

## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 16, 1996

Ms. Janet Seigel, President Family One Price Dry Cleaners 5044 West Atlantic Avenue Palm Beach, Florida 33484

Dear Ms. Seigel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 20, 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 is subject to the requirements of the Title V general permit.

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

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

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

Sincerely,

Dotty Diltz, Chief

Coety Clietz

Bureau of Air Monitoring

and Mobile Sources

/DD

Mr. Al Grasso, Palm Beach County cc:

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

Printed on recycled paper.

## Perchloroethylene Dry Cleaning Facility Notification

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
FAMILY ONE PRICE DRY CLEANENG INC.							
2. Site Name (For example, plant name or number): I off PRICE DRIVELEMEN							
2. Site Name (For example, plant name or number): PAMILY ONE PRICE DRY CLEANERS  SOFT WATLANTIC AVE DELLAY BEACH FL 3348  3. Hazardous Waste Generator Identification Number:							
3. Hazardous Waste Generator Identification Number:							
E19 - 80171/5221/							
FLD-981745334							
Facility Location: Street Address:							
City Zip Code: Zip Code:							
County: Zip Code:  SO Y W. FILANTIC AVE DAM BEACIL  5. Facility Identification Number (DEP Use):							
5. Facility Identification Number (DEP Use):							
0990389							
Responsible Official							
6. Name and Title of Responsible Official:							
JANET SEIGEL PRES.  7. Responsible Official Mailing Address:							
7. Responsible Official Mailing Address:							
Organization/Firm:							
Street Address:							
City: County: Zip Code:							
Street Address: City:  Soft W, HTLMHTIC AVE PALM BEACH  8. Responsible Official Telephone Number:  Telephone:  (10)							
Telephone: ( ) - Fax: ( ) -							
Telephone: (407) 495 223 Fax: ( )							
Facility Contact (If different from Responsible Official)							
9. Name and Title of Facility Contact (For example, plant manager):							
10. Facility Contact Address:							
Street Address:							
City: Zip Code:							
11. Facility Contact Telephone Number:							
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) RECEIVED							
AUG 2_0 1996							
OF CEIVED							
RECEI Bulleau of Air Monitoring & Mobile Sources							

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

## #0990389

	Family One Price Dry Cleaners
p.13	4. add city - Delray
P.14	1.(c) mark out "V" and initial 3. should be new small area source
	J. STIEMES POTION STRUCTURE ON CA SOUTO
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-	

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e major de la companya de la company

#### **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	Da Co De Ins
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02
Dry-to-Dry Unit	1	1 NY 7- 1	DNY					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· .
(1) w/ ref. condenser	(1)	Of-01-91	64-01-95	-					
(2) w/ carbon adsorber								_	
(3) w/ no controls									
Washer Unit		$\{i_{j_1}, i_{j_2}\} \stackrel{\mathrm{def}}{=} \{y_{j_1}\}_{j_2}^{n_{j_2}}$		. 1. 4		in the state of th	*:		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		A STATE OF STATE		전국.					i gađ
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		en light self		jjaja					. Y
(10) w/ ref. condenser									
(11) w/carbon adsorber					•				
(12) w/ no controls								_	
(b) Control devices are	-			[_					

DEP Form No. 62-213.900(2)

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

### Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation facility indicated in this notification form; specifically, permit		,
,			
<u>'</u>	No air permits currently exist for the operation of the facility this notification form.	indicated in	
	•	,	
	Responsible Official Certification	: :	Ž <sub>0</sub>
*	e weight.	•	
I the une	dersianed am the responsible official as defined in Part II of th	is form of the t	acility addrossed in
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of thi ication. I hereby certify, based on information and belief formed is made in this notification are true, accurate and complete. Fu the air pollutant emissions units and air pollution control equip with all terms and conditions of this general permit as set forth in	d after reasona rther, I agree t ment described	ble inquiry, that the o operate and I above so as to
this notificatement statement maintain comply w	ication. I hereby certify, based on information and belief formed ts made in this notification are true, accurate and complete. Fu the air pollutant emissions units and air pollution control equip	d after reasona rther, I agree to ment described i Part II of this	ble inquiry, that the o operate and d above so as to notification form.
this notificatement statement maintain comply w	ication. I hereby certify, based on information and belief formed is made in this notification are true, accurate and complete. Fut the air pollutant emissions units and air pollution control equipoith all terms and conditions of this general permit as set forth in	d after reasona rther, I agree to ment described i Part II of this	ble inquiry, that the o operate and d above so as to notification form.

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
PAYIN ASSOCIATED CLEAKERS PAC.
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):  IMILY OHE PRICE DRY CLEANING 1XC  3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
FUD 981745334
4. Facility Location: 5044 W. Atlantic Ave
FUD 981745334  4. Facility Location: 5044 W. Atlantic Ave Street Address: 5044 W. Atlantic Ave City: DECRAY BEACH County: PALA BEACH, Zip Code: 33/64  5. Facility Identification Number (DEP Use):
5 Facility Identification Number (DEP Use):
0990389
Responsible Official
6. Name and Title of Responsible Official:
. /
HERBERT SETGEL 11. P.
7. Responsible Official Mailing Address: Organization/Firm:
Street Address:
City: SAM2 County: Zip Code:
8. Responsible Official Telephone Number:
Telephone: (56/) 495-2623 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SANT
10. Facility Contact Address:
00772
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) RECEIV
IAN 7 6

Bureau of Air Monitoring & Mobile Sources

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Effective: 6-25-96

#### Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example Example	#1		12-NOV-93		1		#3		<u> </u>
Dry-to-Dry Unit							·		·
(1) w/ ref. condenser						T	Ţ		
(2) w/ carbon adsorber		10	21//	1					
(3) w/ no controls	1	19	Y Y I	IR	DX)				
Washer Unit		- / - /		•••				<u> </u>	<u>-</u>
(4) w/ ref. condenser									
(5) w/ carbon adsorber									<del>                                     </del>
(6) w/ no controls								_	
Dryer Unit		·			•	•			.1
(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  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol of the control	are r luant gallo	equired to be ity of perchlons ow many? [	e installed [_ oroethylene (] months	perc)	purchased i				
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	t one classif	ication only.) Ne	ew sm	nall area sou	rce [	3) of	Part II?	
Existing large are	-4 50		1716	w Idl	ge area sour	re [ <u>- 3</u>	j		

4. What control technology is required on machines pursuant to section (5 (Indicate with an "X".)	) of Part II of this notification form?
Existing large area source.  Carbon adsorber [] Refrigerated conden	ser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
5.4 A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat inpu boiler HP or less), and (2) are fired exclusively by natural gas except for p during which propane or fuel oil containing no more than one percent sulj	periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping In	nformation
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 also	

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

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

4

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY RÉPORT

TYPE OF INSPECTION: ANNUAL X COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:30 TIME OUT: 11:1	
	PRICE ONLY CENTINE 228/97
FACILITY LOCATION: SO 44 10. PM	ANTIC AVE., DELRAY BEACH,
	PHONE NUMBER: (561) 495-2623
Based on the results of the compliance requirements evalu- compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaluation discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
USING A HEATING COIL TO EXAPORATE NATER CONTAMINATED WITH PERC	CEASE THE PRACTICE AND HAVE THE WATER HAVLED OFF AS AAZMOOUS WASTE
OPEN MUCK PAN	- PUT A 40 ON IT WHEN NOT
DOZJ NOT HAVE A MANDATONG WORKLAN LOSE FOR RECORD KEEPING	WILL PROVIDE A COPY TO Him on 3/3/97.
COMMENTS:	
The Annual Compliance Certification form has been properly certified DATE OF NEXT INSPECTION:	ed and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: N ALO	oroximate) SIKAZWE ase Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (SI) 315 -4-537

Revised 10/96

Page\_\_\_of\_

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY	
FACILITY NAME: FAMILY FACILITY LOCATION: SOLF W	Stocker ONLY CLEANING	(o
PART I: NOTIFICATION		
<u></u>		
(check appropriate box)  1. Existing facility notified DARM by 9/1/96		
New facility notified DARM 30 days prior to s		
3. Facility failed to notify DARM to use general p	•	
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	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 before 12/9/91)	(constructed on or after 12/9/91)	
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>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td>dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	

#### 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? 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 DY DN XN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? A/ND ND: Y 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 AND ND YX condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY XN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY UN condenser exceeded 45°F? 6. Conducted all temporature monitoring after an appropriate cooldown period and after XY DN verifying that the coolant had been completely charged?

	<u> </u>	
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?	□Y <b>X</b> V
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DA MA
	Is the temperature differential equal to or greater than 20° F?	XX 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 SX/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON WAYA
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 X/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MU/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON MINA
_		
P	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official:	,

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	XY DN
2. Maintained rolling monthly averages of perc consumption?	MA □N
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	□Y <b>X</b> 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?	oy <b>X</b> n
4. Maintained calibration data? (for direct reading instruments only)	OY ON XVIA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ONXN/A
6. Maintained startup/shutdown/malfunction plan?	<b>√</b> YY <b>¾</b> N
7. Maintained deviation reports?	OY XN
Problem corrected?	□X <b>2</b> M
8. Maintained compliance plan, if applicable?	OY ON XVIA

1 <sup>1</sup>	
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	Х ои

2. Which method of detection is used by	the responsible official?	?		
Visual examination (condensed	solvent on extérior surfa	aces)	×	
Physical detection (airflow felt	through gaskets)		X	
Odor (noticeable perc odor)			X Ì	
Use of direct-reading instrumen	ntation (FID/PID/calorim	netric tubes)	ā	<b>X</b> N/A
If using direct-reading instru	mentation, is the equipr	nent:		
a. Capable of detectin	g perc vapor concentration	ons in a range of 0-500 ppm?	□Y (	⊃n <b>_X</b> n/a
b. Calibrated against (PID/FID only)?	a standard gas prior to ar	nd after each use	□Y (	⊃n <b>⊻</b> N/A
c. Inspected for leaks	and obvious signs of wea	ar on a weekly basis?	□Y (	A\N <b>X</b> NC
d. Kept in a clean and	secure area when not in	use?	□Y (	A\N <b>X</b> NC
e. Verified for accurac	by by use of duplicate sar	nples (calorimetric only)?	□Y (	DN_ <b>X</b> N/A
3. Has the facility maintained a leak log	<b>;</b> ?		<b>7</b>	⊃N_N/A
4. Does the responsible official check th	ne following areas for lea	ks?		.
Hose connections, fittings, couplings, and valves	Y □N	Muck cookers	. <b>□</b> Y	A W MO
Door gaskets and seating	YY □N	Stills	XY	ON N A
Filter gaskets and seating	<b>A</b> y □N	Exhaust dampers	ΩY	□N XN A
Pumps	XY □N	Diverter valves	X	□N_N A
Solvent tanks and containers	<b>⊠</b> Y □N	Cartridge filter housing	S XY	□N_N A
Water separators	A WALL XIN SHA	LATON	,	

Name of Responsible Official

Name of Responsible Official

Inspector's Name (Please Print)

The Company of the

Inspector's Signature

Date of Inspection

2879

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION: Winter Szpanaton \* FACILITY HAS HEATING COIL TO EVALORATE WATER OWNER TO COLLECT WATER AND DISPOSE IT MITH) WASTE AS HARZADONS WASTE HAS SUDGE (mod) PAN (ASIGED OWNER TO KEEP) D.C. MACHINE HAS SECONDARY CONTACHENT SPOTTING PLACES ARE EPOXYZO MACHINE IS TWO YEARS EXP \* HAS NOT HAD OWNER SAYS (tz THIS MACHINE Problems With OWDER DOES NOT HAVE A WORKING LOG FOR \* TEMP READINGS (I WILL PROVIDE HIM A COPY HE CAN USE).

PERC. WASTE DRUMS the SECONDARY CONTAINED, \*60.

#### **BEST AVAILABLE COPY**

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🛛 (	COMPLAINT/DISCOVERY	RE-INSPECTION		
TIME IN: 10:45		ZOOAIRS ID#:C	0990389		
TYPE OF FACILITY:	Dor Clean				
FACILITY NAME: F	amily One	Price Dry Clear	7 DATE: 1-21-98		
FACILITY LOCATION: 50	044' W. A	Hantic HVe			
	LIRAY BEAU		84		
RESPONSIBLE OFFICIAL:	HERBERX 3	PHONE NUMBER	: 495-2623		
	ne compliance requirements ev ule 62-213.300, Florida Admin	aluated during this inspection, the fac istrative Code (F.A.C.).	cility is found to be in		
Based on the results of the discrepancies were noted		aluated during this inspection, the fol	lowing compliance		
COMPLIANCE REQU	TREMENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED		
•			•		
		_			
		•			
men a servición de la composiçõe de la c	The second secon				
			<del></del>		
COMMENTS:					
COMMENTO:		•			
# · · · · · · · · · · · · · · · · · · ·					
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NOW $1-99$					
DATE OF NEXT INSPECTION		Approximate)			
INSPECTION CONDUCTED B	y: R. V. C	Please Print)			
INSPECTOR'S SIGNATURE	7. V. Choks	PHONE NUMBER:	355-3070		

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V	GENERAL PE	ERMIT
COMPLIANCE	INSPECTION	CHECKLIST

mama	020	MICHY	OWYON
ITE	Or	TIAPLE	CTION

ANNUAL

COMPLAINT/DISCOVERY

ARMS acc

RE-INSPECTION

		1-21-98 TIME IN: 10:45 TIME OUT: 12:00
FACILITY NAME: _	Family	One Price Dry Clean
FACILITY LOCATION	N: 504	4 W-Atlantic Hue
· .	Del	597 Black, PL 33484
RESPONSIBLE OFFIC	CIAL: Her	bert Seigelmone: 495-2623
CONTACT NAME: _		PHONE:

#### PART I: NOTIFICATION

(check appropriate box)

A.

- 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)

1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr

(constructed before 12/9/91)

- 3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yrtransfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ both types,  $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91)
- 5. This is a correct facility classification

No notification form Helped Hi

Prop store/out of business/petroleum

The Wolf

- 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr (constructed on or after 12/9/91)
- 4. New large area source dry-to-dry only,  $140 \le x \le 2,100$  gal/yr transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ both types,  $140 \le x \le 1,800$  gal/yr (constructed on or after 12/9/91)



ПN

Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number 

- 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 150 gallons.

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) AYO OO ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? Y ON ON/A 2. Examining the containers for leakage? Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A:

### 'If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AVACO NO YX 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y ON ON/A 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?

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?	W	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	XY	ุ่⊔ห	
	Is the temperature differential equal to or greater than 20° F?	Y	ПИ	
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?	ΩÝ	ПN	<b>D</b> N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	•		
	or expansion; and downstream from no other inlet?	QY	ΠN	ANYE
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	<u>`</u> ПИ	AVNJ
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	AVA

PART V: REGORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	<b>∕ β</b> ΩΥ □Ν				
2. Maintained rolling monthly averages of perc consumption?	DA DH				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם צאס				
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 צום				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN RNA				
5. Maintained exhaust duct monitoring data on perc concentrations?	AVA NO YO				
6. Maintained startup/shutdown/malfunction plan?	DY ON				
7. Maintained deviation reports?	BY ON				
Problem corrected?	DY DN DN/A				
8. Maintained compliance plan, if applicable?	AVID NO YO				

	s the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection &	nd repair
insp	ection?		_	′′д∕х □и
2. Has	the facility maintained a leak lo	g?		ИП УДУ
3. Doe	s the responsible official check t	he following areas for leak	s?	
	Hose connections, fittings, couplings, and valves	אועם אם אס אלי	Muck cookers	оч ой фил
	Door gaskets and seating	אואם אם אלא	Stills	אואם אם אוא
	Filter gaskets and seating	AINO NO Y	Exhaust dampers	חא שם אם
	Pumps	AND NO YE	Diverter valves	ואם אם צעל
	Solvent tanks and containers	AINO NO AÀ	Cartridge filter housings	אואם אם סאוץ
	Water separators	אואם אם אס		
4. Whi	ich method of detection is used b	y the responsible official?	. ~	
	Visual examination (condensed	d solvent on exterior surfac	es)	ja i
	Physical detection (airflow felt	through gaskets)		B
	Odor (noticeable perc odor)			B
	Use of direct-reading instrume	ntation (FID/PID/calorime	tric tubes)	D MA
	Halogen leak detector	``	Ş	R AHA
	If using direct-reading in	strumentation, is the equi	pment:	MN/A
	a. Capable of detection	ng perc vapor concentration	ns in a range of 0-500 ppm?	DY DN
	<ul><li>b. Calibrated against (PID/FID only)?</li></ul>	a standard gas prior to and	l after each use	OY ON
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	DY DN
	d. Kept in a clean and	d secure area when not in t	ise?	DY DN
	e. Verified for accura	cy by use of duplicate sani	ples (calorimetric only)?	DY DN

Inspector's Name (Please Print)

Cotchi

Inspector's Signature

Responsible official's Signature

1-21-99

Approximate Date of Next Inspection

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

They use hand made Steam Coil to devaporate
The waste water. Asked them to use
FDEP Approved evaporator. (The remaining waste in)
waste water savice

Gave them FDEP Part I Procedures for use of General Peronit rules & Sonall Business Orsistance program Dry cleaner Summary to get familiar with Dry cleaning rules.

Chave them FDEP Calender & Phenix Copy to record mandatory requirements.

M

al

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM CEIVED

Responsible Jam Beach
Official

AIRS ID#0990389 FAMILY ONE PRICE DRY CLEANING INC JANET SEIGEL 5044 W ATLANTIC AVE DELRAY BEACH FL 33484 JAN 27 1998

Bureau of Air Monitoring

& Mobile Sources

	Do NOT Rem	ove Label		
Annual Reporting Period: //2	19 <u> </u> 4	<u>'7</u> то	1/2	19 <b>98</b>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	• •	-	<u> </u>	DEP Rule
If NO, complete the following: #1. Term or condition of the general permit	that has not been in continuo	ous compliance	during the reporting po	eriod stated above:
Exact period of non-compliance: from		to_	·	<u> </u>
Action(s) taken to achieve compliance:	,		<del></del>	
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in continuo	ous compliance	during the reporting pe	eriod stated above:
Exact period of non-compliance: from	*******	to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	<u>.</u>			
As the responsible official, I hereby certify, base notification are true, accurate and complete. Fi does not exceed 2,100 gallons per year for dry-to-	urther, my annual consumption o dry facilities or 1,800 gallons	of perchloroeth	ylene solvent, based upo	n purchase receipts,

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

#### BEST AVAILABLE COPY

•	TITLE V AIR QU INSPECTIO		NERAL PERV RY REPORT	$u\tau \rightarrow \lambda$	V
TYPE OF INSPECTION:	ANNUAL		NT/DISCOVERY	☐ RE	E-INSPECTION
TIME IN: 11:50  TYPE OF FACILITY: Fas	TIMEOUT: orby Clear	, U		0990  ning Date	
FACILITY LOCATION: 50		Aflant	c Ave	<i>F</i>	
	1 ( )	each, Seigel	FL 3	3484	2 7 6 5 7
					5-2623
compliance with DEP I	• •	Administrative ( nts evaluated di	Code (F.A.C.).	n, the following o	compliance
	·		•		
		-			
			•		
			. •		· · · · · · · · · · · · · · · · · · ·
					·
COMMENTS:	·		•		
The Annual Compliance Certi	77-2	x:1.2	end submitted to the	inspector.	YES NOT
INSPECTION CONDUCTE	DBY: K.V.	Chok (Please	Shi_		
INCOCCONO DIC CICALLETTE	2. V. //h	04 Ch.	ntions n	3.	55-3070

#### PERCHLOROETHYLENE DRY CLEANERS

ARMZ

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

			<b></b>		
TYF	'E	OF	INSP	EC	[10N:

ANNUAL

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AIRS ID#: 0990389 DATE: 4-1-9	99 TIME IN: 11: 50 TIME OUT: 12:30
FACILITY NAME: Family C	ne Price Dry Cleaning
FACILITY LOCATION: 30 44	W. Atlantic Aue
Delsa	1 Beach, FL 33484
RESPONSIBLE OFFICIAL: Herber	t Sege PHONE: 495-2623
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup 🔲
2. Facility failed to notify DARM to use general per	rmit 🗅
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	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 (constructed before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)
(33.22.23.23.23.23.23.23.23.23.23.23.23.2	(1
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	Y ON Can not determine
If no, please check the appropriate classific	
H	eneral permit as number above
facility exceeds above li	mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p	

#### PART III: GENERAL CONTROL REQUIREMENTS is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ØY 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 DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) אם צוש 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 DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

DY ON ON/A

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

condenser exceeded 45° F?

ր	Man the manageth of finish of an aristing by the same and course also	
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?	DY: ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON DANA
		•
	Is the perc concentration equal to or less than 100 ppm?	DY DN DX/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?	DY DN DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ZŃ/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	אואם אם צם

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

PART VI: LEAK DETECTION AND	REPAIRS			l
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection	on and repair	ì
inspection?			ZAY □N	
2. Has the facility maintained a leak log?	••		PY ON	
3. Does the responsible official check the	following areas for leaks	?		
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	DY ON DAN/A	
Door gaskets and seating	אוחם אם אבן	Stills	MY ON ON/A	
Filter gaskets and seating	אוחם אם צום	Exhaust dampers	אואם אם צם	-
Pumps	MY ON ON/A	Diverter valves	ANO NO YE	
Solvent tanks and containers	DY ON ON/A	Cartridge filter housing	ngs DY ON ON/A	
Water separators	DY ON ONA		·	1. C. 7
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed	solvent on exterior surfac	s)		
Physical detection (airflow felt t	hrough gaskets)		pa .	
Odor (noticeable perc odor)		•	9	
Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	D N/A	
Halogen leak detector			DA/A	
If using direct-reading inst	rumentation, is the equi	pment:	DINIA	
a. Capable of detecting	g perc vapor concentration	as in a range of 0-500 ppm	? אם אם	
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	אם אם	
1	and obvious signs of wear	on a weekly basis?	OY ON	
	secure area when not in u		אם צם	
	y by use of duplicate sam		NO YO	
HAUDENT SETEEL esponsible Official's Na		He tut Se	gel fficial's Sign	1

4 of 5

R (Please Print)

Inspector's Signature

·e

Date of Inspection

2000. Approximate Date of Next Inspection

ADD	ITIONAL SITE INFORMATION:
_	
•	Yes NO
Ι.	Secondary Containment for: Dry Cleaning Machine & Storage area [ ] [ ]  Waste area
	Spotting area Sealed [ ] [ ]
	Specific dien bedien 71 [1
	•
2.	Disposal of Water from Water Separator using approved evaporator
	or contracted Wastewater service [ ]
	C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1
	Safety Kleen picks lepthe
	Noste Culin You need
Λ	), to when you
U	
	그리는 소리를 보고 있다. 그들은 말라고 있는 말을 모르고 있다면 하시 하를 잃었다. 그 없다.
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PERCHLO!	ROETHYLENE		ERS	
COMP	TITLE V GENERAL P LIANCE INSPECTION			70
			Bur	m
$\bigvee$ TYPE OF INSPECTION: ANN	JAL 💥	COMPLAINT/E	S CONFEY	
RE-IN	SPECTION		of A	m
			ري ≒ ري	
AIRS ID#: 0990389 DATE:	TIME	EIN: 1145 7	our our o	L 20
			ing	O_
FACILITY LOCATION: 5044				<del></del>
Delen	& Beach, Fl :	33484		
Bharat Joshi RESPONSIBLE OFFICIAL: //x260	zt 50, je.t	PHONE:49	15 - 2623	3
CONTACT NAME:		PHONE:		
powership of the second		4		
PART I: NOTIFICATION '	<u> </u>			
(check appropriate box)				_
New facility notified DARM 30 days pr	or to startup			
2. Facility failed to notify DARM to use ge	neral permit			, <b>D</b>
PART II: CLASSIFICATION				
Facility indicated on notification form the	t it is:	☐ No notification	form	
(check appropriate box)		☐ Drop store/out of	of business/pe	troleum
A.				
1. Existing small area source C dry-to-dry only, x < 140 gal/yr		area source , x < 140 gal/yr		
transfer only, $x < 200 \text{ gal/yr}$	transfer only, x			
both types, x < 140 gal/yr	both types, x <			
(constructed before 12/9/91)	(constructed on	or after 12/9/91)		
3. Existing large area source	4. New large a	rea cource	₩	
3. Existing large area source C dry-to-dry only, $140 \le x \le 2,100$ gallyr		, 140 ≤ x ≤ 2,100 gal/	hve.	•
transfer only, $200 \le x \le 2,100$ gallyr		$0.0 \le x \le 1,800 \text{ gal/yr}$	y1	
both types, $140 \le x \le 1,800 \text{ gal/yr}$		$\leq x \leq 1,800 \text{ gal/yr}$		
(constructed before 12/9/91)		or after 12/9/91)		
5. This is a correct facility classification	dy on	□Can not determin	ie .	
If no, please check the appropriate of	lassification:			٠.
	or a general permit as nu	mber abov	/e	
* *	ove limits and is not elig		mit	
3. The total quantity of perchloroethylene (p			-1	1!

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?	MY ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	r on
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN XVNIA
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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
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?	©YY □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	BY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Oγ,□N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	מאם אם צש
Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ery on

j	B. Has the responsible official of an existing large or new large area source also:	
]	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם יוש
2	. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	ls the temperature differential equal to or greater than 20° F?	DY ON ON/A
3	. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	אוא <b>וע</b> אם צם
	the state of the s	DY DN <b>X</b> N/A
	Is the perc concentration equal to or less than 100 ppm?	AMIDA NID AD
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 <b>X</b> N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN <b>X</b> N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	באל <b>אק</b> מם עם

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	אם עש
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/A
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	BY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	AVA <b>אל</b> אם עם
5. Maintained exhaust duct monitoring data on perc concentrations?	AVA KO YO
6. Maintained startup/shutdown/malfunction plan?	MY DN
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	A/N <b>A</b> NO YO

ADDITIONAL SITE INFOR	RMATION:			
		•. •		,
	manik Same Poor C	laaning Washina (	Charmen area	Yes NO
1. Secondary Contain	ment for: Dry C			
		Waste are		
		Spotting	area Sealed	·[v] []
	•			
		•		
·. · · · · ·			•	:
		•		
grande grande			•	
	•			
2. Disposal of Water	from Water Separ	ator using approv	ed evaporator	[][]
		tracted Wastewate		M []
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PART VI: LEAK DETECTION AND	D REPAIRS			<u> </u>
1. Does the responsible official conduc	t a weekly (for small sour	ces, bi-weekly) leak detection	and repair	Ī.
inspection?	•	• •	EY ON	
2. Has the facility maintained a leak log			DY ON	
3. Does the responsible official check the	ne following areas for leal	cs?		
Hose connections, fittings, couplings, and valves	שא טא טאים אים	Muck cookers	OY ON X	
Door gaskets and seating	אוים אם אם	Stills	MY ON ON/A	
Filter gaskets and seating	BY ON ON/A	Exhaust dampers	AVXX	1
Pumps	DY DN DN/A	Diverter valves	אואם אם צפ	
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	S CAY ON ON/A	
Water separators	GY ON ONA			
1. Which method of detection is used by	the responsible official?			
Visual examination (condensed	solvent on exterior surfac	ės)	ø	
Physical detection (airflow felt the	hrough gaskets)	. *		
Odor (noticeable perc odor)				
Use of direct-reading instrument	ation (FID/PID/calorimet	ic tubes)	XI NA	
Halogen leak detector	·	•	XI NA	
If using direct-reading instr	umentation, is the equip	ment:	M/A	
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	אם עם	
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	fter each use	חם עם	
c. Inspected for leaks ar	d obvious signs of wear o	on a weekly basis?	מם צם	
d. Kept in a clean and so	ecure area when not in use	??	אם אם	
e. Verified for accuracy	by use of duplicate samp	es (calorimetric only)?	חס הט	
HARAT B. JOSHH onsible Official's Name		Responsible Office	oial'e Siona	+117
(Please Print)	•		crar p prana	- u.
M Liebler Joseph Direk		5 Int		
Inspector's Name (Please Prin	<u>.</u>	Date of Inspection		
m lider				
Query Durch	<u> </u>	5/2001	·	
Inspector's Signature		Approximate Date of N	lext Inspection	

	TITLE VAIR QUA			4.1
TYPE OF INSPECTION:	ANNUAL (	COMPLAINT/DI	•	RE-INSPECTION
TIME IN: 1145	TIME OUT: \2 3	. 0	AIRS ID#:	990389
	Pr. Cleaning	Price Dry	Cleaner,	DATE: 5/26/00
FACILITY LOCATION:	75044 L	1. Atlantic	Ave	
RESPONSIBLE OFFICIAL: B	haret Josh;		PHONE NUMBER	495 2623
compliance with DEP Rul  Based on the results of the discrepancies were noted:	compliance requirements events expenses and compliance requirements expenses and comp	valuated during this nistrative Code (F.A valuated during this	inspection, the fac A.C.). inspection, the foll	ility is found to be in owing compliance
COMPLIANCE REQUI	REMENT/PROBLEM	FOLL	OW-UP ACTI	ON REQUIRED
				<b>7</b> 0
				JUN 2 Bureau of / & Mobi
•		:	· .	3 2000 3 2000 ar Monitor e Sources
			•	ing
The second secon				
COMMENTS:				
The Annual Compliance Certification i	form has been properly certif	gave to fied and submitted t	R.o. o the inspector.	YES NO
ATE OF NEXT INSPECTION:	ma	1 2501		
NSPECTION CONDUCTED BY:	m L:	proximate) elol er ease Print)	•	
NSPECTOR'S SIGNATURE:	i h li	ell_PHON	E NUMBER:	

Page

Revised 10/96

TYPE OF INSPECTION:	INSPECTION ANNUAL	SUMMARY REPORT  COMPLAINT/DISCOVERY	BEST AVAILABLE COP
TIME IN:	TIME OUT:	AIRS ID#:_	0990 389
TYPE OF FACILITY: - Fa-	il one his	Dy Cleans	
	094 V. AL	outre Doly	DATE: 3/Q/01
	she Stonking	9 PHONE NUMBE	ER:
compliance with DEP Rule	62-213.300, Florida Admi compliance requirements ex	valuated during this inspection, the fo	ollowing compliance
1	orication .	•	Tres oring
Fo~~,	th new		
0 w mer			
	•	•	
COMMENTS:			•
The Annual Compliance Certification for DATE OF NEXT INSPECTION:	rm has been properly certif	ied and submitted to the inspector.	YES NO
INSPECTION CONDUCTED BY:	hm Liell	proximate)  Arriverse Print)	
INSPECTOR'S SIGNATURE:	h Lill Page		375 3070  Revised 10/

#### 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** 

JAN 20 98

Do NOT Remove Label

AIRS ID#0990389

FAMILY ONE PRICE DRY CLEANING INC JANET SEIGEL 5044 W ATLANTIC AVE DELRAY BEACH FL 33484

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259934

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

RECEIVED

MAIL ROOM

FEB -6 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0990389 FAMILY ONE PRICE DRY CLEANING INC JANET SEIGEL 5044 W ATLANTIC AVE DELRAY FL 33484

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Rease ichile jour ARSID# on your check or money order. This number can be found below on your mailing label.

MAI 7 0 1998

**TOTAL AMOUNT DUE: \$50.00** 

CLOSED BUSINE 6/30/97

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AIRS ID#0990390

NORMAN BROTHERS INC LARRY R NORMAN 233 SE AVENUE E BELLE GLADE FL 33430

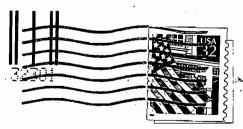
FOR GOVERNMENT USE ONLY

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

Оы.: 002273

R.J. CREWS 1004 N.E. 2nd STREET BELLE GLADE, FL 33430





TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 Change of ownership as of
April 17/2000

Sai Cleaners Inc.
D/B/A Black Tie Cleaners 2

Airs ID 0990389

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406709 MAR 22001

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 # 0990389

FAMILY ONE PRICE DRY CLEANING HERBERT SEIGEL

5044 W ATLANTIC AVE DELRAY BEACH FL 33484 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

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.

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

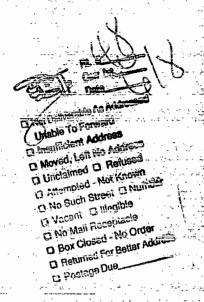
AIRS ID # 0990389 FAMILY ONE PRICE DRY CLEANING HERBERT SEIGEL 5044 W ATLANTIC AVE **DELRAY BEACH FL 33484** 

FOR COVERNMENT USE ONLY Org.: 37556101000 EO: B1 Fund: 20-2-035001 Obj.: 002273<sup>50</sup>



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

# STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION MS 5510-37550 304000 2600 BLAIR STONE ROAD TALLAHASSEE FL 32399-2400



Z 210-662,857

"US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

No Insurance Coverage Provided.

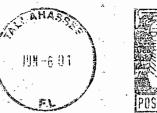
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Bureau or Air Monitoring

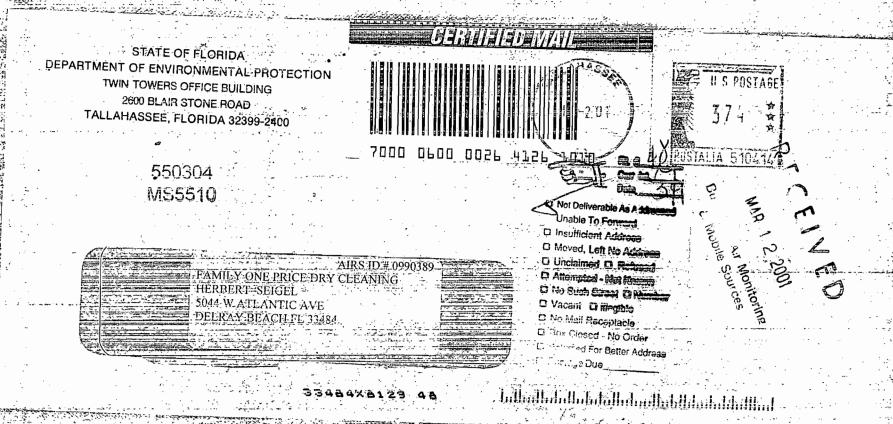
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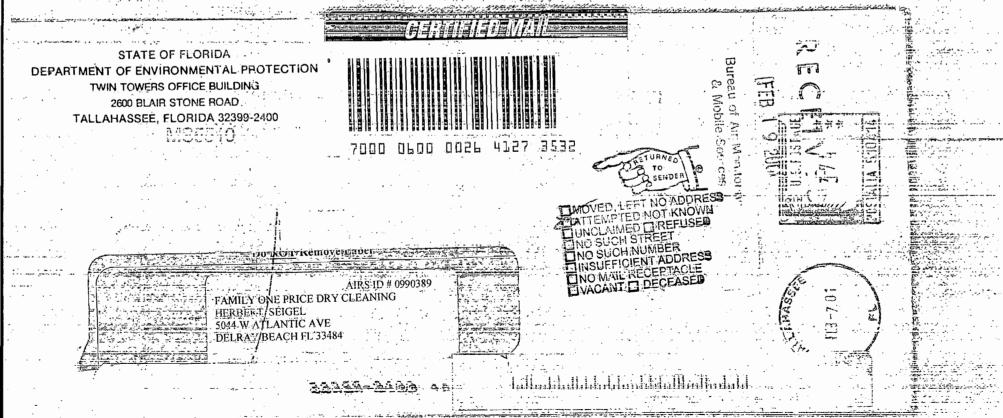
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☐ Complete items 1, 2, and 3. Also co item 4 if Restricted Delivery is desire ☐ Print your name and address on the	ed.
so that we can return the card to yo  Attach this card to the back of the n or on the front if space permits.	nailpiece, X
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10 AIRS ID # 09903890 HERBERT SEIGEL FAMILY ONE PRICE DRY CLEAN	the second distriction of the control of the contro
5044 W ATLANTIC AVE DELRAY BEACH FL 33484	3. Service Type  ☐ Certified Mail ☐ Express Mall ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789



#### **BEST AVAILABLE COPY**

	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery.
	<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	C. Signature  X  Agent  Addressee
e An Market and	Article Addressed to:	D. Is delivery address different from item 1?  Yes if YES, enter delivery address below:  No
	AIRS ID # 0990389 FAMILY ONE PRICE DRY CLEANING HERBERT SEIGEL 5044 W ATLANTIC AVE	
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