the dry cleaning plant:

JAE HEUNG LEE OWNER OPENTER
Name Title

#### A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning plant,
- · An owner of the dry cleaning plant,
- The manager of the dry cleaning plant, or
- A government official if the dry cleaning plant is owned by the Federal, State, City, or County government, or
- A ranking military officer if the dry cleaning plant is located at a military base.

The Responsible Official must certify the statement below.

I CERTIFY THE INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND THAT THIS PLANT IS IN COMPLIANCE WITH THE POLLUTION PREVENTION PRACTICES LISTED IN THIS REPORT.

(Signature of Responsible Official)

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	E U	COMPLAI	NT/DISCOVERY	REC
FACILITY NAME: ONE	E STOP DRY	CLEANE	<u>ers</u>	30,	5815 K
FACILITY LOCATION:	1323 300[4	MICI VARY	/ IISAIC	33	Control of the Contro
RESPONSIBLE OFFICIAL :	JAE HEUNI	G LEE	_ PHONE: _	426-857	3
CONTACT NAME:		·	_ PHONE: _		
PART I: NOTIFICATION				-	
(check appropriate box)					
New facility notified DARM	I 30 days prior to star	tup			<u>u</u>
2. Facility failed to notify DAF	M to use general per	mit			
PART II: CLASSIFICATIO	N				
Facility indicated on notificat	ion form that it is:		☐ No notif	ication form	
Facility indicated on notificat (check appropriate box)	ion form that it is:			ication form re/out of business/p	etroleum
11	rce 🗅. /yr	2. New small dry-to-dry only transfer only, x both types, x < (constructed or	☐ Drop sto area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr	re/out of business/p	etroleum
(check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce  rce ,100 gal/yr 00 gal/yr gal/yr	dry-to-dry only transfer only, x both types, x <	Drop sto area source x < 140  gal/yr x < 200  gal/yr x < 200  gal/yr 140 gal/yr area source $x < 140 \le x \le 1,800$ $x \le x \le 1,800$ g	re/out of business/p  /T  91)  100 gal/yr 0 gal/yr al/yr	etroleum
(check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	rce   rce   ,100 gal/yr  gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	Drop sto area source x < 140  gal/yr x < 200  gal/yr x < 200  gal/yr 140 gal/yr area source $x < 140 \le x \le 1,800$ $x \le x \le 1,800$ g	re/out of business/p	etroleum
(check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soud dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facil	rce  rce ,100 gal/yr 00 gal/yr gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or \(\textstyle Y\) \(\textstyle N\)	Drop sto area source f, $x < 140$ gal/yr f 140 gal/yr f or after 12/9/ area source f, $f$ 140 $f$	re/out of business/p	etroleum

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? EY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/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 DN 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON 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?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	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?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ΩΝ	□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	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A
PA	ART V: RECORDKEEPING REQUIREMENTS			

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ody □n
2. Maintained rolling monthly total of perc consumption?	MY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON DONA
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 WON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON WIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WIN/A
6. Maintained startup/shutdown/malfunction plan?	UN ON
7. Maintained deviation reports?	DY DN GWA
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	DY DN UN/A

PART	PART VI: LEAK DETECTION AND REPAIRS					
1. Doe	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
insp	pection?			DAY ON		
2. Has	the facility maintained a leak log?			DY □N		
3. Doe	es the responsible official check the f	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	RY ON ON/A		
	Door gaskets and seating	ØY □N □N/A	Stills	DY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	QA ON ONA	Diverter valves	DAY ON ON/A		
	Solvent tanks and containers	QA ON ONY	Cartridge filter housings	GY ON ON/A		
	Water separators	DY ON ON/A				
4. Wh	ich method of detection is used by th	ne responsible official?				
	Visual examination (condensed so	lvent on exterior surfaces	)	<b>d</b>		
	Physical detection (airflow felt thr	ough gaskets)		र्ज		
	Odor (noticeable perc odor)			<b>☑</b>		
	Use of direct-reading instrumentat	tion (FID/PID/calorimetric	c tubes)			
	Halogen leak detector					
	If using direct-reading instru	mentation, is the equipn	nent:	⊠N/A		
	a. Capable of detecting p	erc vapor concentrations i	in a range of 0-500 ppm?	OY ON		
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas prior to and a	fter each use	OY ON		
	c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	OY ON		
	-	cure area when not in use	-	OY ON		
	□Y □N					
	•	by use of duplicate sample	<del>.</del> .			
<u> </u>						
	<b>A</b> • •					
	ART LENNETTA		AUG 25, 1999			
	Inspector's Name (Please Prin	t)	Date of Inspe	ction		
	at Penneth		Aug 200	<u>a</u>		
	Inspector's Signature		Approximate Date of			

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: ONE STOP DRY CLEANERS	DATE:	8b5f9
FACILITY LOCATION: 1323 S. MILITARY TRAIL DEFRICELD	Всн. 33	442
Annual Reporting Period: Aug 31 1998 TO A	15 28	1999
Based on each term or condition of the Title V general air permit, my facility has remained in 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statemen		P Rule NO
If NO, complete the following:		
=1. Term or condition of the general permit that has not been in continuous compliance durin		
Exact period of non-compliance: from	IIII SE	P 10 1999 L
Action(s) taken to achieve compliance:	DEP/ AIR	ARTMENT OF DPEP QUALITY DIVISION
Method used to demonstrate compliance:		
≠2. Term or condition of the general permit that has not been in continuous compliance during	g the reporting perio	d stated above:
Exact period of non-compliance: from		
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
		<del></del>
is the responsible official, I hereby certify, based on information and belief formed after reasonable in this notification are true, accurate and complete. Further, my annual consumption of upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1.80 combination facilities.	f perchloroethylene s	solvent, based
RESPONSIBLE OFFICIAL:  Name (Please Print)  Signal	ture a	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 \_\_\_\_\_.

PERC\*\*LOROETHYLENE DRY CLF 'NERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

10	
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TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>a</b>	COMPLAIN	VOISCOVERY	<u> </u>
AIRS 10#: 011242	DATE: 8 29 0	O TIME	IN: TO S	ZIME OT:	10:00
FACILITY NAME: ON	E STOP DRY	CUEAN	(N)(- 18 18)		
FACILITY LOCATION:	·		<i>u</i> -		
RESPONSIBLE OFFICIAL	: JAE HEUND			•	573
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)			N OWN		
1. New facility notified DARM	I 30 days prior to startu		CATION		۵
2. Facility failed to notify DAF	M to use general perm	OFF	ON 8/2	29/00	а
DADTH. CLASSISICATIO	_				
PART II: CLASSIFICATION					
Facility indicated on notificat (check appropriate box)  A.			☐ No notificat☐ Drop store/o	ion form out of business/pe	trolcum
Facility indicated on notificat (check appropriate box)	rce 2.  fyr dr  be  ce 4.  100 gal/yr dr	ansfer only, yoth types, x < onstructed or New large y-to-dry only	Drop store/of area source  y, x < 140 gal/yr  x < 200 gal/yr  140 gal/yr  n or after 12/9/91)	out of business/pe	trolcum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sound dry-to-dry only, 140 < x < 2, transfer only, 200 < x < 1,80 both types, 140 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 < x < 1,800 for the same transfer only, 200 <	ion form that it is:  ree	ry-to-dry only ansfer only, yoth types, x < onstructed or New large ry-to-dry only ansfer only, 2 oth types, 140	Drop store/of  area source  y, x < 140 gal/yr  x < 200 gal/yr  140 gal/yr  n or after 12/9/91)  area source  y, 140 $\leq$ x $\leq$ 2,100 $\leq$ 00 $\leq$ x $\leq$ 1,800 gal/y $\leq$ x $\leq$ 1,800 gal/y	out of business/pe	trolcum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area sound 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 sound dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)	rce	ry-to-dry only ansfer only, yoth types, x < constructed or New large ry-to-dry only ansfer only, 2 oth types, 140 onstructed or	Drop store/of area source $y$ , $x < 140$ gal/yr $x < 200$ gal/yr $x < 140$ $x < $	gal/yr	trolcum
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SENDEn: CONFEE	CKER AT TOP OF ENVELOP	ITS <u>SOA</u> 19	S SECTION ON DE	LIVERY
item 4 if Restricted Print your name an so that we can retue Attach this card to or on the front if sp	2, and 3. Also complete Delivery is desired. Id address on the reverse arn the card to you. the back of the mailpiecoace permits.	C. Signatu	ure ery address different from its	☐ Agent☐ Addressee
Article Addressed to:  ONE STOP DRY CLEAR  ONE STOP DRY CLEAR	AIRS ID # 011242 ANING & SHOE		enter delivery address bek	ow: 🔲 No
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