

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 15, 1996

Mr. Saghir Bhatti President Moon Dry Cleaners 1433 Northampton Terrace Wellington Terrace, Florida 33414

Re: Facility I.D. No. 0990432

Dear Mr. Bhatti:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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/jw

cc: Mr. Al Grasso, Palm Beach County

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

0990432

P.13 7. add org/firm name

P.14

1.(a) Spoke to Saghir Bhatti, his machine was manu factured in 1983. Fill in block with date.

P.15 (f) Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | | | | | |
|-----|--|--|--|--|--|--|
| | MOON DRY CLEANERS. | | | | | |
| 2. | Site Name (For example, plant name or number): | | | | | |
| | Same as olione. | | | | | |
| 3. | Hazardous Waste Generator Identification Number: | | | | | |
| | FL 0000654954 | | | | | |
| 4. | Facility Location: Street Address: 9835-1 Loke worth Rd. | | | | | |
| | City: Lake Woold, Pl County: PB Zip Code: 33467 | | | | | |
| | dake Wooln, M. 19 | | | | | |
| 5. | Facility Identification Number (DEP Use): | | | | | |
| | 0990432 | | | | | |
| | Responsible Official | | | | | |
| 6. | Name and Title of Responsible Official: | | | | | |
| • | SAGHIR BIHATTI (President) | | | | | |
| 7. | Responsible Official Mailing Address: | | | | | |
| | Organization/Firm: Street Address: 1433 NOV/Lampton Tex. City: Wellington Tex County: PB Zip Code: 33414 | | | | | |
| | City: Wellington Ter County: PB Zip Code: 33414 | | | | | |
| | · Wedny No 12 | | | | | |
| 8. | Responsible Official Telephone Number: | | | | | |
| | Telephone: $(561)963-7080$ Fax: $()$ - — | | | | | |
| | Facility Contact (If different from Responsible Official) | | | | | |
| 9. | Name and Title of Facility Contact (For example, plant manager): | | | | | |
| | Same | | | | | |
| 10. | Facility Contact Address: | | | | | |
| | Street Address: | | | | | |
| | City: County: Zip Code: | | | | | |
| _ | | | | | | |
| 11. | Facility Contact Telephone Number: | | | | | |
| | Telephone: () - Sauc. Fax: () - | | | | | |
| | | | | | | |

RECEIVED

SEP 3 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

| 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 |
|---|---------------------------|---|-------------------------------|-------|---|-------------------------------|-------|---|---|
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-9 |
| Dry-to-Dry Unit | | Din 7. | by | | | | | | * |
| (1) w/ ref. condenser | #1 | \ \\\/\! | know | | | | | | |
| (2) w/ carbon adsorber | | | 1 | | | | | | |
| (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 | | | | | | | - 4. | and the second | |
| (10) w/ ref. condenser | | | | | T | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |
| (b) Control devices are (c) No control devices 2.(a) What was the total q (b) If less than 12 montrol Check why it is less | are re quanti gallo | equired to be ity of perchlons App ow many? [| oroethylene (| perc) | מזיקים | (1000) | | nths? | |
| | than | 12 months: | New owner: | | New store | : [] Did | not k | eep records: | |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

| What control technology is required on machines pursua (Indicate with an "X".) | ant to section (5) of Part II of this notification form? |
|--|---|
| Existing large area source Carbon adsorber Refri | gerated condenser [] |
| New small area source Refrigerated condenser [] | |
| New large area source Refrigerated condenser [] | |
| | |
| 5. A facility which contains non-exempt emissions units sto Rule 62-213.300, F.A.C. Verify that all steam and hot vexemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on-site (1) have a like it all the contains and hot water generating units on the like it all the contains and hot water generating units on the like it all the l | vater generating units on-site meet the following total heat input of 10 million BTU/hr or less (298 |
| boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more than | |
| All steam and hot water generating units exempt No such units on-site | |
| | |
| | |
| Equipment Monitoring and Re | cordkeeping Information |
| Check all logs which are required to be kept on-site in acco | . 0 |
| (a) Purchase receipts and solvent purchases | |
| (b) Leak detection inspection and repair | |
| (c) Refrigerated condenser temperature monitoring | |
| (d) Carbon adsorber exhaust perc concentration monitoring | |
| (e) Instrument calibration | |
| (f) Start-up, shutdown, malfunction plan | |

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

Page 15 of 16

Surrender of Existing Air Permit(s)

| Please indicat | e with an "X" the appropriate selection: |
|--|--|
| | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) |
| | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| this notifi statement maintain comply w | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. Imptly notify the Department of any changes to the information contained in this notification. |
| Signature | Sagher Shath' 8-30-96 Date |

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL CO | MPLAINT/DISCOVERY RE-INSPECTION |
|--|--|
| TIME IN: 1:00 TIME OUT: 1:4 | 45 AIRS ID#: 0990432 |
| TYPE OF FACILITY: Dry Cleani | ng |
| FACILITY NAME: MOON DRY C | (Baners DATE: 7-21-97 |
| FACILITY LOCATION: 9835-1 Lah | |
| Lake Worth, | FL 33467 |
| RESPONSIBLE OFFICIAL: Sagar Bhutti | PHONE NUMBER: 963-7080 |
| Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis | |
| Based on the results of the compliance requirements eval discrepancies were noted: | uated during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| | ` ` |
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| The second secon | |
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| | |
| COMMENTS | |
| COMMENTS: | • |
| | |
| | |
| The Annual Compliance Certification form has been properly cert | ified and submitted to the inspector. YES NO |
| DATE OF NEXT INSPECTION: 7 - 2 | 1-98 |
| | pproximate) Chokshi |
| | Please Print) |
| INSPECTOR'S SIGNATURE: CON COMME | PHONE NUMBER: 333 - 30/0 |

ARMS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | | COMPLAINT/DISC | OVERY | <u> </u> |
|--|--------------------------|--|--|----------------------------------|-----------------|
| AIRS ID#: 0990432 D FACILITY NAME: MC FACILITY LOCATION: Sagir Bhot | 7835-1 | y CL | EANER The Word | TE OUT: _! 2-5 14 Q 334 | 1:45 d 67 |
| PART I: NOTIFICATION | | | <u> </u> | | |
| (check appropriate box) 1. Existing facility notified DAR 2. New facility notified DARM 3 3. Facility failed to notify DARM | 0 days prior to startup | | | | |
| PART II: CLASSIFICATION | | | | | |
| | | | | | |
| Facility indicated on notification (check appropriate box) | n form that it is: | | • | | |
| | e 2. dry trai bot | New small ar to-dry only, to- nsfer only, x< h types, x<14 nstructed on o | x<140 gal/ут 200 gal/ут | Q . | |
| (check appropriate box) A. 1. Existing small area sourc dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr | e 2. dry trai bot (co e | t-to-dry only, ansfer only, x < the types, x < 14 instructed on a constructed only, as fer only, 20th types, 140 < the types, | x<140 gal/yr 200 gal/yr 0 gal/yr or after 12/9/91) | 0 | |
| A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (source)="" 100="" 140<x<1,800="" 140<x<2,="" 1800="" 200<x<1,800="" dry-to-dry="" dry-to-dry-t<="" gal="" only,="" td="" transfer="" yr=""><td>dry trai bot (co e</td><td>t-to-dry only, ansfer only, x < the types, x < 14 instructed on a constructed only, as fer only, 20th types, 140 < the types,</td><td>x<140 gal/yr 200 gal/yr 0 gal/yr or after 12/9/91) rea source 140<x<2, 0<x<1,800="" 100="" gal="" td="" x<1,800="" yr="" yr<=""><td>0</td><td></td></x<2,></td></x<2,> | dry trai bot (co e | t-to-dry only, ansfer only, x < the types, x < 14 instructed on a constructed only, as fer only, 20th types, 140 < the types, | x<140 gal/yr 200 gal/yr 0 gal/yr or after 12/9/91) rea source 140 <x<2, 0<x<1,800="" 100="" gal="" td="" x<1,800="" yr="" yr<=""><td>0</td><td></td></x<2,> | 0 | |
| A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" before="" gal="" only,="" td="" transfer="" yr=""><td>e A. dry trai bot (co e</td><td>New large are to-dry only, to types, x<14 nstructed on the control of the control on the control only, asfer only, 200 h types, 140</td><td>x<140 gal/yr 200 gal/yr 0 gal/yr or after 12/9/91) rea source 140<x<2, 0<x<1,800="" 100="" gal="" td="" x<1,800="" yr="" yr<=""><td></td><td></td></x<2,></td></x<2,> | e A. dry trai bot (co e | New large are to-dry only, to types, x<14 nstructed on the control of the control on the control only, asfer only, 200 h types, 140 | x<140 gal/yr 200 gal/yr 0 gal/yr or after 12/9/91) rea source 140 <x<2, 0<x<1,800="" 100="" gal="" td="" x<1,800="" yr="" yr<=""><td></td><td></td></x<2,> | | |
| A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91="" 91)="" a="" appropriations="" before="" check="" classific="" constructed="" correct="" facility="" gal="" if="" is="" no,="" of="" only,="" please="" qualifie<="" td="" the="" this="" transfer="" yr=""><td>e A. dry trai bot (co e</td><td>nsfer only, x nsfer only, x h types, x<14 nstructed on o New large ar to-dry only, nsfer only, 20 h types, 140< nstructed on o \(\square\)</td><td>acceptable and acceptable and acceptable acc</td><td></td><td></td></x<2,> | e A. dry trai bot (co e | nsfer only, x nsfer only, x h types, x<14 nstructed on o New large ar to-dry only, nsfer only, 20 h types, 140< nstructed on o \(\square\) | acceptable and acceptable and acceptable acc | | |

facility was 70 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? 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? They have Carbon ad sorb 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: Inclassification 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 Abelow). If classification Thas 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 prior to September 22, 1993 installed 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) MD YD 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? ND YD 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YD verifying that the coolant had been completely charged?

| [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? | אם צם |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | OY ON |
| | Is the temperature differential equal to or greater than 20° F? | OY ON |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | OY ON ON/A |
| | Is the perc concentration equal to or less than 100 ppm? | OY ONN/A |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | OY QNN/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON ON/A |
| б. | Routed airflow to the carbon adsorber (if used) at all times? | □Y □N □N/A |
| _ | | |
| P. | PTY DECORDIZERNIC DECIMPENCITS | |
| = | ART V: RECORDKEEPING REQUIREMENTS | |
| | as the responsible official: heck appropriate boxes) | |
| (0 | as the responsible official: | Ж ои |
| (c | as the responsible official: heck appropriate boxes) | &А ОИ |
| 1. 2. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? | - |
| 1. 2. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? | - |
| 1. 2. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: | ØĀ □N |
| (c) 1. 2. 3. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 | by on ⊗x on |
| (c) 1. 2. 3. 4. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? | SA ON SA ON |
| (c) 1. 2. 3. 4. 5. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) | OY ON MANA |
| (c) 1. 2. 3. 4. 5. 6. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? | AY ON OY ON MOYA OY ON MOYA OY ON MOYA |
| (c) 1. 2. 3. 4. 5. 6. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? | AY ON ANA AY ON ANA AY ON ANA AY ON |
| (c) 1. 2. 3. 4. 5. 6. 7. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? | MA ON MAY |
| (c) 1. 2. 3. 4. 5. 6. 7. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? | M |
| (c) 1. 2. 3. 4. 5. 6. 7. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? | M |

| 2. Which method of detection is used | | | | ./ |
|---|---------------------|--------------|--|-------------------|
| Visual examination (condense | | | urfaces) | <u> </u> |
| Physical detection (airflow fel | t through gas | skets) | | <i>y</i> z |
| Odor (noticeable perc odor) | | | | Z / |
| Use of direct-reading instrum | entation (FII | O/PID/calo | rimetric tubes) | \square X_N/Z |
| If using direct-reading instr | umentation, | is the equ | ipment: | / |
| a. Capable of detect | ing perc vapo | r concentr | ations in a range of 0-500 ppm? | OY ON IN/A |
| b. Calibrated agains (PID/FID only)? | t a standard g | gas prior to | and after each use | OY ON N/A |
| c. Inspected for leak | s and obviou | s signs of | wear on a weekly basis? | OY ON N/A |
| d. Kept in a clean a | nd secure are | a when no | t in use? | OY ON N/A |
| e. Verified for accur | acy by use of | duplicate | samples (calorimetric only)? | OY ON VN/A |
| 3. Has the facility maintained a leak l | og? | | | אם אַצע |
| 4. Does the responsible official check | the following | g areas for | leaks? | |
| Hose connections, fittings, couplings, and valves | ØY | ПN | Muck cookers | MY ON N |
| Door gaskets and seating | ΩY. | מא | Stills | OY ON |
| · | | | • | 700 |
| Filter gaskets and seating | ZY | ΠN | Exhaust dampers | DY ON N |
| Pumps | ØΥ | ПD | Diverter valves | DA ON V |
| Solvent tanks and containers | ZX. | ПN | Cartridge filter housing They have Carbon | S OY ON X |
| Water separators | αY | ПM | into have carbon | adsorber " |
| | <u> </u> | | | |
| Softm | Bhal | | Som Math | SAGNIR BH |
| Name of Responsible O | fficial (Signa | ature) | Name of Responsible Offici | |
| R.V. Chokshi | | • | 7-21- | ~ |
| Inspector's Name (Please | | | Date of Ins | |
| Oil Plan | Λ_{\bullet} | | 7-21- | - : |
| Inspector's Signature | <i>V</i> | | Approximate Date of | |
| | | | | |
| condary Containment for: Dr | y Cleanin | g Machi | ne & Storage area | y set y |
| | | | Waste area | (X) [] |
| | | | Spotting area Seal | • |
| sposal of Water from Water S | Senarator | using | | 4. L. |
| | | | | [] [] |
| | or Waste H | nana161 | Pick s up Water | [] |



DRY CLEANER AIR QUALITY GENERAL PERMITE ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID 0990432 AIRS ID 0990432

Do NOT Remove Label

Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213,300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES \square 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 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: 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. Name (Please Print)

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

Best Available Copy TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL COM | PLAINT/DISCOVERY RE-INSPECTION |
|--|--|
| | 45 AIRS ID#: 0990432 |
| TYPE OF FACILITY: DOY Cleaning | . · - |
| FACILITY NAME: MOON Doy Clean | |
| | eworth Rd |
| · Lake Worth, | FL 33467 |
| RESPONSIBLE OFFICIAL: SAGIR BHATTI | PHONE NUMBER: 963 - 7080 |
| 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 evalua discrepancies were noted: | ted during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | P |
| | Plus C. K. |
| | Noon Start To |
| | Trees. |
| ···································· | |
| • | †- |
| COMMENTS: | • |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| The Annual Compliance Certification form has been properly certi | fied and submitted to the inspector. YES NO |
| DATE OF NEXT INSPECTION: | + 1999 |
| INSPECTION CONDUCTED BY: RV Che | pproximate) KShi |
| INSPECTOR'S SIGNATURE: T.V. Chokiki | lease Print) PHONE NUMBER: 355-3070 |

PERCHLOROETHYLENE DRY CLEANERS

ARMS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL | | COMPLAINT/DISCOVE | RY 🗆 |
|--|----------------------------|--|---|----------------|
| | RE-INSPECTION | | | |
| | , | _ | | |
| AIRS ID#: 0990432 | DATE: 9-23-9 | 8 TIME IN | : 10:15 TIME OF | UT: 10:45 |
| FACILITY NAME: | | Cle | aners | |
| FACILITY LOCATION: 9 | 835-1 | Lake | worth 1 | 22 |
| <u> </u> | L.W., | PL | 33467 | |
| RESPONSIBLE OFFICIAL : A | Sagir E | 3 hatti | PHONE: 963- | -7080 |
| CONTACT NAME: | · | _ - | PHONE: | |
| | | | f | |
| PART I: NOTIFICATION | | | | |
| (check appropriate box) | | | | |
| 1. New facility notified DARM | 30 days prior to startup | , | | |
| 2. Facility failed to notify DAR | M to use general permit | : | • | |
| | | · | | · . |
| PART II: CLASSIFICATION | | · | | |
| | | | | |
| Facility indicated on notification (check appropriate box) | on form that it is: | - | □ No notification form□ Drop store/out of busing | acc/patrolaum |
| A. | • | | a Drop store out of bush | less/peu oleum |
| 1. Existing small area sour | , _ | New small a | • | |
| dry-to-dry only, x < 140 gal/ | | y-to-dry only, | - · | |
| transfer only, x < 200 gal/yr both types, x < 140 gal/yr | | ansfer only, $x < 1$ oth types, $x < 1$ | | |
| (constructed before 12/9/91) | | | or after 12/9/91) | |
| 7 Pulata - Laura anna anna | | N | | |
| Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, | | New large at | rea source \square 140 \leq x \leq 2,100 gal/yr | |
| transfer only, $200 \le x \le 1,80$ | | | $0 \le x \le 1,800 \text{ gal/yr}$ | i i |
| both types, $140 \le x \le 1,800$ | • | | $\leq x \leq 1,800 \text{ gal/yr}$ | |
| (constructed before 12/9/91) | | onstructed on | or after 12/9/91) | |
| 5. This is a correct facility cl | assification | Y DN | □Can not determine | |
| If no, please check the | appropriate classification | on: | | |
| _ | ty qualified for a genera | | mber above | |
| ☐ facili | ty exceeds above limits | and is not elig | ible for a general permit | 1 |
| B. The total quantity of perchlo facility was 30 gallons. | | | | |
| gailons. | 70 1797 |) ≰ | or 1998, Sept | 0 10 1 |

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? PY 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) QY QN 1. Equipped all machines with the appropriate vent controls? DY DN DN/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 DN DN/A condenser upon opening the doof? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

| D. Handle and the official of a said the said th | |
|--|-------------|
| 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 | |
| , | DV DN |
| on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | מט ייט |
| | |
| 2. Measured and recorded the washer exhaust temperature at the condenser | |
| inlet and outlet weekly? | DY DN DN/A |
| inici and outlet weekly: | di di di/A |
| ls the temperature differential equal to or greater than 20° F? | DY DN DN/A |
| is the temperature differential equal to of greater than 29 1: | GI GN GN/A |
| | |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly | |
| at the end of the final drying cycle while the machine is venting to the adsorber, | |
| if machines are equipped with a carbon adsorber? | DY DN DN/A |
| it inactities are equipped with a carbon adsorber | di di di/A |
| Is the perc concentration equal to or less than 100 ppm? | DY DN DN/A |
| is the pero concentration equal to or 1995 and 100 ppm. | ar an ana |
| | |
| 4. Assured that the sampling port on the parbon 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, | |
| | Dv. Dv. Dv. |
| or expansion; and downstream from no other inlet? | OY ON ON/A |
| | |
| 5. Equipped transfer mackines (dryers, reclaimers, and washers) with individual | |
| condenser coils? | DY DN DN/A |
| condenser cons: | GI GN GN/A |
| | |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | OY ON ON/A |
| | |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|----------------|
| Has the responsible official: (check appropriate boxes) | . , |
| 1. Maintained receipts for perc purchased? | ØY □N |
| 2. Maintained rolling monthly total of perc consumption? | MO AM |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | ZY ON ON/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? | ØY ON ON/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | OY ON ØN/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | OY AND ON/A |
| 6. Maintained startup/shutdown/malfunction plan? | Z ÎY □N |
| 7. Maintained deviation reports? | ØY ON ON/A |
| Problem corrected? | ØY □N □N/A |
| 8. Maintained compliance plan, if applicable? | DY DN DN/A |

| PART VI: LEAK DETECTION AND | REPAIRS | | |
|---|-----------------------------|-------------------------------|--------------------|
| 1. Does the responsible official conduct | a weekly (for small source | es, bi-weekly) leak detection | and repair |
| inspection? | | | אם אַבּ |
| 2. Has the facility maintained a leak log | ? | | DY ON |
| 3. Does the responsible official check th | e following areas for leak | s? | |
| Hose connections, fittings, couplings, and valves | MY ON ON/A | Muck cookers | OY ON DAVA |
| Door gaskets and seating | DY ON ON/A | Stills | PY ON ON/A |
| Filter gaskets and seating | AND NO YES | Exhaust dampers | DY IN KINA |
| Pumps | ØY ON ON/A | Diverter valves | TAY ON DANA |
| Solvent tanks and containers | AVI ON ONA | Cartridge filter housing | s DY ON ON/A |
| Water separators | DY ON ON/A | | |
| 4. Which method of detection is used by | the responsible official? | | |
| Visual examination (condensed | solvent on exterior surfa- | ces) | a |
| Physical detection (airflow felt | through gaskets) | | P , . |
| Odor (noticeable perc odor) | | | PNIA |
| Use of direct-reading instrumer | ntation (FID/PID/calorime | etric tubes) | DWIA |
| Halogen leak detector | • | • | DYIA |
| If using direct-reading ins | trumentation, is the equ | ipment: | □n/a |
| a. Capable of detectin | g perc vapor concentration | ns in a range of 0-500 ppm? | מצ םא |
| b. Calibrated against a (PID/FID only)? | a standard gas prior to and | l after each use | OY ON |
| c. Inspected for leaks | and obvious signs of wea | r on a weekly basis? | OY ON |
| d. Kept in a clean and | secure area when not in | use? | OY ON |
| e. Verified for accura | cy by use of duplicate san | nples (calorimetric only)? | OY ON |
| SAGHIR BHAR Som Mar | TI' Kio | Sylin, | Shalli- |
| sponsible Official's Na (Please Print) | ıme | Responsible Off | icial's Sign |
| Inspector's Name (Please | Sh' Print) | Date of Inspection | 3-98 |
| Ris Chi | | Sept 1 | 999. |
| Inspector's Signature | | Approximate Date | of Next Inspection |

4 of 5

| ADDITIONAL | SITE INFORMATION: | | | |
|------------|-------------------|--------------|--|---------------------------------------|
| | | Dry Cleaning | y Machine & Storage area Waste area Spotting area Sealed | MII |
| | | | | ÷ |
| = | - | | • | |
| | , V | or contracte | using approved evaporato ed Wastewater service | |
| MCE | F. pich | i lef | Wester | |
| | (e) lu | en co | area. | · |
| | | | ************************************** | · · · · · · · · · · · · · · · · · · · |
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Best Available Copy

TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| YPE OF INSPECTION: | AMUAL | COMP | PLAINT/DISCO | OVERY [| RE-INSPECTION [|
|--|---------------|---------------|------------------|---------------------------------------|----------------------|
| TIME IN: 11:10 | TIMEOUT: | 11:50 | | AIRS IPF: 09 | 904812 |
| | DRY DRY | | ANER | . 5 AM | DATE 77-22-99 |
| FACILITY LOCATION: 9 | | | Jorth | Rd | of Air Monitoring |
| ACILITY LOCATION. | Lake W | 084h | FL | 33 7 4M | Soile Sources . |
| RESPONSIBLE OFFICIAL: | Sagir Bha | tt, | PF | | 963-7080 |
| Based on the results of the compliance with DEP R | - | | | | ty is found to be in |
| Based on the results of the discrepancies were noted | | nts evaluat | ed during this i | nspection, the follo | wing compliance |
| COMPLIANCE REQU | TREMENT/PROBI | LEM | FOLL | OW-UP ACTIO | N REQUIRED |
| • | | | | • . | |
| | | | ~. | | |
| | • | | | : | |
| | • | - | • | | • |
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| | • | | | | • |
| COMMENTS: | | | | • | |
| | | | | | |
| | | | | | |
| The Annual Compliance Certific | | erly certific | _ | | YES NO X |
| DATE OF NEXT INSPECTIO | N: | J. W. | y 200 | | |
| INSPECTION CONDUCTED | BY: R. V. | Chok | shi | : | |
| INSPECTOR'S SIGNATURE | Q.V. Cho | Kshi | Př | IONE NUMBER:_ | 355-3070 |

PERCHLOROETHYLENE DRY CLEANERS

| 11166 4 | C CARRIAG PENIALL |
|------------|----------------------|
| COMPLIANCE | INSPECTION CHECKLIST |

AUG 2 3 1999

| TYPE OF INSPECTION: ANNUAL RE-INSPECTION | ON COMPLAINT/DISCOVERY D Bureau of Air Monite & Mobile Source |
|---|--|
| FACILITY NAME: MOON DY FACILITY LOCATION: 9835-1 Lake W | Lakeworth 12d |
| 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 🗅 - |
| 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) | □ No notification form □ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed 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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) |
| 5. This is a correct facility classification | Y ON OCan not determine |
| If no, please check the appropriate classif | fication: general permit as number above |

| $\overline{}$ | | | | |
|---------------|---|----------|--|------|
| ឋ. | Has the responsible official of an existing large or new large area source also: | | | |
| ι. | Measured and recorded the exhaust temperature on the outlet side of the condenser located | | | |
| | on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ۵Y | ВΝ | |
| | | | | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser | | | |
| | inlet and outlet weekly? | ΩY | ИD | DN/A |
| | Is the temperature differential equal to or greater than 20° F? | ΩY | ПΝ | □N/A |
| | | | | |
| 3. | Measured and recorded the perconcentration in the exhaust stream weekly | | | |
| ١. | 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 | ΠИ | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | \Box Y | ПΝ | □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? | Dv | Dat | □N/A |
| | of expansion, and downstream noin no other fillet? | uı | CIN | LINA |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual | | | |
| | condenser coils? | ·ΩΥ | ПИ | □N/A |
| | | | · | |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | ΝП | □N/A |
| <u> </u> | | <u> </u> | <u>. </u> | |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|------------|
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | ØY ON |
| 2. Maintained rolling monthly total of perc consumption? | DAY DN |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | ANO NO YA |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | AND NO YÀ |
| 4. Maintained calibration data? Gor applicable direct reading instruments) | DY DN PANA |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | DY DN ØN/A |
| 6. Maintained startup/shutdown/malfunction plan? | MY DN |
| 7. Maintained deviation reports? | ANO NO YE |
| Problem corrected? | MY ON ONA |
| 3. Maintained compliance plan, if applicable? | DY DN ØNA |

| PA | ART VI: LEAK DETECTION AND REPAIRS | | | | | |
|----|---|--|--|--|--|--|
| Ī, | Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | |
| | inspection? | | | | | |
| 2. | Has the facility maintained a leak log? | | | | | |
| 3. | Does the responsible official check the following areas for leaks? | | | | | |
| | Hose connections, fittings, couplings, and valves DY DN DN/A Muck cookers DY DN DN/A | | | | | |
| | Door gaskets and seating DY DN DN/A Stills DY DN DN/A | | | | | |
| | Filter gaskets and seating DY DN DN/A Exhaust dampers 'AY DN DN/A | | | | | |
| | Pumps DY DN DN/A Diverter valves DY DN DN/A | | | | | |
| | Solvent tanks and containers DY DN DN/A Cartridge filter housings DY DN DN/A | | | | | |
| • | Water separators DY DN DN/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) | | | | | |
| ٠. | Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | | | | | |
| | Halogen leak detector | | | | | |
| | If using direct-reading instrumentation, is the equipment: | | | | | |
| | a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN | | | | | |
| | b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | | | | | |
| | c. Inspected for leaks and obvious signs of wear on a weekly basis? | | | | | |
| | d. Kept in a clean and secure area when not in use? | | | | | |
| | e. Verified for accuracy by use of duplicate samples (calorimetric only)? | | | | | |

| sponsible | Ofi | Eicial | 's | Name |
|-----------|-----|--------|----|------|
| (Plea | se | Print |) | |

Responsible Official's Signature

7-22-99
Date of Inspection

| דוסטג | IONAL SI | TE INFORMA | TION: | | | | | | |
|-------------|-----------|------------|-----------|-------|-----------|-------------|---------------------------------|---------|-------|
| 1. 5 | secondary | Containme | nt for: | Dry | Cleaning | Waste area | Storage and a area Sealed | 1/1 | 1 |
| | • | | | | , | | | | |
| | | _ | | | • | | | | |
| 2. 1 | Disposal. | of Water f | icon Wate | er Se | parator u | ising appro | ved evapora er service | لإلاtor |] |
| • | u , = | e cick | | | | . W. | | | - |
| | 1 | | | | | | | | |
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No. of the state

| | SUMMARY REPORT |
|---|--|
| TYPE OF INSPECTION: ANNUAL | COMPLAINT/DISCOVERY RE-INSPECTION |
| TIME IN:TIME OUT: | AIRS 10#: 0990 432 |
| TYPE OF FACILITY: Dr. Cleuner | |
| FACILITY NAME: Any years - 9835 Lake | _ Worth pd. DATE: 8/9/00 |
| FACILITY LOCATION: Lake Wond | 33467 |
| | |
| RESPONSIBLE OFFICIAL: Sagir Bhatti | PHONE NUMBER: 963 -7080 |
| turned | aluated during this inspection, the facility is found to be in |
| compliance with DEP Rule 62-213.300, Florida Admini | • |
| Based on the results of the compliance requirements eva discrepancies were noted: | |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| | |
| | |
| | . 0 7 7 |
| •• | Solution To the solution of th |
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| | <u> </u> |
| DMMENTS: | |
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| | • |
| | |
| e Annual Compliance Certification form has been properly certifie | |
| TE OF NEXT INSPECTION: | |
| \ | roximate) |
| SPECTION CONDUCTED BY: M Liebleh | Drint) |
| · m_ 1 ih | PHONE NUMBER: 3070 |
| SPECTOR'S SIGNATURE: | PHONE NUMBER: |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION-CHECKLIST

| TYPE OF INSPECTION: ANNUAL RE-INSPECT | COMPLAINT/DISCOVERY |
|--|--|
| AIRS ID#: <u>099043</u> 2 DATE: 3/9 | |
| FACILITY NAME: | |
| FACILITY LOCATION: 9835 -/ | LAKeJoeth RD. |
| LAKE WEET | HL, F/ 33467 |
| RESPONSIBLE OFFICIAL: SAJie Bh. | |
| | PHONE: |
| Management of the Parties of the Control of the Con | |
| PART I: NOTIFICATION | |
| (check appropriate box) | |
| 1. New facility notified DARM 30 days prior to sta | artup \square |
| 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) A. | ☐ No notification form ☐ Drop store/out of business/petroleum |
| 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 |
| · · · · · · · · · · · · · · · · · · · | ation: neral permit as number above nits and is not eligible for a general permit |
| 3. The total quantity of perchloroethylene (perc) purfacility was 100 gallons. | rchased 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) -DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/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 ZÓY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° E% OY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? UY UN

| E | 3. 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? | ΟY | ПN | |
| 2. | . Measured and recorded the washer exhaust temperature at the condenser | | | |
| | inlet and outlet weekly? | ЦY | UN | □N/A |
| | ls the temperature differential equal to or greater than 20° F? | ΠY | ΠИ | □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 | ПN | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΠY | ПИ | □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 | ИП | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ПΥ | ח□ | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | ПИ | □N/A |

| PART V: RECORDKEEPING REQUIREMENTS | | | | | | |
|---|--------------------|--|--|--|--|--|
| Has the responsible official: (check appropriate boxes) | | | | | | |
| 1. Maintained receipts for perc purchased? | מם עם | | | | | |
| 2. Maintained rolling monthly total of perc consumption? | DY ON | | | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | | | | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | AYON ON/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? | DY ON ON/A | | | | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | אא אל אם צם | | | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | DY DN 🗖 N/A | | | | | |
| 6. Maintained startup/shutdown/malfunction plan? | AY ON | | | | | |
| 7. Maintained deviation reports? | ANO NO YES | | | | | |
| Problem corrected? | DY ON ON/A | | | | | |
| 8. Maintained compliance plan, if applicable? | DY DN X N/A | | | | | |

| VDI | DITIONALDI | TE MYONMATI | ON: | | | | |
|-----|------------|---------------|--------|--------------|--------------------------|-----------------|-----|
| | | | | | | | |
| | | | | | | Yes | NO |
| 1. | Secondary | Containment | for: I | Dry Cleaning | Machine & Storage area | [-] | [] |
| | | | | | Waste area | | |
| | | | | | Spotting area Sealed | [/] | [] |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | ; |
| | | • | | | | • | |
| | 9.40 m. | ***** | | | • | | |
| | _ | | | | | - , | - 4 |
| 2. | Disposal o | of Water from | | | sing approved evaporator | | [-] |
| | • | ` | O | r contracted | Wastewater service | [~] | [] |
| | | • | | | | | |
| | | | | , | | | |
| | | : | | • | · | | |
| | <i>i</i> | | : | | • | | |
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| 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | | |
|---|----------------------------|----------------------------|-------------|----------|--|--|
| inspection? | | | ZEY | ПN | | |
| 2. Has the facility maintained a leak log | ? | | ØÝ | ПN | | |
| 3. Does the responsible official check th | e following areas for leal | cs? | | | | |
| Hose connections, fittings, couplings, and valves | ZY ON ON/A | Muck cookers | OY O | N XIN/A | | |
| Door gaskets and seating | MY ON ON/A | Stills | ZY D | N 🗆 N/A | | |
| Filter gaskets and seating | AVO NO YA | Exhaust dampers | ם צם | A/N/A | | |
| Pumps | DY ON ON/A | Diverter valves | ום צבי, | N □N/A | | |
| Solvent tanks and containers | MY ON ON/A | Cartridge filter housings | מם צום | N 🗆 N/A | | |
| Water separators | MY ON ON/A | | | | | |
| 4. Which method of detection is used by | the responsible official? | | | | | |
| Visual examination (condensed | solvent on exterior surfac | es) | | | | |
| Physical detection (airflow felt the | hrough gaskets) | | 4 | | | |
| Odor (noticeable perc odor) | | | | | | |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: | | | | | | |
| | | | | | | |
| | | | | | | |
| a. Capable of detecting | perc vapor concentration | s in a range of 0-500 ppm? | מם אם | 1 | | |
| b. Calibrated against a s (PID/FID only)? | standard gas prior to and | after each use | DY DN | 1 | | |
| c. Inspected for leaks ar | nd obvious signs of wear | on a weekly basis? | DY DN | | | |
| d. Kept in a clean and s | ecure area when not in us | e? | DY DN | I | | |
| e. Verified for accuracy | by use of duplicate samp | eles (calorimetric only)? | OY ON | ! | | |
| 10 | | | / / | <u> </u> | | |
| Sagir Bhatti | | Safin Bl | all | 1 | | |
| oonsible Official's Nam (Please Print) | e | Responsible Offic | cial's | 'Sign | | |
| Inspector's Name (Please Prin | nt) | 8/9/05 | | | | |
| mapootor a ryante (Frease PTI | 11.) | Date of Inspection | | | | |
| ha hill | | 8/0/ | | | | |
| Inspector's Signature | | Approximate Date of N | lext Inspec | rion | | |

| | TITLE VAIR Q | UALITY GENER | RAL FERGILL | |
|----------------------------------|--|------------------------------|----------------------|---------------|
| TYPE OF INSPECTION: | · · / | ON SUMMARY I COMPLAINT/DI | | RE-INSPECTION |
| | | | | 1 0 0 |
| TIME IN: | TIME OUT: | | AIRS ID#: | 197043 |
| TYPE OF FACILITY: | D-c Clean | iev | | |
| FACILITY NAME: | _ hoom | Cleamers | | DATE: 26 Jeb |
| FACILITY LOCATION: | · 1835 L | ake Wo-th | nd hil | ر (بر |
| | | | | |
| RESPONSIBLE OFFICIAL: | S. Bhotti. | | PHONE NUMBER:_ | |
| compliance with DEP F | the compliance requirement Rule 62-213.300, Florida Ad the compliance requirements d: | ministrative Code (F./ | 4. C.) . | |
| COMPLIANCE REQU | IREMENT/PROBLE | M FOLI | OW-UP ACTIO | N REOUIRED |
| | ner - Dro | \ <i>I</i> | · · . | |
| off. | 0~() | · | Bureau of Air Ma | VED |
| | | | Bureau of Air Monito | oring |
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| | · | | | |
| STRAMMO | | | | |
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| • | • | | | |
| e Annual Compliance Certificatio | | | o the inspector. | YES NO |
| SPECTION CONDUCTED BY: | <i>k</i> | approximate) n Liobler | | · |
| SPECTOR'S SIGNATURE: | <u> </u> | Please Pfrint) PHON | ENUMBER: 35 | 5.3070 |
| | Page | of . | | Revised 10/9 |

Z 210 662 939

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De postuse for International Mail (See reverse)

10 AIRS ID # 0990432001AG SAGHIR BHATTI MOON DRY CLEANERS 1433 NORTHAMPTON TERRACE WELLINGTON FL 33414

| | | _ | |
|---------------------|--|----|--|
| | Certified Fee | | |
| | Special Delivery Fee | | |
| | Restricted Delivery Fee | | |
| April 1995 | Return Receipt Showing to Whom & Date Delivered | | |
| , Apri | Return Receipt Showing to Whom, Date, & Addressee's Address | | |
| 800 | TOTAL Postage & Fees | \$ | |
| PS Form 3800 | Postmark or Date | | |
| PS F | | | |
| | | | |

| old at line over top of envelope to the right of the return address | LETE THIS SECTION ON DELIVERY |
|--|---|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | C. Signature A gent A ddressee D. Is delivery address different floor infinitely D. Is delivery address |
| Article Addressed to: | D. Is daily en address different from item 1 DD Yes If YES, enter derivery address below: No |
| 10 AIRS ID # 0990432001AG SAGHIR BHATTI | (JUN 1 2 2001 |
| MOON DRY CLEANERS 1433 NORTHAMPTON TERRACE WELLINGTON FL 33414 | 3. Service Type Mobile Sources Certified Mail |
| • | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Copy from service label) Z 2 0 6 2 9 3 9 PS Form 3811 July 1999 Domestic Re | |

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Fund: 20-2-035001 Obj.: 002273

| The state of the s | U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | | | | | |
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| 36 | | | | | | | |
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| 믑 | Return Receipt Fee (Endorsement Required) | | Here | | | | |
| 9200 | Restricted Delivery Fee (Endorsement Required) | | | | | | |
| | Total Po | | S ID # 0990432 | | | | |
| 0600 | Recipiem MOON DR SAGHIR E | Y CLEANERS SHATTI | | | | | |
| | Street An 1433 NOR | THAMPTON TERRACTON FL 33414 | CE | | | | |
| 7000 | City, State | 101111111111 | | | | | |
| 1 | PS Form 3800, February 2 | 2000 | See Reverse for Instructions | | | | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| 1433 NORTHAMPTON TERRACE WELLINGTON FL 33414 | 3. Service Type Certified Mail |
| 2. Article Number (Copy from service label) | 4124 3624 |
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Obj.: 002273

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SAGHIR BHATTI 1433 NORTHAMPTON TERRACE WELLINGTON FL 33414

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Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addresse's Address

TOTAL Postage & Fees

Postmark or Date

| 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. | | |
|----------------------|---|--|-------------------------|--|
| completed | 3. Article Addressed to: AIRS ID 0990432 MOON DRY CLEANERS SAGHIR BHATTI | 4a. Article No. 2 33. 4b. Service 1 Registere | 3612884 Type | |
| ADDRESS (| 1433 NORTHAMPTON TERRACE WELLINGTON FL 33414 | ☐ Express I | Mail □ Insured | |
| RETURN AL | 5. Received By: (Print Name) | 7. Date of De | 70 000 | |
| s your RET | 6. Signature: (Addressee or Agent) X AY WEN FIN | and fee is | paid) | |
| _ | PS Form 3811 , December 1994 | | Domestic Return Receipt | |

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| | Certified Fee | |
| | Special Delivery Fee | |
| | Restricted Delivery Fee | |
| 199 | Return Receipt Showing to Whom & Date Delivered | |
| April | Return Receipt Showing to Whom, Date, & Addressee's Address | |
| 800 | TOTAL Postage & Fees | \$ |
| PS Form 3 | Postmark or Date | |
| PS Form 3800 , April 1995 | Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees | \$ |

| on the reverse side? | Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. | | | I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. | |
|-------------------------|--|---------|-----------------------------|--|-----------------------|
| RN ADDRESS completed or | Alrs ID#: 0990432 MOON DRY CLEANERS SAGHIR BHATTI 1433 NORTHAMPTON TERRACE WELLINGTON FL 33414 | THE THE | Express Mail | | Centified Insured COD |
| ls your <u>RETURN</u> | 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X M S M M M | | 8 Addressee 7/Land teels | | |
| | PS Form 3811 , December 1994 | | | Domestic Retu | urn Receipt |

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