

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 4, 1996

Mr. Charles S. Lim President Sandalfoot Cleaners 22785 South State Road 7 Boca Raton, Florida 33428

Dear Mr. Lin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 16, 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"



Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 June 29, 2001

David B. Struhs Secretary

Ms. Serena Lim Sandalfoot Cleaners 22785 State Road 7 Boca Raton, Florida 33428

Dear Ms. Lim:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 29.

In reviewing your submittal, it was noted that Sandalfoot Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0990380). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Mr. Al Grasso, Palm Beach County

"More Protection, Less Process"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Charles S. Lim Sandalfoot Cleaners, INC. 2. Site Name (For example, plant name or number):
Sandalfoot Cleaners
3. Hazardous Waste Generator Identification Number:
FLD 981-031-321
4. Facility Location: Street Address: 227 85 Sc. State Road 7
City: Boca Raton, 7L. County: Palm Beach Zip Code: 33428
5. Facility Identification Number (DEP Use):
0990380
Responsible Official
6. Name and Title of Responsible Official:
Charles S. Lim / President - Owner
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 122785 So. State Road 7
City: Boca Raton, FL. County: Palm Boach Zip Code: 33 428
8. Responsible Official Telephone Number:
Telephone: (561) 482-0500 Fax: 561) 852-1970
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
, , , , , , , , , , , , , , , , , , ,
10 Facility Compact Address
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
RECEIV

AUG 1 6 1996

Bureau of Air Monitoring & Mobile Sources

p. 14	
1(0)	should not be marked
3.	new small area source
	should be marked
ρ.15	(f) should be marked
	-
1	
,	· · · · · · · · · · · · · · · · · · ·
	·

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
Example	#1		12-NOV-93		08-DEC-91	msteriod	<u> </u>	02-MAR-92	1
Dry-to-Dry Unit		DRY-	Tc - DR >	/. : ·				Same Same	
(1) w/ ref. condenser	#1		02-Oct-195						Ī
(2) w/ carbon adsorber			0 00 15						
(3) w/ no controls									
Washer Unit		q ^a	- 71 - 1 - 1					in the second	Najvojeki k
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	17.00			11.0	· Figure 1	ng status ing pro-			1 / 1649 1
(7) w/ ref. condenser				,					
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	i.e.							in a com	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total (a) [] 2.0] (b) If less than 12 mon Check why it is less	are roquant gallo	equired to be ity of perchlons ow many? [_	installed [× perc)	purchased in				·]
3. What is the facility's so (Indicate with an "X". Existing small an Existing large ar	Selec rea so	et one classifi urce [X]	cation only.) Ne	ew sn	nitions found nall area sour	rce [3) of]]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sits made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.						
Ch	omptly notify the Department of any changes to the information contained in this notification. 8-8-96 Date						

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



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:40 TIME OUT: 1:0	~AIRS ID#:
TYPE OF FACILITY: DRY "CLERN GR	
FACILITY NAME: SANDAL FOOT	CIZANZU DATE: 3/11/97
FACILITY LOCATION: 22785	s. S.R. 7, BOCA KATON
Pc 33428	IM PHONE NUMBER (501) 482-0500
RESPONSIBLE OFFICIAL: CHARLES S.	PHONE NUMBER: (%) (82-0500
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	nated during this inspection, the facility is found to be in trative Code (F.A.C.).
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
	-
-	
•	
COMMENTS:	
we were	
	·
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	1/98
	pproximate) SIKAZWE
	PHONE NUMBER: (561) 355 - 4537
Page .	0; / Revised 10/96

ARMS 4

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANN	JAL VSPECTION	1 <u> </u>	COMPLAINT/D	ISCOVERY	
FACILITY NAME: SANDA FACILITY LOCATION: 227	LF00 T	SR. 7		IIME OUT:_	1:00 8
PART I: NOTIFICATION	·				
(check appropriate box)					
1. Existing facility notified DARM by 9/	1/96				×
2. New facility notified DARM 30 days p	prior to start	ďρ			۵
3. Facility failed to notify DARM to use	general perr	mit		-	ם
	· · · · · · · · · · · · · · · · · · ·				<u></u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> -
PART II: CLASSIFICATION					
Facility indicated on notification form (check appropriate box)	that it is:		-		
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		2. New small a dry-to-dry only, transfer only, x both types, x < 14 (constructed on	x<140 gal/ут <200 gal/ут	×	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td><td>transfer only, 20 both types, 140<</td><td>140<x<2, 100="" <br="" gai="">00<x<1,800 gal="" td="" yr<=""><td><u></u> О</td><td></td></x<1,800></x<2,></td></x<2,>		transfer only, 20 both types, 140<	140 <x<2, 100="" <br="" gai="">00<x<1,800 gal="" td="" yr<=""><td><u></u> О</td><td></td></x<1,800></x<2,>	<u></u> О	
This is a correct facility classification		MC ON			
If no, please check the appropriate classi	fication:				
facility qualified for a g					
B. The total quantity of perchloroethyler facility was 20 gallons.	ie (perc) pur	rchased within th	ne preceding 12 mo	onths by this dry	cleaning

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

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

NO EX

AVAD ND: YZ

AND NO NA

DX ON

AX ON

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?	NO YO
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ONN/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON_N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
Has the responsible official:	AX ON
Has the responsible official: (check appropriate boxes)	DX ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	. \
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	. \
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	px on
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	FX ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AX ON AX ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only)	DY ON DAINY DY ON DY ON DY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON TWIA OY ON TWIA OY ON THE ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	A ON TAN'A ON TAN'A ON TAN'A AN ON AN ON AN ON AN ON AN ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	AN ON AN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?	NO N
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	NO N

2. 5	Which method of detection is used by	the respon	asible offic	iai?	· - , ·	•	
-	Visual examination (condensed				25	•	
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumen	tation (FII	D/PID/calo	rimetric tubes)	. 👊 🔪	>N/	
	If using direct-reading instrum	-					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
	b. Calibrated against a (PID/FID only)?	standard	gas prior to	and after each use	QΥ	□N₹N∖	
	•	and obviou	is signs of	wear on a weekly basis?	ΩY	□N → N/	
	d. Kept in a clean and		-		QY	$\Box N + N \setminus$	
	•			samples (calorimetric only)?	QY	□N \ N\	
3.	Has the facility maintained a leak log	;?	-	•	DA.	ΩN —	
4.	Does the responsible official check th	e followin	g areas for	leaks?			
	Hose connections, fittings, couplings, and valves	Δ¥	ПN	Muck cookers	. QY	□'nŽ	
	Door gaskets and seating	Ax	ПΝ	Stills	FX	□N	
	Filter gaskets and seating	#X	ПN	Exhaust dampers	ΩY	ONF	
	Pumps	BY	□и	Diverter valves	- Ax	ΩN	
	Solvent tanks and containers	dr	ИП	Cartridge filter housin	gs - Q Y	_N	
	Water separators	A.	ПN				
	Chada / Her Name of Responsible Offi		_	CHARCES S Name of Responsible Office	<u> </u>	/ // (// int) & Pro	
		-2WE	:. 	3/11/97		<u>.</u>	
	Inspector's Name (Please P	rint)		Date of In			
(Journ S.	ustu		$\frac{3/1/98}{\text{Approximate Date}}$	<u></u>	Ti	
	Inspector's Signature			Approximate Date	OI NEXT	-	
Second	dary Containment for: Dry	Cleanir	ng Machi	ne & Storage area		Yes N → I	
				Waste area			
				Spotting area Sea	led	[] &	
Dispos	sal of Water from Water Se	narator	.uginr-				
				Pick s up Water		LJ L Kar	
		- WHI		TENSUP Water		₽Q (

_									
A	DD	ITI	ON.	AL	SITE	INFO	RMLA	TION	:

- MACHINE 1 YEAR OLD

- 15 IN PROCESS OF APPRYANT EPOXY TO SPOTTING AREAS.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION				
	55 AIRS ID#: 0990380				
TYPE OF FACILITY: DOY Cleaning					
FACILITY NAME: SANDAL FOOT	CLeaners DATE: 7-14-98				
FACILITY LOCATION: 22/85 So.	5R 7				
BOCA KATON	, FL 33428				
RESPONSIBLE OFFICIAL: Sevena Lim	PHONE NUMBER: 482-0500				
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	· · · · · · · · · · · · · · · · · · ·				
Based on the results of the compliance requirements evaluation					
discrepancies were noted:	· · · · · · · · · · · · · · · · · · ·				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
	7				
	, C				
	300 1 2				
	N S S L				
	nitoring on the state of the st				
·	s in				
·					
- · · · · · · · · · · · · · · · · · · ·					
COMMENTS:					
	<u> </u>				
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO NO NO NO NO NO NO NO NO N					
DATE OF NEXT INSPECTION:	ly 1171				
\sim	oproximate)				
INSPECTION CONDUCTED BY:					
INSPECTOR'S SIGNATURE Q.V. Chourt	PHONE NUMBER: 355-3070				

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION □

	98 TIME IN: 10:45 TIME OUT: 10:55
FACILITY NAME: SANDAL	
FACILITY LOCATION: 22785	50. SR 7
BOCA	RATON, FL 33428
RESPONSIBLE OFFICIAL: SEDEM	a Lim PHONE: 482-0500
CONTACT NAME:	PHONE:
	C .
PART I: NOTIFICATION	
(check appropriate box)	& SE CO
1. New facility notified DARM 30 days prior to star	tup Siz -
2. Facility failed to notify DARM to use general per	mit Soll Man
	Ces
PART II: CLASSIFICATION	হ
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source □
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	YY UN UCan not determine
If no, please check the appropriate classific	cation:
☐ facility qualified for a ger	neral permit as number above
facility exceeds above lim	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu	urchased within the preceding 12 months by this dry cleaning

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

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	אם אַע			
2. Maintained rolling monthly averages of perc consumption?	MA DN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם אום			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אומם מם אבל			
4. Maintained calibration data? (for applicable direct reading Instruments)	בעולם, אם צם			
5. Maintained exhaust duct monitoring data on perc concentrations?	אואל אם עם			
6. Maintained startup/shutdown/malfunction plan?	אם אבן			
7. Maintained deviation reports?	DY ON ON/A			
Problem corrected?	אואם אם צום			
8. Maintained compliance plan, if applicable?	אואלק אם צם			

PART VI: LEAK DETECTION AND REPAIRS

l.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			MY ON		
2.	. Has the facility maintained a leak log?			אם אע		
3.	. Does the responsible official check the fe	ollowing areas for leaks?				
	Hose connections, fittings, couplings, and valves	מאם אם אם	Muck cookers	מאל מם צם		
	Door gaskets and seating	DY ON ON/A	Stills	AVO NO YE		
	Filter gaskets and seating	אואם אם אאַ	Exhaust dampers	DY DN DNIA		
	Pumps	DY ON ON/A	Diverter valves	אואם אם צמ		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אואם אם אַבאַ		
	Water separators	MY ON ON/A				
4.	. Which method of detection is used by th	e responsible official?		. /		
	Visual examination (condensed so	lvent on exterior surfaces)		/ 2/ .		
	Physical detection (airflow felt thr	ough gaskets)		pd		
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector	•		MA		
	If using direct-reading instru	mentation, is the equipm	ent:	JAN/A		
	a. Capable of detecting p	erc vapor concentrations in	n a range of 0-500 ppm?	DY DN		
	b. Calibrated against a si (PID/FID only)?	tandard gas prior to and aft	er each use	ОУ ОИ		
	c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	מם עם		
	d. Kept in a clean and so	ecure area when not in use?		מם עם		
	e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	אם עם		

SERENA J LIM
Responsible Official's Name
(Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

7-14-28

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1. Secondary Containment for: Dry Cleaning Machine & Storage area Waste area Spotting area Sealed

2. Disposal of Water from Water Separator using approved evaporator 1 or contracted Wastewater service

MCE pills lip the Waste One every 6-8 months.

Gave FDEP Calender for Reload Keeping

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:		PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:10	TIME OUT: 10:4	45 AIRS ID#: 0990380
TYPE OF FACILITY:	Dry Cleaning	1/2
		leaners DATE: 4-29-99
FACILITY LOCATION:	12785 South Boca Raton, 1	State Road 7
RESPONSIBLE OFFICIAL:		PHONE NUMBER: 482 - 0500
KESPONSIBLE OFFICIAL:	je je ni - nin	PHONE NUMBER: 7-82-0500
		ted during this inspection, the facility is found to be in
•	Rule 62-213.300, Florida Administra	· · · · · ·
discrepancies were no		ted during this inspection, the following compliance
•	UIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· · · · · · · · · · · · · · · · · · ·		
	•	
• •		
		·
	•	
	•	
COMMENTS:		•
÷		
	•	
	A	
The Annual Compliance Cert	ification form has been properly certi	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECT	TION: 498,1 20	
		pproximate)
INSPECTION CONDUCT	(5	Please Print)
Talon none a series and a my ti	RE/ Q. V. Chouse	PHONE NUMBER: -355-307C

PERCHLOROETHYLENE DRY CLEANERS

TITLE VIGENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY

RE-INSPECTION

	99 TIME IN: 10:10 TIME OUT: 10:45
FACILITY NAME: SANDAL	
FACILITY LOCATION: 22785	50. State Route 7
_BoCa i	Raton, FL 33428
RESPONSIBLE OFFICIAL: Se rena	Lim PHONE: 482-0500
CONTACT NAME:	PHONE:
	•
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup
2. Facility failed to notify DARM to use general per	mit
	and the state of t
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source	4. New 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)	dry-to-dry only, $140 \le x \le 2,100$ gaVy7 transfer only, $200 \le x \le 1,800$ gaVy7 both types, $140 \le x \le 1,800$ gaVy7 (constructed on or after $12/9/91$)
dry-to-dry only, $140 \le x \le 2,100$ gaVy: transfer only, $200 \le x \le 1,800$ gaVy: both types, $140 \le x \le 1,800$ gaVy:	dry-to-dry only, $140 \le x \le 2,100$ gaVy7 transfer only, $200 \le x \le 1,800$ gaVy7 both types, $140 \le x \le 1,800$ gaVy7
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) 5. This is a correct facility classification If no, please check the appropriate classific	dry-to-dry only, $140 \le x \le 2,100 \text{ gaVyr}$ transfer only, $200 \le x \le 1,800 \text{ gaVyr}$ both types, $140 \le x \le 1,800 \text{ gaVyr}$ (constructed on or after $12/9/91$) The section:
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) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a get	dry-to-dry only, 140 ≤ x ≤ 2,100 gaVyr transfer only, 200 ≤ x ≤ 1,800 gaVyr both types, 140 ≤ x ≤ 1,800 gaVyr (constructed on or after 12/9/91) Property In In Incomplete I
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) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a get	dry-to-dry only, $140 \le x \le 2,100 \text{ gaVyr}$ transfer only, $200 \le x \le 1,800 \text{ gaVyr}$ both types, $140 \le x \le 1,800 \text{ gaVyr}$ (constructed on or after $12/9/91$) The section:

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchtoroethylene in tightly sealed and impervious containers?	אואם אם עצק
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	מם עים
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN 9KIA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to P	°art V.

(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

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser

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?

prior to September 22, 1993

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

8.	. Has the responsible official of an existing large or new large area source also:	<u> </u>	
ι.	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?	ВΝ	
2.	. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ИΩ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ВИ	N/A
3.	. Measured and recorded the perconcentration 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?	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	□и	DN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 suct diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction,		
		ПИ	□N/A
5.	5. Equipped transfer machines (dryers, reclaimers, and washers) with individual		
	condenser coils?	ПN	
6	5. Routed airfiow to the carbon adsorber (if used) at all times?	ИΩ	□N/A
=			

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			ON UN		
2. Has the facility maintained a leak log?	•		OY ON		
3. Does the responsible official check the	following areas for leaks	s?			
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON DANIA		
Door gaskets and seating	DY ON ON/A	Stills	אואם אם אם		
Filter gaskets and seating	אואם אם צא	Exhaust dampers	חואם אם אם		
Pumps	אואם אם צא	Diverter valves	-DY ON ON/A		
Solvent tanks and containers	אוחם אם אם	Cartridge filter housi	ngs DY ON ON/A		
Water separators	DY ON ON/A		•		
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed	solvent on exterior surface	cės)			
Physical detection (airflow felt through gaskets)					
· Odor (noticeable perc odor)					
Use of direct-reading instrumer	tation (FID/PID/calorime	etric tubes)	DIA		
Halogen leak detector			Ø N/A		
If using direct-reading ins	trumentation, is the equ	ipment:	ZAN/A		
a. Capable of detectin	g perc vapor concentration	ons in a range of 0-500 ppn	n? DY DN		
b. Calibrated against (PID/FID only)?	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
c. Inspected for leaks	and obvious signs of wes	ar on a weekly basis?	אם עם		
d. Kept in a clean and	i secure area when not in	use?	NO YO		
e. Verified for accura	cy by use of duplicate sa	mples (calorimetric only)?	חם אם		
1			<u> </u>		

Inspector's Signature

Sorena Liro
Responsible Official's Signature

4-29-53
Date of Inspection

Approximate Date of Next Inspection

ADD	ITIONAL SITE INFORMATION:
1.	Secondary Containment for: Dry Cleaning Machine & Storage area [] [] Waste area [] [] Spotting area Sealed [] []
2.	Disposal of Water from Water Separator using approved evaporator [] or contracted Wastewater service
	MCE picks up the Waste When Gles

TITLE V AIR QUALITY GENERAL PERMIT - INSPECTION SUMMARY REPORT

TIME IN: 2:25 TIME OUT: 2:5	5 AIRS ID#: 0990380
TYPE OF FACILITY: Dey Cleaning	
ACILITY NAME: SANDA! FOOT CLANERS	DATE: 3/21/co
ACILITY LOCATION: 22.785 South SR	
Boin RATOS F/ 3342	
ESPONSIBLE OFFICIAL: Sere JA Lim	PHONE NUMBER: 482 - 0500
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admin	aluated during this inspection, the facility is found to be in istrative Code (F.A.C.).
Based on the results of the compliance requirements eva discrepancies were noted:	aluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	-
	PRA 1
	Mile Source
MMENTS:	
Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NOX
TE OF NEXT INSPECTION:	nech 2001
	proximate)
PECTION CONDUCTED BY:	key Direk

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

- COMPLIANCE-INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	X	COMPLAINT/I	DISCOVERY	<u> </u>
	RE-INSPECTIO	И 🗆			
AIRS ID#: <u>09% 380</u> D.	ATE: 3/21/00	TIMI	EIN: <u>2: 25</u>	rime out: _2	2955
FACILITY NAME:SAN	dal Foot	CLEANERS			
FACILITY LOCATION:2	2785 South	STAK A	load 7		
	BOLA RATON,	F/ 334	128		
responsible official : _	PRENA Lim		PHONE: 48	'a - 0500 .	
CONTACT NAME:			PHONE:		
	· · · · · · · · · · · · · · · · · · ·				
PART 1: NOTIFICATION					
(check appropriate box)					
. New facility notified DARM 30	days prior to startu	ıp			
2. Facility failed to notify DARM t	o use general perm	nit			0
PART II: CLASSIFICATION					
Facility indicated on notification f	orm that it is:		☐ No notification	form	
check appropriate box)			□ Drop store/out	of business/petro	oleum
1. Existing small area source	□ 2	. New small	area source	X	
dry-to-dry only, x < 140 gal/yr	d	lry-to-dry only	, x < 140 gal/yr	,	
transfer only, $x < 200 \text{ gaVyr}$ both types, $x < 140 \text{ gal/yr}$		ransfer only, x ooth types, x <			
(constructed before 12/9/91)			or after 12/9/91)	·	
3. Existing large area source		. New large a	rea source		
dry-to-dry only, $140 \le x \le 2,100$	gal/yr d	ry-to-dry only	$140 \le x \le 2,100 \text{ gal}$	•	
transfer only, $200 \le x \le 1,800$ gally both types, $140 \le x \le 1,800$ gally.			00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr		
(constructed before $12/9/91$)			or after 12/9/91)		
5. This is a correct facility classifi	cation	YY DN	□Can not determin	ne	
If no, please check the appro					•
- •	-		mberabo		
•		_	ible for a general per	•	
The total quantity of perchloroeth facility was 30 gallons. Ap			e preceding 12 month	is by this dry cle	aning

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

I	3. 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?	ΩX	ΩN	
2	. Measured and recorded the washer exhaust temperature at the condenser			
ľ	inlet and outlet weekly	ΩY	ПN	DN/A
	ls the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
3.	. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ШΥ	DИ	DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y I	DИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	C) Y (ИС	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	XÍY □N				
2. Maintained rolling monthly total of perc consumption?	X İY □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO YK				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	XY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN X				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON XINIA				
6. Maintained startup/shutdown/malfunction plan?	X Y □N				
7. Maintained deviation reports?	AND ND YA				
Problem corrected?	MY ON ON/A				
8. Maintained compliance plan, if applicable?	DY ON ANA				

AD	DITIONAL SITE INFORMATION:		~~~
•			,
1.	Secondary Containment for: Dry Cleaning Machine & Storage area	Yes	L M
ι.	Waste area	[X] [X]	
	Spotting area Sealed		I.
	Sporting area seared	ΙΧΊ	L.
	• •		
	Dimonal of Water from Mater Communication	6.73	rη
•	Disposal of Water from Water Separator using approved evaporator	ιι	[]
	or contracted Wastewater service	, ,	[X]
	A MCF Ficks up the waste studie.		
	yvnyty		
		•	
	•		
		,	

inspection?		*.*	XY DN
Has the facility maintained a leak log	,2		XY DN
 Does the responsible official check the company of the check the company of the check the che		ks?	741 011
Hose connections, fittings,			•
couplings, and valves	XIY ON ONA	Muck cookers	DY DN XIN/A
Door gaskets and seating	MY DN DN/A	Stills	XY ON ON/A
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY DN X N/A
Pumps	XY DN DN/A	Diverter valves	MY ON ON/A
Solvent tanks and containers	XY ON ON/A	Cartridge filter housings	ANO NO YE
Water separators	AY ON ON/A		
. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfac	cs)	×
Physical detection (airflow felt the	rrough gaskets)		⊅ XÍ
Odor (noticeable perc odor)	* .	* :	×
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			X NA
Halogen leak detector		X NA	
If using direct-reading instrumentation, is the equipment:			X N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY OM
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			DY DN
c. Inspected for leaks ar	d obvious signs of wear	on a weekly basis?	UY UN
d. Kept in a clean and so	cure area when not in use	e?	DY DN
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	DY DN
2 2 x 2 1/1		f	
ZRZNA CIM		Serena (Larry
onsible Official's Name (Please Print)		Responsible Offic	cial's Sign
Jeffrey Direk		MARCH 21 2	696
Inspector's Name (Please Prin	t)	Date of Inspection	
2.4		- · ·	
Juganos Singar	 	Approximate Date of N	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303027

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0990380

SANDALFOOT CLEANERS INC CHARLES S LIM 22785 SOUTH STATE ROAD 7 BOCA RATON FL 33428

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390214

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990380

SANDALFOOT CLEANERS **CHARLES S LIM** 22785 SOUTH STATE ROAD 7 **BOCA RATON FL 33428**

FORGOVERNMENT USE ONLY

Org. 337\$50101000 EO: B1 Fund: 2022-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355263

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990380

SANDALFOOT CLEANERS CHARLES S LIM 22785 SOUTH STATE ROAD 7 **BOCA RATON FL 33428**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 FO: 81 Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0990380

SANDALFOOT CLEANERS INC **CHARLES S LIM** 22785 SOUTH STATE ROAD 7 **BOCA RATON FL 33428**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

402410

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990380

SANDALFOOT CLEANERS CHARLES S LIM 22785 SOUTH STATE ROAD 7 BOCA RATON FL 33428 FOR COVERNMENT USE ONLY OF JOIS OF JOI

0728	U.S. Postal Service, RECEIPT ** (Domestic Mail Only; No Insurance Coverage Provided)
5650	For delivery information visit our website at www.usps.com OFFICIAL USE Postage \$
E000	Certified Fee Return Reciept Fee (Endorsement Required)
226	Restricted Delivery Fee (Endorsement Required) Total 「 ID# 990380
7003	SERENA LIM SANDALFOOT CLEANERS or PO L City, Si BOCA RATON, FL 33428
	PS1F01m88005June88008

Sent To SERENA LIM SANDALFOO STORE 22785 STATE City, St BOCA RATON	T CLEANERS ROAD 7 N, FL 33428
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	26
1. Article Addressed to:	D. Is delivery address different from item 1?
ID# 990380	
SERENA LIM	
SANDALFOOT CLEANERS	
22785 STATE ROAD 7	3. Service Type
BOCA RATON, FL 33428	☐ Registered ☐ Return Receipt for Merchand ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7003	2260 0003 5650 0728
PS Form 3811, August 2001 Domes	tic Return Receipt 102595-02-M-1

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 SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

2 210 662 849

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

AIRS 1D # 0990380001AG 10 CHARLES S LIM SANDALFOOT CLEANERS 22785 SOUTH STATE ROAD 7 **BOCA RATON FL 33428**

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	_
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800	Postmark or Date	

	<u> </u>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery; C. Signature Addressee D. Is delivery address different trivin item 11. Yes
Article Addressed to:	D. Is delivery address different troyn item 11 Yes If YES, enter delivery address below:
10 AIRS ID # 0990380001AG CHARLES S LIM SANDALFOOT CLEANERS	JUN 1 1 200)
22785 SOUTH STATE ROAD 7	3. Service Type& Mobile Sources
BOCA RATON FL 33428	Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	

Domestic Return Receipt

102595-99-M-1789

PS Form 3811, July 1999

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS 4 Permit No. G-10

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

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF IENTIFONMENTAL PROTECTION MAIL STATION 5910 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

	Z ~333 45	19 659	
	US Postal Service Receipt for Cert No Insurance Coverage Do not use for Internation Sent to	Provided.	
22	ANDALFOOT CLEANE HARLES S LIM 1785 SOUTH STATE RO OCA RATON FL 33428		
	Certimed Fee		
	Special Delivery Fee		
10	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
, April	Return Receipt Showing to Whom, Date, & Addressee's Address		
900	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

the right of the return address Fold at line over top of envelope to I also wish to receive the Complete items 1 and/or 2 for additional services. ■Complete items 3, 4a, and 4b. following services (for an ■Print your name and address on the reverse of this form so that we can return this extra fee): card to you. Attach this form to the front of the mailpiece, or on the back if space does not 1. Addressee's Address ■ Write "Return Receipt Requested" on the mailpiece below the article number. 2. Restricted Delivery ■ The Return Receipt will show to whom the article was delivered and the date delivered. Consult postmaster for fee. 4a. Article Number 3. Article Addressed to: completed AIRS ID 0990380 SANDALFOOT CLEANERS INC 4b. Service Type CHARLES S LIM □ Registered Certified 22785 SOUTH STATE ROAD 7 Is your RETURN ADDRESS ☐ Insured Express Mail **BOCA RATON FL 33428** ☐ Return Receipt for Merchandise ☐ COD 7. Date on Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid) 6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Return Receipt Service

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Domestic Return Receipt

