



0990361

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 28, 1996

Ms. Lucille M. Matthews
President
One Price Dry Cleaning
1664 North Federal Highway
Boca Raton, Florida 33432

Dear Ms. Matthews:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 12, 1996.

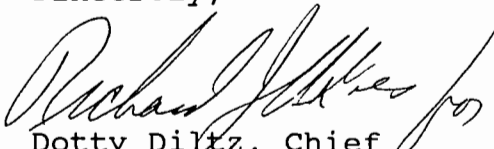
Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and subject to the requirements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

cc: Mr. Al Grasso, Palm Beach County

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

AUG-20 1995 TUE 09:19 10:

TEL NO:

#235 F05

Revision

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MATCO CLEANERS INC.
2. Site Name (For example, plant name or number):	ONE PRICE DRY CLEANING
3. Hazardous Waste Generator Identification Number:	FLD 984259457
4. Facility Location: Street Address: 1664 N. FEDERAL HWY. City: BOCA RATON County: PALM BEACH Zip Code: 33432	
5. Facility Identification Number (DEP Use):	0990361

Responsible Official

6. Name and Title of Responsible Official:	LUCILLE M. MATTHEWIS - PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: MATCO CLEANERS INC. Street Address: 1664 N. FEDERAL HWY. City: BOCA RATON County: PALM BEACH Zip Code: 33432	
8. Responsible Official Telephone Number: Telephone: (305) 361-0484 Fax: (305) 488-2891	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	KASIEY MATTHEWIS - PLANT MANAGER
10. Facility Contact Address: Street Address: 1664 N. FEDERAL HWY. City: BOCA RATON County: PALM BEACH Zip Code: 33432	
11. Facility Contact Telephone Number: Telephone: (305) 361-0484 Fax: ()	

0990361

p. 15 Revised Form:

4 Does not need to
mark existing
large r.c.

AUG-20-1996 10:00 AM

TEL NO:

H235 P02

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
<i>Example</i>									
	#1	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	✓	01-NOV-93	01-NOV-93						
(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									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 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 11?
 (Indicate with an "X". Select one classification only.)

Existing small area source New small area source

Existing large area source New large area source

AUG-26 1996 TUE 09:12 10:

TEL NO:

#235 P07

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



AUG-20-1996 TUE 09:19:10

TEL NO:

#235 P04

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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

Luella M. Matthews
Signature

8/24/96
Date

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MATCO CLEANERS INC.
2. Site Name (For example, plant name or number):	ONE PRICE DRY CLEANING
3. Hazardous Waste Generator Identification Number:	FLD 984259457
4. Facility Location: Street Address: 1664 N. FEDERAL HWY. City: BOCA RATON County: PALM BEACH Zip Code: 33432	
5. Facility Identification Number (DEP Use):	0990361

Responsible Official

6. Name and Title of Responsible Official:	LUCILLE M. MATTHEWS - PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: MATCO CLEANERS INC. Street Address: 1664 N. FEDERAL HWY. City: BOCA RATON County: PALM BEACH Zip Code: 33432	
8. Responsible Official Telephone Number: Telephone: (561) 361-0484 Fax: (561) 488-2891	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	KASEY MATTHEWS - PLANT MANAGER
10. Facility Contact Address: Street Address: 1664 N. FEDERAL HWY. City: BOCA RATON County: PALM BEACH Zip Code: 33432	
11. Facility Contact Telephone Number: Telephone: (561) 361-0484 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
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	08-MAR-92							
(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									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

210 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

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

(c) Refrigerated condenser temperature 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 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

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 Department of any changes to the information contained in this notification.

Signature

Date



Department of Environmental Protection

Division of Air Resources Management

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part I. Procedures For Use of General Permit

- (1) **Eligibility Determination.** The Department of Environmental Protection has established a Title V air general permit under Rule 62-213.300(1)(a), F.A.C., for perchloroethylene dry cleaning facilities, the terms and conditions of which are listed in Part II of this Perchloroethylene Dry Cleaner Air General Permit Notification Form. A perchloroethylene dry cleaning facility may use this Title V air general permit provided the facility meets the eligibility criteria set forth in the rule and, throughout the term of the general permit, maintains its eligibility to use the general permit and complies with all terms and conditions of the general permit. The responsible official of the perchloroethylene dry cleaning facility shall determine the facility's eligibility for the Title V air general permit and notify the Department of intent to use the general permit.
- (a) A perchloroethylene dry cleaning facility is eligible to operate under the terms and conditions of the Title V air general permit established at Rule 62-213.300(1)(a), F.A.C., provided the responsible official has submitted a completed Part III of this notification form to the Department at least 30 days prior to beginning operations under the general permit and, throughout the term of the general permit, all of the following conditions are met:
1. The facility operates no emissions units other than perchloroethylene dry cleaning systems and emissions units which are considered insignificant pursuant to the criteria of Rule 62-213.300(2)(a)1., F.A.C., set forth in paragraph (1)(b);
 2. The facility is classified as a small or large area source pursuant to 40 CFR Part 63, Subpart M; that is, the facility is a Title V source by virtue of being subject to 40 CFR Part 63, Subpart M, but does not emit any pollutant in a major amount as set forth in paragraphs (a) through (e) of the definition of "major source of air pollution" at Rule 62-210.200, F.A.C.; and
 3. The facility complies with all general conditions of Rule 62-213.300(3), F.A.C., set forth in Part II of this notification form, and all requirements of 40 CFR Part 63, Subparts A and M, as applicable, also set forth in Part II of the notification form.
- (b) No facility which contains an emissions unit, other than perchloroethylene dry cleaning systems or a unit considered insignificant pursuant to this paragraph, shall be eligible to use this air general permit. No facility is eligible to use more than one air general permit. An emissions unit or activity shall be considered insignificant if all of the following criteria are met:
1. The emissions unit or activity would be subject to no unit-specific applicable requirement.
 2. The emissions unit or activity would neither emit nor have the potential to emit:
 - a. 500 pounds per year or more of lead and lead compounds expressed as lead;
 - b. 1,000 pounds per year or more of any hazardous air pollutants;
 - c. 2,500 pounds per year or more of total hazardous air pollutants; or
 - d. 5.0 tons per year or more each of any other regulated pollutants.
 3. The emissions unit or activity, in combination with other units and activities at the facility, would neither cause the facility to emit nor have the potential to emit:
 - a. 100 tons per year or more of carbon monoxide, nitrogen oxides, particulate matter, sulfur dioxide, or volatile organic compounds;
 - b. 5 tons per year or more of lead and lead compounds expressed as lead;
 - c. 10 tons per year or more of any hazardous air pollutant;
 - d. 25 tons per year or more of total hazardous air pollutants; or

- e. 100 tons per year or more of any other regulated pollutant.
 - (c) Any facility that would use a Title V air general permit under Rule 62-213.300, F.A.C., must surrender all existing air permits authorizing the operation of the facility.
 - (d) If a facility at any time becomes ineligible for the use of the Title V air general permit and is subject to the source-specific Title V air operation permit requirements of Chapter 62-213, F.A.C., it shall be subject to enforcement action for operating without an air operation permit.
 - (e) Notwithstanding the shield provisions of Rule 62-213.460, F.A.C., any facility utilizing a Title V air general permit will be subject to enforcement action for operation without a permit under Chapter 62-213, F.A.C., if it is determined to be initially ineligible for the air general permit which is being utilized.
- (2) **Notification.** For each facility intending to operate under the provisions of this Title V air general permit, the responsible official must complete and submit Part III of this Perchloroethylene Dry Cleaner Air General Permit Notification Form (DEP Form No. 62-213.900(2)) to give notice to the Department of intent to use such permit.
- (3) **Administrative Corrections.** Within 30 days of any changes requiring corrections to information contained in this notification form, the responsible official shall notify the Department in writing. Such changes shall include:
- (a) Any change in name of the responsible official or facility address or phone number;
 - (b) A change in facility status requiring more frequent monitoring or reporting by the responsible official from that noted on the most recent notification form; and
 - (c) Any other similar minor administrative change at the facility.
- (4) **Violation of Permit.** This Title V air general permit is valid only for the specific activity indicated. Any deviation from the specified activity and the conditions for undertaking that activity is a violation of the permit. The responsible official is placed on notice that violation of the permit constitutes grounds for revocation and suspension pursuant to Rules 62-4.100 and 62-4.530(4), F.A.C., and initiation of enforcement action pursuant to s. 403.141 through 403.161, F.S. No revocation shall become effective except after notice is served by personal service, certified mail, or newspaper notice pursuant to Section 120.60(5), F.S., upon the person or persons named therein and a hearing held, if requested within the time specified in the notice. The notice shall specify the provision of the law or rule alleged to be violated, or the permit condition or Department order alleged to be violated, and the facts alleged to constitute a violation thereof.
- (5) **Nullification of Eligibility.** Eligibility for use of a Title V air general permit is automatically nullified by:
- (a) Submission of false or inaccurate information in the notification form for use of the Title V air general permit or in the required reports;
 - (b) Refusal of lawful inspection by Department staff;
 - (c) Failure to submit operational reports or other information required by the general permit; or
 - (d) Failure to timely pay the required annual emissions fee, penalty, or interest.
- (6) **Use of Permit.** Any facility eligible to operate under the terms of a Title V air general permit may use the permit 30 days after giving notice to the Department without any agency action.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part II. Permit Terms and Conditions
(Keep this Part onsite for use by facility staff.)

- (1) **Applicability.** This part of the Perchloroethylene Dry Cleaner Air General Permit Notification Form establishes the terms and conditions of this Title V air general permit. Throughout the term of this air general permit, the responsible official shall ensure that the facility maintains its eligibility to use the general permit and complies with all general conditions of Rule 62-213.300(3), F.A.C., set forth below, and all requirements of 40 CFR Part 63, Subparts A and M, as applicable, also set forth in this part of the notification form.
- (2) **General Conditions.** All terms, conditions, requirements, limitations, and restrictions set forth in Rule 62-213.300(3), F.A.C., and listed below (Rule 62-213.300(3)(a) through (s), F.A.C.) are "general permit conditions" and are binding upon the owner or operator and upon the responsible official of the facility utilizing this Title V air general permit.
- (a) The duration of this general permit is five years. No later than 30 days prior to the fifth anniversary of the filing of intent to use this general permit, the responsible official shall submit a new notice of intent which shall contain all current information regarding the facility. The general permit is not transferable and does not follow a change in ownership of the facility. Prior to any sale, other change of ownership, or permanent shutdown of the facility, the responsible official shall notify the Department.
 - (b) 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 annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirements of this general permit.
 - (c) This general permit is valid only for the specific activity indicated. Any deviation from the specified activity and the conditions for undertaking that activity shall constitute a violation of the permit.
 - (d) This general permit does not convey any vested rights or any exclusive privileges, nor does it authorize any injury to public or private property nor any invasion of personal rights. It does not authorize any infringement of federal, state, or local laws or regulations.
 - (e) This general permit does not relieve the responsible official or the owner or operator of the facility from liability and penalties when the operation of the permitted activity causes harm or injury to human health or welfare; causes harm or injury to animal, plant or aquatic life; or causes harm or injury to property. It does not allow the responsible official, owner, or operator to cause pollution in contravention of Florida law.
 - (f) This general permit conveys no title to land or water, nor does it constitute state recognition or acknowledgment of title.
 - (g) The responsible official shall make every reasonable effort to conduct the specific activity authorized by this general permit in a manner that will minimize any adverse effects on adjacent property or on public use of the adjacent property, where applicable, and on the environment, including fish, wildlife, natural resources, water quality, or air quality.
 - (h) The responsible official shall allow a duly authorized representative of the Department access to the permitted facility or activity at reasonable times to inspect and test, upon presentation of credentials or other documents as may be required by law, to determine compliance with this general permit and Department rules.
 - (i) The responsible official shall maintain any permitted facility or activity in good condition.

- (j) This general permit shall be effective until suspended, revoked, surrendered, expired, or nullified pursuant to Rule 62-213.300, F.A.C.

(k) Monitoring and Related Recordkeeping and Reporting Requirements.

1. The responsible official shall maintain records of monitoring information that specify the date, place, time, and operating conditions of measurement; the methodology used; the company or entity which performed the monitoring; and the analytical results. These shall include all calibration and maintenance records, original strip-chart recordings for continuous monitoring instrumentation, and copies of all reports required by this permit.
2. The responsible official shall retain records of all monitoring data and supporting information for a period of at least five years from the date of collection.
3. The responsible official shall keep records in which all occurrences of deviations from any specific monitoring requirements and from the procedures of any startup, shutdown, and malfunction plan required pursuant to paragraph (2)(1), shall be clearly identified. Reports of these deviations shall be submitted to the Department during facility inspections and also submitted with the annual compliance certification as required by paragraph (2)(n)2. The responsible official shall certify each report as true, accurate, and complete.
4. The responsible official shall ensure that the Department is promptly notified of deviations from any specific monitoring requirements, including those attributable to upset conditions. Notification shall include the probable cause of such deviations and any corrective actions or preventive measures taken, except that notification shall not be required of actions taken consistent with any startup, shutdown, and malfunction plan required pursuant to paragraph (2)(1). Notification shall be provided within one working day of occurrence of the deviation and may be given by telephone.

(l) Operation and Maintenance Requirements.

1. The responsible official shall maintain on-site a startup, shutdown, and malfunction plan for the facility that describes, in detail, procedures for operating and maintaining the equipment during periods of startup, shutdown, and malfunction. The plan may be in the form of an equipment operation manual and shall also specify corrective action for malfunctioning process and air pollution control equipment.
2. During periods of startup, shutdown, or malfunction, the responsible official shall operate and maintain equipment in accordance with the procedures specified in the plan. Records of compliance with the plan shall be kept on-site for a minimum of five years and shall contain a certification statement signed by the responsible official that the documentation is true, accurate, and complete, based upon information and belief formed after reasonable inquiry.
3. If any action is taken which is inconsistent with the plan, the responsible official shall record and report the actions taken in accordance with the requirements of paragraph (2)(k)3. and 4.. The record shall explain the circumstances of the event, the reason for not following the startup, shutdown, and malfunction plan, and whether any excess emissions and/or parameter monitoring exceedances are believed to have occurred. Taking actions inconsistent with those in the plan constitutes a violation of a permit condition and shall be subject to the provisions of Part I, paragraph (4).

(m) Compliance Plan Requirements.

1. For each applicable permit condition with which the facility is not in compliance at the time of giving notice to the Department of intent to use this general permit and for which the facility has not come into compliance within 30 days after the giving of such notice, the responsible official shall submit to the Department a compliance plan. The compliance plan shall contain measurable and enforceable milestones, including specific dates for completion of each milestone.

2. The responsible official shall notify the Department in writing, within 15 days after the date for completion of each milestone, detailing the achievement of compliance, of progress achieved, requirements met or unmet, corrective measures adopted, and an explanation of any measures not met by the completion date for the compliance milestone. The responsible official shall certify that such notice is complete and accurate. Any deviation from the compliance plan shall constitute a violation of the permit condition and shall be subject to the provisions of Rule 62-213.300(2)(d), F.A.C.

(n) Compliance Certification.

1. For each applicable requirement with which the facility is in compliance, the responsible official shall submit a statement certifying such compliance to the Department annually. The responsible official shall certify each statement as true, accurate, and complete.
2. The statement of compliance shall identify each term or condition of the permit with which the facility has remained in compliance during the period covered by the statement and shall specify the method used to demonstrate compliance. It shall identify each term or condition of the permit with which the facility has not been in continuous compliance during that reporting period. It shall also include the monitoring report required pursuant to paragraph (3)(k)3.
3. For those terms or conditions which the facility has not been in continuous compliance during any reporting period, the statement shall include the exact period of non-compliance, actions taken to achieve compliance, and the method used to demonstrate compliance.

- (o) This general permit does not authorize any demolition or renovation of the facility or its parts or components which involves asbestos removal. This permit does not constitute a waiver of any of the requirements of Chapter 62-257, F.A.C., and 40 CFR Part 61, Subpart M, National Emission Standard for Asbestos, adopted and incorporated by reference in Rule 62-204.800, F.A.C.

- (p) Refrigerant Requirements. Any facility having appliances or refrigeration equipment, including air conditioning equipment, which use Class I or II ozone-depleting substances such as chlorofluorocarbons and hydrochlorofluorocarbons listed as refrigerants in 40 CFR Part 82 Subpart A, Appendices A and B, which are adopted and incorporated by reference in Rule 62-204.800, F.A.C., shall service, repair, and maintain such equipment according to the work practices, personnel certification requirements, reporting and recordkeeping requirements, and certified recycling and recovery equipment specified in 40 CFR Part 82, Subpart F, adopted and incorporated in Rule 62-204.800, F.A.C. No person shall knowingly vent or otherwise release any Class I or II substance into the environment during the repair, servicing, maintenance, or disposal of any such device except as provided in 40 CFR Part 82, Subpart F.

- (q) This general permit does not authorize any open burning nor does it constitute any waiver of the requirements of Chapter 62-256, F.A.C.

- (r) No person shall circumvent any air pollution control device or allow the emission of air pollutants without the proper operation of all applicable air pollution control devices.

- (s) All reports and notices submitted by the facility and all records required to be maintained according to paragraph (2) (k) 3., shall contain a certification statement signed by the responsible official that the documentation is true, accurate, and complete, based upon the information and belief formed after reasonable inquiry.

(3) Definitions. The following words and phrases, when used in this notification form, shall have the following meanings:

- (a) "Ancillary Equipment" - The equipment used with a dry cleaning machine in a dry cleaning system, including emission control devices, pumps, filters, muck cookers, stills, solvent tanks, solvent containers, water separators, exhaust dampers, diverter valves, interconnecting piping, hoses, and ducts.
- (b) "Articles" - Any clothing, garments, textiles, fabrics, and leather goods that are dry cleaned.

- (c) "Area Source" - A perchloroethylene dry cleaning facility which consumes an amount of perchloroethylene less than or equal to 2,100 gallons per year for dry-to-dry machines only, or consumes less than or equal to 1,800 gallons per year and utilizes either only transfer or both dry-to-dry and transfer machines on-site, where the amount of perchloroethylene consumed is determined by purchase receipts or by the solvent consumption log in accordance with the requirements of paragraph (6) of this Part.
- (d) "Biweekly" - Any consecutive 14-day period of time.
- (e) "Carbon Adsorber" - A bed of activated carbon into which an air-perchloroethylene gas-vapor stream is routed and which adsorbs the perchloroethylene on the carbon.
- (f) "Coin-operated Dry Cleaning Machine" - A dry cleaning machine that is operated solely by the customer.
- (g) "Colorimetric Detector Tube" - A glass tube (sealed prior to use) containing material impregnated with a chemical that is sensitive to perchloroethylene and is designed to measure the concentration of perchloroethylene in air.
- (h) "Construction" - The fabrication (on-site), erection, or installation of a dry cleaning system.
- (i) "Control Device" - Any device used to minimize perchloroethylene emissions, such as a refrigerated condenser or a carbon adsorber.
- (j) "Desorption" - The regeneration of a carbon adsorber by removal of the perchloroethylene adsorbed on the carbon.
- (k) "Diverter Valve" - A flow control device that prevents room air from passing through a refrigerated condenser when the door of the dry cleaning machine is open.
- (l) "Dry Cleaning" - The process of cleaning articles using perchloroethylene.
- (m) "Dry Cleaning Cycle" - The washing and drying of articles in a dry-to-dry machine or transfer machine system.
- (n) "Dry Cleaning Facility" - An establishment with one or more dry cleaning systems.
- (o) "Dry Cleaning Machine" - A dry-to-dry machine or each machine of a transfer machine system.
- (p) "Dry Cleaning Machine Drum" - The perforated container inside the dry cleaning machine that holds the articles during drycleaning.
- (q) "Dry Cleaning System" - A dry-to-dry machine and its ancillary equipment or a transfer machine system and its ancillary equipment.
- (r) "Dryer" - A machine used to remove perchloroethylene from articles by tumbling them in a heated air stream (see reclaimer).
- (s) "Dry-to-dry Machine" - A one-machine dry cleaning operation in which washing and drying are performed in the same machine.
- (t) "Episodic Exceedance" - Any exceedance of the perchloroethylene solvent consumption level which occurs three years or more after the most recent prior exceedance of the same type.
- (u) "Emissions Unit" - Any part or activity of a facility that emits or has the potential to emit any air pollutant.
- (v) "Exhaust Damper" - A flow control device that prevents the air-perchloroethylene gas-vapor stream from exiting the drycleaning machine into a carbon adsorber before room air is drawn into the dry cleaning machine.
- (w) "Existing" - Dry cleaning machines which were manufactured or initially purchased from the manufacturer on or before December 9, 1991.

- (x) "Filter" - A porous device through which perchloroethylene is passed to remove contaminants in suspension. Examples include lint filter (button trap), cartridge filter, tubular filter, regenerative filter, prefilter, polishing filter, and spin disc filter.
- (y) "Heating Coil" - A device used to heat the air stream circulated from the dry cleaning machine drum, after perchloroethylene has been condensed from the air stream and before the stream reenters the dry cleaning machine drum.
- (z) "Large Area Source" - A dry cleaning facility which:
 1. Contains only dry-to-dry machines and consumes equal to or between 140 and 2,100 gallons per year of perchloroethylene.
 2. Contains only transfer machines and consumes equal to or between 200 and 1,800 gallons per year of perchloroethylene.
 3. Contains both dry-to-dry and transfer machines and consumes equal to or between 140 and 1,800 gallons per year of perchloroethylene.
- (aa) "Major Source" - A dry cleaning facility which consumes an amount of perchloroethylene exceeding 2,100 gallons per year for dry-to-dry machines only or exceeding 1,800 gallons per year for either transfer machines only or facilities containing both dry-to-dry and transfer machines.
- (bb) "Muck Cooker" - A device for heating perchloroethylene-laden waste material to volatilize and recover perchloroethylene.
- (cc) "New" - Dry cleaning machines which were manufactured or initially purchased from the manufacturer after December 9, 1991.
- (dd) "Perceptible Leaks" - Any perchloroethylene vapor or liquid leaks that are obvious from:
 1. The odor of perchloroethylene.
 2. Visual observation, such as of pools or droplets of liquid.
 3. The detection of gas flow by passing fingers over the surface of the equipment.
- (ee) "Perchloroethylene Consumption" - The total volume of perchloroethylene purchased yearly by the facility or added to the machine, based upon purchase receipts or other reliable measures.
- (ff) "Reclaimer" - A machine used to remove perchloroethylene from articles by tumbling them in a heated air stream (see dryer).
- (gg) "Reconstruction" - The replacement of a washer, dryer, or reclaimer; or replacement of any components of a dry cleaning system to such an extent that the fixed capital cost of the new components exceeds 50 percent of the fixed capital cost that would be required to construct a comparable new system.
- (hh) "Refrigerated Condenser" - A vapor recovery system into which an air-perchloroethylene gas-vapor stream is routed and the perchloroethylene is condensed by cooling the gas-vapor stream.
- (ii) "Refrigerated Condenser Coil" - The coil containing the chilled liquid used to cool and condense the perchloroethylene.
- (jj) "Responsible Official" - One of the following:
 1. For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C.;
 2. For a partnership: a general partner;
 3. For a sole proprietorship: the owner;

4. For a municipality, state, federal, or other public agency: either a principal executive officer or ranking official.

(kk) "Small Area Source" - A dry cleaning facility which:

1. Contains only dry-to-dry machines and consumes less than 140 gallons per year of perchloroethylene.
2. Contains only transfer machines and consumes less than 200 gallons per year of perchloroethylene.
3. Contains both dry-to-dry and transfer machines and consumes less than 140 gallons per year of perchloroethylene.

(ll) "Source" - Each dry cleaning facility.

(mm) "Still" - Any device used to volatilize and recover perchloroethylene from contaminated perchloroethylene.

(nn) "Temperature Sensor" - A thermometer or thermocouple used to measure temperature.

(oo) "Transfer Machine System" - A multiple-machine dry cleaning operation in which washing and drying are performed in different machines. Examples include:

1. A washer and dryer(s)
2. A washer and reclaimer(s), and/or
3. A dry-to-dry machine and reclaimer(s) and/or dryer(s).

(pp) "Washer" - A machine used to clean articles by immersing them in perchloroethylene. This includes a dry-to-dry machine when used with a reclaimer.

(qq) "Water Separator" - A device used to recover perchloroethylene from a water-perchloroethylene mixture.

(rr) "Year or Yearly" - Any consecutive 12-month period of time.

(4) Basic Requirements.

- (a) The responsible official shall determine the eligibility of the facility for this permit and shall submit a completed Part III of this Dry Cleaner Air General Permit Notification Form at least 30 days prior to beginning operations under this general permit.
- (b) The responsible official shall certify in the initial notification and annually thereafter that the annual consumption of perchloroethylene does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities. The annual consumption total shall be based upon purchase receipts and the average shall be recalculated on a monthly basis.
- (c) New facilities shall comply with all applicable requirements upon start-up.
- (d) The operation of transfer cleaning machines purchased after September 22, 1993, is prohibited.
- (e) This permit does not apply to the operation of coin-operated dry cleaning units used solely by customers.

(5) Control Technology Requirements. Control technology requirements are based upon the facility's classification as a small or large area source; the type of machine(s) used, and its date of manufacture or initial purchase from the manufacturer. If the solvent consumption exceeds the source limit for the facility's classification, the facility shall immediately comply with all additional requirements of 40 CFR Part 63, Subpart M, for the appropriate higher classification; unless the consumption meets the definition of an episodic exceedance. Additionally, facilities previously classified as large area sources must apply for a major source permit under Chapter 62-213, F.A.C., within 180 days of exceeding the solvent consumption level. The facility shall operate and maintain equipment according to the manufacturer's specifications. The manuals, design specifications, and other instructional materials shall be kept on-site by the responsible official.

- (a) General Control Requirements. All facilities shall:

1. Store perchloroethylene in tightly sealed containers which are impervious and chemically unreactive to the solvent.
 2. Examine the containers for leakage as required in paragraph (7) of this Part.
 3. Close and secure machine doors except during loading and unloading.
 4. Drain cartridge filters in their housing or in sealed containers for a minimum of twenty-four hours.
 5. Maintain the solvent-to-carbon ratio and steam pressure for carbon adsorber beds to ensure that stripping occurs according to the manufacturer's specifications.
- (b) Process Vent Controls.
1. All existing dry cleaning systems located in small area source facilities and new transfer dry cleaning systems located in small area source facilities which contain only transfer cleaning systems do not require process vent controls.
 2. For all new dry cleaning systems located in small area source facilities, the owner or operator shall:
 - a. Equip all machines with a refrigerated condenser, except for the transfer dry cleaning systems subject to paragraph (5)(b)1. above.
 - b. Equip dry-to-dry, dryer, and reclaimer machines with a closed-loop vapor venting system, such that the air-perchloroethylene gas-vapor stream contained within the machine shall not be vented or released to the atmosphere while the machine drum is rotating.
 - c. Operate the refrigerated condenser with a diverter valve, which prevents air drawn into the dry cleaning machine when the door of the machine is opened from passing through the refrigerated condenser.
 - d. Measure and record the exhaust stream temperature of the outlet on the refrigerated condenser on a weekly basis. The temperature must not exceed 45 degrees Fahrenheit (F) [7.2 degrees Celsius (C)].
 - e. Repair or adjust the equipment within twenty-four hours if the exhaust stream temperature exceeds 45 degrees F. The repair shall be documented as required in paragraph (6) of this Part.
 - f. The temperature sensor used in Section (5)(b)2.d. above shall be designed to measure an exhaust stream temperature of 45 degrees F [7.2 degrees C] to an accuracy of plus or minus 2 degrees F [1.1 degrees C]. The sensor must have a detectable range of at least 32 degrees F to 120 degrees F [0 to 48.9 degrees C].
 - g. Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
 3. For all existing dry cleaning systems located in large area source facilities, the owner or operator shall:
 - a. Comply with all the requirements listed for new dry cleaning systems located in small area source facilities, except that machines equipped with carbon adsorbers on or before September 22, 1993 are not required to refit with refrigerated condensers.
 - b. Measure and record the exhaust stream temperature on the outlet side of a refrigerated condenser located on dry-to-dry machines, reclaimers, and dryers on a weekly basis as required in paragraph (5)(b)2.d. of this Part.
 - c. Measure and record the temperature of the washer exhaust at both the inlet and outlet sides of the refrigerated condenser. If the temperature differential is less than 20 degrees F [11.1 degrees C], the equipment shall be repaired or adjusted within twenty-four hours. The repair shall be documented pursuant to paragraph (7) of this Part.

- d. Measure and record the concentration of perchloroethylene in the exhaust from the carbon adsorber at a sampling port on a weekly basis using a colorimetric tube. The measurement shall be obtained at the end of the final dry cleaning cycle prior to desorption while the machine is venting to the carbon adsorber. If the concentration of perchloroethylene exceeds parts per million (ppm), the equipment shall be repaired or adjusted within twenty-four hours. The repair shall be documented as required in paragraph (7) of this Part.
 - e. The location of the sampling port for measuring perchloroethylene concentrations in the exhaust duct shall be at least eight stack or duct diameters downstream from any flow disturbances such as a bend, expansion, contraction, or outlet; downstream from no other inlet; and two stack or duct diameters upstream from any flow disturbance such as a bend, expansion, contraction, inlet, or outlet.
 - f. Transfer systems shall be equipped with individual refrigerated condenser coils for dryers, reclaimers, and washers.
 - g. The airflow shall never be routed to bypass the carbon adsorber.
4. For all new dry cleaning systems located in large area source facilities, the owner or operator shall:
- a. Comply with all the requirements listed for existing dry cleaning systems located in large area source facilities, except that all machines shall be equipped with a refrigerated condenser.

(6) Recordkeeping Requirements.

- (a) The responsible official shall maintain the following records in a log kept on-site, for a minimum of five years:
 - 1. All purchase receipts for determination of perchloroethylene solvent consumption and monthly consumption logs.
 - 2. All leak detection inspection and repair reports.
 - 3. All control equipment monitoring data on perchloroethylene concentrations and exhaust stream temperatures.
- (b) On the first business day of the month, the responsible official shall record the total amount of perchloroethylene purchased in the previous month and calculate the total amount purchased in the preceding twelve months, as a measure of perchloroethylene consumption.

(7) Leak Detection Requirements.

- (a) The responsible official or equipment operator of a large area source facility must conduct a weekly leak detection and repair inspection of the facility; however, small area sources may conduct the inspection on a biweekly basis. The responsible official or equipment operator shall enter the results of the inspection into the inspection and repair log kept on-site.
- (b) The responsible official or equipment operator shall use one of the following methods to detect leaks:
 - 1. Visual examination of condensed solvent on exterior surfaces.
 - 2. Detection of air flow through improperly seated gaskets.
 - 3. Detection of perchloroethylene odors.
- (c) The following items shall be inspected for leaks:
 - 1. Hose and pipe connections, fittings, couplings, and valves.
 - 2. Door gasket seating.
 - 3. Filter gaskets and seating.
 - 4. Pumps.
 - 5. Solvent tanks and containers.
 - 6. Water separators.
 - 7. Muck cookers.

8. Stills.
9. Exhaust dampers.
10. Diverter valves.
11. Cartridge filter housings.

(d) Leaks shall be repaired within twenty-four hours of detection, unless repair equipment must be ordered.

1. Equipment parts needed to repair the machine shall be ordered within two working days of leak detection.
2. Repair parts shall be installed within five working days of receipt.

(e) Colorimetric tubes and bellows or piston-driven pumps shall be operated according to the manufacturer's specifications and shall be verified for accuracy by the use of duplicate samples. The tube should be designed to measure a concentration of 100 parts per million by volume of perchloroethylene in air to an accuracy of +/- 25 parts per million by volume.

(f) The integrity of all rubber seals on the pump shall be inspected on a weekly basis for large area sources (biweekly for small area sources) and all equipment shall be kept in a clean and secure area when not in use.

(8) Local Program Requirements. All facilities located within the borders of Duval County shall comply with the following additional requirements:

- (a) Pursuant to Jacksonville Environmental Board Rule 2.901, no person shall cause, suffer, allow or permit the discharge of air pollutants which cause or contribute to an objectionable odor, and
- (b) Pursuant to Jacksonville Ordinance Code Chapter 376, any facility that causes or contributes to the emission of objectionable odors which results in the Air Quality Division (AQD) receiving and validating complaints from five or more different households within a 90-day period may be cited for objectionable odors.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: City: County: Zip Code:
5. Facility Identification Number (DEP Use ONLY - do not fill in):

Responsible Official

6. Name and Title of Responsible Official: Name: Title:
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: () - 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: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

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.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 - Transfer only on-site (used less than 200 gallons of perc per year)
 - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
 - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
 - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
 (Indicate with an "X".)

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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 (see attached memo for the criteria).

All steam and hot water generating units exempt OR
 No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. 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/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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

Print name of responsible official

Signature

Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was initially purchased from the manufacturer in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

ARMS



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0990361 DATE: 4-8-97 TIME IN: 10:05 TIME OUT: 11:00
FACILITY NAME: One Price Dry Cleaning
FACILITY LOCATION: 1664 N. Federal Hwy
Boca Raton, FL 33432

PART I: NOTIFICATION

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

- | | | |
|---|--|---|
| A | 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91) <input type="checkbox"/> | 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) <input type="checkbox"/> |
| | 3. Existing large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr <input checked="" type="checkbox"/>
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed on or after 12/9/91) |

This is a correct facility classification Y N

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 420 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N
- 2. Examining the containers for leakage? Y N
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/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)

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

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?
asked to keep log Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?
 Y N
Is the temperature differential equal to or greater than 20° F? Y N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?
 Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N 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?
 Y N N/A
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?
 Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

*asked to keep in detail
Form was given for sample*

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces) Y N A

Physical detection (airflow felt through gaskets) Y N A

Odor (noticeable perc odor) Y N A

Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Y N A

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N A

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N A

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N A

d. Kept in a clean and secure area when not in use? Y N A

e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N A

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Stills	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		

[Signature]
Name of Responsible Official (Signature)

KELSEY M MATHEWS (561) 361-0484
Name of Responsible Official (Print) & Phone #

R V Chotshi
Inspector's Name (Please Print)

4-8-97
Date of Inspection

[Signature]
Inspector's Signature

4-8-98
Approximate Date of Next Inspection

1. Secondary Containment for: Dry Cleaning Machine & Storage area Yes No
 Waste area well sealed Yes No
 Spotting area Sealed Yes No
2. Disposal of Water from Water Separator using approved evaporator Yes No
 or Waste Handler's Pickup Water Yes No

Mechanic made evaporator

RECEIVED

MAY 12 1997

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

Bureau of Air Monitoring
& Maintenance

TIME IN: 10:05 TIME OUT: 11:00 AIRS ID#: 0990361
 TYPE OF FACILITY: dry cleaning
 FACILITY NAME: One Price Dry Cleaning DATE: 4-8-97
 FACILITY LOCATION: 1664 N. Federal Hwy
Boca Raton, FL 33432
 RESPONSIBLE OFFICIAL: ~~_____~~ Kasey Mathews PHONE NUMBER: 361-0484

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found 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. YES NO

DATE OF NEXT INSPECTION: 4-8-98
(Approximate)

INSPECTION CONDUCTED BY: R.V. CHOKSHI
(Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070

acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

MATTCO CLEANERS INC LUCILLE M MATTHEWS 1664 N FEDERAL HWY BOCA RATON FL 33432	AIRS ID#0990361
--	-----------------

Bureau of Air Monitoring
& Mobile Sources

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FEB 2 1998

Do NOT Remove Label

Annual Reporting Period: JANUARY 19 98 TO DECEMBER 19 98

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 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: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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: KASEY M. MATTHEWS [Signature] 1/21/98
 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.

acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0990361

MATTCO CLEANERS INC
LUCILLE M MATTHEWS
1664 N FEDERAL HWY
BOCA RATON FL 33432

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 2 1998

Do NOT Remove Label

Annual Reporting Period: JANUARY 19 ~~98~~⁹⁷ TO DECEMBER 19 ~~98~~⁹⁷

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 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: _____

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JUN 16 1998
Bureau of Air Monitoring
& Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

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: KASEY M. MATTHEWS [Signature] 1/21/98
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.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:55 TIME OUT: 10:30 AIRS ID#: 0990361

TYPE OF FACILITY: Dry cleaning

FACILITY NAME: One Price Dry Clean DATE: 6-9-98

FACILITY LOCATION: 1664 N. Federal Hwy
Boca Raton, FL 33432

RESPONSIBLE OFFICIAL: Robert Mathews PHONE NUMBER: 361-0484

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found 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
Need to keep records for PESC purchase, weekly leak & temp measurement in forms.	Will be re inspected in 2 months.
	RECEIVED
	JUL 15 1998 Bureau of Air Monitoring & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: June 1994 (Approximate)

INSPECTION CONDUCTED BY: R V Chokshi (Please Print)

INSPECTOR'S SIGNATURE: R. V. Chokshi PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS
 TITLE V GENERAL PERMIT
 COMPLIANCE INSPECTION CHECKLIST

✓ MNC ARMS

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0990361 DATE: 6-9-98 TIME IN: 9:55 TIME OUT: 10:30
 FACILITY NAME: One Price Dry Clean
 FACILITY LOCATION: 1664 N. Federal Hwy
Boca Raton, FL 33432
 RESPONSIBLE OFFICIAL: Robert Mathews PHONE: 361-0484
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (check appropriate box)

- No notification form
 Drop store/out of business/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) <input type="checkbox"/> | 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) <input type="checkbox"/> |
| 3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91) <input checked="" type="checkbox"/> |
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 400 gallons. for 1997

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/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)

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

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? Y N
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? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N 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? Y N N/A
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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- Asked to keep on site Hew:ll mail or fax w 2 weeks*
1. Maintained receipts for perc purchased? Y N
 2. Maintained rolling monthly averages of perc consumption? Y N
 3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
 4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
 5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
 6. Maintained startup/shutdown/malfunction plan? Y N
 7. Maintained deviation reports? *Asked to keep records* Y N N/A
 Problem corrected? Y N N/A
 8. Maintained compliance plan, if applicable? Y N N/A

→ we received some Perc Purchase receipts & Leak records on 6/7/98
 I called Robert Matthews about some discrepancies, he realized them; and he said he is going to be careful ~~in~~ now and on in the future.
 R.V. Chowski 6-7-98

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? *asked to keep log* Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes) N/A
- Halogen leak detector N/A

If using direct-reading instrumentation, is the equipment:

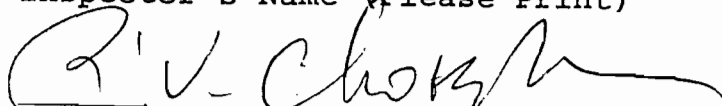
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Robert J. Matthews
Responsible Official's Name
(Please Print)


Responsible Official's Signature

R V Chokshi
Inspector's Name (Please Print)

6-9-98
Date of Inspection


Inspector's Signature

June 1999
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- | | | |
|---|---|-------------------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | Yes <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| Waste area | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Spotting area Sealed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Asked to install Secondary Containment for Waste area ASAP

- | | | |
|---|-------------------------------------|-------------------------------------|
| 2. Disposal of Water from Water Separator using approved evaporator | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| or contracted Wastewater service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Safety Klean picks up the
Once a month

Gave owner Phenix form to keep Record for leak, Temp & Perc Purchases

Asked to keep area clean around dry cleaning machine

Also explained to measure and keep record of temperature of Condenser outlet once a week.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:20 TIME OUT: 11:50 AIRS ID#: 0990361
 TYPE OF FACILITY: Dry Cleaning
 FACILITY NAME: One Price Dry Cleaning DATE: 5-10-99
 FACILITY LOCATION: 1664 N. Federal Hwy
Boca Raton, FL 33432
 RESPONSIBLE OFFICIAL: Robert Mathews PHONE NUMBER: 361-0484

Based on the results of the compliance requirements evaluated during this inspection, the facility is found 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

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 JUN 1 1999
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: May 2000
(Approximate)

INSPECTION CONDUCTED BY: R.V. Chokshi
(Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070
Ext 1174

PERCHLOROETHYLENE DRY CLEANERS

ARMS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0990361 DATE: 5-10-99 TIME IN: 11:20 TIME OUT: 11:50
FACILITY NAME: One Price Dry Cleaning
FACILITY LOCATION: 1664 N. Federal Hwy
Boca Raton, FL 33432
RESPONSIBLE OFFICIAL: Kasey Mathews PHONE: 361-0484
CONTACT NAME: Robert Mathews PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

- No notification form
- Drop store/out of business/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) <input type="checkbox"/> | 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) <input type="checkbox"/> |
| 3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91) <input checked="" type="checkbox"/> |
5. This is a correct facility classification N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 254 gallons. for 1998, 50 gal 1999 = 78 gal

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/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)

- | | |
|--|---|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?
Is the temperature differential equal to or greater than 20° F? Y N N/A
 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?
Is the perc concentration equal to or less than 100 ppm? Y N N/A
 Y N 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? Y N N/A
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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
Problem corrected? Y N N/A
 Y N N/A
8. Maintained compliance plan, if applicable? Y N N/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? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
 - Physical detection (airflow felt through gaskets)
 - Odor (noticeable perc odor)
 - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) N/A
 - Halogen leak detector N/A
- If using direct-reading instrumentation, is the equipment:
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
 - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - d. Kept in a clean and secure area when not in use? Y N
 - e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Robert J. Matthews
Responsible Official's Name
(Please Print)

[Signature]
Responsible Official's Signature

A.V. Chokshi
Inspector's Name (Please Print)

5-10-99
Date of Inspection

[Signature]
Inspector's Signature

May 2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- | | Yes | NO |
|---|-------------------------------------|--------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Spotting area Sealed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Wearing out - asked to re seal
as soon as possible

Hand made

- | | | |
|---|-------------------------------------|--------------------------|
| 2. Disposal of Water from Water Separator using approved evaporator | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| or contracted Wastewater service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Safety Kleen picks up the waste
when called

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

Handwritten signature

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

RECEIVED
Bureau of Air Monitoring & Mobile Sources
JUL 10 2000

AIRS ID#: 0990361 DATE: 6/1 Jun 00 TIME IN: 1:00 TIME OUT: 4:05
 FACILITY NAME: One Price Dry Cleaning
 FACILITY LOCATION: 1664 N. Fed. Hwy
Boca Raton
 RESPONSIBLE OFFICIAL: Benny Gubner PHONE: 361 0484
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION
 (check appropriate box)
 1. New facility notified DARM 30 days prior to startup
 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION
 Facility indicated on notification form that it is: No notification form
 (check appropriate box) Drop store/out of business/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) <input type="checkbox"/>	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) <input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input checked="" type="checkbox"/>

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons. year to date

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/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)

- | | |
|--|---|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |

ADDITIONAL SITE INFORMATION:

- | | Yes | NO |
|---|-------------------------------------|--------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Spotting area Sealed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|-------------------------------------|--------------------------|
| 2. Disposal of Water from Water Separator using approved evaporator | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| or contracted Wastewater service | <input type="checkbox"/> | <input type="checkbox"/> |

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? Y N
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? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N 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? Y N N/A
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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
Problem corrected? Y N N/A Y N N/A
8. Maintained compliance plan, if applicable? Y N N/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? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stillts | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Responsible Official's Name
(Please Print)

Mr. Liddle

~~Jeffrey Ditzel~~

Inspector's Name (Please Print)

Mr. Liddle

~~Jeffrey Ditzel~~
Inspector's Signature

Responsible Official's Signature

Jeffrey Ditzel

6/5/00

Date of Inspection

6/01

Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10 TIME OUT: 10:45 AIRS ID#: 0990361
 TYPE OF FACILITY: DRY CLEANING
 FACILITY NAME: One Price Dry Cleaning DATE: 6/5/00
 FACILITY LOCATION: 1664 N. Federal Highway
Boca Raton, FL
 RESPONSIBLE OFFICIAL: _____ PHONE NUMBER: _____

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found 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. YES NO *given to n.o.*

DATE OF NEXT INSPECTION: June 2001
(Approximate)

INSPECTION CONDUCTED BY: M Liebler
(Please Print)

INSPECTOR'S SIGNATURE: M Liebler PHONE NUMBER: _____

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

ASGP

RE-INSPECTION

TIME IN: _____ TIME OUT: _____ AIRS ID#: 0990 361

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: One Price Dry Clean Bowie Rd DATE: 11/02/01

FACILITY LOCATION: 1664 W. Federal Hwy

RESPONSIBLE OFFICIAL: Robert Mathews
~~Benny Gubner~~

PHONE NUMBER: 361 6489

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found 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. YES NO

DATE OF NEXT INSPECTION: 1/02

(Approximate)

INSPECTION CONDUCTED BY: M Liebler

(Please Print)

INSPECTOR'S SIGNATURE: M Liebler PHONE NUMBER: 355 3070

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0990 361 DATE: 11/02/01 TIME IN: _____ TIME OUT: _____

FACILITY NAME: One Price Dry Cleaners

FACILITY LOCATION: 1664 N. Federal Hwy, Boca Raton

RESPONSIBLE OFFICIAL: Dany Gubner PHONE: 361 6484

CONTACT NAME: Robert Whitlow PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is: No notification form
 (check appropriate box) Drop store/out of business/petroleum

A.

<p>1. Existing small area source <input type="checkbox"/></p> <p>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)</p>	<p>2. New small area source <input type="checkbox"/></p> <p>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)</p>
<p>3. Existing large area source <input type="checkbox"/></p> <p>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)</p>	<p>4. New large area source <input checked="" type="checkbox"/></p> <p>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)</p>

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 240 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/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)

- | | |
|--|---|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |

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? Y N
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? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N 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? Y N N/A
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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/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? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes) N/A
- Halogen leak detector N/A

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Robert J. Matthews
Responsible Official's Name
(Please Print)

[Signature]
Responsible Official's Signature

W. L. Liddle
Inspector's Name (Please Print)

11/02/01
Date of Inspection

[Signature]
Inspector's Signature

11/02
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- | | Yes | NO |
|---|-------------------------------------|-------------------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area | <input type="checkbox"/> | <input type="checkbox"/> |
| Spotting area Sealed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Disposal of Water from Water Separator using approved evaporator | <input type="checkbox"/> | <input type="checkbox"/> |
| or contracted Wastewater service | <input type="checkbox"/> | <input checked="" type="checkbox"/> |



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414838 MAR 4 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

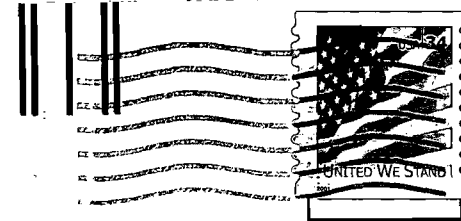
4

Do **NOT** Remove Label

AIRS ID # 0990361
ONE PRICE DRY CLEANERS
LUCILLE M MATTHEWS
1664 N FEDERAL HWY
BOCA RATON FL
33432

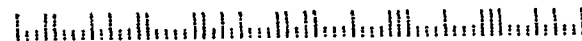
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

MATTCO CLEANERS III
10075 YAMATO ROAD
BOCA RATON FL 33428



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

32313+3070 93



Fold at line over top of envelope to

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.

1. Article Addressed to:

10 AIRS ID # 0990361001AG
LUCILLE M MATTHEWS
ONE PRICE DRY CLEANERS
1664 N FEDERAL HWY
BOCA RATON FL 33432

2. Article Number (Copy from service label)
Z 210 663 020

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
[Handwritten Signature]
 Agent
 Addressee

D. Is delivery address different from item 1?
If YES, enter delivery address below: Yes No

JUN 11 2001

Bureau of Air Monitoring
& Mobile Sources

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Z 210 663. 020

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

10 AIRS ID # 0990361001AG
LUCILLE M MATTHEWS
ONE PRICE DRY CLEANERS
1664 N FEDERAL HWY
BOCA RATON FL 33432

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

7000 0600 0026 4327 3747

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

AIRS ID # 0990361

Recipient: ONE PRICE DRY CLEANERS
Street: LUCILLE M MATTHEWS
 1664 N FEDERAL HWY
City, St: BOCA RATON FL 33432

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) <i>Kris</i> B. Date of Delivery <i>2-9</i></p> <p>C. Signature <i>xd Lucille Matthews</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p align="right">AIRS ID # 0990361</p> <p>ONE PRICE DRY CLEANERS LUCILLE M MATTHEWS 1664 N FEDERAL HWY BOCA RATON FL 33432</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label) <i>7000</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7 210 662 439

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 0990361

ONE PRICE DRY CLEANERS
LUCILLE M MATTHEWS
1664 N FEDERAL HWY
BOCA RATON FL 33432

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. Received by (Please Print Clearly)	B. Date of Delivery
	<p><i>[Signature]</i></p> <p>C. Signature <i>Marina</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to: <p style="text-align: right;">AIRS ID # 0990361</p> ONE PRICE DRY CLEANERS LUCILLE M MATTHEWS 1664 N FEDERAL HWY BOCA RATON FL 33432	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Copy from service label) <p style="font-size: 2em; font-weight: bold;">7210 662 439</p>		
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789		

Fold at line over top of envelope to

SENDER: COMPLETE THIS SECTION **SECTION ON DELIVERY**

<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0990361</p> <p>ONE PRICE DRY CLEANERS LUCILLE M MATTHEWS 1664 N FEDERAL HWY BOCA RATON FL 33432</p>	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p style="text-align: right; font-size: 1.2em;">2-74</p> <p>C. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Copy from service label)</p> <p style="font-size: 1.5em; font-family: monospace;">2323667169</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 333 667 169

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0990361

ONE PRICE DRY CLEANERS
LUCILLE M MATTHEWS
1664 N FEDERAL HWY
BOCA RATON FL 33432

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0990361

ONE PRICE DRY CLEANERS
LUCILLE M MATTHEWS
1664 N FEDERAL HWY
BOCA RATON FL 33432

4a. Article Number
P 174 052 165

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2-27

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X Lucille Matthews

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

P 174 052 165

1999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID # 0990361

ONE PRICE DRY CLEANERS
LUCILLE M MATTHEWS
1664 N FEDERAL HWY
BOCA RATON FL 33432

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 333 660 644

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0990361

ONE PRICE DRY CLEANERS

LUCILLE M MATTHEWS

1664 N FEDERAL HWY

BOCA RATON FL 33432

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0990361

ONE PRICE DRY CLEANERS
LUCILLE M MATTHEWS
1664 N FEDERAL HWY
BOCA RATON FL 33432

4a. Article Number

Z 333 660 644

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2/13/99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *[Signature]*

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

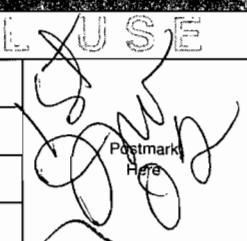


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

RECEIVED

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400
Bureau of Air Monitoring
& Mobile Sources

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID#0990415	
SWIFT CLEANERS & LAUNDRY CHANGHO SONG 251 NE 2ND AVENUE DELRAY BEACH FL 33444	
7001 0320 0001 7976 4719	
PS Form 3800, January 2001 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID#0990415

SWIFT CLEANERS & LAUNDRY
 CHANGHO SONG
 251 NE 2ND AVENUE
 DELRAY BEACH FL
 33444

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 4719

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

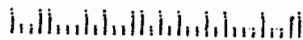
• Sender: Please print your name, address, and ZIP+4 in this box •

BUREAU OF AIR MONITORING
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2003

RECEIVED



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$

ID# 990361

Sent To **LUCILLE MATTHEWS**
ONE PRICE DRY CLEANERS
 Street, Apt. No., or PO Box No. **1664 N FEDERAL HWY**
 City, State, ZIP+ **BOCA RATON, FL 33432**

PS Form 3800

7003 2260 0003 5650 9042

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

ID# 990361
 LUCILLE MATTHEWS
 ONE PRICE DRY CLEANERS
 1664 N FEDERAL HWY
 BOCA RATON, FL 33432

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X S. allrained

- Agent
 Addressee

B. Received by (Printed Name)

Date of Delivery

2600

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

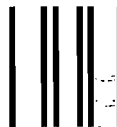
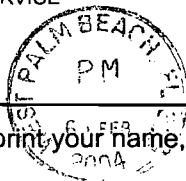
3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7003 2260 0003 5650 9042

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box. •


DARW/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
Mobile Sources

FEB 9 2004

RECEIVED



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID#0990361	
ONE PRICE DRY CLEANERS LUCILLE M MATTHEWS 1664 N FEDERAL HWY BOCA RATON FL 33432	
PS Form 3800, January 2000 See reverse for instructions	

7001 0320 0001 7976 4764

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID#0990361

ONE PRICE DRY CLEANERS
 LUCILLE M MATTHEWS
 1664 N FEDERAL HWY
 BOCA RATON FL
 33432

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 4764

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Marina M. [Signature]* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-10-03

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2003

RECEIVED

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 7976 1006

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	¢	
AIRS ID # 0990361		
Sent	ONE PRICE DRY CLEANERS	
Street or PO	LUCILLE M MATTHEWS 1664 N FEDERAL HWY	
City	BOCA RATON FL 33432	
PS Form	Instructions	

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID # 0990361
 ONE PRICE DRY CLEANERS
 LUCILLE M MATTHEWS
 1664 N FEDERAL HWY
 BOCA RATON FL
 33432

2. Article Number (Copy from service)

7001 0320 0001 7976 1006

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Reino

3-7

C. Signature

[Signature]

- Agent
 Addressee

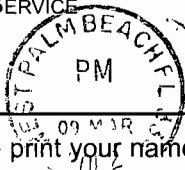
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box. •

DADMM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
Mobile Sources

MAR 11 2002

RECEIVED



7004 2510 0004 6986 5678

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

AIRS ID#0990361.....2nd Cert 05
 ONE PRICE DRY CLEANERS
 1664 N Federal Hwy
 BOCA RATON, FL 33432

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID#0990361.....2nd Cert 05
 ONE PRICE DRY CLEANERS
 1664 N Federal Hwy
 BOCA RATON, FL 33432

2. Article Number

(Transfer from)

7004 2510 0004 6986 5678

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Rozina Mohamed

Agent
 Addressee

B. Received by (Printed Name)

LAZINA MOHAMED

C. Date of Delivery

9/25

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10nd

• Sender: Please print your name, address, and ZIP+4 in this box •

DARWIN MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2000 CLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MAR 7 2005
U.S. MAIL
Mobile Source

MAR 7 2005

CEIVER



7003 0500 0004 0144 6453

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total AIRS ID# 990361 1stC
ONE PRICE DRY CLEANERS
1664 N Federal Hwy
BOCA RATON, FL 33432

Sent
Street
or PO
City

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

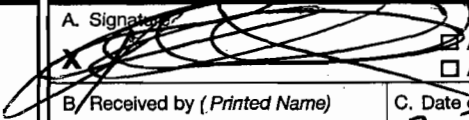
1. Article Addressed to:

AIRS ID# 990361 1stC
ONE PRICE DRY CLEANERS
1664 N Federal Hwy
BOCA RATON, FL 33432

2. Article Number
(Transfer from service label)

7003 0500 0004 0144 6453

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
2-7-05

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box.

DARW/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 9 2005
Bureau of Air, Moun.
& Mobile Sources



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

AIRS ID# 990361 3rd Cert04
 ONE PRICE DRY CLEANERS
 1664 N Federal Hwy
 BOCA RATON, FL 33432

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zi.

PS Form 3800

7004 2510 0002 3939 9679

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID# 990361 3rd Cert04
 ONE PRICE DRY CLEANERS
 1664 N Federal Hwy
 BOCA RATON, FL 33432

2. Article Number
 (Transfer from service label)

7004 2510 0002 3939 9679

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
[Signature] Agent Addressee
- B. Received by (Printed Name) Agent Addressee
SHARON ROSS
- C. Date of Delivery
5/10/07
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

- 3. Service Type**
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class-Mail
Postage & Fees-Paid,
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 15510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 11 2005

RECEIVED

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 7976 6171
7001 0320 0001 7976 6171

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

[Handwritten Signature]
Postmark Here

AIRS ID#0990361

Sent To ONE PRICE DRY CLEANERS
Street, Apt. No. LUCILE M MATHEWS
or PO Box No. 1664 N FEDERAL HWY
City, State, ZIP BOCA RATON FL 33432

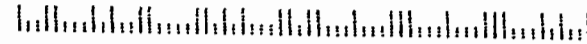
PS Form 3800

Matteo Cleaners Inc.
1664 N. Federal Hwy.
Boca Raton, FL 33432



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

323153070



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405400 FEB15 2001

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Fund: 20-2-035001
Obj.: 002273

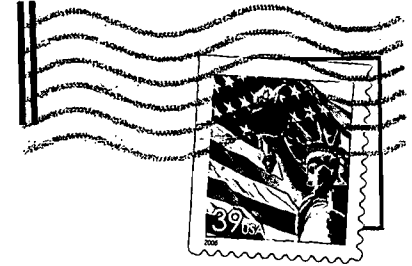
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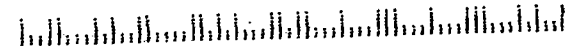
Lucille Matthews
Stuart Luftig
10571 B Ladypalm Lane
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BOCA RATON, FLORIDA 33432

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
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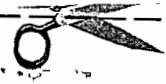
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424324 MAR 3 2003

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