

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 6, 1996

Mr. Sunil Patel
President
Dryclean USA
13833 Wellington Market
Place, Bay-E6
Wellington, Florida 33414

Re: Facility I.D. No. 0990444

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 6, 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"

Printed on recycled paper.

·		ALITY GENERAL PERMIT- N SUMMARY REPORT	
TYPE OF INSPECTION:	ANNUAL 🗹	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#:	990444
TYPE OF FACILITY:	· Dry Cleaner		
FACILITY NAME:	D-i Cleam USA		DATE: 17 MOUD
FACILITY LOCATION:	13833 Welling L	1 Tr: West Palm	Beach 33414
,,,,			
RESPONSIBLE OFFICIAL:	Suil Potel.	PHONE NUMBER:	795 9383 .
	of the compliance requirements of Rule 62-213.300, Florida Admi	evaluated during this inspection, the faci	lity is found to be in
discrepancies were no	ted:	valuated during this inspection, the folk	owing compliance
COMPLIANCE REC	UIREMENT/PROBLEM	FOLLOW-UP ACTION	M REQUIRED
· · · · · · · · · · · · · · · · · · ·		Bureau o	ECE
	•	Air Monitori Air Sources	
•		ring	
		· · · · · · · · · · · · · · · · · · ·	
. •	•		
COMMENTS:			
		·	
he Annual Compliance Certificat	ion form has been properly certi	fied and submitted to the inspector.	YES NO
ATE OF NEXT INSPECTION	**	0 \	
SPECTION CONDUCTED B	Y: h Liel	pproximate) 2 \ 0 \ V lease Print)	
SPECTOR'S SIGNATURE:_	<u>\</u>	PHONE NUMBER:	5 3070

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/	DISCOVERY	a
J.					
AIRS ID#: 0940444	DATE: 17 MOU 00	TIME IN	í:	TIME OUT:	
FACILITY NAME: Day	Clean USA				<u>.</u>
FACILITY LOCATION:	13833 We	elling ton	Tr		
	Wost Pal	m B	each 33	417	· .
RESPONSIBLE OFFICIAL:	Sunil Patel		PHONE: 7	95 9363	
CONTACT NAME:			PHONE:		·· <u>-</u> ·
				:	
PART I: NOTIFICATION	·		 	·	
(check appropriate box)					
1. New facility notified DARM	130 days prior to startup	<u></u>			
2. Facility failed to notify DAR	•	• .			۵
		• .	: .	Construct Page 1	
PART II: CLASSIFICATION			·		
Facility indicated on notificat	ion form that it is:		☐ No notificat☐ Drop store/o		
(check appropriate box)				at or businessipe	roleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gallys both types, x < 140 gallys (constructed before 12/9/91	Vyr dr r tra - bo	insfer only, x oth types, x <	rea source , x < 140 gal/yr <200 gal/yr		doleum
A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Vyτ dr. r tra bo (co ree 4. 2,100 gaVyτ dr. 00 gaVyτ tra) gaVyτ bo	y-to-dry only unsfer only, x oth types, x < onstructed on New large a y-to-dry only ensfer only, 2 oth types, 140	rea source , x < 140 gal/yr <200 gal/yr 140 gal/yr or after 12/9/91)	gal/yr al/yr yr	doleum
A. 1. Existing small area sou dry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91 3. Existing large area soudry-to-dry only, 140 \le x \le 1,800 both types, 140 \le x \le 1,800 both types, 140 \le x \le 1,800	Vyr dr. dr. tra bo	y-to-dry only unsfer only, x oth types, x < onstructed on New large a y-to-dry only ensfer only, 2 oth types, 140	area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $x = 140 \le x \le 2,100$ $x \le 1,800 \text{ gal/y}$	gal/yr al/yr	doleum
A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91 3. Existing large area sou dry-to-dry only, 140 \le x \le 1,800 (constructed before 12/9/91 5. This is a correct facility If no, please check the	Vyr dr. tra bo (co ree 4. 2,100 gaVyr dr. 100 gaVyr tra (co classification e appropriate classification ility qualified for a general ility exceeds above limits	y-to-dry only unsfer only, x oth types, x < onstructed on New large a ry-to-dry only, 2 oth types, 140 constructed or IY IN on: all permit as not eliminate and is not eliminate.	area source , x < 140 gal/yr <200 gal/yr 140 gal/yr or after 12/9/91) area source , 140 ≤ x ≤ 2,100 00 ≤ x ≤ 1,800 gal/yr or after 12/9/91) Can not detainment gible for a generic	gal/yr al/yr yr emnine above al permit	

(check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 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? DY DN 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? DY ON ON/A 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 DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

B	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?	94	['] םא	I
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ŹΥ	ΩN	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΔA	ПΝ	AND.
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,	Ωv	,·	- 4
	if machines are equipped with a carbon adsorber?			Ç ∕ Ñ/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	DIN/A.
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	,	,	·
	or expansion; and downstream from no other inlet?	ΠY	ПΝ	DANIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	A/NÆ
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	Ви	AMA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	אם עם
2. Maintained rolling monthly total of perc consumption?	9 Ү
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ONA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אוחם אם אים
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DEN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	אואבל אם צם
6. Maintained startup/shutdown/malfunction plan?	אם עם
7. Maintained deviation reports?	אואם אם צע
Problem corrected?	אואם אם צם
8. Maintained compliance plan, if applicable?	DY DN DAN/A

AD	DITIONALSI	TE INFORMATION:	. •		
	<u> </u>				<u> </u>
		`			Yes NO
1.	Secondary	Containment for:	Dry Cleaning	Machine & Storage area	
				Waste area	
				Spotting area Sealed	
·					
			•.	•	
			•		.*
		•			
	910 -	_	•	•	4
		••			/
2.	Disposal c	of Water from Water	r Separator us	ing approved evaporator	[/]/[]
	:			Wastewater service	i į 🔯
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1. Does the responsible official conduct	a weekly (for small sour	ces, bi-weekly) leak detection	and repair
inspection?		•	MY ON
2. Has the facility maintained a leak log	?		אם אם
3. Does the responsible official check the	e following areas for leal	cs?	
Hose connections, fittings, couplings, and valves	D√y □N □N/A	Muck cookers	אואים אם צם
Door gaskets and seating	ANO NO YA	Stills	אואם אם ציע
Filter gaskets and seating	DY ON ONA	Exhaust dampers	ANG NO NO
Pumps	DY ON ON/A	Diverter valves	אואם אם עם
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
Water separators	DY ON ONA		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	solvent on exterior surfaç	es)	d
Physical detection (airflow felt the	rough gaskets)		Ø
Odor (noticeable perc odor)			d
Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	DY NA
Halogen leak detector			D WA
If using direct-reading instr	umentation, is the equip	oment:	P N/A
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	DY DN
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	חם אם
c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	אם צם
d. Kept in a clean and se	cure area when not in us	; e?	אם צם
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	מם צם
	·	`	
7 Suil	<u> </u>		
oonsible Official's Name (Please Print)	e	Responsible Offic	cial's Signa
Inspector's Name (Please Prin	(r)	Date of Inspection	
o come a reme true	•••	Date of hispection	
hn Lully		NOJ)
Inspector's Signature		Approximate Date of N	ext Inspection

0990444

P.15
(f) Should be marked

Odvijoja

Andrew Caller

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
<u> </u>	DRYCLEAN USA DIBLA MONICA INVESTMENTS INC.
2.	Site Name (For example, plant name or number):
	DRYCLEAN USA
3.	Hazardous Waste Generator Identification Number:
	50960H08; FLD984174722
4.	Facility Location: 13833 WELLINGON ARKET PLACE, BAY-EG
	Street Address: WELLINGTON TRACE
	City: WELLING TON County: Zip Code: 33414 PARM BEACH
5.	Facility Identification Number (DEP Use):
	0990444
	Responsible Official
	Name and Title CD. The Official
6.	Name and Title of Responsible Official:
	MR. SUNIL PATEL (PRESIDENT)
7.	Responsible Official Mailing Address: As ABOVE
	Organization/Firm:
	Street Address:
	City: County: Zip Code:
8.	r
	Telephone: (561) 795-9383 Fax: () -
	Facility Contact (If different from Responsible Official)
	/
9.	Name and Title of Facility Contact (For example, plant manager):
	AS ABOVE /
10	Facility Contact Address:
10.	H3 H130VE
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number: AS ABOVE
	Terephone: () / Fax: ()
	/
	•

RECEIVED

SEP 6 1996

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Bureau of Air Monitoring & Mobile Sources

Facility Information

I.(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.

NENZACCI SENENA-SUJ Type of Machine 310	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	1	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit		DM 7. 01	<u></u>						
(1) w/ ref. condenser	(7)		See7 1989						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		The state of the s		·				er en og ett gar	ng/ka sa
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			The second of the			e state of			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls	_								
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are re quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_, proethylene (perc)	purchased in			nths?	
		i 12 monuis.	New owner:		_j New Store	: [] Dia	not k	eep records:	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	ι×
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[]

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	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)
\swarrow	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	Sui
Signature	SUNIL PATEL Date

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: AN	NUAL	COMPLAINT/D	SCOVERY [RE-INSPEC	TION
TIME IN: 10:40	TIME OUT: 1/	:15	airs id#:	99044	14
TYPE OF FACILITY: DOY	Cleaning		<u></u>		
FACILITY NAME: DY	Clean U	<u> 5 A</u>	•	_DATE: 9-1	7-97
FACILITY LOCATION: 138	33 , ω	elling to	m Trace	 	
We	lington,	, OF	L 3341	4	0.2772
RESPONSIBLE OFFICIAL: Sur	il latel	<u> </u>	PHONE NUMBER:	795 - 3	1383
Based on the results of the concompliance with DEP Rule 62	npliance requirements e -213.300, Florida Admi	valuated during t inistrative Code (l	his inspection, the faci F.A.C.).	lity is found to be	in
Based on the results of the cordiscrepancies were noted:	npliance requirements e —-	valuated during t	his inspection, the foll	owing compliance	;
COMPLIANCE REQUIRE	MENT/PROBLEM	1 FO	LLOW-UP ACTI	ON REQUIR	ED
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		, -			•
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The second secon					
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	•				
COMMENTS:			<u> </u>		
The Annual Compliance Certification	form has been properly	certified and subn	nitted to the inspector.	YES	NO
DATE OF NEXT INSPECTION:	9-1	7-98			
INSPECTION CONDUCTED BY:_	RVC	(Approximate)			
Q_{ij}	Plan A	(Please Print)		200	-2071
INSPECTOR'S SIGNATIONE:	Cuouv		PHONE NUMBER:	ノンン	<u> </u>

ATMS PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY
	40
PART I: NOTIFICATION	
(check appropriate box)	, m >
 New facility notified DARM 30 days prior to a Facility failed to notify DARM to use general 	- ,
PART II: CLASSIFICATION	
Facility indicated on notification form that it is (check appropriate box)	s: \[\textsize \text{No notification form} \\ \textsize \text{Drop store/out of business/petroleum} \]
1	
(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	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
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate class facility qualified for a	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, $140 \le x \le 2,100$ 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 $12/9/91$) \square

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? A/NO NC 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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)

2				

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

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

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

DY DN

DY DN

DY DN DN/A

DY DN DN/A

DY DN DN/A

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?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ו אם צם	⊃N/A
	Is the temperature differential equal to or greater than 20° F?	DY DN C	JN/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?	מע מע	JN/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN (ÀN/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 (JN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ו אם עם	⊃N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ט אם צם	⊃N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased? Asked to keep De Cords	A DM			
2. Maintained rolling monthly averages of perc consumption?	A □N			
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 hrs? or;	AND 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?	TY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	AMA DN (MANA)			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN YNA			
6. Maintained startup/shutdown/malfunction plan?	DY □N			
7. Maintained deviation reports?) Write in your Records	DY DN Q N/A			
7. Maintained deviation reports?) Write in your Records Problem corrected? When it breaks down & when 8. Maintained compliance plan if applicable? Corrected etc.	ANO NO YE			
8. Maintained compliance plan, if applicable? Corrected. efer	AIN NO YO			

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
-	_	•	•	Yory □N		
1	Has the facility maintained a leak log?	o as The	nix form for beeckly log.	AS ON		
				Ar 211		
3.	Does the responsible official check the	10110wing areas for 16	aks?	,		
	Hose connections, fittings, couplings, and valves	אוחם חם צמ	Muck cookers	םע טע מאגע אם אם		
	Door gaskets and seating	אואם אם אלא	Stills	DAY ON ON/A		
	Filter gaskets and seating	אואם אם ציף	Exhaust dampers	DY DN DNA		
	Pumps	AND NO PNA	Diverter valves	AND ND YA		
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	DI DN/A		
 -	Water separators	AYOO OOYA				
4.	Which method of detection is used by	he responsible officia	1?			
	Visual examination (condensed s	olvent on exterior sur	faces)	ৰ ্		
	Physical detection (airflow felt th	rough gaskets)		/ 27 `		
	Odor (noticeable perc odor)			ø .		
	Use of direct-reading instruments	ation (FID/PID/calori	metric tubes)	□ * N/A		
	Halogen leak detector			- WWA		
	If using direct-reading insti	rumentation, is the e	quipment:	MINIA		
	a. Capable of detecting	perc vapor concentra	tions in a range of 0-500 ppm?	DY DN		
	b. Calibrated against a (PID/FID only)?	standard gas prior to	and after each use	חם עם		
	c. Inspected for leaks a	nd obvious signs of w	ear on a weekly basis?	OY ON		
	d. Kept in a clean and s	secure area when not	in use?	OY ON		
	e. Verified for accuracy	by use of duplicate s	amples (calorimetric only)?	מם צם		
			Λ			
	· ·	, Juni				
R.V. Chokshi 9-17-97 Inspector's Name (Please Print) Date of Inspection						
(2.V. Chom 8-17-98					
	Inspector's Signature Approximate Date of Next Inspection					

4 of 5

ADDITIONAL SITE INFORMATION: NO. 1. Secondary Containment for: Dry Cleaning Machine & Storage area Waste area Spotting area Sealed Disposal of Water from Water Separator using approved evaporator [] [X] or contracted Wastewater service Byy Water Separator in about 3 months Means like Zero Waste or similar Borand Owners Signature and Suggestion

301072

RECEIVED

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

DRYCLEAN USA

AIRS ID#0990444

SUNIL PATEL 13833 WELLINGTON MARKET PL BAY E-3 **WELLINGTON FL 33414** Bureau of Air Monitoring & Mobile Sources 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 \square NO 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL:

Signature

Æ

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:55 TIME OUT: 12:	45 AIRS ID#: 0990444
TYPE OF FACILITY: Dry Clean	
FACILITY NAME: DYY Clean USA	DATE: 9-23-98
FACILITY LOCATION: 13833 Wellingto	on Trace
wellington, F	-L 33414
RESPONSIBLE OFFICIAL: Sun 1 Pate/	PHONE NUMBER: 795-9383
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	ative Code (F.A.C.).
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· .	
	P
·	Bu OS CK
	Salar Salar Comments of the salar sa
-	es Ming
	*
· -	T
COMMENTS:	
	•
	•
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	1777
INSPECTION CONDUCTED BY:	pproximate) hokshi
INSPECTOR'S SIGNATURE And Company	Please Print) PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0990 444 DATE: 9-23	78 TIME IN: 11:55 TIME OUT: 12:45				
FACILITY NAME: Dog Clean USA					
FACILITY LOCATION: 13833	Wellington Force				
Wellint	non F9 33414				
RESPONSIBLE OFFICIAL:	etel PHONE: 795-9383				
CONTACT NAME:	PHONE:				
PART I: NOTIFICATION	\\				
(check appropriate box)					
1. New facility notified DARM 30 days prior to star	rtup 🗆				
2. Facility failed to notify DARM to use general pe	rmit 🔲				
PART II: CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum				
A.	a prop store out or ousmess pen oreum				
1. Existing small area source	2. New small area source				
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr				
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	transfer only, x < 200 gal/yr both types, x < 140 gal/yr				
(constructed before 12/9/91)	(constructed on or after 12/9/91)				
2 7	4. New large area source				
3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	4. New large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr				
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$				
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$				
(constructed before 12/9/91)	(constructed on or after 12/9/91)				
5. This is a correct facility classification	Y □N □Can not determine				
If no, please check the appropriate classification:					
facility qualified for a general permit as number above					
☐ facility exceeds above lir	nits and is not eligible for a general permit				
	urchased within the preceding 12 months by this dry cleaning				
facility was 160 gallons. 1997	87 gel for 1998				

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ZY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ADY ON ON/A 2. Examining the containers for leakage? DY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN PN/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) ZY ON 1. Equipped all machines with the appropriate vent controls? MY 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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after QY ON verifying that the coolant had been completely charged?

-		-		
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?		/ ON	1
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	6	r DN	□N/A
	Is the temperature differential equal to or greater than 20° F?		Z ON	□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?	؛ ئ	Z ON	ZN/A ZN/A
	Is the perc concentration equal to or less than 100 ppm?	الأ	Z ON	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,	—	((D))	ØN/A
	or expansion; and downstream from no other inlet?	ц,	(UN	M/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			PN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ים -		DN/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	py on				
2. Maintained rolling monthly total of perc consumption?	AY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	ZY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A				
6. Maintained startup/shutdown/malfunction plan?	ØY □N				
7. Maintained deviation reports?	ZY ON ON/A				
Problem corrected?	DY ON ON/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 sources,	bi-weekly) leak detection a	and repair	
inspection?			DY ON	
2. Has the facility maintained a leak log	?		DY ON	
3. Does the responsible official check the	ne following areas for leaks?			
Hose connections, fittings, couplings, and valves	, DY ON ON/A	Muck cookers	OY ON ON/A	
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	OY ON DAVIA	
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A	
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A	
Water separators	DY ON ON/A			
4. Which method of detection is used by	y the responsible official?			
Visual examination (condensed	solvent on exterior surfaces)		
Physical detection (airflow felt	through gaskets)			
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector			Ph	
If using direct-reading ins	strumentation, is the equipm	gent:	DAN/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? 🛛 🗆 Y				
b. Calibrated against (PID/FID only)?	a standard gas prior to and af	ter each use	OY ON	
c. Inspected for leaks	and obvious signs of wear or	n 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 sample	es (calorimetric only)?	OY ON	
Synil Patel		Suri		
sponsible Official's Na (Please Print)	ime 1	Responsible Off.	icial's Sign	
A.V. Choksh	<u> </u>	8-23-8	38	
Inspector's Name (Please	Print)	Date of Inspection		
2. V. Chour		2-1999		
Inspector's Signature		Approximate Date o	f Next Inspection	

4 of 5

ADDITIONAL SITE INFORMATION:

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

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

Safor Kleen picks up The west When Called

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:35	TIME OUT://:	: 05AIRS ID#:
TYPE OF FACILITY: Do	24 Cleaning	
FACILITY NAME: Dey	CRAN USA	DATE:
FACILITY LOCATION: /	3833 Wellingto	J TEACH
west	Palm Beach, FI	<u> </u>
RESPONSIBLE OFFICIAL:	Swall Patel	PHONE NUMBER: 795 - 9383
	-	ts evaluated during this inspection, the facility is found to be in iministrative Code (F.A.C.).
Based on the results of t discrepancies were noted	•	s evaluated during this inspection, the following compliance
COMPLIANCE REQU	JIREMENT/PROBLE	EM FOLLOW-UP ACTION REQUIRED
	. "	₽
-		
		304
		Sold To The Control of the Control o
		Arce's
COMMENTS:		
The Annual Compliance Certificat	ion form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION		JAN 2001
ZILL OF FIRM MIGHECITOR	•	(Approximate)
INSPECTION CONDUCTED B	Y:	Teffrey Dizek (Please Print)
INSPECTOR'S SIGNATURE:_	gerne Dusil	PHONE NUMBER: 355 - 3070 X7 1139
	Pa	age of . Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

X

ERS	V

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0990444 DATE: 1/28	/0- TIME IN: 10: 35 TIME OUT: 11: 05
FACILITY NAME: DEY CLAN UST	
FACILITY LOCATION: 13833 We.	
wellington	, F1 33414
1	11el PHONE: 795-9383
CONTACT NAME:	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to st	cartup 🖸
2. Facility failed to notify DARM to use general p	ermit 🗆
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
facility exceeds above lin	neral permit as number above mits and is not eligible for a general permit
 The total quantity of perchloroethylene (perc) pure facility was 159 gallons. 	urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) XY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DN DN/A 3. Closing and securing machine doors except during loading/unloading? MD YE 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? MY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? AIMIX NO YO 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) NO YX 1. Equipped all machines with the appropriate vent controls? XY 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 NA UN UNIA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AYMO MO YX condenser exceeded 45°F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? \mathbf{M} Y \square N

$\ \mathbf{E}\ $	3. Has the responsible official of an existing large or new large area source also:		2.7	
1				
1	. Measured and recorded the exhaust temperature on the outlet side of the condenser located			
1	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	X	ПN	
		Α,		
2	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	¥Υ	ΠN	□N/A
IJ.	illet and outlet weekly?	X 1	C114	UM/A
ľ	Is the temperature differential equal to or greater than 20° F?	XY	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,			
ľ	if machines are equipped with a carbon adsorber?	ΠV	ΠNI	⊠ N/A
	in machines are equipped with a carbon adsorber?	ЦΙ	ЦΝ	JAN JA
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	\square N	X 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,			j
	or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
		DV		Notice 1
	or expansion; and downstream from no other inlet?	LIY	ПN	ANA
_				
٥.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	_	_	J .
	condenser coils?	ΠY	ΠИ	X N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	\Box Y	$\square N$	™ N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased? Not at facility	🛛 У			
2. Maintained rolling monthly total of perc consumption?	X 1Y □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	AYA 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?	אואם אם צאָל םא			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN X IN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON X ON/A			
6. Maintained startup/shutdown/malfunction plan?	Ж У ПИ			
7. Maintained deviation reports?	ANA NO Y X			
Problem corrected?	X Y □N □N/A			
8. Maintained compliance plan, if applicable?	OY ON XXN/A			

A	n	n	TTI	10	IAV.	SITE	INFO	RMATION:	
•		v		\mathbf{v}	1177		11110		

1.	Secondary Containment for:	Dry Cleaning Machine & Storage area		"X]	
	-	Waste area	$[\chi]$	I]
		Spotting area Sealed	$[\chi]$	I]

- (A) spotting need is sealed but not very well.

 mentioned to me. Patel that this need should
 be essented.
- 2. Disposal of Water from Water Separator using approved evaporator [X] [] or contracted Wastewater service [] [X]
 - (A) SARETY KLEEN Picks up the Waste sludge (B) FACILITY WAS A MANDATURY RECORD KEEPING document Supplied to them by Prenix.

1. Does the responsible official conduct	a weekly (for small sour	ces, bi-weekly) leak detection	and repair	
inspection?	• • • • • • • • • • • • • • • • • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ØΥ	Ωи
2. Has the facility maintained a leak logs	?		X Y	ΠN
3. Does the responsible official check the		<s?< td=""><td></td><td></td></s?<>		
Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	ום צם	ANA X N
Door gaskets and seating	AND NO YO	Stills	XY D	N/A
Filter gaskets and seating	¥Y □N □N/A	Exhaust dampers		A/N ⊠ N
Pumps	ANO NO Y X	Diverter valves	XIY ON	A/M P
Solvent tanks and containers	אומם מם ציק	Cartridge filter housings	ATY DA	N/A
Water separators	AVID ND V X		-	
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed s	olvent on exterior surface	es) [=-	X	
Physical detection (airflow felt th	rough gaskets)		×	
Odor (noticeable perc odor)			×	
Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)	X NA	
Halogen leak detector		•	A NV	
If using direct-reading instr	umentation, is the equi	pment:	⊠ N/A	
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	DY DN	
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	מם עם	
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	□Y □N	
d. Kept in a clean and se	ecure area when not in us	se?	□Y □N	
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	□Y □N	
Junil Patel		l:1		
oonsible Official's Name (Please Print)	e	Responsible Offic	cial's	Sign
Inspector's Name (Please Prin	nt)	Date of Inspection		<u>.</u>
2		JAN 2001		

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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-	(Endorsement Required)		.21		
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0.5	SUNIL PATEL				
	MONICA INVESTMENTS INC				
	13833 WELLINGTON TRACE E-3 WELLINGTON FL 33414				
7000	~ LLLINGTON F.	L 33414	\sim		
)	PS Form 3800, Februa	ary 2000	See Reverse for Instructions		
was a Villamin					

SENDER: SSBUGGY NUMBER OF THE STATE OF THE SENDER: SSBUGGY NUMBER OF THE STATE OF THE SENDER: SSBUGGY NUMBER OF THE STATE OF THE SENDER: SSBUGGY NUMBER OF THE SENDER: SGBUGGY NUMBER OF THE SENDER: 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. Attach Addressed to: IO AIRS ID # 0990444001AG SUNIL PATEL MONICA INVESTMENTS INC	HOIR SHT OT LION ON DEFINERA
13833 WELLINGTON TRACE E-3 WELLINGTON FL 33414	3. Service Type Certified Mail
2. Article Number (Copy from service label) 7,000 0520 0000 9372 9	
PS Form 3811, July 1999 Domestic	c Return Receipt 102595-99-M-1789

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Paid by Ck. 1413

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. 301072

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0990444

DRYCLEAN USA SUNIL PATEL 13833 WELLINGTON MARKET PL BAY E-3 WELLINGTON FL 33414

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0990444

DRYCLEAN USA SUNIL PATEL 13833 WELLINGTON MARKET PL BAY E-3 **WELLINGTON FL 33414**

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273

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0353707

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

Paid by ck. 1851

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AIRS ID # 0990444

MONICA INVESTMENTS INC
SUNIL PATEL
13833 WELLINGTON MARKET PL BAY E-3
WELLINGTON FL 33414

BERGOVERNMENT USE ONLY
OF 37550101000 BO'B1
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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 ~

Jen 31.

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AIRS ID # 0990444

MONICA INVESTMENTS INC

SUNIL PATEL

13833 WELLINGTON TRACE E-3

WELLINGTON FL 33414

FOR GOVERNMENT USE Org.: 37550101000 EONA Fund: 20-2-035001 Obj.: 002273

DRY CLEUN USA 13833 WELLINGTON There, Wellington PL 33414



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

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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990444

MONICA INVESTMENTS INC SUNIL PATEL

SUNIL PATEL TYACE
13833 WELLINGTON MARKET PL BAY E-3

WELLINGTON FL 33414

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273