

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 4, 1996

Mr. David Kennedy Dapper Dan Cleaners 9850 Alternate A1A Palm Beach, Florida 33410

Dear Mr. Kennedy:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 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"

0990418
P. 15
(f) should be marked

1

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	DAPPER DAN CLEINEN EORS ALL
2.	Site Name (For example, plant name or number):
	PAPPEN DAN CLESTES
3.	Hazardous Waste Generator Identification Number:
	RCD 982 127599
4.	Facility Location: 7550 ALTERNATE AIA Street Address: City: PALM BEACH GROWN'S County: PALM BEACH Zip Code: 33410
	City: PALM BEACH GINDENS County: PALM BEXEN Zip Code: 33410
5.	Facility Identification Number (DEP Use):
	0990418
	Responsible Official
6.	Name and Title of Responsible Official:
	DAUD KENNEDY (SECTIONAL) Responsible Official Mailing Address:
	Responsible Official Mailing Address: Organization/Firm: Same M ABWE
1	Street Address:
1	City: County: Zip Code:
8.	Responsible Official Telephone Number:
,	Telephone: (561) 625 6006 Fax: (
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	realine and Thie of Facility Contact (For example, plant manager).
10.	Facility Contact Address:
	Street Address:
_ (City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - / Fax: (/) -
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Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

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.

16421626		Date	Date		Date	Date		Date	Date
NEN 21CC/ Mapor 440		Machine	Control		Machine	Control		Machine	Control
Manor 440		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	Γ-,	Dry 7.	ony		•				
(1) w/ ref. condenser	1/1	1987	1987				-		
(2) w/ carbon adsorber	۲				_				
(3) w/ no controls			_						
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•	•						•
(7) w/ ref. condenser					_				
(8) w/ carbon adsorber					_				
(9) w/ no controls						·			
Reclaimer Unit		_							
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	ource March	ication only.)	ew sn	initions found nall area sour	rce [3) of]]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	machines 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 []	
	missions units shall not be eligible to use the general permit pursuant steam and hot water generating units on-site meet the following ist on-site:
	n-site (1) have a total heat input of 10 million BTU/hr or less (298 ively by natural gas except for periods of natural gas curtailment g no more than one percent sulfur is fired.
All steam and hot water generating units en No such units on-site	xempt]
Equipment Mo	nitoring and Recordkeeping Information
Check all logs which are required to be ke	pt on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchase	s j∑i
(b) Leak detection inspection and repair	\sim
(c) Refrigerated condenser temperature mo	onitoring []
(d) Carbon adsorber exhaust perc concentr	ation 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 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)
\preceq	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	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 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 prod	mptly notify the Department of any changes to the information contained in this notification.

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individ	uil owner):
2. Site Name (For example, plant name or number):	PP
2. Site Name (For example, plant name or number):	
Daggen, Dan's	
3. Hazardous Waste Generator Identification Number	er var var var var var var var var var va
	1 1 1
4. Facility Location: 9850 ALT AIA SUITES	01
Street Address: PAIN BUILANCEURY DOWN DOWN	Zip Code: }} Y10
Para Both	
5. Facility Identification Number (DEP Use):	MAAMILA
	0110910
Responsible Official	
6. Name and Title of Responsible Official	
7. Responsible Official Mailing Address	ر المقاولية والموافقية والموافقية والموافقية والموافقية والموافقية والموافقية والموافقية والمستحملية
Organization Firm: DAPPISE DAN CEISTAGN	
Street Address: 9850 ALT 91A \$501	7.004-004
City. V.O.C. County P. B	Zip Code: > / Y / D
8. Responsible Official Telephone Number	
Telephone (541) 635 6006 Fax. ()	,
E. D. C. and C. C. C. D. C. C. D. C.	ACC - 1 - 13
Facility Contact (If different from Respons	mnerar)
9 Name and Title of Facility Contact (For example, plant manager):	antonia (Marie Marie Marie Marie Anno Anno Anno Antonio Marie Mari
10 Facility Contact Address:	
Street Address:	
City: County	Zip Code:
11. Facility Contact Telephone Number.	
Telephone: (·) - Fax. ()	•

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DEP Form No. 62-213.900(2) Effective: 6-23-96

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Facility Information

L(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.

Machine Initially Device			Date	Date		Date	Date		Date	Date
Type of Machine ### 03-OCT-93 12-NOV-93 ### 08-DEC-91 #### 02-ALIR-92 02-ALIR-92 Dry-to-Dry Unit #### 03-OCT-93 12-NOV-93 ### 08-DEC-91 ###################################			Machine	Control	İ	Machine	Control		Machine	Control
Dry-to-Dry Unit 103-0CT-93 12-NOV-93 12 08-DEC-91 13 02-MAR-92			Initially	Device		Initially	Device	i	Initially	Device
Dry-to-Dry Unit (1) w/ ref. condenser DV-02-95 (2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (5) w/ carbon adsorber (6) w/ no controls (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ no controls (14) w/ ref. condenser (15) w/ no controls (16) w/ ref. condenser (17) w/ ref. condenser (18) w/ ref. condenser (19) w/ no controls (19) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/ ref. condenser (15) w/ ref. condenser (16) w/ ref. condenser (17) w/ ref. condenser (17) w/ ref. condenser (18) w/ ref. condenser (19) w/ ref. cond	Type of Machine	ID	Purchased	Installed	(CI	Purchased	Installed	ai	Purchased	Installed
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dyer Unit (7) w/ ref condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (b) Control devices are required to be installed 2 (a) What was the total quantity of perchloroethylene (perc) purchased in the South of the stalled on the stalled on the definitions found in section (3) of Part II? 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only) Existing small area source	Example	#!	03-OCT-93	12-NOV-93	#2	08-DEC-91		#.3	02-M4R-92	02-MAR-92
(2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [Dry-to-Dry Unit									
(2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (14) w/carbon adsorber (12) w/ no controls (15) w/ carbon adsorber (16) w/ ref. condenser (17) w/carbon adsorber (18) w/carbon adsorber (19) w/ no controls	(1) w/ ref. condenser		24-02-89							
Washer Unit (4) w' ref. condenser (5) w' carbon adsorber (6) w' no controls Dryer Unit (7) w' ref condenser (8) w carbon adsorber (9) w' no controls Reclaimer Unit (10) w' ref. condenser (11) w' ref. condenser (12) w' no controls (b) Control devices are required, but not yet installed (12) w' no controls (c) No control devices are required to be installed 2 (a) What was the total quantity of perchloroethytene (perc) purchased in the Control devices are required to be installed (b) If less than 12 months, how many? (c) If less than 12 months, how many? (d) If less than 12 months, how many? (e) If less than 12 months, how many? (f) If less than 12 months, how many? (how store: (how stor	(2) w/ carbon adsorber			I	İ			<u> </u>		
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [(3) w/ no controls									
(5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref condenser (8) w/ carbon adsorbet (9) w/ no controls Reclaimer Unit (10) w/ ref condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [] Conymic PEN UES ONE ALL INST (c) No control devices are required to be installed [] 2 (a) What was the total quantity of perchloroethylene (perc) purchased in the control pallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only) Existing small area source [] New small area source []	Washer Unit		•							
(i) w/ no controls	(4) w/ ref. condenser									
Dryer Unit (7) w/ ref condenser (8) w/ carbon adsorbet (9) w/ no controls (10) w/ ref condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (15) w/ no controls (15) w/ no control devices are required to be installed (16) w/ no control devices are required to be installed (17) w/ no control devices are required to be insta	(5) w/ carbon adsorber									
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(8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [] CONYMU PEN UES ONE ALL INST (c) No control devices are required to be installed [] 2 (a) What was the total quantity of perchloroethylene (perc) purchased in the	Dryer Unit			,	-1					
(c) No control devices are required, but not yet installed [] CONYMU DEN UES DAE ALL INST (d) What was the total quantity of perchloroethylene (perc) purchased in the control gallons (e) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only) Existing small area source [] New small area source []	(7) w/ ref condenser			T						
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [] Conymu pen Uses One All irst (c) No control devices are required to be installed [] 2 (a) What was the total quantity of perchloroethylene (perc) purchased in the control gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only) Existing small area source [] New small area source []	(8) w/ carbon adsorber				1					
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [] CONTML PEN CEC DIF BLL 1955 (c) No control devices are required to be installed [] 2 (a) What was the total quantity of perchloroethylene (perc) purchased in the control gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only) Existing small area source [] New small area source []	(9) wi no controls								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(b) Control devices are required, but not yet installed [] CONYML DEN CES DIF ALL IPST (c) No control devices are required to be installed [] 2 (a) What was the total quantity of perchloroethylene (perc) purchased in the control gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only) Existing small area source [] New small area source []	Reclaimer Unit									
(b) Control devices are required, but not yet installed [] CONYMU DEN CESC ONE ALL INST (c) No control devices are required to be installed [] 2 (a) What was the total quantity of perchloroethylene (perc) purchased in the conths? [(10) w/ ref. condenser				T					
(b) Control devices are required, but not yet installed [] CONTMUDEN CESTONE BULLIASS (c) No control devices are required to be installed [] 2 (a) What was the total quantity of perchloroethylene (perc) purchased in the conths? [(11) w/carbon adsorber							Ī		
(c) No control devices are required to be installed [] 2 (a) What was the total quantity of perchloroethylene (perc) purchased in the	(12) w/ no controls									
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	(Indicate with an "X".	Selec	t one classif	ication only))			3) of	Part II?	
Existing large area source [] New large area source []	Existing small ar	ea so	urce []	Ne	ew sn	tall area sour	ce L	J		,
	Existing large are	≛a soi	urce []	No	ew lai	rge area sour	ce [)		

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	Existing large area sour Carbon adsorber	<u>ce</u> .	Refrigerated con-	denser	[] .	
₹	New small area source Refrigerated condenser			٠		
	New large area source Refrigerated condenser	<u> </u>	Now	W	i, me s)
						•
	eam and hot water general					
boiler	- HP or less), and (2) are fi	red exclusively by	v natural gas except j	for period	ds of natura	
hoiler during All st	r HP or less), and (2) are fi g which propane or fuel oil eam and hot water generati	red exclusively by containing no m	v natural gas except j	for period	ds of natura	
hoiler during All st	r HP or less), and (2) are fi g which propane or fuel oil	red exclusively by containing no m	v natural gas except j	for period	ds of natura	
hoiler during All st	r HP or less), and (2) are fi g which propane or fuel oil eam and hot water generati	red exclusively by containing no m	v natural gas except j	for period	ds of natura	
hoiler during All st	r HP or less), and (2) are fi g which propane or fuel oil eam and hot water generati	red exclusively by containing no m	v natural gas except j	for period	ds of natura	
hoiler during All st	r HP or less), and (2) are fi g which propane or fuel oil eam and hot water generati uch units on-site	red exclusively by containing no m	v natural gas except j	for perion sulfur is	ds of natura fired.	
hoiler during All ste No su	r HP or less), and (2) are fi g which propane or fuel oil eam and hot water generati uch units on-site	red exclusively by containing no ming units exempt	ore than one percent	for perion sulfur is	ds of natura fired.	l gas curtailment
All ste No su	r HP or less), and (2) are fi g which propane or fuel oil eam and hot water generati ich units on-site Equip	red exclusively by containing no ming units exempt ment Monitorin d to be kept on-si	ore than one percent	for perion sulfur is	ds of natura fired.	l gas curtailment
Check (a) Pu	FHP or less), and (2) are fig which propane or fuel oil earn and hot water generation units on-site Equip k all logs which are require	red exclusively by containing no ming units exempt ment Monitorin d to be kept on-sit purchases	ore than one percent	for perion sulfur is	ds of natura fired.	l gas curtailment
Check (a) Pu	Equip k all logs which are require	red exclusively by containing no ming units exempt ment Monitorin d to be kept on-sit purchases d repair	y natural gas except) ore than one percent	for perion sulfur is	mation of X	l gas curtailment
Check (a) Pu (b) Le (c) Re (d) Ca	Equip k all logs which are require archase receipts and solvente eak detection inspection and efrigerated condenser temp arbon adsorber exhaust per	red exclusively by containing no ming units exempt ment Monitorin d to be kept on-sit purchases d repair	ore than one percent g and Recordkeepin ite in accordance with	for perion sulfur is	mation (X)	l gas curtailment
Check (a) Pu (b) Le (c) Re (d) Ca	Equipor less and solvented detection inspection and detection inspection and detection inspection and defrigerated condenser temp	red exclusively by containing no ming units exempt ment Monitorin d to be kept on-sit purchases d repair	ore than one percent g and Recordkeepin ite in accordance with	for perion sulfur is	mation of X	l gas curtailment

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

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Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
<u> </u>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the focility addressed in location. 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 with all terms and conditions of this general permit as set forth in Part II of this notification form
l will pro	emptly notify the Department of any changes to the information contained in this notification
	LV.



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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	<u> </u>
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	DAFFER DAN CLEINEN GORES Alla
2.	Site Name (For example, plant name or number):
	PAPER DAN CLESTES
3.	Hazardous Waste Generator Identification Number:
	FCD 982 127599
4.	Facility Location: 9600 ALTERNATE AIA Street Address: City: Polon Breach Graners County: Polon Beach Zip Code: 33710
	City: PACM BUNCH GARDENS County: PALM BEACH Zip Code: 33710
	Facility Identification Number (DEP Use):
	Responsible Official
6.	Name and Title of Responsible Official:
	DAVID KENNERY (SECTION)
7.	Responsible Official Mailing Address:
	Organization/Firm: SAMC M AIR WE Street Address:
	City: County: Zip Code:
8.	Responsible Official Telephone Number: Telephone: (61) 621 6006 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:
	Telephone: () / - / Fax: (/) - /

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Bureau of Air Monitoring & Mobile Sources

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.

1		Date	Date		Data	Date	T	ID-1-	TD-1-
MENZICCI	1	Machine	Control		Date Machine	Control		Date Machine	Date Control
MENZICCI Manuel 440 Type of Machine		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Type of Machine	1 10	I drenased	mstaried	_ 10	T drenased	mstaned	טון	rurchased	mstaned
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR
		05 001 75	12 1.07 15	2	00 220 71		5	02-111111-72	02-747110
Dry-to-Dry Unit	γ	Ding 7.	Bu						
(1) w/ ref. condenser	1/1	1987	1987	T		1			
(2) w/ carbon adsorber	 	////		+ -		_	· .		
(3) w/ no controls	 		<u> </u>	 		<u> </u>			
Washer Unit	 		L	1	l	<u> </u>		·	
(4) w/ ref. condenser		<u>'</u>		Ī					
(5) w/ carbon adsorber				 					
(6) w/ no controls				 					
Dryer Unit								<u> </u>	
(7) w/ ref. condenser				T		1			
(8) w/ carbon adsorber				1	<u> </u>				
(9) w/ no controls									
Reclaimer Unit				I	<u> </u>	J			
(10) w/ ref. condenser							_		
(11) w/carbon adsorber	,	*							
(12) w/ no controls				l					
(b) Control devices are(c) No control devices a	-		_		1				
2.(a) What was the total q	uanti	ty of perchlo			purchased in	the latest 12	mon	ths?	
(b) If less than 12 month Check why it is less] New store:	: [] Did ı	not ke	eep records:]
3. What is the facility's sou (Indicate with an "X".					nitions found	l in section (3) of I	Part II?	
Existing small are	ea sou	irce 🔀	Ne	w sm	all area sour	ce []			
Existing large are	a sou	rce []	Ne	ew lar	ge area sour	ce []	l		

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(Indicate with an "X".)	ired on machines	pursuant to section (5) of I	art 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-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and	nits shall not be eligible to hot water generating units	use the general permit pursuant on-site meet the following
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	exclusively by na	tural gas except for period	ls of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		.•
Fauinma	nt Monitoring on	d Passadhaaning Informati	ation
Check all logs which are required to		d Recordkeeping Inform	
	•	•	rements of this general permit.
(a) Purchase receipts and solvent pu			<u>√</u> .
(b) Leak detection inspection and re			
(c) Refrigerated condenser temperat	ure monitoring		
(d) Carbon adsorber exhaust perc co	ncentration monit	oring	
(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)					
\preceq	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will prom	apply notify the Department of any changes to the information contained in this notification. Date					

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

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	c 1: (1)	mpany Name (Name of corporati	ion sechely of male	idu ii owner).	
	Facility Owner/Co					
	Site Name (For ex	ER DA	N CLEA	DNER!	ORP	
				,		
.	Hazardous Waste	Prin D Generator Identi	ON J		-	
			•		• .	
. —	Facility Location	9850	ALT AIA	SVITE	501	
	Street Address	Parm Bus	CARPOUNTY	PAIN BOH		33410
	Facility Identificat	non Number (I)	EP Use):			*
_	· ·		Control of the Contro			
			Responsib	le Official		r en en en en en en en en en en en en en
• ~	Name and Title of	T	7			
		•				
).	DAV	o ke	NNEOS		nganagan (menus aa garat nu . secala del ligrary	
	Responsible Office Organization Firm	O KE ual Mailing Add DAPIS	NNIE 09 Less DAN CEIRA	nê ja		
	DAV	O KE ual Mailing Add DAPIS	NNIE 09 Less DAN CEIRA	nen 501 PB	Zip	Code > 1410
	Responsible Office Organization. Firm Street Address: City 1.6.6.	O KE Ial Mailing Add O APPER GEST ALT Tal Telephone N	NNI205 tress PAN CEISMA 914 EL County	PB		Code > 3 4 10
	Responsible Office Organization. Firm Street Address: City 1.6.6.	O KE Ial Mailing Add OAPPER 9850 Air	NNI205 tress PAN CEISMA 914 EL County	PB	Z.ip (Code > 3 4 10
	Responsible Office Organization. Firm Street Address: City 1.6.6.	al Mailing Add DAPPS R 9850 Air	NNIE 05 THE COUNTY Tumber LOOC	PB)	Code > 3 4 10
	Responsible Office Organization. Firm Street Address: City 1.6.6.	al Mailing Add DAPPS R 9850 Air	NNIE 05 THE COUNTY Tumber LOOC	Fax. ()	Code > 3 4 10
	Responsible Office Organization. Firm Street Address: City 1.6.6.	al Mailing Add DAPPS R 9850 Air	NNI205 THESS PAN CEISMA 914 EL County Tumber LOOC ntact (If differen	Fax. ()	Code > 3 4 10
	Responsible Office Organization. Firm Street Address: City 1.6.6.	al Mailing Add DAPPS R 9850 Air	NNI205 THESS PAN CEISMA 914 EL County Tumber LOOC ntact (If differen	Fax. ()	Code > } \ 10
	Responsible Office Organization. Firm Street Address: City 1.6.6.	al Mailing Add DAPPS R 9850 Air	NNI205 THESS PAN CEISMA 914 EL County Tumber LOOC ntact (If differen	Fax. ()	Code >>410
	Responsible Office Organization, Firm Street Address: City 1.8.4. Responsible Office Telephone	al Mailing Add DAPPS R 9850 Air	NNI205 THESS PAN CEISMA 914 EL County Tumber LOOC ntact (If differen	Fax. (Official)	Code > 3 4 1 0

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Bureau of Air Monitoring

PAGE

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Facility Information

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

		Dasc	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Connor
		Initially	Device	1	iniually	Device	1	initially	Device
pe of Machine	Ю	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	installed .
ample	*!	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
y-to-Dry Unit					· ·	1			
(1) w/ ref. condenser		24-02-85							
(2) w/ carbon adsorber									
(3) w/ no controls									
asher Unit		•							
(4) w/ ref. condenser	-								
(5) w/ carbon adsorber				L		-			
(6) w/ no controls			<u></u>						
ryer Unit				·	·	-		·	
(7) w/ ref condenser		-		ļ			-		
(8) w/ carbon adsorber				ļ			-		
(9) w/ no controls		1	I	<u> </u>	1				
claimer Unit				,	T	·		T	
(11) w/carbon adsorber							-		
(12) w/ no controls		-		-			-		
(12) W no controls		1		L	<u></u>	<u> </u>		1	<u> </u>
(b) Control devices are (c) No control devices (a) What was the total of	are r	equired to be any of perchl	installed (_		J				
(b) If less than 12 mont	hs.	ons on many" [months						
(b) If less than 12 moning the there was a less what is the facility's so (but ate with an "X".	bs. ther urce Selec	on many [] [] hours classification there classif	months New owner: a based on the ication only	e defi	New store	. [] Did	d not k	eep records	

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	control technology is requeste with an "X")	uired on machine	s pursuant to sect	ups (5) of P	art II of this	notification form?
	Production Andrews	Sept.		· ·	•	
	Existing letter area source Carbon adsorber	*	Refrigerated c	endenser		
	New small area source Refrigerated condenser		à			
	New large ages source Refrigerated condenser		hout	, puly	Vine 9	
						A STATE OF THE STATE OF
to Rule	citity which contains non- 62-213.300, F.A.C. Veril on criteria or that no such	fy that all steam a	nd hot water gen			
boiler h	m and hot water generativ IP or less), and (2) are fir which propane or fuel oil	ed exclusively by	natural gas excep	ot for period	ls of naturál	
	m and hot water generation units on-site	ig units exempt	出			
						÷
	Equip	ment Monitoring	and Recordkee	ping Inform	aation	
Check a	ill logs which are required	I to be kept on-site	e in accordance w	rith the requ	A sel	his general wermit
(a) Purc	hase receipts and solvent			****	3	
(b) Leak	c detection in spec tion and	repair			区	
est Bett	igerated condenses semps	atter monitoring	· ·		(文) (文)	
ed Carb	oon adsorber exhaust perc	concentration mo	onitoring	•		
(e) Instr	ument calibration					
(f) Stari	Fup, shutdown, malfile (m plan			山上	

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407 850-9000 1 2---

Surrender of Existing Air Permit(s)

ease indican	mind with
<u>[1.</u>	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
7	Responsible Official Certification
	ersigned, am the responsible official, as defined in Para II of this form, of the jocility addressed in
this notifi statement maintain	
this notifi statement maintain	ersigned, am the responsible official, as defined in Para II of this form, of the facility addressed in cation. I hereby pretify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

14

TYPE OF INSPECTION: ANNUAL 🖊 COMPLAINT/DISCOVERY RE-INSPECTION 10:00 TIME OUT: TIME IN: TYPE OF FACILITY: Existing Small Area Dan euners FACILITY LOCATION: PHONE NUMBER: RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) i ebler INSPECTION CONDUCTED BY: PHONE NUMBER: 56 | 355 30 70 INSPECTOR'S SIGNATURE:

Page___

of

Revised 10/96

ARMS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTIO	ON: ANNUAL RE-INSPECTION	T COMPLAINT/DISC	OVERY
		97 TIME IN: 10:00 TIM	
FACILITY NAME: _	Dapper	Day Cleaners Co	-ρ
FACILITY LOCATIO	N: 9850 a	Day Cleaners Co et AIA 1B G	ondaws .
	-		
PART I: NOTIFICAT	ION		
(check appropriate box)			
1. Existing facility notice	fied DARM by 9/1/96		۵
2. New facility notified	DARM 30 days prior to start	tup	
3. Facility failed to noti	fy DARM to use general per	mit (Completed on 2/24/97	1) RVCX
PART II: CLASSIFIC	ATION		
Facility indicated on n (check appropriate box)	otification form that it is:		
A. 1. Existing small and dry-to-dry only, x<10 transfer only, x<200 both types, x<140 ga (constructed before left)	40 gal/yr gal/yr l/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 on or after 12/9/91)	
3. Existing large and dry-to-dry only, 140-transfer only, 200-x both types, 140-x-1 (constructed before large)	<x<2, 100="" gal="" yr<br=""><1,800 gal/yr ,800 gal/yr</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,>	·
This is a correct facility	classification	až on	
If no, please check the	appropriate classification:		
		nit as numberabove not eligible for a general permit	
B. The total quantity of facility was 50		rchased within the preceding 12 month	s by this dry cleaning

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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DNA 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) OY ON I. Equipped all machines with the appropriate vent controls? AVAD ND: YD 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 OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY 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? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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?	□Ү □и
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אם צם
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ONN/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ONN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
Has the responsible official:	MY ON
Has the responsible official: (check appropriate boxes)	MY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	MY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	NO YOU YOU YOU YOU YOU YOU YOU YOU YOU YO
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only)	OY ON OY ON ON/A OY ON W/A OY ON W/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	MY ON MY ON MY ON MY A MY ON MY ON MY ON MY ON MY ON MY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	OY ON OY ON ON/A OY ON W/A OY ON W/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	MY ON MY ON MY ON MY A MY ON MY ON MY ON MY ON MY ON MY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	MY ON MY ON MY ON M/A MO Y ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	MY ON MY ON MY ON M/A MO Y ON

2. Which method of detection is used by	the respo	nsible officia	11?	/	,
Visual examination (condensed s	solvent o	n exterior su	rfaces)	ø /	
Physical detection (airflow felt th	rough g	askets)			
Odor (noticeable perc odor)				Ø	
Use of direct-reading instrument	ation (FI	D/PID/calori	imetric tubes)		<u>_N/A</u>
If using direct-reading instrum	entation	ı, is the equi	pment:		
a. Capable of detecting	perc vap	or concentra	tions in a range of 0-500 ppm?	ΠY	ON_N/A
b. Calibrated against a (PID/FID only)?	b. Calibrated against a standard gas prior to and after each use				□N_N/A
.c. Inspected for leaks a	nd obvio	us signs of w	ear on a weekly basis?	ΠY	□N_N/A
d. Kept in a clean and	secure ar	ea when not	in use?	ΠY	□N_N/A
e. Verified for accuracy	y by use o	of duplicate s	amples (calorimetric only)?	ΠY	ON N/A
3. Has the facility maintained a leak log?	?			ØY	ON N/A
4. Does the responsible official check the	following	ng areas for l	eaks?		
Hose connections, fittings,					
couplings, and valves	ZY	ПN	Muck cookers	. QY	□N N
Door gaskets and seating	T Y	ПN	Stills	ZÝ	_NN
Filter gaskets and seating	ΔY	□N	Exhaust dampers	ΠY	_NN
Pumps	ØΥ	ПN	Diverter valves	ØY	_NN
Solvent tanks and containers	ΔY	□N	Cartridge filter housings	Q.Y	_ии
Water separators	CYY	□N			
Name of Responsible Office M. S. Liever Inspector's Name (Please Pr. S. Leber Inspector's Signature	(2/26/67 Date of Inspect	Ì	inspection
Sec. cont	la	plece			

1 and

ANNUAL COMPLIANCE CERTIFICATION FORM
AIRS ID 0990418 DAPPER DAN CLEANERS INC DAVID KENNEDY 9850 ALTERNATE A1A PALM BEACH GARDENS FL 33410 AIRS ID 0990418 DO AIR OF Air OF AIR O
Do <u>NOT</u> Remove Label
Annual Reporting Period: 3-1 1997 TO 2-28 1998
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:45 TIME OUT: 10:	40 AIRS ID#: 0990418
TYPE OF FACILITY: Doy Cleaning	
FACILITY NAME: DAPPER DAN	CLEANERS DATE: 6-30-94
FACILITY LOCATION: 9850 ALT	A1A
Palm Beach Ga	rdens, FL 33410
RESPONSIBLE OFFICIAL: D. Kennedy	PHONE NUMBER: 625 - 6006
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· .	·
•	
•	Dres
·	KECEIVED.
	HH 4 E 1000
COMMENTS:	JUL 1 5 1998
	Bureau of Air Monitoring & Mobile Sources
	Sources
The Annual Compliance Certification form has been properly cert	
DATE OF NEXT INSPECTION: June	2 /999
INSPECTION CONDUCTED BY: K.V. Cho	pproximate) KShi
INSPECTOR'S SIGNATURE Q.V. Choksh	Please Print) PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

A	Rr	<u>ا</u> ۔۔

TYPE OF INSPECTION:

ANNUAL

X

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0990418 DATE: 6-30-	98 TIME IN: 9:45 TIME OUT: 10:40
	DAN CLEANERS
FACILITY LOCATION: 9850	ALT AIA
Yelm Bea	ich Gardens FL 33410
RESPONSIBLE OFFICIAL: D. Ke	nnedy PHONE: 625-6006
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup 🗆
2. Facility failed to notify DARM to use general pe	· ,
PART II: CLASSIFICATION	
# Racility indicated on notification form that it is:	□ No notification form
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of business/petroleum 2. New small area source ☐ dry-to-dry only, x < 140 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 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
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of business/petroleum 2. New small area source ☐ dry-to-dry only, x < 140 gal/yr
(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)	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)
(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	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 ≤ x ≤ 2,100 gal/yr
(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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
(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	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 ≤ x ≤ 2,100 gal/yr
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PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/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) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם עם
	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY 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 ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON 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?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y ÛN □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	אס אס
2. Maintained rolling monthly averages 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; 	A/NO NO PEQ
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אום מם צבים,
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ØN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	מאואם אם אם
6. Maintained startup/shutdown/inalfunction plan?	,שלע טא
7. Maintained deviation reports?	אואם אם אַעקי
Problem corrected?	DY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON ØN/A

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ПN inspection? ПΝ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, אומם מם צוב DY DN ØN/A Muck cookers couplings, and valves AND NO YD ON ON/A Stills Door gaskets and seating MY ON ON/A Exhaust dampers A/NÀ NO YO Filter gaskets and seating MY ON ON/A Diverter valves ÁY ON ON/A Pumps DY ON ON/A ØY ON ON/A Cartridge filter housings Solvent tanks and containers DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)?

Responsible Official's Name (Please Print)	Responsible Official
R.V. Chokshi	6-35-98
Inspector's Name (Please Print)	Date of Inspecti
Q.V. Chokst	June 199
Inspector's Signature	Approximate Date of Next

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

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

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

Signature

Inspection

DY DN

DY DN

DY DN

ADDITIONAL SITE INFORMATION:

1. Secondary Containment for: Dry Cleaning Machine & Storage area Yes NO
Waste area [1 []
Spotting area Sealed [] []

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

Safétr Kleen pichs up the Waste once every two month

Asked to keep inside containment (Dryclean machine) clean and dry (little wet containment)

Gave FDEP Calender For Record Keepin









GENL PERMIT SECTION, DEPT ENVIROM BUREAU AIR MONITORIN MS 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FL 32399-2400

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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Fund: 20-2-035001 Obj.: 002273

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Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273

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PS Form 3811 , December 1994		Domestic Retu	ırn Receipt

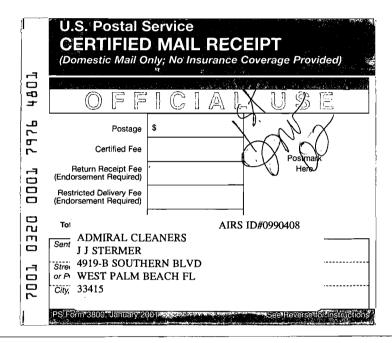
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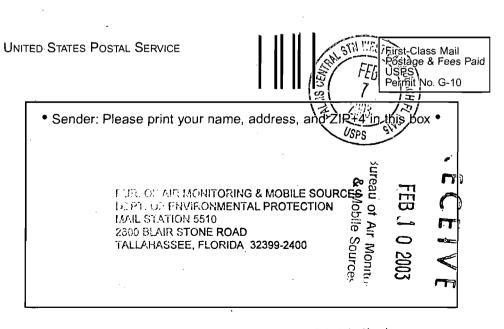
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BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: AIRS ID#0990408 ADMIRAL CLEANERS J J STERMER	If YES, enter delivery address below:
4919-B SOUTHERN BLVD WEST PALM BEACH FL 33415	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
·	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7001 032	0 0001 7976 4801
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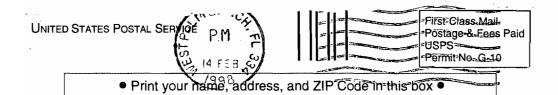
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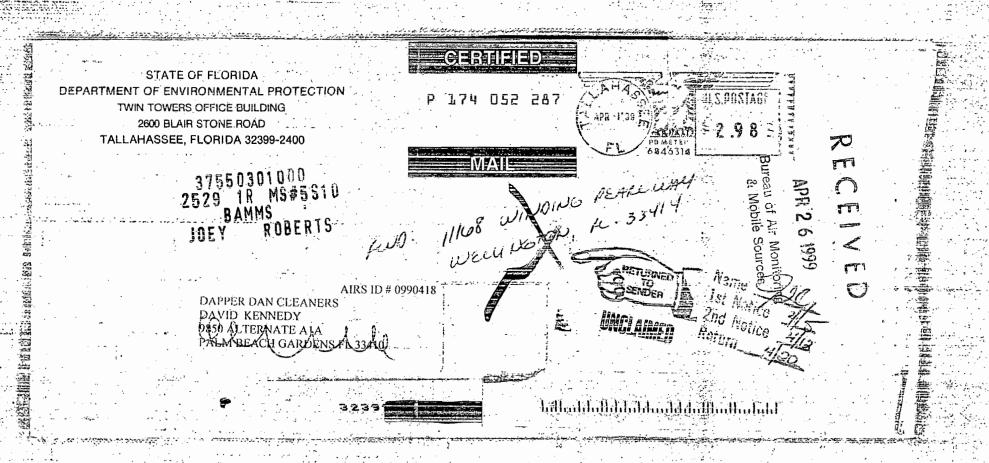
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