

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 25, 1996

Mr. Salvatore Cataldo President Aldo's Cleaners 5970 Southwest 18th Street Boca Raton, Florida 33433

Dear Mr. Cataldo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 23, 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 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"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	Village Pointe Cleaners, inc Site Name (For example, plant name or number):					
2.	Site Name (For example, plant name or number):					
	ALDO'S Cleaners					
3.	Hazardous Waste Generator Identification Number:					
	FLD 982106791					
4.	Facility Location: 5970 Sw 18th 54 Street Address:					
	City: Boan Raton County: Palm Beach Zip Code: 33433					
5.	Facility Identification Number (DEP Use):					
	0990396					
	Responsible Official					
6.	Name and Title of Responsible Official:					
	Salvatore Cataldo President					
7.	Responsible Official Mailing Address:					
	Organization/Firm: Street Address: 5970 SW 18th SA					
	City: Boin Raton County: Paln Beach Zip Code: 33433					
8.	Responsible Official Telephone Number:					
	Telephone: (561) 338 - 5373 Fax: (561) 338 - 6999					
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
10.	Facility Contact Address:					
	Street Address: City: County: Zip Code:					
	City: County: Zip Code:					
11.	Facility Contact Telephone Number:					
	Telephone: () - Fax: () -					
	PECFIVED					

AUG 2 3 1996

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

0990396

,	
	Aldo's Cleaners
P.14	1.(c) mark out "V" and initial
	3. Should be new large area source 4. Should be new large area source W/ refrig. con. 5.(f) required
p.15	4 Should be new large area source
-	W/ retrig. con.
	5.(+) required
	<u> </u>
-	
	nga manana kalangan ang ang mga kalangan ang mga mga mga mga mga mga mga mga mga mg

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.

#I AVANTI		Date	Date		Date	Date		Date	Date
#2 Quantum		Machine	Control		Machine	Control		Machine	Control
1. ' '		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		Dry to Di	<u>r</u>	T.:.		by to Dry	/ .	**	a tree tra
(1) w/ ref. condenser	# [1986	1986	#2	1994	1994			
(2) w/ carbon adsorber					 				
(3) w/ no controls									
Washer Unit			estal is			21 - 121			
(4) w/ ref. condenser			1						
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	11	\$14 B			The state of the s	era egegye e			Teglina and
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls				T					
Reclaimer Unit			·						
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls								<u> </u>	
(b) Control devices are required, but not yet installed									
What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.)	ew sm	nitions found nall area sour	rce []	l	Part II?	
<i>5 5</i>		LV			-	·			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(4.) What control technology is required on machines pursuant to section (5) of I (Indicate with an "X".)	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 []	
5. 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 unit 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 I 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	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Inform	wation.
Check all logs which are required to be kept on-site in accordance with the requ	_
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

Please indicat	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 notifi statement maintain	dersigned, 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 is 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 proi	mptly notify the Department of any changes to the information contained in this notification.
Sof	Catalita 8/20/96

BEST AVAILABLE COPY



RECEIVED

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

MAY 1 2 1997

INSPECTION SU	MMARY REPORT Bureau of A
TYPE OF INSPECTION: ANNUAL CO	MMARY REPORT Bureau of Air Monitorion MPLAINT/DISCOVERY & McReel SPECTION
TIME IN: TIME OUT: 120	AIRS ID#: 04 03 26
TYPE OF FACILITY: Pri Cleanar	
FACILITY NAME: allo's cleaners	DATE: Waster
FACILITY LOCATION: 5170 SU 13	St Boce Notin 33423
·	
RESPONSIBLE OFFICIAL: Salvatore Catalo	PHONE NUMBER: 561 33 8 6929
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:	rative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· · · · · · · · · · · · · · · · · · ·	-
COMMENTS:	
	· ·
The Annual Compliance Certification form has been properly certification form has been properly certification.	
INSPECTION CONDUCTED BY:	lease Print) PHONE NUMBER: 56(355 3070
INSPECTOR'S SIGNATURE:	PHONE NUMBER:

ARMS /

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECT	OMPLAINT/DISCOV	ERY D
		1 (47 TIME IN: _ 1120 TIME	OUT: 1205
<u> </u>	ldo's	Cleaner,	
FACILITY LOCATION:	5970	50 19 St Boc	a Ratur
		33433	
PART I: NOTIFICATION			
(check appropriate box)			
Existing facility notified DARM	M by 9/1/96		
2. New facility notified DARM 30	*	startup .	
3. Facility failed to notify DARM	to use general	permit	а
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	form that it is	3: ·	
, and appropriate the same		•	
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 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)	1
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	e 🗀 gal/yr l/yr	dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr	
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) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr<=""><td>gal/yr Vyr r</td><td>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) 4. New large area source 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></td></x<2,></td></x<2,>	gal/yr Vyr r	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) 4. New large area source 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></td></x<2,>	
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) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" before="" gal="" only,="" td="" transfer="" yr=""><td>gal/yr l/yr r</td><td>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) 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,>	gal/yr l/yr r	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) 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,>	
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) 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)="" a="" before="" both="" classificated="" correct="" facility="" gal="" in="" is="" of="" only,="" propert<="" properties="" td="" the="" this="" transfer="" types,="" yr=""><td>gal/yr l/yr r ltion le classification</td><td>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) 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,>	gal/yr l/yr r ltion le classification	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) 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,>	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ATY DN 1. Storing perchloroethylene in tightly sealed and impervious containers? NY DN 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 ely ON least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ZN/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) PIV DN I. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated NY DN 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?

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?	es.	ПИ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ØÝ	ON
	Is the temperature differential equal to or greater than 20° F?	ZÝ	ПП
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?	ΩY	ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ON_NA
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	on_n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ON ON/A
б.	Routed airflow to the carbon adsorber (if used) at all times?	QY	ON ANIA
_			
P.	ART V: RECORDKEEPING REQUIREMENTS		
	as the responsible official: heck appropriate boxes)		
1.	Maintained receipts for perc purchased?	ΔY	□N
2.	Maintained rolling monthly averages of perc consumption?	ØÝ	ПП
۽ ا	Maintained leads detection increasing and renair reports for the following:		

Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	OY ON				
2. Maintained rolling monthly averages of perc consumption?	MO YS				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	ØY ON				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	פל טא				
4. Maintained calibration data? (for direct reading instruments only)	DY ON ONA				
5. Maintained exhaust duct monitoring data on perc concentrations?					
6. Maintained startup/shutdown/malfunction plan?	ey on				
7. Maintained deviation reports?	ON YO				
Problem corrected?	AD NO YES				
8. Maintained compliance plan, if applicable?	ZY ON ON/A				

8. Maintained compliance plan, if applicable?	ZY ON ON/A
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	אם צם

2. Which method of detection is used by	the respor	isible offic	tial?	•		
Visual examination (condensed s	solvent on	extérior s	urfaces)	d		
Physical detection (airflow felt th				乜		
Odor (noticeable perc odor)	Ø					
Use of direct-reading instrument	N/A					
If using direct-reading instrumentation, is the equipment:						
a. Capable of detecting	OY ON_N/A					
b. Calibrated against a (PID/FID only)?	OY ON_N/A					
c. Inspected for leaks a	nd obviou	s signs of	wear on a weekly basis?	AM_ND YD		
d. Kept in a clean and	secure are	a when no	t in use?	OY ON_N/A		
e. Verified for accuracy	y by use of	f duplicate	samples (calorimetric only)?	A/N ND YD		
3. Has the facility maintained a leak log?	?			MY ON		
4. Does the responsible official check the	following	g areas for	leaks?			
Hose connections, fittings, couplings, and valves	ØÝ	ПИ	Muck cookers	. ОҮ - ОИИ		
Door gaskets and seating	ZÝ	ΠN	Stills	OY ON N		
Filter gaskets and seating	ØY	ИП	Exhaust dampers	OY ON N		
Pumps	ŒΥ	ПD	Diverter valves	OY ON N		
Solvent tanks and containers	ØY	ПΩ	Cartridge filter housings	OY ON N		
Water separators	ĊΑ	ПП		en e		
All Whald			Auso CAT	ALDU		
Name of Responsible Offic	ial (Signa	ature)	Name of Responsible Officia	l (Print) & Phone		
m. Liebler	· .		4/22/9	1フ		
Inspector's Name (Please Pr	int)		Date of Inspe	ection		
h _ Liebl	98					
Inspector's Signature			Approximate Date of	Next Inspection		
condary Containment for: Dry	Cleanin	g Machi	ne & Storage area	Yes No		
			· Waste area	-[]		
			Spotting area Seale	d 😭 []		
sposal of Water from Water Sep	arator	using a	annroved evamorator			
			Pick s up Water	[-] []		
			i cua ab marer			

 $\sqrt{}$

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitoring AIRS ID 0990396 VILLAGE POINTE CLEANERS INC Mobile Sources SALVATORE CATALDO **5970 SW 18TH STREET BOCA RATON FL 33433** Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule \square NO 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer of combination facilities.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 10:50 TIME OUT: 11:2 TYPE OF FACILITY: D87 · Cleaners	0 AIRS ID#: 0990396				
FACILITY NAME: ALDO'S Cleaners FACILITY LOCATION: 5970 SW 18th	DATE: 7-24-98 Street				
BOCA RATON, FL RESPONSIBLE OFFICIAL: ALDO CATALDO					
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra					
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
	PCC				
•	- William The Man of t				
	The Sun of the Source of the S				
COMMENTS:					
4					
	•				
The Annual Compliance Certification form has been properly certified and submitted to the inspector.					
DATE OF NEXT INSPECTION:	y 1777				
INSPECTION CONDUCTED BY:	Chokshi.				
INSPECTOR'S SIGNATURE 2 VC Chand	ease Print) PHONE NUMBER: 355-3070				

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS

TYPE OF INSPECTION:

ANNUAL

0

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0990 396 DATE: 7-24-98 TIME IN: 10:50 TIME OUT: 11:20
FACILITY NAME: ALDO'S Cleaners
FACILITY LOCATION: 5970 SW 18th Street
Bo(a Raton, FL 33433
RESPONSIBLE OFFICIAL: ALDO CATALDO PHONE: 338-5373
CONTACT NAME:PHONE:
PART I: NOTIFICATION
(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION
Facility indicated on notification form that it is: (check appropriate box) A.
1. Existing small area source \(\square\) 2. New small area source \(\square\)
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)
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
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) (constructed on or after $12/9/91$) 3. Existing large area source 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, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 6. A series only, $200 \le x \le 1,800$ gal/yr both types, $200 \le x \le 1,800$ gal/yr (constructed before $20/9/91$) (constructed on or after $20/9/91$)

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) AND NO YES 1. Storing perchloroethylene in tightly sealed and impervious containers? ZÍY ON ONA 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 ZY 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 ON PANA 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? או סאום אוא 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated מע טא condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

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?	MO AD
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	אואם אם עם
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?	מאס אם צם
	Is the perc concentration equal to or less than 100 ppm?	אואבן אם צם
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?	אואק אם צם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אואבן אם צם
6.	Routed airflow to the carbon adsorber (if used) at all times?	באת אם אם אם

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MQ YDX
2. Maintained rolling monthly averages of perc consumption?	MO AØ
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם צום
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם צע
4. Maintained calibration data? (for applicable direct reading Instruments)	אואס אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ØŃA
6. Maintained startup/shutdown/malfunction plan?	אם צ'פ
7. Maintained deviation reports?	באם מם אם
Problem corrected?	ANO NO YA
8. Maintained compliance plan, if applicable?	DY DN ØNA

PART VI: LEAK DETECTION AND REPAIRS

				
l.	Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection a	ind repair
	inspection?			אם אם
2.	Has the facility maintained a leak log?		,	DY ON
3.	Does the responsible official check the	following areas for leaks	;?	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	מעש אם עם
	Door gaskets and seating	אוחם אם אלם	Stills	אוחם אם אַבּ
	Filter gaskets and seating	DA ON ON/Y	Exhaust dampers	אואבן אם צם
	Pumps	MY ON ON/A	Diverter valves	אום מם צים,
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	AVIO NO YD
	Water separators	אואם אם ציף		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed s	olvent on exterior surfac	es)	Z (
	Physical detection (airflow felt the	rough gaskets)		<i>₽</i> .
	Odor (noticeable perc odor)			,
	Use of direct-reading instrument	ation (FID/PID/calorime	tric tubes)	AN/A
	Halogen leak detector	`.		MMA
	If using direct-reading inst	rumentation, is the equi	ipment:	□N/A
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	מם צם
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	d after each use	OY ON
	c. Inspected for leaks a	and obvious signs of wear	r on a weekly basis?	אם עם
	d. Kept in a clean and	secure area when not in	use?	DY DN
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	OY ON
	man in the second secon	•		· ·

Responsible Official's Name (Please Print)

nspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

7-24-98

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:
Yes NO 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 []
MET pichs up the Waster Once a fromth

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

YPE OF INSPECTION:	ANNUAL	COMPL	AINT/DISCOVERY	RE.	INSPECTION
ME IN: 1:00	TIME OUT:	1:20	AIRS ID#:	0990	396
YPE OF FACILITY:	Dry · Clean	ing		· -	52: 00
ACILITY NAME: ACILITY LOCATION:		eane SW	18th Str		5-21-99
· · ·	Boca Rati	<u> </u>	L 3343	4	
ESPONSIBLE OFFICIAL:	ALDO Ca	taldo	PHONE NUM	BER: 3	38- <i>5</i> 37
-1	the compl <u>i</u> ance requirem Rule 62-213.300, Florida			he facility is fou	and to be in
Based on the results of discrepancies were note	the compliance requiremed:	ents evaluated	during this inspection, t	he following co	mpliance
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOW-UP	ACTION RE	QUIRED
	•		-	PK	
	•			Burgar of	
				hir Monitori	KO
	- ·			8	
	-				
COMMENTS:	• •		•		
÷ .					
The Annual Compliance Cert	ification form has been p	roperly certific	ed and submitted to the in	spector.	YES NO
DATE OF NEXT INSPECT	ION:/	May 2	000		
INSPECTION CONDUCTE	ED BY: R.V.	Cho	roximate) KShi		
INSPECTOR'S SIGNATUR	REI Q.V. C	hops h	ase Print) PHONE NU	MBER: 35	5-3070

BEST AVAILABLE COPY

Arms

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ZE COMPLAINT/DISCOVERY D
FACILITY NAME: ALDO'S CLE FACILITY LOCATION: 5970 S BOCA RA	
PART I: NOTIFICATION	·
(check appropriate box) 1. New facility notified DARM 30 days prior to start 2. Facility failed to notify DARM to use general permental permetal permental permental permental permental permetal pe	
· .	
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	☐ No notification form ☐ Drop store/out of business/petroleum 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)	both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gaVyr transfer only, 200 ≤ x ≤ 1,800 gaVyr both types, 140 ≤ x ≤ 1,800 gaVyr (constructed before 12/9/91)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gaVyr transfer only, $200 \le x \le 1,800$ gaVyr both types, $140 \le x \le 1,800$ gaVyr (constructed on or after $12/9/91$)
5. This is a correct facility classification	AN OCan not determine
	neral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was 283 gallons.	urchased within the preceding 12 months by this dry cleaning For 1998 So far 129 gal

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

BEST AVAILABLE COPY

8.	Has the responsible official of an existing large or new large area source also:	
١.	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?	ØY ON ON/A
	•	DY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	ALL 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?	DY DN ZIN/A
	Is the perc concentration equal to or less than 100 ppm?	ם א מוא אם
4	Assured that the sampling port on the carbon adsorber exhaust for measuring	
Ι'.	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
_		
٥.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	inv ny my
	condenser coils?	DY DN MINIA
6	. Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A
Ľ	The state of the second and the second secon	

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: MY 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 AMO NO YO and parts installed w/in 5 days of receipt? DY DN ZON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ON DANA 5. Maintained exhaust duct monitoring data on perc concentrations? ZY ON 6. Maintained startup/shutdown/malfunction plan? MY ON ON/A 7. Maintained deviation reports? MY ON ON/A Problem corrected? DY DN PANA 3. Maintained compliance plan, if applicable?

REPAIRS		1
weekly (for small sourc	es, bi-weekly) leak detection a	nd repair
		ØY ON
•		אם אם
following areas for leak	s?	
AY ON ON/A	Muck cookers	OY ON ØN/A
DY ON ON/A	Stills	MY ON ON/A
DY ON ON/A	Exhaust dampers	DY DN DAVA
אואם אם צם	Diverter valves	DY ON ON/A
DY ON ON/A	Cartridge filter housings	DY ON ON/A
DY ON ON/A		
the responsible official?		
solvent on exterior surfa	ces)	0
hrough gaskets)		
		1
tation (FID/PID/calorime	etric tubes)	DNIA
		ANIA
trumentation, is the equ	ipment:	DN/A
g perc vapor concentratio	ons in a range of 0-500 ppm?	מם עם
a standard gas prior to an	d after each use	OY ON
and obvious signs of wea	ar on a weekly basis?	אם צם
secure area when not in	use?	אם עם
cy by use of duplicate sar	mples (calorimetric only)?	מם עם
- 10.7	to It. K	7 1 4
ine _	Responsible Off	icial's Sign
<u>^</u>	- /	7-3
Print)	Date of Inspection	
	e following areas for leak For in the contraction of the contraction	e following areas for leaks? EY ON ON/A Muck cookers EY ON ON/A Stills EY ON ON/A Exhaust dampers EY ON ON/A Diverter valves EY ON ON/A Cartridge filter housings EY ON ON/A Cartridge filter housings EY ON ON/A The responsible official? solvent on exterior surfaces) through gaskets) Itation (FID/PID/calorimetric tubes) trumentation, is the equipment: g perc vapor concentrations in a range of 0-500 ppm? a standard gas prior to and after each use and obvious signs of wear on a weekly basis? I secure area when not in use? cy by use of duplicate samples (calorimetric only)? Fesponsible Offi

Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:	
1. Secondary Containment for: Dr	Yes NO Ty Cleaning Machine & Storage area [] [] Waste area [] [] Spotting area Sealed [] []
	Separator using approved evaporator [] ar contracted Wastewater service [] []
MCE Picus lip	The waste When Called

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT ANNUAL D TYPE OF INSPECTION: COMPLAINT/DISCOVERY [RE-INSPECTION 0990396 TIME IN: TIME OUT: AIRS ID#: C) eamin TYPE OF FACILITY: Aido DATE: FACILITY NAME: SW 59.70 18 5+ FACILITY LOCATION: Retur Bo ca aldo Catal do 338:5773 RESPONSIBLE OFFICIAL: PHONE NUMBER: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES MO|~ DATE OF NEXT INSPECTION: (Approximate)

PHONE NUMBER:

(Please Print)

INSPECTION CONDUCTED BY:

INSPECTOR'S SIGNATURE:

BEST AVAILABLE COPY L'ERCHLORO ET HY-LENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

facility was 197

gallons.

285

ANNUAL

4

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0990396 DATE: 7176	TIME IN: TIME OUT:
FACILITY NAME: Aldo's	Cleaner>
FACILITY LOCATION: 5970	sw 18 st e-2
Bocy	Ruton
RESPONSIBLE OFFICIAL: (100 Catal	PHONE: 338 5373
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	•
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tun.
_	
2. Facility failed to notify DARM to use general per	mit U
	. १ वर्षा
DADTIL CI ACCITICATION	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is:	-
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	Drop store/out of business/petroleum 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
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 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) 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 gal/yr both types, 140 \le x \le 1,800 gal/yr

1494.

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?	ØÝ ON ON∕A			
2. Examining the containers for leakage?	DAY ON ON/A			
3. Closing and securing machine doors except during loading/unloading?	ØÝ □N			
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?	OY ON ZN/A			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part	y.			
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?	מא טא			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם אם			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	. QA ON ONYY			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	QA 0%			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	אאם אם אעם אס			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON			

_			
ช.	Has the responsible official of an existing large or new large area source also:		
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?	e√ on	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□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?	אם עם	_
	Is the perc concentration equal to or less than 100 ppm?	DY DN	ØN/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	ÉN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אם עם	ØN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	מם עם	M/A
_			

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

BEST AVAILABLE COPY

ADDITIONAL SITE INFORMATION:		
	Machine & Storage area Waste area Spotting area Sealed	Yes NO [] [] [] []
2. Disposal of Water from Water Separator us or contracted	sing approved evaporator d Wastewater service	

BEST AVAILABLE COPY

PA	RT VI: LEAK DETECTION AND	REPAIRS		*.*	
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	nspection?	Access on	•	MD YE	
2.	fas the facility maintained a leak log?	•		JOY ON	
3.	Does the responsible official check the	following areas for leak	s?		1
	Hose connections, fittings, couplings, and valves	4ØY □N □N/A	Muck cookers	חוש אם עם	
	Door gaskets and seating	אואם אם אף	Stills	'DY ON ON/A	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	AND ND YE	
	Pumps	DY DN DN/A	Diverter valves	אוחם אם צובע	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housing	gs DÝ DN DN/A	<u> </u>
	Water separators	DY ON ONA		•	4, 1, 1,
4.	Which method of detection is used by	the responsible official?			
}	Visual examination (condensed	solvent on exterior surfa-	cės)	X	
	Physical detection (airflow felt	through gaskets)		, D	
	Odor (noticeable perc odor)			Ø	AVESTI
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? UY N					
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks	and obvious signs of wea	ar on a weekly basis?	אם עם	
	d. Kept in a clean and	secure area when not in	use?	אם עם	
	e. Verified for accura	cy by use of duplicate sar	mples (calorimetric only)?	אם צם	
<u> </u>					<u>-1</u>
	F. Rodriquez		Responsible Of	Rodriguez	
sp	onsible Official's (Please Print)	ane	Responsible Of	ficial's Sig	nature
_	hy Lielder	7:0	7/7/0	00	-
	Inspector's Name (Please	יייייייייייייייייייייייייייייייייייייי	Date of Inspectio	n .	
_	- hu hil		7/01		
	Inspector's Signature		Approximate Dat	e of Next Inspection	- Andrew

258697 V

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

RECEIVED

MAIL ROOM

JAN 22 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0990396 VILLAGE POINTE CLEANERS INC SALVATORE CATALDO **5970 SW 18TH STREET BOCA RATON FL 33433**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

JANION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389429

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 # 0990396

ALDO'S CLEANERS SALVATORE CATALDO 5970 SW 18TH STREET **BOCA RATON FL 33433**

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

302949 .1 ION 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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID 0990396 VILLAGE POINTE CLEANERS INC SALVATORE CATALDO 5970 SW 18TH STREET **BOCA RATON FL 33433**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED 1

. A LAUTER HANDLING

0353881

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

RECEIVED MAIL ROOM

DEC 10

N

Do NOT Remove Label

AIRS ID # 0990396

ALDO'S CLEANERS SALVATORE CATALDO **5970 SW 18TH STREET BOCA RATON FL 33433**

FOR GOVERNMENT LESE ONTO Fund: 20-2-035001 Obj.: 002273

	z 510 Р	P 5	861		
F	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.				
A 59	O AIRS IE ALVATORE CATAL LDO'S CLEANERS 970 SW 18TH STREET OCA RATON FL 3343	DO T	990396001AG		
	Certified Fee				
	Special Delivery Fee Restricted Delivery Fee				
1 1995	Return Receipt Showing to Whom & Date Delivered				
)0 , Apri	Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees	\$	-		
PS Form 3800 , April 1995	Postmark or Date	Ψ			

•

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. 1. Article Addressed to: 10 AIRS ID # 0990396001AG SALVATORE CATALDO ALDO'S CLEANERS 5970 SW 18TH STREET BOCA RATON FL 33433	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X July Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type X Certified Mail Express Mail			
	☐ Registered ☐ Return 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				



1JUN 1 1 200

Bureau of Air Monitorn & Mobile Source

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 •

EUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF EMVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

z 333 613 661 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID 0990396 VILLAGE POINTE CLEANERS INC SALVATORE CATALDO **5970 SW 18TH STREET BOCA RATON FL 33433** Ceranea Les Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address 3800 **TOTAL** Postage & Fees \$

Fold at line over top of envel SENDER: I also wish to receive the Complete items 1 and/or 2 for additional services. following services (for an ■Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this extra fee): card to you. Receipt Service 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. A Restricted Delivery ■The Return Receipt will show to whom the article was delivered and the date Consult postmaster for fee. delivered. 3. Article Addressed to: 4a. Article Number AIRS ID 0990396 VILLAGE POINTE CLEANERS INC 4b. Service Type SALVATORE CATALDO Certified ☐ Registered 5970 SW 18TH STREET Is your RETURN ADDRESS ☐ Express Mail Insured BOCA RATON FL 33433 ☐ Return Receipt for Merchandise ☐ COD 7. Date of Delivery you 1 Thank) 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid) 6. Signature 'Addresseel∕oi

Domestic Return Receipt

Postmark or Date

Form S

PS Form 3811, December 1994

