

0990423



# 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. Angel Duva  
President  
Jack Sheehand Drive In Cleaners  
1510 Lake Avenue  
West Palm Beach, Florida 33401

Dear Mr. Duva:

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"*

# 0990423

P. 14

1. (c) should not be marked

P. 15

4. new large r. c. should  
be marked

(f) should be marked

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	CLM J S C C Z N C. 416 L LAKE SHEETANS DRIVE 2N
2. Site Name (For example, plant name or number):	JACK SHEETANS DRIVE 2N CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 032 845 307
4. Facility Location: Street Address:	1510 LAKE AVENUE
City:	WEST PALM BEACH
County:	PALM BEACH
Zip Code:	33401
5. Facility Identification Number (DEP Use):	0990423

## Responsible Official

6. Name and Title of Responsible Official:	ANGELO D'UVA (PRESIDENT)
7. Responsible Official Mailing Address: Organization/Firm:	SAME AS ABOVE
Street Address:	
City:	
County:	
Zip Code:	
8. Responsible Official Telephone Number: Telephone:	(561) 833-3333
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:	
County:	
Zip Code:	
11. Facility Contact Telephone Number: Telephone:	( ) -
Fax:	( ) -

RECEIVED  
AUG 30 1996

**Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>UNION</i> <i>M-45 MODEL</i>									
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit	<i>DRY TO DRY</i>								
(1) w/ ref. condenser		<i>23-AUG-96</i>	<i>23-AUG-96</i>						
(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

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  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

Existing large area source

New large area source

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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

**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) \_\_\_\_\_

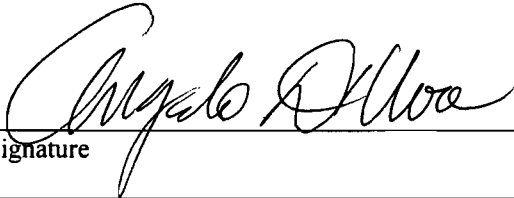
No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

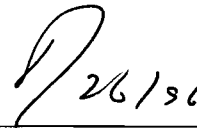
*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.*

Signature



Date



4

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1:00 TIME OUT: 2:20 AIRS ID#: 0990423  
 TYPE OF FACILITY: DRY CLEANER  
 FACILITY NAME: Jack Sheehans Drive IN Cleaner DATE: 3-24-97  
 FACILITY LOCATION: 1510 Lake Ave.  
W. Palm Beach, Fl. 33401  
 RESPONSIBLE OFFICIAL: Angelo D'ada PHONE NUMBER: 833-3333

- 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
<u>Open container of waste water observed. (Disposal by licensed transporter)</u>	

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 3-98  
(Approximate)

INSPECTION CONDUCTED BY: Robert G. Gallo  
(Please Print)

INSPECTOR'S SIGNATURE: Robert G. Gallo PHONE NUMBER: (561) 355-4535

ARMS

4

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990423 DATE: 3-24-97 TIME IN: 1:00 TIME OUT: 2:00  
FACILITY NAME: Jack Sheehans Drive In Cleaners  
FACILITY LOCATION: 1510 Lake Ave  
W. Palm Beach, Fl. 33401

PART I: NOTIFICATION

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)

- A.
- |  |   |
|--|---|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/>                         | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/>                                    |
| 3. Existing large area source<br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 < x < 2,100$ gal/yr <input checked="" type="checkbox"/><br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed on or after 12/9/91) |

This is a correct facility classification  Y  N

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 155 gallons.



**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?  Y  N
- 2. Examining the containers for leakage?  Y  N
- 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? *AD*  Y  N  N/A *SPIN FILTER*
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

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

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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  
 Is the temperature differential equal to or greater than 20° F?  Y  N
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?  Y  N  N/A  
 Is the perc concentration equal to or less than 100 ppm?  Y  N  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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

PART V: RECORDKEEPING REQUIREMENTS

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection?  Y  N

2. 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)   N/A

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N  N/A

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N  N/A

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N  N/A

d. Kept in a clean and secure area when not in use?  Y  N  N/A

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N  N/A

3. Has the facility maintained a leak log?  Y  N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves

Y  N

Muck cookers

Y  N  A

Door gaskets and seating

Y  N

Stills

Y  N  A

Filter gaskets and seating

Y  N

Exhaust dampers

Y  N  A

Pumps

Y  N

Diverter valves

Y  N  A

Solvent tanks and containers

Y  N

Cartridge filter housings

Y  N  A

Water separators

Y  N

powderless + filterless

system - UNION Model 45

Angelo DiIva  
Name of Responsible Official (Signature)

ANGELO DIIVA 833-3333  
Name of Responsible Official (Print) & Phone #

Robert G. Gallo  
Inspector's Name (Please Print)

3-24-97  
Date of Inspection

Robert G. Gallo  
Inspector's Signature

3/98  
Approximate Date of Next Inspection

1. Secondary Containment for: Dry Cleaning Machine & Storage area  Yes  No  
 Waste area  Yes  No  
 Spotting area Sealed  Yes  No
2. Disposal of Water from Water Separator using approved evaporator  Yes  No  
 or Waste Handler's Pickup Water  Yes  No

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

*APMS*

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990423 DATE: 4-13-98 TIME IN: 1:45 TIME OUT: 2:30  
 FACILITY NAME: Jack Sheehan's Drive in Cleaners  
 FACILITY LOCATION: 1510 Lake Ave  
West Palm Beach, FL 33401  
 RESPONSIBLE OFFICIAL: Angelo Duva PHONE: 833-3333  
 CONTACT NAME: Resident 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:  No notification form  
 (check appropriate box)  Drop store/out of business/petroleum

A.

1. Existing small area source <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification   N  Can not determine

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 50 gallons.  
65 for 1997 (per Perc receipts He sent us)

RECEIVED  
 MAY 14 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

**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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 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?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

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

**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?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? -   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

- Asked to keep Perc Purchase Receipts at store*  
*Asked to keep log of Perc Purchase*  
*(received perc purchase receipts on 4/22/98)*
- |  |   |
|--|---|
| 1. Maintained receipts for perc purchased?   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |
| 2. Maintained rolling monthly averages of perc consumption?  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |
| 3. Maintained leak detection inspection and repair reports for the following:  |   |
| a. documentation of leaks repaired w/in 24 hrs? or;  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Maintained calibration data? (for applicable direct reading instruments)  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 7. Maintained deviation reports?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Problem corrected?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
- He said nothing broke because machine is one year new advised to keep records of Break down*

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log? *Asked to keep log consistently (He keep for few months)*  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Still                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
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)  N/A
- Halogen leak detector  N/A
- If using direct-reading instrumentation, is the equipment:
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Angelo Diwa  
Responsible Official's Name  
(Please Print)

Angelo Diwa  
Responsible Official's Signature

R V Chokshi  
Inspector's Name (Please Print)

4-13-98  
Date of Inspection

R V Chokshi  
Inspector's Signature

April 1999  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- |   |   |                             |
|---|---|-----------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | Yes <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| Waste area  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>    |
| Spotting area Sealed  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>    |

(Not too good)

He is going to reseal again  
 (Spotting area is not sealed very good)

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| 2. Disposal of Water from Water Separator using approved evaporator | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| or contracted Wastewater service                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

\* Please keep record for leak check, Perc Purchase, Temperature (< 45°F) at Condenser exhaust and keep log of all records including any break down for whole year

\* Gave to Angelo Phoenix Record Keeping form to keep record. Explained that Record keeping is mandatory



**GARLAND SUPPLY CO.**

7800 W. 25th AVENUE, HIALEAH, FL 33016  
DADE - 556-5831 BROWARD - 462-3390

ORDER NO. 00145269

Best Available Copy

SPECIAL INSTRUCTIONS

**JACK SHEEHANS DRY CLEANER**  
1510 LAKE AVENUE

WEST PALM BCH., FL 33401

833 3333

INVOICE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELINQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST.

CUSTOMER NO.	CUSTOMER P.O.	SLM CODE	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS
JS1510		57	1/16/97	1-17-97		A-

QUANTITY	UNIT OF MEASURE	DESCRIPTION	HM	UNIT PRICE	TOTAL
<del>20.00</del>	<del>GAL</del>	<del>DIAMOND PERC PUMP IN TETRACHLOROETHYLENE (HARMFUL-STOW AWAY FROM FOODSTUFFS) 6.1, UN-1897, PG III</del>	<del>H</del>	<del>5.55</del>	<del>111.00</del>
20.00	GAL	FLORIDA PERC CLEANUP FUND		5.00	100.00
20.00		POLLUTION TAX		.10	2.00

Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchaser agrees to pay all cost of collection, including reasonable attorney's fees. Extensions and additions on this order are subject to further audit.

FREIGHT	SALES TAX	INVOICE TOTAL
	6.65	219.65

X *Robert Allen*  
RECEIVED ABOVE IN GOOD CONDITION EXCEPT AS NOTED

*Thank You*

PACKING LIST/DELIVERY RECEIPT

# GARLAND SUPPLY CO.

7800 W. 25th AVENUE  
 HIALEAH, FL 33016  
 DADE - 556-5831 BROWARD - 462-3390

Best Available Copy

INVOICE

DATE 4/11/97

INVOICE NO. 0149448

SOLD TO

JACK SHEEHANS DRY CLEANER  
 1510 LAKE AVENUE  
 WEST PALM BEACH, FL 33401

INVOICE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELINQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST.

CUSTOMER NO.	CUSTOMER P.O.	SALES CODE	DATE ORDERED	SHIPPED VIA	F.O.B. POINT	OUR ORDER NO.	TERMS
151510		57	4/10/97			00149448	

QUANTITY	DESCRIPTION	UNIT OF MEASURE	ITEM CODE	UNIT PRICE	EXTENDED AMOUNT
20.00	DIAMOND PERC PUMP IN	GAL	ZPERC	5.55	111.00
20.00	FLORIDA PERC CLEANUP FUND	GAL	FUND	5.00	100.00
20.00	POLLUTION TAX	GAL	POLE	0.10	2.00

Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchaser agrees to pay all cost of collection, including reasonable attorney's fees.		FREIGHT	SALES TAX	INVOICE TOTAL
			6.66	219.66

Thank You

# GARLAND SUPPLY CO.

7000 W. 25TH AVENUE  
 HIALEAH, FL 33016  
 DADE - 556-5831 BROWARD - 462-3390

Best Available Copy

INVOICE

DATE 6/06/97

INVOICE NO 00152145

SOLD TO

JACK SHEEHANS DRY CLEANER  
 1510 LAKE AVENUE

WEST PALM BCH., FL 33401

INVOICE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELINQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST.

CUSTOMER NO.	CUSTOMER P.O.	SALES CODE	DATE ORDERED	SHIPPED VIA	F.O.B. POINT	OUR ORDER NO.	TERMS
151510		57	6/05/97			00152145	

QUANTITY	DESCRIPTION	UNIT OF MEASURE	ITEM CODE	UNIT PRICE	EXTENDED AMOUNT
25.00	DIAMOND PERC PUMP IN	GAL	ZPERC	6.05	151.25
25.00	FLORIDA PERC CLEANUP FUND	GAL	FUND	5.00	125.00
25.00	POLLUTION TAX	GAL	POLL	.10	2.50

*Handwritten:* 6/15/97

Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchaser agrees to pay all cost of collection, including reasonable attorney's fees.	FREIGHT	SALES TAX	INVOICE TOTAL
		9.03	287.83

*Thank You*

RECEIVED  
D.F.  
98 JAN 20 AM 7:55  
STORAGE IN  
REGULATORY

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

*ave*

AIRS ID#0990423 JSCC INC ANGELO DUVA 1510 LAKE AVE WEST PALM BEACH FL 33401
---

Do **NOT** Remove Label

Annual Reporting Period: \_\_\_\_\_ 19\_\_\_\_ TO \_\_\_\_\_ 19\_\_\_\_

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.  YES  NO

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 \_\_\_\_\_ to \_\_\_\_\_

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 \_\_\_\_\_ to \_\_\_\_\_

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: ANGELO D'UVA *Angelo Duva* 1/13/98  
 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  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>1:45</u>	TIME OUT: <u>2:30</u>	AIRS ID#: <u>0990423</u>
TYPE OF FACILITY: <u>Dry cleaning</u>		
FACILITY NAME: <u>JACK SHEEHAN'S DRIVE IN Cleaners</u>		DATE: <u>4-13-98</u>
FACILITY LOCATION: <u>1510 Lake Ave</u> <u>West Palm Beach, FL 33401</u>		
RESPONSIBLE OFFICIAL: _____		PHONE NUMBER: _____

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

**RECEIVED**  
MAY 14 1998  
Bureau of Air Monitoring  
& Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: APRIL 1999

(Approximate)

INSPECTION CONDUCTED BY: R.V. Chokshi

(Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070

Best Available Copy

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:30 Am TIME OUT: 12:00 Pm AIRS ID#: 0950423

TYPE OF FACILITY: Dry Cleaning

FACILITY NAME: Jack Sheehan's Drive In Cleaners

FACILITY LOCATION: 1510 Lake Ave.

West Palm Beach, FL 33401

RESPONSIBLE OFFICIAL: Angelo Dava PHONE NUMBER: 833 - 3333

RECEIVED  
DEC 17 2PM  
Bureau of Air Monitoring  
& Mobile Sources

DATE: Dec 17, 1999

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: Dec 3000 (Approximate)

INSPECTION CONDUCTED BY: JEFFREY DIZEL (Please Print)

INSPECTOR'S SIGNATURE: Jeffrey Dizel PHONE NUMBER: 355 - 3070 XT 1135

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990433 DATE: 12/17/99 TIME IN: 11:30 Am TIME OUT: 12:00 Pm

FACILITY NAME: JACK SHEEHAN'S DRY CLEANERS

FACILITY LOCATION: 1510 LAKE AVE.

West Palm Beach, FL 33401

RESPONSIBLE OFFICIAL: Angelo Duva PHONE: 833-3333

CONTACT NAME: Same as above PHONE: same as above

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

A.

- |  |  |
|--|--|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/>   | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) <input checked="" type="checkbox"/>                                |
| 3. Existing large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/> |
5. This is a correct facility classification  Y  N  Can not determine

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 54 gallons. in 1999

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- Perc is pumped directly into the machine. Waste is stored in appropriate containers.*
- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
  - 2. Examining the containers for leakage?  Y  N  N/A
  - 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? *Have Spin Filters*  Y  N  N/A
  - 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**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?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? *measured at 43 °F*  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N



8. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
 Is the temperature differential equal to or greater than 20° F?  Y  N  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?  Y  N  N/A  
 Is the perc concentration equal to or less than 100 ppm?  Y  N  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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

ASKED ME. DANA TO KEEP PERC PURCHASE RECEIPTS AT FACILITY

1. Maintained receipts for perc purchased? *will send receipts*  Y  N *\* Received on 12/23/99*
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
 Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

ADDITIONAL SITE INFORMATION:

- |   | Yes                                 | NO                       |
|---|-------------------------------------|--------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Spotting area Sealed  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

(A) Facility DID NOT HAVE RECEIPTS FOR PERO. PURCHASES AT LOCATION. They were told to keep all receipts at their facility.

(B) MR. DUVA WAS TOLD ON 12/17/99 TO FAX RECEIPTS ASAP.

(C) MR. DUVA WILL FAX DURING THE WEEK OF 12/20/99.

(D) PERO receipts were received by our office on 12/23/99.

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
 

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
4. Which method of detection is used by the responsible official?
 

Visual examination (condensed solvent on exterior surfaces)	<input checked="" type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>
Odor (noticeable perc odor)	<input checked="" type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input checked="" type="checkbox"/> NA
Halogen leak detector	<input checked="" type="checkbox"/> NA

If using direct-reading instrumentation, is the equipment:

  - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
  - b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
  - c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
  - d. Kept in a clean and secure area when not in use?  Y  N
  - e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

ANGELO D'UVA  
 Responsible Official's Name  
 (Please Print)

Angelo D'Uva  
 Responsible Official's Signature

JEFFREY DIZEK  
 Inspector's Name (Please Print)

12/17/99  
 Date of Inspection

Jeffrey Dizek  
 Inspector's Signature

Dec 2000  
 Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ AIRS ID#: 0990423

TYPE OF FACILITY: Dry Cleaning

FACILITY NAME: JACK SHEWAN CLEANERS DATE: 8/21/00

FACILITY LOCATION: 1510 S. LAKE Ave.  
West Palm Beach, FL

RESPONSIBLE OFFICIAL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

RECEIVED  
SEP 13 2000  
Bureau of Air Monitoring  
Mobile Sources

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: 8/01

(Approximate)

INSPECTION CONDUCTED BY: W Liebler

(Please Print)

INSPECTOR'S SIGNATURE: W Liebler PHONE NUMBER: 305 3070

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#:	<u>0990423</u>	DATE:	<u>8/21/00</u>	TIME IN:	_____	TIME OUT:	_____
FACILITY NAME:	<u>JACK SHEHAN'S DRIVE IN CLEANERS</u>						
FACILITY LOCATION:	<u>1510 LAKE AVE.</u> <u>WEST PALM BEACH, FL 33401</u>						
RESPONSIBLE OFFICIAL:	<u>ANGELO DUVA</u>	PHONE:	<u>833 - 3333</u>				
CONTACT NAME:	_____	PHONE:	_____				

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)

- No notification form  
 Drop store/out of business/petroleum

A.

- |  |  |
|--|--|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/>   | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) <input checked="" type="checkbox"/>                                |
| 3. Existing large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/> |
5. This is a correct facility classification  Y  N  Can not determine

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 30 gallons.

**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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 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?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

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

**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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  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?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

ADDITIONAL SITE INFORMATION:

- |   | Yes                                 | NO                       |
|---|-------------------------------------|--------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Spotting area Sealed  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| 2. Disposal of Water from Water Separator using approved evaporator | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| or contracted Wastewater service                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |



**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves  Y  N  N/A

Muck cookers  Y  N  N/A

Door gaskets and seating  Y  N  N/A

Stills  Y  N  N/A

Filter gaskets and seating  Y  N  N/A

Exhaust dampers  Y  N  N/A

Pumps  Y  N  N/A

Diverter valves  Y  N  N/A

Solvent tanks and containers  Y  N  N/A

Cartridge filter housings  Y  N  N/A

Water separators  Y  N  N/A

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)  NA

Halogen leak detector  NA

If using direct-reading instrumentation, is the equipment:  N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

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

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

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

Angelo Duva

Responsible Official's Name  
(Please Print)

M. Liebler

Inspector's Name (Please Print)

M. Liebler

Inspector's Signature

Angelo Duva

Responsible Official's Signature

8/21/00

Date of Inspection

8/01

Approximate Date of Next Inspection



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 389303

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**

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AIRS ID # 0990423  
 JACK SHEEHANS DRIVE IN CLEANERS  
 ANGEL DUVA  
 1510 LAKE AVE  
 WEST PALM BEACH FL 33401

Bureau of Air Monitoring  
& Mobile Sources

DEC 14 1999

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 Obj.: 00227



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ANGEL DUVA
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1510 LAKE AVE  
WEST PALM BEACH FL 33401

AIRS ID#0990423

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ANGEL DUVA  
1510 LAKE AVE  
WEST PALM BEACH FL 33401

AIRS ID# 0990423

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ANGEL DUVA  
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1510 LAKE AVE  
WEST PALM BEACH FL 33401

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

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- 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.
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ANGEL DUVA  
JACK SHEEHANS DRIVE IN CLEANERS  
1510 LAKE AVE  
WEST PALM BEACH FL 33401

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

*2 210 662 948*