

Department of Environmental Protection

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

David B. Struhs Secretary

January 6, 2004

Mr. Richard Miller
Barton & Miller Cleaners
2600 North Dixie Highway
Wilton Manors, Florida 33334
O||2429
Dear Mr. Miller:

Thank you for your note regarding your 2003 annual air operation fee payment. The Division of Air Resource Management received your note on December 31, 2003.

Your payment of \$50.00 for the 2003 annual air operation fee was received by the department on December 26. This is the only payment received for the air operation fee invoice mailed to you in December 2003.

However, the Division of Waste also sends out an invoice and perhaps an earlier payment was made towards this account. To verify if a payment was made earlier towards this account, please contact Ms. Lida Schwetz at 850/245-8836.

If you have any additional questions concerning the Title V air general permit program, please contact me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and

Mobile Sources

SB/



Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 17, 1998

Mr. Richard J. Miller Barton & Miller Cleaners 2600 North Dixie Highway Wilton Manors, Florida 33334

Re: Facility No.: 0112429

Dear Mr. Miller:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 8, 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 Environemntal 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, of if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. John Coppola, Broward County

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

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not be marked Mark our

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	BARTON & Miller, INC.
2.	Site Name (For example, plant name or number):
	BARTON & Miller CLANORS REC
3.	Hazardous Waste Generator Identification Number:
	FLD 9545 032263774 840 60.
4.	Facility Location: 2600 N. DIXIE NWV & MOVA
	Facility Location: 2600 N. DIXIE NWV & Mos Air Street Address: City: WIL TON MANORS County: BLOWARD Zip Code: 3398 Whitoring Cog Street Address:
5.	racing scentification (white Cost).
	0112429
	Responsible Official
6.	Name and Title of Responsible Official:
	Richard J. Miller
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: SAME
	Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (954) 566- 4314 Fax: (954) 566- 4316
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	LUCIEN PREDULUS
10.	Facility Contact Address:
	Street Address:
	County: Zip Code:

DEP Form No. 62-213.900(2)

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Effective: 6-25-96

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.

Туј	pe of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ΙD	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
Dr	v-to-Dry Unit									
	(1) w/ ref. condenser (2) w/ carbon adsorber		1995							
	(3) w/ no controls	<u> </u>								
Washer Unit									1	
	(4) w/ ref. condenser	,,,,,,,,,,		_						
	(5) w/ carbon adsorber									
	(6) w/ no controls								:	
Dry	ver Unit									
	(7) w/ ref. condenser									
	(8) w/ carbon adsorber			_					:	
	(9) w/ no controls									
Red	claimer Unit									
	(10) w/ ref. condenser								:	
	(11) w/carbon adsorber									
	(12) w/ no controls									
	Control devices are No control devices a	•			[

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2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [200] gallons
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)
Existing small area source New small area source
Existing large area source New large area source
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

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Equipment Monitoring and Recordkeeping Information

Check all logs	witten are required to be kept on-site in accordant	e with the requirements of this general permit.
(a) Purchase r	eceipts and solvent purchases	
(b) Leak detec	ction inspection and repair	
(c) Refrigerate	ed condenser temperature monitoring	
(d) Carbon ad	sorber exhaust perc concentration monitoring	
(e) Instrument	calibration	
(f) Start-up, s	hutdown, malfunction plan	
•	Surrender of Existing Air	Permit(s)
Please indicate	e with an "X" the appropriate selection:	
	I hereby surrender all existing air permits authorifacility indicated in this notification form; specification form; specification form;	
	No air permits currently exist for the operation of this notification form.	of the facility indicated in

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Responsible Official Certification

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

I will promptly notify the Deparlment of any changes to the information contained in this notification.

Signature

Date

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	30
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Facility Owner/Company Name (Name of corporation, agency, or individual owner): BARTO N & M, e R
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location:
	Street Address: 2600 N. DINE Nighway City: WILTON MANOR County: BROWARD Zip Code: 33334
	WICHAN WANGE STAND STAND 3333 +
5.	Facility Identification Number (DEP Use): Output Duby 429
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Organization/Firm: 3ARTON & MI(a, The Street Address: 2 4000 N DIXIE NWY
7.	Responsible Official Mailing Address:
	Street Address: 2 400 N DIXIE NWY
	Street Address: 2400 10 STATE MOY City: WILTON MANON County: Brownell Zip Code: 3333K
8.	Responsible Official Telephone Number:
	Telephone: (954) 566- 4314 Fax: (954) 566- 4316
	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: County: Tip Code:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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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.

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
Epample f	#1	1	12-NOV-93		08-DEC-91		#3	02-MAR-92	
Dry-to-Dry Unit	500	4000	THANGE OF	jak , ja	el Alakiy	, jiyatira			PERM
(1) w/ ref. condenser		6/20/94	{						
(2) w/ carbon adsorber		*/ *//							
(3) w/ no controls									
Washer Unit	ik	The Corp.	ilander e		filiaki, kir		3 13		
(4) w/ ref. condenser									
(5) w/ carbon adsorber			_						
(6) w/ no controls									
Dryer Unit	1821			Vileyi-			ÇA LI		
(7) w/ ref. condenser						·			
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	finia i		lide Luille	ក្នុងជា	en Charles en S Constant	erest atv	1 1	Amalesti	
(10) w/ ref. condenser									
(11) w/carbon adsorber								,	
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the c	are re quanti gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (perc)	_] purchased ir				<u></u> 1
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec	t one classifi	cation only.) Ne	ew sm	nitions found nall area sour rge area sour	ce [3) of]	Part II?	•

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(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
(b) Leak detection inspection and repair
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

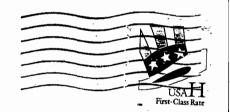
Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification. 2/5/99 Date

BARTON & MILLER, Inc.

CLEANERS, LAUNDRY, TAILORS

2600 N. DIXIE HIGHWAY WILTON MANORS, FLORIDA 33334





Title V AIR Bewern Permit Section Bureau & DIX Montgerry Mobile Sources Dept of Environmental Protection 260 B/AIR Stone Reps TA /A hasserant 132397-2400

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	30, 1
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Facility Owner/Company Name (Name of corporation, agency, or individual owner): BARTO N & M LR LNC Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location:
	Street Address: 2600 N. DINE NIGHWAY
	Street Address: 2600 N. DINE Nighway City: WILTON MANOR County: DROWARD Zip Code: 33334
5.	Facility Identification Number (DEP Use):
	Responsible Official
6.	Name and Title of Responsible Official:
0.	Name and The of Responsible Official:
	Richard Miller - President
7.	Responsible Official Mailing Address: Organization/Firm: 3ARTON & Mila, Inc
	$\sim 10^{-1}$
	Street Address: 2 GOO TO STATE A GOT City: WILTON MANON County: Browned Zip Code: 3333 K
	City: WILTON MANON County: Browned Zip Code: 33332
8.	Responsible Official Telephone Number:
	Telephone: (954) 566- 4314 Fax: (954) 566- 4316
	7517
	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: County: Zip Code:
	Enp code.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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.

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
Enample (LEMS NO SM-50	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit	500	4100				siya. T	i e e e e e e e e e e e e e e e e e e e		jagaran j
(1) w/ ref. condenser		6/20/94							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	1		N Phylip In		-1 4	inking. :	17	i tatkalik	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		i (ileane) Par		1, 1 ₉ s		· · · · · · · · · · · · · · · · · · ·			ed in protein.
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	-:::	er er i de sage	Migantan di		Minaria in	74.5. T			$\left\{\begin{array}{cccccccccccccccccccccccccccccccccccc$
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls					·				
 (b) Control devices are (c) No control devices 2.(a) What was the total q (b) If less than 12 montrol Check why it is less 	uant gallo	equired to be ity of perchloons ow many? [_	installed [perc)					· .

4. What control technology is required (Indicate with an "X".)	ired on machines	pursuant to section (5) o	f Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenses	· []
New small area source Refrigerated condenser		·	
New large area source Refrigerated condenser			
			•
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such ut All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil contains and hot water generating No such units on-site	that all steam and units exist on-site: q units on-site (1) d exclusively by nontaining no more	d hot water generating uses: have a total heat input of atural gas except for per	nits on-site meet the following of 10 million BTU/hr or less (298 riods of natural gas curtailment
Equipmo	ent Monitoring a	and Recordkeeping Info	ormation
Check all logs which are required to	o be kept on-site	in accordance with the re	equirements of this general permit:
(a) Purchase receipts and solvent pu	urchases		
(b) Leak detection inspection and re	epair		ب
(c) Refrigerated condenser tempera	ture monitoring		
(d) Carbon adsorber exhaust perc co	oncentration mon	aitoring	
(e) Instrument calibration			ب
(f) Start-up, shutdown, malfunction	n plan		لک

Surrender of Existing Air Permit(s)

ease indicat	te 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)
	No air permits currently exist for the operation of the facility indicated in this notification form.
·	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. 2/5/99 Date



PERCHLOROETHYLENE DRY CLEANERS

	COMPLIANCE INSP	COMPLIANCE INSPECTION CHECKLIST		
TYPE OF INSPECTION:	ANNUAL	COMPLAINT/	DISCOVERY 🗆	
	RE-INSPECTION	٥		
AIRS ID#: 01 2426	DATE: 12/22/99	TIME IN: 11:40	тіме оит: <u>112:05</u>	
		 K •		
FACILITY LOCATION: _	2600 N. Dixi	ors FL	<u> </u>	
_	Wilton mass	ors FL.		
RESPONSIBLE OFFICIAL	L: Richard J. 1	PHONE: (95	54) 566-4314	
CONTACT NAME:	Richard J. Mills	2K PHONE: <u>(9</u> 5	(4) 566-4314	
		:		
PART I: NOTIFICATION				
(check appropriate box)				
		,		
1. New facility notified DAF	• •		<u>o</u> _	
	• •		⊡ (
1. New facility notified DAF	ARM to use general permit	·	_	
1. New facility notified DAR 2. Facility failed to notify DART II: CLASSIFICATI Facility indicated on notific (check appropriate box)	ARM to use general permit ON	☐ No notificati ☐ Drop store/o		
New facility notified DAR Facility failed to notify Da PART II: CLASSIFICATION Facility indicated on notific	ARM to use general permit ON cation form that it is: ource		on form	

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 355 gallons.

facility exceeds above limits and is not eligible for a general permit

 $\square N$

DEC 1 0 2000

Revised 9/15/97

OY

facility qualified for a general permit as number

5. This is a correct facility classification

75.00

If no, please check the appropriate classification:

□Can not determine

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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)

l.	Equipped all machines with the appropriate vent controls?	MYON
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	by on on/a
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΦΥ ON

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΘÝ	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПИ	@N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□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.			-4.
	if machines are equipped with a carbon adsorber?	ΩY	ПN	ΩÑ/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	©Ń/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?	ΠY	ПИ	ÜN/A
	or expansion, and downsdam from no other mact	٠.		4
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	O,Ñ/A

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

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a	weekly (for s	mall sources, b	i-weekly) leak detection ar	nd repair	ŗ.
	inspection?				ΘÝ	ΠN
2.	Has the facility maintained a leak log?				ΞY	ПN
3.	Does the responsible official check the f	following are	as for leaks?			ı
	Hose connections, fittings,					
	couplings, and valves	ØΥ □N (⊃N/A	Muck cookers		IN □N/A
	Door gaskets and seating	OY ON (⊃N/A	Stills	ØY,C	N □N/A
	Filter gaskets and seating	ו אם צם	□N/A	Exhaust dampers	QY C	N □N/A
	Pumps	ON ON	⊃N/A	Diverter valves	ay c	N □N/A
	Solvent tanks and containers	אם אם	⊃N/A	Cartridge filter housings	OY C	N □N/A
	Water separators	DY ON (⊃N/A			
4.	Which method of detection is used by the	ne responsible	e official?		/	
	Visual examination (condensed so	lvent on exte	erior surfaces)		o í	
	Physical detection (airflow felt thr	ough gaskets	;)		α,	
	Odor (noticeable perc odor)				Q/	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instru	imentation,	is the equipme	ent:	□N/A	
	a. Capable of detecting p	erc vapor co	ncentrations in	a range of 0-500 ppm?	OY C	N
	b. Calibrated against a st	andard gas p	orior to and afte	er each use		
	(PID/FID only)?				OY C	M
	c. Inspected for leaks and	d obvious sig	ns of wear on a	weekly basis?	QY C	M
	d. Kept in a clean and se	cure area wh	en not in use?		OY C	M
	e. Verified for accuracy b	by use of dup	licate samples	(calorimetric only)?	OY C	אנ

Inspector's Name (Please Print)

Land Market Market

AIRS ID#: 0/12/29

Age

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Beer ton + Incl Con	DATE: 6/22/99
FACILITY LOCATION: 2600 N. Digit	e. Hvy
Valid have van	
YY/1 (O) YNCW XY	5 FL
Annual Reporting Period:	1998 TO True 1999
Based on each term or condition of the Title V general at 62-213.300, Florida Administrative Code (F.A.C.), during	r permit, my facility has remained in compliance with DEP Rule g the period covered by this statement. YES 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	to
Action(s) taken to achieve compliance:	·
Method used to demonstrate compliance:	
	been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
•	
Method used to demonstrate compliance:	
made in this notification are true, accurate and complete	ormation and belief formed after reasonable inquiry, that the statements Further, my annual consumption of perchloroethylene solvent, based er year for dry-to dry facilities or 1,800 gallons per year for transfer or Signature Date

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

PERCI OROETHYLENE DRY CLE ERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL		PLAINT/DISCOVERY	
	RE-INSPECTION			
AIRS ID#: 0112429			•	11:30
FACILITY NAME: Bi	acton + m:	Her, Inc		
FACILITY NAME: B.	2600 N D	xie Hwy	Burgan Dick of The	, <u> </u>
1	19 Han Man	see El'		- i
RESPONSIBLE OFFICIAL	Ridged T D	Tile PHO	VI. 9510 K. (1 4)	50
REST ONSIBLE OFFICIAL	· Hiller	1. Tes Pho	E. Dragolou 7:	5/-1
CONTACT NAME:		PHO	NE:	
			······································	
PART I: NOTIFICATION				
(check appropriate box)	_			
1. New facility notified DAR	M 30 days prior to startup			ජ
2. Facility failed to notify DA	RM to use general permit			0
PART II: CLASSIFICATIO)N			
Facility indicated on notifica	tion form that it is:	□ No	notification form	
(check appropriate box) A.		□ Dro	op store/out of business/pet	rolcum
A.				
1. Existing small area sou	urce 🖸 2. 1	New small area sou	rce 🛚	
dry-to-dry only, x < 140 ga	l/yr dry-	to-dry only, $x < 140$	gal/yr	
dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y	ıl/yr dry-	to-dry only, $x < 140$ sfer only, $x < 200$ ga	gal/yr al/yr	
dry-to-dry only, x < 140 ga	ll/yr dry- vr tran both	to-dry only, $x < 140$	gal/yr al/yr vr	
dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	l/yr dry- vr tran both	to-dry only, $x < 140$ sfer only, $x < 200$ ga types, $x < 140$ gal/y structed on or after	gal/yr al/yr /r 12/9/91)	
dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91 3. Existing large area sou	ll/yr dry- yr tran both) (cor	to-dry only, x < 140 sfer only, x < 200 ga types, x < 140 gal/y astructed on or after	gal/yr al/yr /r 12/9/91)	
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dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91 5. This is a correct facility of If no, please check the	d/yr dry- tran both (cor rece	to-dry only, $x < 140$ sfer only, $x < 200$ ga types, $x < 140$ gal/structed on or after New large area sound to-dry only, $140 \le x$ sfer only, $200 \le x \le x$ types, $140 \le x \le 1$, structed on or after $\square N \square \square$	gal/yr al/yr /r 12/9/91) ce ≤2,100 gal/yr 1,800 gal/yr 300 gal/yr 12/9/91) not determine above a general permit	cleaning

DY ON ONA 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at OY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON DINA 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) EN DN 1. Equipped all machines with the appropriate vent controls? DY ON ONA 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 ONA 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 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

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

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?	T Y	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	™/A ™/A
	Is the temperature differential equal to or greater than 20° F?	′ ロ Y	ΠN	DN/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	ПΝ	DN/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠN	QN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	מם	ØN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	ØN/A

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

PART VI: LEAK DETECTION N	D REPAIRS	<u> </u>		
1. Does the responsible official conduc	t a weekly (for small sources,	bi-weekly) leak detection a	nd repair	
inspection?	•		ωγ	□N
2. Has the facility maintained a leak lo	g?		ŒΥ	□N
3. Does the responsible official check t	he following areas for leaks?			
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON	I □N/A
Door gaskets and seating	DY ON ON/A	Stills	DY ON	I 🗆 N/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ØY ON	I □N/A
Pumps	DY ON ON/A	Diverter valves	DY ON	I □N/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MA DN	□N/A
Water separators	MY ON ON/A			
4. Which method of detection is used b	y the responsible official?			
Visual examination (condensed	d solvent on exterior surfaces)		CB/	
Physical detection (airflow felt	through gaskets)		- /	,
Odor (noticeable perc odor)			13	
Use of direct-reading instrume	ntation (FID/PID/calorimetric	tubes)		
Halogen leak detector				
If using direct-reading in	strumentation, is the equipm	ent:	M/A	
a. Capable of detecting	g perc vapor concentrations in	a range of 0-500 ppm?	OY ON	ſ
b. Calibrated against (PID/FID only)?	a standard gas prior to and aft	er each usc	OY ON	
c. Inspected for leaks	and obvious signs of wear on	a weekly basis?	OY ON	
d. Kept in a clean and	secure area when not in use?	-	□Y □N	
e. Verified for accurac	cy by use of duplicate samples	(calorimetric only)?	OY ON	

Inspector's Name (Please Print)

Date of Inspection

U 20 100

Date of Inspection

Approximate Date of Next Inspection

AIRS 10#: 0112429



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u> </u>
FACILITY NAME: Burton + Miller, Inc DATE: 11/20/00
FACILITY LOCATION: 2600 N. Dixie Hwy
Willow Manars Fl.
Annual Reporting Period: (c/27/69 TO 11/20 2000
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
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: Name (Please Print) Signature Date

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



Department of Environmental Protection

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

David B. Struhs
Secretary

January 6, 2004

Mr. Richard Miller
Barton & Miller Cleaners
2600 North Dixie Highway
Wilton Manors, Florida 33334
0112429
Dear Mr. Miller:

Thank you for your note regarding your 2003 annual air operation fee payment. The Division of Air Resource Management received your note on December 31.

Your payment of \$50.00 for the 2003 annual air operation fee was received by the department on December 26. This is the only payment received for the air operation fee invoice mailed to you in December 2003.

However, the Division of Waste also sends out an invoice and perhaps an earlier payment was made towards this account. To verify if a payment was made earlier towards this account, please contact Ms. Lida Schwetz at 850/245-8836.

If you have any additional questions concerning the Title V air general permit program, please contact me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and

Mobile Sources

SB/



Department of Environmental Protection

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

David B. Struhs Secretary

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If you have any additional questions concerning the Title V air general permit program, please contact me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and

Mobile Sources

SB/



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434717 DEC26203

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

112429 RICHARD MILLER : BARTON & MILLER CLEANERS 2600'N DIXIE HWY WILTON MANORS FL 33334

FOR GOVERNMENT USE ONLY Org.: 37550101000 EQ: AL Fund: 20-2-035001 Obj.: 002273

For the finest in Cleaning and Laundry

Barton & Miller.

CLEANERS - LAUNDRY - TAILORS

2600 N. Dixie Highway - Wilton Manors

PHONE 566-4314

I AM NOT SURE

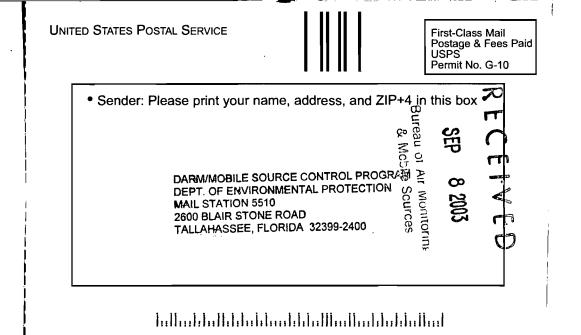
Pard Thes

Conecle / Nous / Mh

A SCE STICKED A TOO OF CALL OF	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
10 . 011242900TAG BARTON & MILLER CLEANERS	
RICHARD J MILLER 2600 N DIXIE HWY WILTON MANORS, FL 33334	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7003 0500 0004 0144 33	1.5
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540

331.5	CERTIFIED MAILTA RECEIPT (Domestic Mail Only; No Insurance Coverage Provided			
0744	For delivery information visit our website at www.usps.comp			
		UIAL USA		
7003 050 0004 C		Postage	\$	1 0 0 1
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	Return Reciept Fee (Endorsement Required)			Postpide
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	Total	- 10: .	011242900TAG	NEDC
	Sent T	BARTON	& MILLER CLEA	INEKS
		RICHARD J MILLER		
ا ت 'ا	Street: 2600 N DIXIE HWY			
	Chy, Si WILTON MANORS, FL 33334			
	PS Form	เ ออออจร อบก <u>ตร</u> 2002	B1000000000000000000000000000000000000	See Reverse for Instructions

.



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 # 0112429

BARTON & MILLER CLEANERS RICHARD J MILLER 2600 N DIXIE HWY WILTON MANORS FL 33334 HALL ROOM DEC 13 D

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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

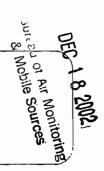
V ARM

TOTAL AMOUNT DUE: \$50.00

420710 DEC16 2002

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AIRS ID#0112429
BARTON & MILLER CLEANERS
RICHARD J MILLER
2600 N DIXIE HWY
WILTON MANORS FL
33334



FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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412182 DEC242001

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0112429
BARTON & MILLER CLEANERS
RICHARD J MILLER
2600 N DIXIE HWY
WILTON MANORS FL
33334

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273





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

389512 Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

DEC 1 7 1999

TOTAL AMOUNT DUE: \$50,000 ureau of Air Monitoring

Do NOT Remove Label

AIRS ID # 0112429

BARTON & MILLER CLEANERS RICHARD J MILLER 2600 N DIXIE HWY

WILTON MANORS FL 33334

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

& Mobile Sources

Obj.: 002273