

Department of Environmental Protection

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

November 25, 1996

Virginia B. Wetherell Secretary

Mr. J. C. Smith
President
Belvedare Cleaners
801 Belvedare Road
West Palm Beach, Florida 33401

Re: Facility I.D. No. 0990441

Dear Mr. Smith:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 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"





Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell Secretary

April 20, 1997

Rainy Day, Inc. 801 Belvadare West Palm Beach, Florida 33401

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez

Administrator

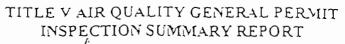
Mobile Source Control Section Bureau of Air Monitoring and

Mobile Sources

HE\sb

Enclosure

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TYPE OF INSPECTION:	annual 🕽	COMPLAINT/DISC	COVERY [RE-INSPECTION
TIME IN: 1:00	TIME OUT:	135	AIRS ID#: 00	990441
TYPE OF FACILITY: Bell FACILITY NAME: Bell	redere s	leaner	5	DATE: 2-20-97
FACILITY LOCATION:	Pr Bo, FL	<u>- 334</u>	Rd -18	
RESPONSIBLE OFFICIAL:	7.C. 2000	is the b	HONE NUMBER:	833-7084
Based on the results of the compliance with DEP Rule				v is found to be in
Based on the results of the discrepancies were noted:	compliance requirements	evaluated during this	inspection, the follow	ing compliance
COMPLIANCE REQUIR	REMENT/PROBLE	M FOLL	OW-UP ACTION	N REQUIRED
; ;	<u>i</u>			
:		-		:
eri i peri i i i i i i i i i i i i i i i i i i	erening in the more			
COMMENTS:				
#	:			
The Annual Compliance Certification DATE OF NEXT INSPECTION:	n form has been properly $2-20$	_	d to the inspector.	YES NO
INSPECTION CONDUCTED BY:	R.V.	(Approximate) HOKSH1		7
INSPECTOR'S SIGNATURE	V Chok	(Please Print) PHO	ONE NUMBER:	755-3070

0990441

J.C. Smilt, he win be using his new machine in 2 weeks and will probably not be exceeding Hogal of perc a year,

P.14
1.(a) fill in dates including
year

1.(c) should not be unarked
2.(a) write in amount or
Obtain a compliance plan

Obtain à Compliance plan

3, new small area should be marked

P.15 41 existing large 1.c. should not be

ADVIDES

Will English

Marchine V (18.1), que l'appendient de la constant de la constant

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	•				
1.	Facility Owner/Company Name (Nam	e of corpora	tion, agency, or ir	ndividual owner):	
	Site Name (For example, plant name of	Day	THC		
2.	Site Name (For example, plant name of	number):	7		
	Balvalari		LAPU!		·
3.	Hazardous Waste Generator Identificat	ion Number	:		,
	FLO 981 - 027 Facility Location: Street Address: 801 Barrana	014		·	
4.	Facility Location:	al			
	City:	County:	~~	Zip Code:	
	w PB	country.	PB	Zip Code:	33401
5.	Facility Identification Number (DEP U	se): 🕌 📳			
			ar G-Stanite Mag _{ali} es des	0990	244/
B41.78		v-514P			
		Responsit	ole Official		
6.	Name and Title of Responsible Officia	l:	· · · · · · · · · · · · · · · · · · ·		
	J.C. Smy PRKS	•			
7.	Responsible Official Mailing Address:				
	Organization/Firm: Street Address: 80; Ballius	Rh			
	City:	County	: 7/1 6	Zip C	ode: 2 3 (/2)
	City: WPB			13	33701
8.		er:	F (100 M	ringin \
	Telephone: 5 (1) 833 - 70 8	14	Fax: (rike you	ode: 33401 riaoiny
L	- · · · · · · · · · · · · · · · · · · ·				
	Facility Contact	(If differen	it from Responsil	ble Official)	
9.	Name and Title of Facility Contact (Fo	r example, p	lant manager):		
			•		
10.	Facility Contact Address:				
	-				
	Street Address:	Court		7in Cada	
	City:	County:		Zip Code:	
11.	Facility Contact Telephone Number:				·
	Telephone: () -		Fax: () -	
				RFCF	IVED
				N L O L	•
				SEP	5 1996
				-	Air Manitoring

DEP Form No. 62-213.900(2)

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

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	54	NOT 20	Skpt20		5000				
(1) w/ ref. condenser	4.	7	T 7 5		17 1				
(2) w/ carbon adsorber		İ	1						
(3) w/ no controls									
Washer Unit					•			•	•
(4) w/ ref. condenser				[
(5) w/ carbon adsorber	-								
(6) w/ no controls									
Dryer Unit					r, .				
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		•	•			1.1.			4
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices at 2.(a) What was the total q (b) If less than 12 month Check why it is less 	uant gallo	equired to be ity of perchlons ow many?	e installed [] oroethylene (perc)	purchased in			nths? eep records:	
3. What is the facility's sou (Indicate with an "X". S					initions foun	d in section	(3) of	Part II?	

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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

P.S. I wish I hop your job

DEP Form No. 62-213.900(2)

Effective: 6-25-96

ARM L

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	x co	MPLAINT/DISCOVER	Y Q
FACILITY NAME: B	elvedere		ners	T: 1;35
PART I: NOTIFICATION	****			
(check appropriate box) 1. Existing facility notified DA 2. New facility notified DARM 3. Facility failed to notify DARM	1 30 days prior to startup	•		*
PART II: CLASSIFICATIO	N			
Facility indicated on notificat (check appropriate box)				
A. 1. Existing small area sou dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	yr d: tr be	. New small area s ry-to-dry only, x<14 ransfer only, x<200 oth types, x<140 ga constructed on or af	O gal/yr gal/yr l/yr	
3. Existing large area sou dry-to-dry only, 140 <x<2, 1<="" td=""><td></td><td>. New large area s ry-to-dry only, 140<</td><td></td><td></td></x<2,>		. New large area s ry-to-dry only, 140<		
transfer only, 200 <x<1,800 (constructed="" 12="" 140<x<1,800="" 9="" 91)<="" before="" both="" ga="" td="" types,=""><td>gal/yr tr d/yr b</td><td>cansfer only, 200<x- oth types, 140<x<1 constructed on or af</x<1 </x- </td><td>800 gal/yr</td><td></td></x<1,800>	gal/yr tr d/yr b	cansfer only, 200 <x- oth types, 140<x<1 constructed on or af</x<1 </x- 	800 gal/yr	
transfer only, 200 <x<1,800 140<x<1,800="" both="" ga<="" td="" types,=""><td>gal/yr tr ul/yr b) (c</td><td>ansfer only, 200<xooth 140<x<1<="" td="" types,=""><td>800 gal/yr</td><td></td></xooth></td></x<1,800>	gal/yr tr ul/yr b) (c	ansfer only, 200 <xooth 140<x<1<="" td="" types,=""><td>800 gal/yr</td><td></td></xooth>	800 gal/yr	
transfer only, 200 <x<1,800 (constructed="" 12="" 140<x<1,800="" 9="" 91)<="" before="" both="" ga="" td="" types,=""><td>gal/yr tr tl/yr be (constitution)</td><td>ansfer only, 200<x- oth types, 140<x<1 constructed on or af</x<1 </x- </td><td>800 gal/yr</td><td></td></x<1,800>	gal/yr tr tl/yr be (constitution)	ansfer only, 200 <x- oth types, 140<x<1 constructed on or af</x<1 </x- 	800 gal/yr	

approximately Since madire is Brand New

facility was 70 gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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





- DY DN MYA
- .
- AY ON





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?	ΟY	ПΝ	1
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	⊓א	
	Is the temperature differential equal to or greater than 20° F?	ΔY	ΠN	
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	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□N	DNA
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?	ΩY	Ωи	
.5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПИ	□N/A
P	DOCK DECONDENSE DECIMENTES			
	ART V: RECORDKEEPING REQUIREMENTS			
H	as the responsible official: heck appropriate boxes)			
(c)	as the responsible official:	×	□N	
(c)	as the responsible official: heck appropriate boxes)	×××	□N □N	
1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	×××	NO NO	
1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	XY XY XY	ои Ои	
H (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 and parts installed w/in 5 days of receipt?	XX XX		
H (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	XX XX		N/A
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Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? 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)? A Nas the facility maintained a leak log? West to keep log Yellow	Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?		i solvent on extérior sur	rfaces)	X.
Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? V DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? V DN c. Inspected for leaks and obvious signs of wear on a weekly basis? V DN d. Kept in a clean and secure area when not in use? V DN e. Vertified for accuracy by use of duplicate samples (calorimetric only)? V DN 3. Has the facility maintained a leak log? Abbalant Abbalant 4. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves AY DN Muck cookers V DN Door gaskets and seating AY DN Muck cookers V DN Filter gaskets and seating AY DN Exhaust dampers V DN Filter gaskets and containers AY DN Diverter valves V DN Water separators AV DN Cartridge filter housings V DN Name of Responsible Official R.V. Chokshi Date of Inspection Date of Inspection	Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? V N b. Calibrated against a standard gas prior to and after each use (PID/FID only)? V N c. Inspected for leaks and obvious signs of wear on a weekly basis? V N d. Kept in a clean and secure area when not in use? V N e. Verified for accuracy by use of duplicate samples (calorimetric only)? V N 3. Has the facility maintained a leak log? Alad Ho Leap Log 4. Does the responsible official check the following areas for leaks? N Hose connections, fittings, couplings, and valves AY N Muck cookers V N Door gaskets and seating AY N Stills AY N Filter gaskets and seating AY N Exhaust dampers V N Pumps AY N Diverter valves Has ·				
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e. Verified for accuracy by use of duplicate samples (calorimetric only)?	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	c. Inspected for leaks	and obvious signs of w	ear on a weekly basis?	OY ON
3. Has the facility maintained a leak log? When the facility maintained a leak	3. Has the facility maintained a leak log? What to keep log	d. Kept in a clean and	i secure area when not	in use?	OY ON
4. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating YY ON Muck cookers Pumps Filter gaskets and seating YY ON Exhaust dampers Pumps Solvent tanks and containers YY ON Diverter valves Has for Cartridge filter housings Water separators Name of Responsible Official R.V. Chokshi Inspector's Name (Please Print) Date of Inspection	4. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps Solvent tanks and containers Water separators Name of Responsible Official R. V. Chokshi Inspector's Name (Please Print) Muck cookers Nuck cookers N	e. Verified for accura-	cy by use of duplicate s	amples (calorimetric only)?	□Y □N
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Pumps Solvent tanks and containers Water separators Name of Responsible Official R. V. Chokshi Inspector's Name (Please Print) Diverter valves Has ton Has ton Cartridge filter housings Name of Responsible Official Date of Inspection	Pumps Solvent tanks and containers Water separators Name of Responsible Official R. V. Chokshi Inspector's Name (Please Print) Diverter valves Has fan Has fan Cartridge filter housings Name of Responsible Official Date of Inspection	Door gaskets and seating	¥Y □N	Stills	AY ON [
Solvent tanks and containers Water separators Water separators Name of Responsible Official R.V. Chokshi Inspector's Name (Please Print) Date of Inspection	Solvent tanks and containers Water separators Water separators Name of Responsible Official R.V. Chokshi Inspector's Name (Please Print) Date of Inspection	Filter gaskets and seating	MY DN	Exhaust dampers	OY ON X
Solvent tanks and containers Water separators Water separators Name of Responsible Official R.V. Chokshi Inspector's Name (Please Print) Date of Inspection	Solvent tanks and containers Water separators Water separators Name of Responsible Official R.V. Chokshi Inspector's Name (Please Print) Date of Inspection	Pumps	an □n		OY ON X
Just Joseph C. Smith Name of Responsible Official R.V. Chokshi Inspector's Name (Please Print) Date of Inspection	Just Joseph C. Smith Name of Responsible Official R.V. Chokshi Inspector's Name (Please Print) Date of Inspection	Solvent tanks and containers	AX ON	1'	s X ON D
Name of Responsible Official R. V. Chokshi' Inspector's Name (Please Print) Date of Inspection	Name of Responsible Official R. V. Chokshi' Inspector's Name (Please Print) Date of Inspection	Water separators	N□ Y		
	Inspector's Signature Approximate Date of Next Inspection	Name of Responsible Offi R. V. Choks Inspector's Name (Please P	Cial Print)	Date of Ins	pection -1998



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ECEIVED AIL ROOM EB-6 93	AIRS ID#099044 RAINY DAY INC J C SMITH 801 BELVADARE WEST PALM BEACH FL 33401 Do NOT Remove Label	
Annual Reporting Period:		1/31 19 <i>98</i>
62-213.300, Florida Administrative Code If NO, complete the following:	tle V general air permit, my facility has remained (F.A.C.), during the period covered by this state.	ment. Ties INO
#1. Term or condition of the general perm	nit that has not been in continuous compliance du	aring the reporting period stated above:
Exact period of non-compliance: from	to	Rale Co M
Action(s) taken to achieve compliance:	<u> </u>	DE 10 10 10 10 10 10 10 10 10 10 10 10 10
Method used to demonstrate compliance:		Monitoring Sources
#2. Term or condition of the general perm	nit that has not been in continuous compliance du	
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
notification are true, accurate and complete.	ased on information and belief formed after reasond Further, my annual consumption of perchloroethyl y-to dry facilities or 1,800 gallons per year for transj	ene solvent, based upon purchase receipts,
RESPONSIBLE OFFICIAL:	TRICIA A. SMITH Solve Jame (Please Print) Sign	gnature 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

CLIBRIT.	LKU
IT CKLIST	ARM.S

TYPE OF INSPECTION:

PART I: NOTIFICATION

1. New facility notified DARM 30 days prior to startup

(check appropriate box)

ANNUAL

×

COMPLAINT/DISCOVERY

 \Box

RE-INSPECTION

AIRS 1D#: <u>0990</u> 4	74/ DAT	E:2-9-9	TIME	IN: 10:3	TIME O	OUT: //:	10
FACILITY NAME: _	7						
FACILITY LOCATIO	N: 3	elve de	re c	leane	5-3		
	801	Belvede	re Rd	, WPB	, FL	33418	
RESPONSIBLE OFFI	CIAL:	J.C. 50	nith	PHONE: _	833-	7084	<u>/</u>
CONTACT NAME: _				PHONE: _	•	·	_
	*						
			•				

2. Facility failed to notify DARM to use general per	mit U
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, $140 \le x \le 2,100$ 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 ON OCan not determine
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lim	
B. The total quantity of perchloroethylene (perc) purfacility was 120 gallons.	archased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) AYAO NO YO 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/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 DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ZIN/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 ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ZY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	AY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	ZY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust afream weekly at the end of the final drying cycle while the machine is writing to the adsorber, if machines are equipped with a carbon adsorber?	אואס אם צם
	Is the perc concentration equal to or less than 100 ppm?	DY DN ØN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	DY DN DN/A
5.	Equipped transfer mechines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MINA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ØŃ/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AY ON
2. Maintained rolling monthly averages of perc consumption?	ØY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ארם אם צי ב ע,
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)	DY DN ZN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/inalfunction plan?	YOY ON
7. Maintained deviation reports?	MY ON ON/A
Problem corrected?	מאם אם אמ
8. Maintained compliance plan, if applicable?	מואבן אם עם

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	?		NO Apr		
3. Does the responsible official check the following areas for leaks?					
Hose connections, fittings, couplings, and valves	MANO NO YE	Muck cookers	DY DN DN/A		
Door gaskets and seating	DY ON ON/A	Stills	אואם אם צוב		
Filter gaskets and seating	אואם אם ציבן	Exhaust dampers	A'NZ NO AO		
Pumps	AYOO NO YA	Diverter valves	DY ON ON/A		
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	אואם אם אַאַ		
Water separators	DY ON ON/A				
4. Which method of detection is used by	the responsible official?		,		
Visual examination (condensed	solvent on exterior surface	ces)	/		
Physical detection (airflow felt	through gaskets)		ø,		
الر Odor (noticeable perc odor)					
Use of direct-reading instrumer	ロ図です				
Halogen leak detector	D ANA				
If using direct-reading ins	Z IN/A				
a. Capable of detectin	g perc vapor concentratio	ns in a range of 0-500 ppm?	OY ON		
b. Calibrated against (PID/FID only)?	a standard gas prior to an	d after each use	OY ON		
c. Inspected for leaks	and obvious signs of wear	r on a weekly basis?	DY DN		
d. Kept in a clean and	secure area when not in	use?	OY ON		
e. Verified for accura-	cy by use of duplicate san	aples (calorimetric only)?	OY ON		
)		^	a Al		
Joseph C. Snith					
ponsible Official's Nam (Please Print)	ne	Responsible Offic	ial's Signa		
RV Chokshi		2-9-98			

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

2-9-99

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
Yes NO 1. Secondary Containment for: Dry Cleaning Machine & Storage area [/] [Waste area [/] [Spotting area Sealed [] []]
Spotting area - peeled of from floor Owner will seed the spotting area again in one month per owner	· n
2. Disposal of Water from Water Separator using approved evaporator or contracted Wastewater service [] in the service is a service in the service in the service is a service in the service in the service is a service in the service is a service in the service in the service is a service in the service in the service is a service in the service in the service is a service in the service in the service is a service in the service in the service is a service in the service in the service is a service in the service in the service is a service in the service in the service is a service in the service in the service is a service in the service in the service is a service in the service in the service in the service is a service in the service in the service in the service in the service is a service in the	j

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

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TYPE OF INSPECTION: ANNUAL	CO	MPLAINT/DISC	OVERY	RE-INSPE	CTION
TIME IN: 10:30 TIME OU	T://;/	0	_AIRS ID#:	9904	41
FACILITY NAME: Be Vederal Belve dela Belve della Belve del	ean Ledere FL 3	raners Rd 3418			9-98
RESPONSIBLE OFFICIAL: J. C. S.	mith	PF	IONE NUMBER:_	833-	7084
Based on the results of the compliance requirements of the compliance requirements. Based on the results of the compliance requirements.	orida Administ	rative Code (F.A.	C.).		
discrepancies were noted: COMPLIANCE REQUIREMENT/PF	ROBLEM	FOLL	OW-UP ACTIO	N REQUIR	ED
		-			
			•		
The second secon	1				
· · · · · · · · · · · · · · · · · · ·					
COMMENTS:		•			
The Annual Compliance Certification form has been DATE OF NEXT INSPECTION:	2-9	-99	to the inspector.	YES	иоБК
INSPECTION CONDUCTED BY:	\mathcal{L}	ease Print)		?55=3	3070

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:20 TIME OUT: 11:55	AIRS ID#: 0990441
TYPE OF FACILITY: Dry Cleanin	9
FACILITY NAME: Belvedere C	leaners DATE: 1-14-99
FACILITY LOCATION: 80/ Belvedere	Rd
Wris, F	L 33418
RESPONSIBLE OFFICIAL: J. C. Son Th	PHONE NUMBER: 833-1084
Based on the results of the compliance requirements evaluate	· · · · · · · · · · · · · · · · · · ·
compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaluations discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· .	
•	
	∤ -
-	
COMMENTS:	•
	•
The Annual Compliance Certification form has been properly certification	— V T
DATE OF NEXT INSPECTION: Jan	2000
INSPECTION CONDUCTED BY: R. V.	pproximate) Chokshi
(F	Please Print)
INSPECTOR'S SIGNATURE: (Lokshi	PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	a
AIRS ID#: 0990441 D FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: CONTACT NAME:	Weder 801 WPB, 1	re C Beli	leaners redore Pd 33418	7084
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	0 days prior to startur)		
2. Facility failed to notify DARM	I to use general permi	t		
PART II: CLASSIFICATION				
Facility indicated on notificatio (check appropriate box)	n form that it is:	-	☐ No notification form ☐ Drop store/out of business/p	etroleum
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	r d tr b	ansfer only, x oth types, x <	, x < 140 gal/yr < 200 gal/yr	
3. Existing large area source dry-to-dry only, $140 \le x \le 2$, 1 transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	l00 gal/yr d) gal/yr tr al/yr b	ransfer only, 20 ooth types, 140	rea source , 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)	
5. This is a correct facility cla	ssification	Y DN	□Can not determine	
H	y qualified for a gener	ral permit as nu	nmber above gible for a general permit	

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 10 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?
- 2. Examining the containers for leakage?
- 3. Closing and securing machine doors except during loading/unloading?
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

1		
94Y)	ИD	□N/A
94	ПN	□N/A
ØΥ	ΠN	

- MY ON ON/A
- DY ON DONA

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

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

DY ON

DY ON ON/A

- J. 534 5344
- DY ON ON/A
- DY ON
- TY ON ON/A

אם צע

_				
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?	ΟV	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	QΥ	ח⊓	□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?	ΟY	DN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΩΝ	[™] N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	· . ·		
	or expansion; and downstream from no other inlet?	ΠY	ΠИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ΠИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MA ON
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;	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?	MY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN MN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DN/A
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	DAY ON ON/A
8. Maintained compliance plan, if applicable?	DY DN PN/A

PART VI: LEAK DETECTION AND REPAIRS

_					
١.	Does the respon	onsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	ind repair
	inspection?			•	MD YE
2.	Has the facility	y maintained a leak log?	•		DIY ON
3.	Does the respon	onsible official check the	following areas for leak	s?	,
	Hose co	nnections, fittings,	/		
	couplin	ngs, and valves	DAY ON ON/A	Muck cookers	אואבן אם צם
	Door ga	skets and seating	MY ON ON/A	Stills	DY ON ON/A
	Filter ga	skets and seating	DY ON ONA	Exhaust dampers	OY ON ØN/A
	Pumps		DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent	tanks and containers	AND ND YES	Cartridge filter housings	DY ON ON/A
l	Water se	eparators	אום אם צעם A		
4.	Which method	d of detection is used by	the responsible official?		· · · · · · · · · · · · · · · · · · ·
İ	Visual e	examination (condensed s	solvent on exterior surfa	ces)	∠BC
	Physical	l detection (airflow felt th	rough gaskets)		Ø
	Odor (n	oticeable perc odor)			
	Use of d	lirect-reading instrument	ation (FID/PID/calorime	etric tubes)	PIP
	Haloger	ı leak detector			ZN(A
	If us	sing direct-reading inst	rumentation, is the equ	ipment:	ØN/A
		a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	DY DN
		_	standard gas prior to and	dafter each use	
		(PID/FID only)?			OY ON
		c. Inspected for leaks a	nd 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 accurac	y by use of duplicate san	nples (calorimetric only)?	חם אם
				·	

Torsh C Snith	MAGEL
Responsible Official's Name	Responsible Official's Signature
(Please Print)	- //
RV ChokoL.	1-14-99
Inspector's Name (Please Print)	Date of Inspection

Inspector's Signature

Jan 2000 Approximate Date of Next Inspection

ADE	OITIONAL SI	TE INFORMATION:			
1.	Secondary	Containment for:	,	Machine & Storage area Waste area Spotting area Sealed	Yes NO [] [] [] [] [] []
	•	·		•	
2.	Disposal	of Water from Wate	er Separator us	sing approved evaporator Nastewater service	
	m c	F Pi neede	cks l	p The w	o,te
	; 				

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМ	IPLAINT/DISC	OVERY	RE-INSP	PECTION
TIME IN: 10:00 TIME OL	JT: /0: 2 5		AIRS ID#: O	990441	
TYPE OF FACILITY: DRY Cleadin	JG				-, <u>i</u>
FACILITY NAME: Beleveders	CLOANERS			_DATE: 2	3 00
	<u>redera Roa</u>	<u>d</u>			
West Palm B	,				· · ·
RESPONSIBLE OFFICIAL: J.C. Smith	<u> </u>	PI	HONE NUMBER:_	833 - 70	<u> </u>
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300, Fl		_	•	ity is found to	be in
Based on the results of the compliance required discrepancies were noted:	uirements evaluat	ed during this i	nspection, the follo	wing complian	nce
COMPLIANCE REQUIREMENT/PI	ROBLEM	FOLL	OW-UP ACTIO	ON REQUI	RED
· · · · · · · · · · · · · · · · · · ·					
		-	Bure 8	70 m	
			JAR - 6	m	.ee*
			Monitoring Spurces		
· · ·					
COMMENTS:					
					/
The Annual Compliance Certification form has been	properly certified	l and submitted	to the inspector.	YES	иоХ
DATE OF NEXT INSPECTION:		6 200/ oximate)			
NSPECTION CONDUCTED BY:	Teff	-	,K	-	
NSPECTOR'S SIGNATURE:	Dugel	РНО	NE NUMBER: _3	355 - <u>307</u>	0 XT 1/39

of

Page

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS/

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNI RE-IN	UAL NSPECTION	X	COMPLA	INT/ĎISCOVE	RY 🗆
AIRS ID#: <u>0990441</u> DATE: 2	2/3/00	TIME	IN: 10:00	TIME OU	IT: 10: 25
FACILITY NAME:	e Clanne	es			
FACILITY LOCATION: 801	Be lueder	Road	<u> </u>		
WP	8 , FL 3	33418			
RESPONSIBLE OFFICIAL: JC	Smith		PHONE:_	833 - 70	184
CONTACT NAME:			PHONE:		
			Variety of the second s		AMERICA
PART I: NOTIFICATION					
(check appropriate box)		.`			
1. New facility notified DARM 30 days pri	ior to startup				\(\bar{\bar{\alpha}}\)
2. Facility failed to notify DARM to use ge	eneral permit				
PART II: CLASSIFICATION					
Facility indicated on notification form that	at it is:	 	☐ No notific	ation form	
(check appropriate box)				e/out of busines	s/petroleum
A. 1. Existing small area source	7 2 Ne	ew emalls	area source	χti	
dry-to-dry only, $x < 140$ gal/yr	dry-to	o-dry only	, x < 140 gaVyr	•	
transfer only, x < 200 gal/yr			< 200 gal/yr		
both types, $x < 140$ gal/yr (constructed before 12/9/91)		• •	140 gal/yr or after 12/9/91	1)	
3. Existing large area source] 4. Ne	ew large a	rea source		
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gaVyr}$	dry-to	o-dry only,	$140 \le x \le 2,10$		
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$			$00 \le x \le 1,800 g$		
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)			$\le x \le 1,800 \text{ gal}$ or after 12/9/91		
5. This is a correct facility classification)X (Y	DИ	□Can not det		
If no, please check the appropriate of	classification:				
•		rmit as nu	mber	above	
facility qualified f	ioi a general per	45			
☐ facility exceeds all					

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?	XY DN DN/A
2. Examining the containers for leakage?	ANNO NO YX
3. Closing and securing machine doors except during loading/unloading?	XY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מאר 💢 אם צם
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 ref. (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber m prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	s:
1. Equipped all machines with the appropriate vent controls?	≱ A □M
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ANG 110 Y S
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אואם אם עיש
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	р Ху
Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	אורם אם ציא
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?	טי טא
2	2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	ls the temperature differential equal to or greater than 20° F?	AVAC NO YO
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
1	Is the perc concentration equal to or less than 100 ppm?	DY DN DN/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?	
	or expansion, and de mistroam nom no other mier.	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אואם אם עם
6.	Routed airflow to the carbon adsorber (if used) at all times?	מ/אם אם עם

PART V: RECORDKEEPING REQUIREMENTS	· .
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased? Not At facility	XY ON
2. Maintained rolling monthly total of perc consumption?	\mathbf{A} Y \square N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אורם מם צוא
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אירם אם איא
4. Maintained calibration data? (for applicable direct reading instruments)	AYN X NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	אמ אם אם אם
6. Maintained startup/shutdown/malfunction plan?	. Х У́У ПИ
7. Maintained deviation reports?	AVIO NO Y X
Problem corrected?	XY □N □N/A
8. Maintained compliance plan, if applicable?	DY DN XXN/A

AD	DITIONALSI	TE INFORM/	TION:					
			٠.	•. •				110
1.	Secondary	Containme	nt for:	Dry Clean	ning Machine	& Storage area	Yes	<i>α</i> 4
					Waste a	rea	[X]	[]
	•				Spotting	g area Sealed	[x]	[]
				•				
						•		•
		`						
	111	•••				•		
2.	Disposal o	f Water fr	om Water	separato	c using appn	oved evaporator	· [x]	[]
	. :				cted Wastewa		[]	[×]
					: :		`	
	(A)	ME T	Selvs 1.1	0 414	aste Sludys)		
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	•	• • •	.
inspection?			XY DN
2. Has the facility maintained a leak log		•	X Y □N
3. Does the responsible official check t	he following areas for le	aks?	
Hose connections, fittings, couplings, and valves	₩Y □N □N/A	Muck cookers	חא 🗖 אט אַ
Door gaskets and seating	A/NO NO YM	Stills	אואם אם צאל
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY DN XVI
Pumps	XY □N □N/A	Diverter valves	DY DN DN/A
Solvent tanks and containers	ØY □N □N/A	Cartridge filter housings	MY ON ON/A
Water separators	ANO NO YE		-
. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfa	ces)	×
Physical detection (airflow felt t	hrough gaskets)		×
· Odor (noticeable perc odor)			×
Use of direct-reading instrument	tation (FID/PID/calorime	etric tubes)	M NA
Halogen leak detector			X NV
If using direct-reading inst	rumentation, is the equ	ipment:	⋈ N/A
•		ns in a range of 0-500 ppm?	OY ON
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	DY DN
d. Kept in a clean and s	ecure area when not in u	se?	DY DN
e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	DA DM
A STATE OF THE STA	ACC. 10-10-10-10-10-10-10-10-10-10-10-10-10-1	\sim	J.
Onsible Official's Nam (Please Print)	+ 	Responsible Office	cial s Sign
Jeffrey <u>Dizak</u> Inspector's Name (Please Prin	nt)	Date of Inspection	· .

••	_	N SUMMARY REPORT	
YPE OF INSPECTION:	ANNUAL 🗖	COMPLAINT/DISCOVERY	RE-INSPECTION
IME IN:	TIME OUT:	AIRS ID#:	0990441
ACILITY NAME:	Luedene Cleane 301 Between		DATE: 2/22/01 Boh
,			
ESPONSIBLE OFFICIAL:	J. C. Snikh	PHONE NUMBER:	833_7084
compliance with DEP R	ule 62-213.300, Florida Adm	•	
Based on the results of the discrepancies were noted	-	evaluated during this inspection, the follo	wing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	M FOLLOW-UP ACTIO	N REQUIRED
•	•		•
		KEO	
		MAR.	ZZO
	•	Bureau of Air	Monitoring Durces
M			
MMENTS:			
			·
Annual Compliance Certification:	2/02	tified and submitted to the inspector.	YES NO
SPECTION CONDUCTED BY:	h Liebler	Approximate) Please Print)	· · · · · · · · · · · · · · · · · · ·
י אמודר אוכוא איינים איינים איינים איינים איינים איינים איינים איינים איינים איינים איינים איינים איינים אייני	in till		55.3070

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY
FACILITY NAME: Beliedere C	
FACILITY LOCATION: 801 Bel	
RESPONSIBLE OFFICIAL: $CONTACT NAME: CONTACT	
	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup
2. Facility failed to notify DARM to use general per	mit
· .	the sections of the contract of
PART II: CLASSIFICATION	
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form
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	☐ 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
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	O No notification form O Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr

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?	DY ON ON/A
2. Examining the containers for leakage?	ZY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	אם צום
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ZY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אלאים אם צם
DIRECT TO COLOR VIDE CONTROL C	7.
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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
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 ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO YES
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY DN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY ON ON/A
5. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	9Y DN

L.	Has the geometible official of an exist.			
٦.	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?	۲۵	ПN	oue *
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΩY	ИП	□N/A
	Is the temperature differential equal to or greater than 20° F?	QΥ	ПИ	□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?	ΩY	ИD	
	Is the perc concentration equal to or less than 100 ppm?	Y	ПΝ	DN/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	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	∴ _D y	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	. · .	□N	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? MO YO 2. Maintained rolling monthly total of perc consumption? NO YES 3. Maintained leak detection inspection and repair reports for the following a. documentation of leaks repaired w/in 24 hrs? or; AND ND YDY 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 YE 4. Maintained calibration data? Ger explicable direct reading Instruments) DY DN MYA 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN MYA 6. Maintained startup/shutdown/malfunction plan? אַם אַם 7. Maintained deviation reports? DY ON ONA AY ON ONA Problem corrected? Maintained compliance plan, if applicable? DY DN TORNA

AT VI: LEAK DETECTION AND	REPAIRS			7
Does the responsible official conduct :	weekly (for small source	s, bi-weekly) leak detection	n and repair	`
inspection?			DY DN	1
Has the facility maintained a leak log?	•		מם קים	
Does the responsible official check the	following areas for leaks	s?		
Hose connections, fittings, couplings, and valves	אואם אם אם	Muck cookers	אקם אם צם	
Door gaskets and seating	אואם אם אם	Stills	אואם אם פֿע	
Filter gaskets and seating	אואם אם אס	Exhaust dampers	אואלם אם אם	
Pumps	אורם אם אף	Diverter valves	אואם אם צב	
Solvent tanks and containers	מארם מם צום	Cartridge filter housir	ngs DY ON ON/A	·
Water separators	אותם אם צם		•	
Which method of detection is used by	the responsible official?		į	
Visual examination (condensed	solvent on exterior surface	ės)	恒	•
Physical detection (airflow felt	through gaskets)		P.	
Odor (noticeable perc odor)			Ø	
Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)	p rein	
Halogen leak detector		•	P ~~	
If using direct-reading ins	trumentation, is the equi	ipment:	PAN/A	
a. Capable of detectin	g perc vapor concentration	ns in a range of 0-500 ppm	אם צים י	
 b. Calibrated against a (PID/FID only)? 	a standard gas prior to and	after each use	אם צם	
c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	DY DN	
d. Kept in a clean and	secure area when not in t	ıse?	NO YOU	
e. Verified for accura	cy by use of duplicate san	aples (calorimetric only)?	אם צם	
				1 LA
onsible Official's Na	Line	TOSE OF Responsible Of	c Snith	Ature
(Please Print)			,	
Inspector's Name (Please	Print)	Date of Inspectio	n b /	
, 0, 1		•		

Inspector's Signature

ADDITIONAL SITE INFORMATION:
Yes NO 1. Secondary Containment for: Dry Cleaning Machine & Storage area [/] [] Waste area [/] [] Spotting area Sealed [/] []
2. Disposal of Water from Water Separator using approved evaporator [] [] or contracted Wastewater service [] []

Please include your AIRS ID# on your check or money order. This number is located on the mailing laber.

TOTAL AMOUNT DUE: \$50.0% Mobile Sources RS

Do NOT Remove Label

AIRS ID# 990441 10 BELVEDERE CLEANERS 801 Belvedere Road WEST PALM BEACH, FL 33401

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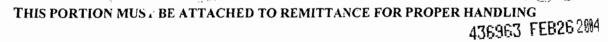
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Wreau of Air Monit

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1 FUND: 20-2-035001

OBJECT: 002273



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

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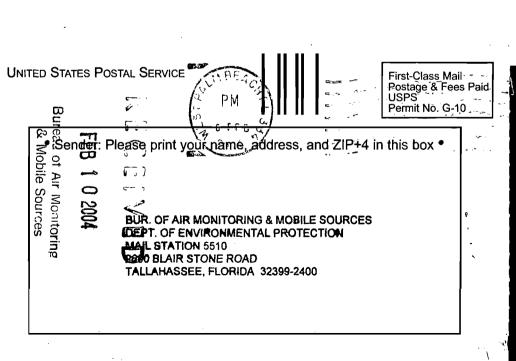
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ID# 990441 J SMITH BELVEDERE CLEANERS 801 BELVADARE WEST PALM BEACH, FL 33401

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

780	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
	For delivery information visit our website at www.usps.com®	
50	OFFICIAL USE	
5 T	Postage \$	
<u> </u>	Certified Fee	
E000	Return Reciept Fee (Endorsement Required)	
2260	Restricted Delivery Fee (Endorsement Required)	
	ID# 990441	\neg
2003	BELVEDERE CLEANERS	
1-	or PO 801 BELVADARE City, WEST PALM BEACH, FL 33401	
	PS For	ns

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1?
ID#990431 DONALD ST JOHN JADE CLEANERS	
1081 SINGER DRIVE SINGER ISLAND, FL 33404	3. Seprice Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7003 226	0 0003 5650 0780
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540





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AIRS ID#0990441

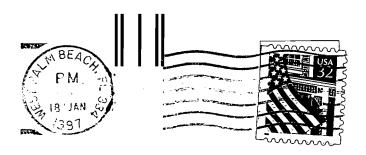
BELVEDERE CLEANERS J C SMITH 801 BELVADARE WEST PALM BEACH FL 33401 Bureau of Air Monitorine & Mobile Sources

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obje: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)	
1	Postage \$ Certified Fee	
	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 10 AIRS ID # 0990441001AG	
	J J C SMITH BELVADARE CLEANERS	

WEST PALM BEACH FL 33401 3. Service Type Certified Mail	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0990441001AG BELVADARE CLEANERS	A. Received by (Please Print Clearly) C. Signature Agent Address D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
4. Restricted Delivery? (Extra Fee)	OU BELVADARE	Certified Mail Express Mail Registered Return Receipt for Merchand

BELVEDERE CLEANERS 801 BELVEDERE ROAD WEST PALM BEACH, FL 33405



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

> No check Inside

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Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1, 1997. Your check and the detachable portion of this invoice below should be mailed to:

> Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32399-2400

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. 1/24/97 -s raver

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0990441 RAINY DAY INC J C SMITH 801 BELVEDARE ROAD WEST PALM BEACH FL 33401

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

Оы.: 002273

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TAT 12 97 TOTAL AMOUNT DUE: \$50.00

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RAINY DAY INC 801 BELVADARE WEST PALM BEACH FLORIDA 33401

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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form but didn't send a check!

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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

Fund: 20-2-035001 **9**bj.: 002273

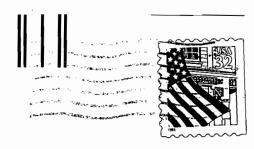
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AIRS ID # 0990441 BELVADARE CLEANERS J C SMITH **801 BELVADARE**

WEST PALM BEACH FL 33401

BELVEDERE CLEANERS 801 BELVEDERE ROAD WEST PALM BEACH, FL 33405





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AIRS ID # 0990441

BELVADARE CLEANERS J C SMITH 801 BELVADARE WEST PALM BEACH FL 33401

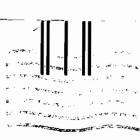
FOR GOVERNMENT USE ONLY-Org.: 37550101000 EO: A1

Fund: -20-2-035001

Obj.: 002273

BELVEDERE CLEANERS 801 BELVEDERE ROAD WEST PALM EEACH, FL 58405





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US Postal Service Receipt for Cel No Insurance Coverage Do not use for Internation RAINY DAY INC J C SMITH 801 BELVADARE WEST PALM BEACH F	Provid	ed. il <i>(See reverse)</i> AIRS ID 0990441
WEST PALM BEACH F	FL 3340	1
Certified Fee	1	
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, & Addressee's Address		
TOTAL Postage & Fees	\$	
Postmark or Date		

ļ				
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 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 		I also wish to receive the following services (for a extra fee): 1. Addressee's Ad 2. Restricted Deliv	dress z
RN ADDRESS completed c	AIRS ID 0990441 RAINY DAY INC J C SMITH 801 BELVADARE WEST PALM BEACH FL 33401	4a. Article N 4b. Service Registere Express Return Ref 7. Date of Do	36/2885 Type ad	O D Deligitue peans pean
s your RETUR	5. Received By: (Print Name) 6. Signature! (Addressee or Agent) 1. Signature! (Addressee or Agent)	8. Addressed and fee is	o's Address (Only if reque paid)	
<u> </u>	PS Form 3811 , December 1994		Domestic Return Re	eceipt

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0990441

RAINY DAY INC
J C SMITH
801 BELVADARE
WEST PALM BEACH FL 33401

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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 # 0990441

BELV&D&RE CLEANERS J C SMITH 801 BELV&D&RE WEST PALM BEACH FL 33401 FOR GOVERNMENT USE ONLY OF 57550101000 EO: B) Furo: 20-2-035001 Obj.: 002273

BELVEDERE CLEANERS 801 BELVEDERE ROAD WEST PALM BEACH, FL 33405



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