

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. Kaspan Anderes Polo Cleaners 5030 Champion Boulevard Unit F-5 Boca Raton, Florida 33496

Dear Mr. Anderes:

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"



Department of Environmental Protection

Lawton Chiles Governor Twin Towers Office Building 2600 Blain, Scone Road Tallahassee, Florida 32399-2400

Virginia B. Wetherell Secretary

October 4, 1996 LA. Dry Cleaner 5 Inc.

Pelican French Cleaners

Mr. Kaspan Anderes / Telephone Cleaners
5030 Champion Boulevard
Unit F-5
Boca Raton, Florida 33496

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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"

Printed on recycled paper.

A CHART

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): L. A. DAYCLEANEM TAC 2. Site Name (For example, plant name or number): PECICAN FARMAN CLEANEM 3. Hazardous Waste Generator Identification Number: FUD 984 262469 4. Facility Location: Sireet Address: City: Born Nation County: Para Bench Zip Code: 33496 5. Facility identification Number (DEP-Use): Responsible Official Mailing Address: County: Para Bench Zip Code: 33496 7. Responsible Official Mailing Address: Pala Cleanem Organization/Firm: Street Address: City: Born Mailing Address: Pala Cleanem County: Para Bench Zip Code: 33496 8. Responsible Official Telephone Number: Telephone: (521) 241-2454 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Telephone: () Facility Contact Telephone Number:		<u> </u>
2. Site Name (For example, plant name or number): PECICN FRENCH CLENERY 3. Hazardous Waste Generator Identification Number: FUD 984 26 2469 4. Facility Location: Street Address: City: B. SA MINN County: Man Beach Zip Code: 33496 5. Facility Identification Number (DEP, Use): Responsible Official 6. Name and Title of Responsible Official: KASPAN ANDLIES (VICE PROSIDERY) 7. Responsible Official Mailing Address: Polo ENERGY Organization/Firm: Street Address: City: B. SANTON County: Palm Beach Zip Code: 33496 8. Responsible Official Telephone Number: Telephone: (561) 241-2650 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: City: County: Zip Code: 2 Zip Code: 2 Zip Code: 2 Zip Code: 11. Facility Contact Telephone Number:	1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
PRELICAN FRANCH CLEANEN 3. Hazardous Waste Generator Identification Number: #UD 984 26 2469 4. Facility Location: 2901 Clust Muche Long Street Address: City: Boar Maton County: Phen Beach Zip Code: 33496 5. Facility Identification Number (DEP Use): ### Responsible Official 6. Name and Title of Responsible Official: #### ### ### ### ###################		L.A. DAYCLEANERS INC
3. Hazardous Waste Generator Identification Number: #UD 984 26 2469 4. Facility Location: 2901 CLINT MORE NONE Street Address: City: Born Nation County: Man Bench Zip Code: 33496 5. Facility Identification Number (DEP.Use): Responsible Official 6. Name and Title of Responsible Official: **KAPPA ANGLES** (VICE PRESIDENT)* 7. Responsible Official Mailing Address: Polo enemal Polo en	2.	Site Name (For example, plant name or number):
4. Facility Location: 2901 Clint Mone Rond Street Address: City: Boan Note County: Man Bench Zip Code: 33496 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: KASPAN ANDERES (VICE PRESIDENT) 7. Responsible Official Mailing Address: Polo enterned Organization/Firm: Street Address: City: Boan Money County: Palm Bench Zip Code: 33496 8. Responsible Official Telephone Number: Telephone: (521) 241-245 Fax: () - Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: City: County: Zip Code: 11. Facility Contact Telephone Number:		PECICIN FRENCH CLEANERS
4. Facility Location: 2901 Clint Monk None Street Address: City: Boch Naton County: Man Bench Zip Code: 33496 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: KASPAN ANDENES (VICE Messivers) 7. Responsible Official Mailing Address: Polo Oleaner Organization/Firm: Street Address: City: Boch Man County: Policy Bench Zip Code: 33496 8. Responsible Official Telephone Number: Telephone: (521) 241-2454 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: City: County: Zip Code: 11. Facility Contact Telephone Number:	3.	Hazardous Waste Generator Identification Number:
City: Boan Maton County: Man Black Zip Code: 33494 5. Facility Identification Number (DEP. Use): Responsible Official 6. Name and Title of Responsible Official: **MASPAR ANDERS (VIEE Messour)** 7. Responsible Official Mailing Address: Polo Element Organization/Firm: Street Address: City: Boan Maton County: Polo Black Zip Code: 33496 8. Responsible Official Telephone Number: Telephone: (521) 241-2650 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:		
Responsible Official 6. Name and Title of Responsible Official: **CASPAN ANDERS** (VIEE PRESIDENT)* 7. Responsible Official Mailing Address: Polo Engraced Organization/Firm: Street Address: City: Boan Man. County: Pach Berry Zip Code: 33486 8. Responsible Official Telephone Number: Telephone: (FEI) 241-2652 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:	4.	
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Responsible Official 6. Name and Title of Responsible Official: KASPAN ANDERS (VICE PRESIDENT) 7. Responsible Official Mailing Address: Polo Energy Organization/Firm: Street Address: City: Boan MT. N County: Palm Berry Telephone: (521) 211-2657 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:	5.	
Responsible Official 6. Name and Title of Responsible Official: **CASPAR ANDERS** (VICE PRESIDENT)* 7. Responsible Official Mailing Address: **Organization/Firm: Street Address: **City: Boan MT.N County: Pacm Bessey **Elephone: (5E1) 241-2650 **Facility Contact (If different from Responsible Official)* 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:		0990422
6. Name and Title of Responsible Official: KASPAN ANDERES (VICE PRESIDENT) 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Boch MT.N (County: Phen Besty) 8. Responsible Official Telephone Number: Telephone: (561) 241-2657 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:		
7. Responsible Official Mailing Address: Polo Olenard Organization/Firm: Street Address: To30 CHAMPION BLUD UNMENT City: Bolamin County: Palm Berry 8. Responsible Official Telephone Number: Telephone: (561) 241-2652 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:		Responsible Official
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Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:	9.	Name and Title of Facility Contact (For example, plant manager):
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City: County: Zip Code: 11. Facility Contact Telephone Number:	10.	Facility Contact Address:
City: County: Zip Code: 11. Facility Contact Telephone Number:		Street Address:
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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

#0990422

P.14
1. (c) Should not be marked
P.15
4. new large r. C.
Should be marked
(f) Should be marked

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.

ARNZACUL ANTO TECH		Machine Initially	Control Device		Machine Initially	Control Device		Date Machine Initially	Date Control Device
Type of Machine Example	ID #1	Purchased 03-OCT-93	Installed 12-NOV-93		Purchased 08-DEC-91	Installed	1D #3	Purchased 02-MAR-92	Installed 02-MAR-9
Dry-to-Dry Unit		ay 7. D	w	14.	DA	y TON	ت ت		ata de la
(1) w/ ref. condenser	(/)	AUR 1994	Avc 1994	V2 1	MAR 1556	MAR 1896			T
(2) w/ carbon adsorber	 (- 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,702 177			
(3) w/ no controls									
Washer Unit							-:	1	1.34.
(4) w/ ref. condenser	<u> </u>	1	1	T -	T				
(5) w/ carbon adsorber	\vdash							1	
(6) w/ no controls									
Dryer Unit	**************************************			1 12%		G. A. S.		engling of the property	
(7) w/ ref. condenser		T	1	T				T	T
(8) w/ carbon adsorber	\vdash								
(9) w/ no controls	\vdash								
Reclaimer Unit			Land of the		i Salah Maranga				- A#9-1
(10) w/ ref. condenser		i i			T				<u> </u>
(11) w/carbon adsorber	 			 					
(12) w/ no controls	\vdash								
(b) Control devices are(c) No control devices	-	•	-						
2.(a) What was the total of [280] (b) If less than 12 month Check why it is less	gallo	ons ow many? [_] months	6					
3. What is the facility's so (Indicate with an "X". Existing small an	Selec	t one classifi	cation only.))	nitions found	ce []]	Part II?	
Existing large ar	ea soi	arce []	No	ew lar	ge area sour	ce [X]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring
(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) Page 15 of 16

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:								
	[I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
K	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notific statements maintain t	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will promptly notify the Department of any changes to the information contained in this notification.								
	127/96							
Signature	KASPAN ANDENES Date							

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

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

MAY 1 2 1997 Bureau of Air Me

TYPE OF INSPECTION:	ANNUAL X	CON	1PLAINT/D	SCOVERY _	8.Emil	ASPESTICATION TO THE
TIME IN: 10	TIME OUT:	1:	SD	. AIRS ID#:	09900	122
TYPE OF FACILITY:	DRY : CLEA	+NEL				
FACILITY NAME:	ELICAN	FLZW	LH C	Lann Enj	DATE:	4/28/92
	2901 CL	INT M	SORE	RD., Bo	CA RATO	, لم
FL 334						· _
RESPONSIBLE OFFICIAL:	KASPAR	AND	ERES	_PHONE NUMB	ER: (561)	1241-265:
Based on the results of compliance with DEP I	the compliance require Rule 62-213.300, Florid	ments evalua la Administra	ated during t	this inspection, the	facility is found	l to be in
Based on the results of discrepancies were note	the compliance required	ments evalua	sted during t	his inspection, the	following comp	bliance
COMPLIANCE REQ	UIREMENT/PRO	BLEM	FO	LLOW-UP AC	CTION REQ	UIRED
		:				
	+			·		
		-	-			
		·				
						
;						
COMMENTS:	• ••					
*****	. •					
45	:					
The Annual Compliance Certification	i (perly certifie	d and submi	itted to the inspect	or. YES] ио Х
DATE OF NEXT INSPECTION	N:	1,5810	18			
INSPECTION CONDUCTED I	BY: Don	JACO	roximate)	SIKARO	JE.	
INSPECTOR'S SIGNATURE:	DOWNER	Sikan	se Print) ゴモーP	HONE NUMBE	R: (561) 35	3-4537

ARMS



PERCHLOROETHYLENE DRY CLEANERS

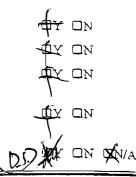
TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY	
FACILITY NAME: PELICAN FACILITY LOCATION: 2901 BOCA RATION	FRENCH CLEANERS CLINT MOORE RD.,	:50
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		X
2. New facility notified DARM 30 days prior to sta	rtup	
3. Facility failed to notify DARM to use general pe	rmit	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)	·	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	·
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>·</td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>·</td></x<2,>	·
This is a correct facility classification.	Дх ои	
If no, please check the appropriate classification:		
facility qualified for a general per facility exceeds above limits and i		
B. The total quantity of perchloroethylene (perc) profacility was 250 gallons.	urchased within the preceding 12 months 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 beds according to the manufacturer's specifications?



PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

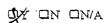
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

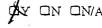
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

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













MD IN

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 on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	\	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		ПΝ	
	Is the temperature differential equal to or greater than 20° F?	XX	ПΝ	
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?	M(20)	′□и ф	k J/A
	Is the perc concentration equal to or less than 100 ppm?	(DS)	□иХ	N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction or expansion; is at least 2 duct diameters upstream from any bend, contraction,	n,		
	or expansion; and downstream from no other inlet?	(DS)	_N_ X	(N/A
ĵ.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DS WE (DS)	מ אם	X/A·
6.	Routed airflow to the carbon adsorber (if used) at all times?	(DS) MAKE	□N \$	(V/A
P	ART V: RECORDKEEPING REQUIREMENTS			

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) \square N. 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? \square N 7. Maintained deviation reports? ON Problem corrected? CY CN4CHVA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	AY ON	

2 Which me	ethod of detection is used	hy the respon	sible officia	212							
li e	al examination (conden				>						
1	-			rtaces)	\$						
	sical detection (airflow f	eit through gas	skets)		\$\frac{\frac}{\frac{\fir}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\fra						
	r (noticeable perc odor)				*						
	of direct-reading instru	•		,	N/A						
If us	sing direct-reading inst		•	· .	3/						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? $\Box Y \Box N \nearrow A$										
	b. Calibrated again (PID/FID only)?		gas prior to	and after each use	OY ON XN/A						
	c. Inspected for lea	ıks and obviou	s signs of w	vear on a weekly basis?	OY ON XN/A						
	d. Kept in a clean	and secure are	a when not	in use?	A/N_ND YE						
	e. Verified for acco	iracy by use of	duplicate s	samples (calorimetric only)?	AVA ON XVIA						
3. Has the fa	acility maintained a leak	log?			an on						
4. Does the	responsible official chec	k the following	g areas for l	leaks?							
ll l	e connections, fittings, uplings, and valves	- DE	ИD	Muck cookers	OY ON						
Doc	or gaskets and seating	GX.	ПD	Stills	DA ON N						
Filt	er gaskets and seating	ACT	ПN	Exhaust dampers	DX ON N						
Pun	nps	TAK	ND	Diverter valves	DN N						
Sol	vent tanks and container	s DX	ND	Cartridge filter housing	s DY ON N						
Wa	ter separators	dx	ПD								
Aron !	lian			HADA RIVERO	561-241-26 Hore Kespan						
D	Name of Responsible	Difficial (Signal)		Name of Responsible Offici	al (Print) & Phone						
A	Inspector's Name (Pleas	Se Print)	~~~	Date of Ins	paction 98						
	Inspector's Signatu			Approximate Date of	of Next Inspection						
logondara- Car					,Yes No						
econdary Cor	ntainment for: D				AT []						
	IN Aboc	ess of	INSTAU	ાંડ્ર Waste area	[] 1/1						
				Spotting area Seal	ed [\][]						
Disposal of	Water from Water	Separator	using a	pproved evaporator	. [] []						
	ŧ	or Waste H	Handlex	Picksup Water	∨ 1 [1						
HAS ma	ORDENZO CH. JE	A ZER	O WA	STE	, > - ()						

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0990422 L.A. DRYCLEANERS INC KASPAR ANDERES 5030 CHAMPION BLVD UNIT F-5 BOCA RATON FL 33496

JAN 2 9 1998

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

Annual Reporting Period:	1/1/97	19	то		2/31	19 <i>_97</i> _
Based on each term or condition of the Titl	_				ith DEP Rule	·
62-213.300, Florida Administrative Code (F.A.C.), during the	e period covere	d by this statem	ent. YES	ΠN	0
If NO, complete the following:						
#1. Term or condition of the general perm	it that has not been	in continuous	compliance dur	ring the reporting	g period state	d above:
					· <u> </u>	<u> </u>
Exact period of non-compliance: from			to		Z É	= C - <u>m</u>
Action(s) taken to achieve compliance:		•			7 98	<u> </u>
Method used to demonstrate compliance:				<u>. </u>	···· .	·
#2. Term or condition of the general permi	it that has not been	in continuous	compliance dur	ing the reporting	period state	d above:
Exact period of non-compliance: from			to			
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:	·			,		
As the responsible official, I hereby certify, ba notification are true, accurate and complete. does not exceed 2,100 gallons per year for dry-	Further, my annual to dry facilities or 1 ISIAL FAND	consumption oj 1,800 gallons pe	perchloroethyle	ne solvent, based i	upon purchase	
Na	me (Please Print)		Sigi	nature	D	áte

^{*}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: 10:30 TIME OUT: 1/3/	0 AIRS ID#: 0990422							
TYPE OF FACILITY: Dox Cleaning	n							
FACILITY NAME: Polican Fre	nch Cleaness DATE: 8-18-98							
FACILITY LOCATION: 290/ Clint	MOORE Rd							
Bola Raton, FL 33496								
RESPONSIBLE OFFICIAL: HADA RIVEYA	PHONE NUMBER: 241-2652							
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 evaluated discrepancies were noted:								
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP A CTEON KED UPRED							
	SEP 1 7 1998							
·	Bureau of Air Monitoring							
	& Mobile Sources							
•	Tr.							
COMMENTS:	•							
•								
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NO							
DATE OF NEXT INSPECTION:	pproximate) /							
INSPECTION CONDUCTED BY: (2.V. Chokshi								
INSPECTOR'S SIGNATURE: 2 V. Chotish	PHONE NUMBER: 355-3070							

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPECTION
	$\mathcal{O}_{\mathbf{I}}$	Indi ECTION

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION					
AIRS ID#: 0990422 DATE: 8-18-98 TIME IN: 10:30 TIME OUT: 11:10					
FACILITY NAME: PeliCan French Cleaners					
FACILITY LOCATION: 2901 Clint MOOVE Rd					
Boca Raton, FL 33496.					
RESPONSIBLE OFFICIAL A HADA RIVEYO PHONE: 241-2652					
CONTACT NAME: TASPAL AND ERES PHONE:					
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days prior to startup					
2. Facility failed to notify DARM to use general permit					
PART II: CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box) No notification form Drop store/out of business/petroleum					
1. Existing small area source 2. New small area source					
dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr					
both types, x < 140 gal/yr both types, x < 140 gal/yr					
(constructed before 12/9/91) (constructed on or after 12/9/91)					
3. Existing large area source 4. New large area source					
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$					
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 both types, $140 \le x \le 1,800$ gal/yr					
(constructed before 12/9/91) (constructed on or after 12/9/91)					
5. This is a correct facility classification					
If no, please check the appropriate classification:					
facility qualified for a general permit as number above					
facility exceeds above limits and is not eligible for a general permit					
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 617 gallons.					

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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 condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ZY ON ON/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?

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

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: 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 ZY ON ON/A and parts installed w/in 5 days of receipt? DY ON ZN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN PANA 5. Maintained exhaust duct monitoring data on perc concentrations? MY ON 6. Maintained startup/shutdown/malfunction plan? ZY ON ON/A 7. Maintained deviation reports? MY ON ON/A Problem corrected? DY DN MNA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			NO YE	
2. Has the facility maintained a leak log	g?		ZY ON	
3. Does the responsible official check to	he following areas for leaks?	1		
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON DWA	
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON MIN/A	
Pumps	DY ON ON/A	Diverter valves	QY ON ON/A	
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A	
Water separators	DY ON ON/A			
4. Which method of detection is used by the responsible official?				
Visual examination (condense				
Physical detection (airflow felt	9			
Odor (noticeable perc odor)				
Use of direct-reading instrume	ntation (FID/PID/calorimetri	ic tubes)	DIDA	
Halogen leak detector			AYB	
If using direct-reading in	strumentation, is the equip	ment:	-DIN/A	
a. Capable of detecti	ng perc vapor concentrations	in a range of 0-500 ppm?	OY ON	
b. Calibrated against (PID/FID only)?	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			
c. Inspected for leak	s and obvious signs of wear o	on a weekly basis?	OY ON	
d. Kept in a clean an	d secure area when not in use	: ?	אם צם	
e. Verified for accur-	acy by use of duplicate sampl	les (calorimetric only)?	OY ON	

Responsible Official's Name
(Please Print)

Inspector's Signature

Responsible Official's Signature

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 [] []
Owner (HADA) Manuser Says it is Sealed
2. Disposal of Water from Water Separator using approved evaporator [] [] or contracted Wastewater service
Sæfety Kleen Picks up
Le waste # Grave FDEP Calender for Record
* Asked to keep perchase receipt
on site

EEST AVAILABLE COPY

TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

YPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME OUT: 12: 18	0 AIRS 10#: 0990422
TPE OF FACILITY: DEY CLOANING	
ACILITY NAME: Pelical French Clannes	DATE: 1/11/00
ACILITY LOCATION: 2901 Clint mores Ro	and
BOCA EATON, FI	
RESPONSIBLE OFFICIAL: Hada Livera	PHONE NUMBER: 741 - 2652
Based on the results of the compliance requirements excompliance with DEP Rule 62-213.300, Florida Admin	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements ex discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	-
	\mathcal{R}
	FEB RODI
	YEL Wonitoring Sources
-	d2
COMMENTS:	•
The Annual Compliance Carification form has been properly co	ertified and submitted to the inspector. YES NOX
DATE OF NEXT INSPECTION:	AN 7001
	(Approximate) Frey Dizek (Please Print)
INSPECTOR'S SIGNATURE: Que Diret	PHONE NUMBER: 355 - 3070 YT 1139

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY
AIRS ID#: 0990422 DATE: 1/11	00 TIME IN: //: 25 TIME OUT: /2: /0
FACILITY NAME: Pelican TRENCH	Cleanees
FACILITY LOCATION: 2901 Clint	Modele Road
Boia Rat	bJ F1 33496
RESPONSIBLE OFFICIAL: Hada E.	21 - 2652.
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup
2. Facility failed to notify DARM to use general pe	ermit \square
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source 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 (constructed before $12/9/91$)	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 (constructed on or after $12/9/91$)
5. This is a correct facility classification	¥Y □N □Can not determine
If no, please check the appropriate classific	eation:

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

facility was 540 gallons. fol 1999

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

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	AND NO YE
2. Examining the containers for leakage?	ANO NO YX
3. Closing and securing machine doors except during loading/unloading?	∑ Y □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	באול אם צם
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 refu (complete A below).	rigerated 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 sources (check appropriate boxes)	s:
1. Equipped all machines with the appropriate vent controls?	ŻCY □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	A/NO NO YZZ
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	7 3 3 3 3 3 3 3 3 3 3
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	D YY ON
6. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	∀ Y □N □N/A
. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ja ry □n

				
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?	⋈	. DV	1
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY.		□N/A
	Is the temperature differential equal to or greater than 20° F?	Y	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	N	A\N \X
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	⊠ N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ΠИ	A/N ⊠
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□Ν	⊠ N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ΠИ	X N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased? Not At Maility	Mr VX			
2. Maintained rolling monthly total of perc consumption?	X Y □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	ANA NO Y K			
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	אורם מם ע ובע			
4. Maintained calibration data? (for applicable direct reading instruments)	ANN X NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON X IN/A			
6. Maintained startup/shutdown/malfunction plan?	. И Р Ж			
7. Maintained deviation reports?	אוחם מם ציבל.			
Problem corrected?	AND NO YE			
8. Maintained compliance plan, if applicable?	DY DN XX			

			Yes	\mathcal{W}
1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	[X]	[]
		Waste area	$[\times]$	[]
		Spotting area Sealed	[X]	[]

- A HADA SAYS Spotting ARDA is scaled under 12'x 12" tiles:
- 2. Disposal of Water from Water Separator using approved evaporator [X] [] or contracted Wastewater service [X] []
 - A No Perc receipts at facility. Asked HADA to far to our office within 5 working days.
 - (B) Flammables are stored in backenin closet. There doesn't appear to be next lation into this com. Sussessed keeping room restricted.
 - (C) SARty Kleen Picks up the wask sludge.
 - D) my office received fax perc receipts of

1. Does the responsible official conduct			D Y DN
inspection?		•	
2. Has the facility maintained a leak log		0	Ø YY □N
 Does the responsible official check the Hose connections, fittings, 	e following areas for lear		
couplings, and valves	MY ON ON/A	Muck cookers	ANA X NO YO
Door gaskets and seating	XY ON ON/A	Stills	ANU UU YA
Filter gaskets and seating	A/NO NO YX	Exhaust dampers	AIN X NO YO
Pumps	XY ON ONA	Diverter valves	A/NO NO YX
Solvent tanks and containers	XIY ON ON/A	Cartridge filter housings	A/NO NO YX
Water separators	A/ND ND YK	•	
1. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfac	es) _~	**
Physical detection (airflow felt the	nrough gaskets)	•	×
Odor (noticeable perc odor)			àх
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			X √A
Halogen leak detector		•	⊠ va
If using direct-reading instr	umentation, is the equip	oment:	₽ N/A
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after each use	חס אם
•	nd obvious signs of wear	on a weekly basis?	DY DN
•	ecure area when not in us	•	DY DN
•	by use of duplicate samp		DY DN
•		,	
Hada Kivera		Stuß 1	ine
onsible Official's Nam (Please Print)	e .	Responsible Office	cial's Signa
Jeffrey Dizek		1/11/00	
Inspector's Name (Please Pri	nt)	Date of Inspection	
		No. of the second	·
α α α α		JAN 200	

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

30/015

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#0990422

L.A. DRYCLEANERS INC KASPAR ANDERES 5030 CHAMPION BLVD UNIT F-5 BOCA RATON FL 33496 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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0353846

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50,90

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AIRS ID # 0990422

PELICAN FRENCH CLEANERS KASPAR ANDERES 5030 CHAMPION BLVD UNIT F-5 BOCA RATON FL 33496 Bureau of DEC 1

FOR GOVERSMENT USE ONLY Ore 335010 1000 FOR 1500 FOR 1500

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 # 0990422

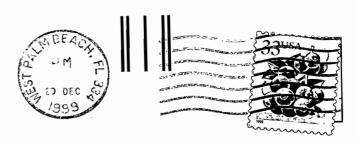
PELICAN FRENCH CLEANERS KASPAR ANDERES 5030 CHAMPION BLVD UNIT F-5 BOCA RATON FL 33496 RECEIVED MAIL ROOM NEC 22 99

FOR GOVERNMENT USE ONLY

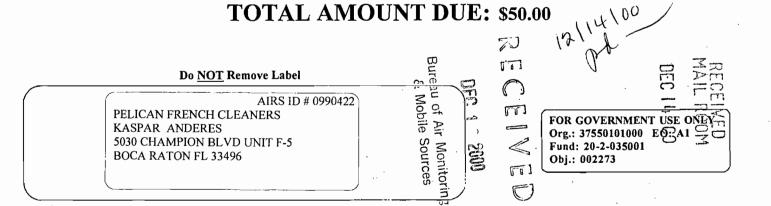
Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

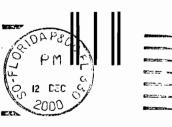
THE PELICAN
FRENCH CLEANER
2901 CLINT MOORE RD.
BOCA RATON, FL 33496
(407) 241-2652

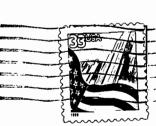


TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.



THE PELICAN
FRENCH CLEANER
2901 CLINT MOORE RD.
BOCA RATON, FL 33486
(407) 241-2652





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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261248

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 24 97

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AIRS ID#: 0990422 L.A. DRYCLEANERS INC KASPAR ANDERES 5030 CHAMPION BLVD UNIT F-5 BOCA RATON FL 33496 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

4 . , P 265 302 247 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID#: 0990422 L.A. DRYCLEANERS INC KASPAR ANDERES 5030 CHAMPION BLVD UNIT F-5 **BOCA RATON FL 33496** Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date 2/17/97

Is your RETURN ADDRESS completed on the reverse side?	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we card to you. ■ Attach this form to the front of the mailpiece, or on the back if space permit. ■ Write "Return Receipt Requested" on the mailpiece below the article. ■ The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
	3. Article Addressed to: AIRS ID#: 0990422 L.A. DRYCLEANERS INC KASPAR ANDERES 5030 CHAMPION BLVD UNIT F-5 BOCA RATON FL 33496 5. Received By. (Print Name) 8. Addressee and fee is		Type ed
	PS Form 3811 December 1994		Domestic Return Receipt

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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

Infligibilitation of the following of the first of the fi