

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 14, 1997

Mr. Alka Patel A & B Cleaners 6350 Indian Town Road, Suite 5 Jupiter, Florida 33458

Re: Facility No. 0990479

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 16, 1997.

Please note that in January 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"

TYPE OF FACILITY: \(\sum_{\infty}\)	TIME OUT:	A	IRS ID#: 099	0 479
FACILITY NAME:		Town pol	DATI	E: 8/24/00 33458
RESPONSIBLE OFFICIAL: B	. Patel	PHON	E NUMBER: 7	44 8651
compliance with DEP Rule	compliance requirements ev 62-213.300, Florida Admin compliance requirements ev	istrative Code (F.A.C.). aluated during this inspe	Ction, the following Co	ompliance
COMPLIANCE REQUIR	EMENT/PROBLEM	FOLLOW	-UP ACTION RE	QUIRED
			Air Monit	
			oring .	
			•	
OMMENTS:	of 0-1		*	
e Annual Compliance Certification for	orm has been properly certif	icd and submitted to the	inspector. YES[Пои
	h Lieblar	proximate)		

RECEIVED Sandy Bowman JAN 16 1997 Rasik Chokshi

DEP

Bureau of Air Monitoring Beach County

Bureau of Air Monitoring West Palm Beach

8 Mobile Sources West Palm Beach General Permit Section FL BAMMS, M.S. 5510 1-8-97 FDEP 2600 Blair Stone Rd tollahassee, FL 32399-2400 Hi Sandy Would you please enter these two Dry cleaning Notifications into System. These people did not send notifications to Tallahansee yet Thank you.



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

February 26, 1997

Mr. Alka Patel A & B Cleaners 901 Evernia Street Jupiter, Florida 33458

Re: Facility No. 0990479

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 16, 1997.

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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"

#0990779 A&B Cleaners

D.14	1.(a) for#"/", add date control
	device installed—if controls
	on machines) when purchased,
	write same date;
-	write same date; for#112", if "1992" date is
	When machine initially Durchased
	move date over (2) spaces, add
· 	date control device installed
	3. R.O. must initial changes,
	not the inspector-change
D.16-	-choose one only mark
	-choose one only, mark out 2nd "X" and initial (RO.)
-	need original signature

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification JAN 1 6 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

·		
1. Facility Owner/Company Name	(Name of corporation, agen	cy, or individual owner):
ALKA DATEL	<i>!</i> Λ · Λ	
2. Site Name (For example, plant r	(A 2 B CitAN	CLS)
2. Site Name (For example, plant h	ame or number):	-
CA CA A		
SAME AS AS	320	
3. Hazardous Waste Generator Idea	ntification Number:	Line 901 evernia SI
* 730100361°	9 153	III III
4. Facility Location: 6350	INDIAN TO	HRS 901 everniast
City: — 0	County: 0	Zip Code: 33478
City: Julinon	IB.	23618
5. Facility Identification Number (DEP Use):	
		Dagnung
		0990479
(E) - 15-01	Responsible Officia	al ·
Name and Title of Responsible	Officiale	
o. Name and Title of Responsible C	Jiliciai.	<i>(</i> Λ
ALVA PASSE	BHUPENOWA PAG	TO (PLETIDENT)
7. Responsible Official Maining Ac	ldress:	
Organization/Firm:		
Street Address:	C-11-1-1-1	7:- Code
City: As ABOVE	County:	Zip Code:
8. Responsible Official Telephone	Number:	
		x: () -
Telephone: (Sol) 744	8656	
	_	
Facility C	ontact (If different from R	esponsible Official)
9. Name and Title of Facility Conta	act (For example, plant mana	ger):
BAME		
10. Facility Contact Address:		
Street Address:		
Street Address: City:	Courts	Zip Code:
& Ame	County:	Zip Code.
11. Facility Contact Telephone Num	lber:	
		x: () -
Telephone: (561) 743	LL3 8	•

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Facility Information

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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93 / N	12-NOV-93	#2 2	08-DEC-91	of find	#3 lot (02-MAR-92	02-MAR-92
Dry-to-Dry Unit		1	1/						1 - 1 1
(1) w/ ref. condenser	T	6194	1992	2			,		
(2) w/ carbon adsorber		Contr	oni a	e	There	drag	dy		
(3) w/ no controls							7		
Vasher Unit			'		·	·	7		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
ryer Unit			*		- U				
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
eclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									1
(b) Control devices are(c) No control devices				,		inst q	11-	d	- alm
(b) If less than 12 mont	gallo hs, h	ons ow many? [_] months						
Check why it is less								•	
What is the facility's so (Indicate with an "X".					nitions foun	A.			
Existing small ar	ea so	urce []	Ne	w sn	nall area sour	rce	-		
Existing large are	ea so	urce []	Ne	w laı	rge area sour	ce [X	D Q	\mathcal{N}	

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•	
4. What control technology is required on machines pursuant to section (5) (Indicate with an "X".)	of Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated condense	er Gut
New small area source Refrigerated condenser [**Ellipsi	
New large area source Refrigerated condenser [
	·
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input boiler HP or less), and (2) are fired exclusively by natural gas except for peduring which propane or fuel oil containing no more than one percent sulfu	eriods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping In	formation
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	[KQ]
(b) Leak detection inspection and repair	प्रह्म
(c) Refrigerated condenser temperature monitoring	(मंद्रा)
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	(C)
(f) Start-up, shutdown, malfunction plan	[7[2]

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

Surrender of Existing Air Permit(s)

Plea	ase indicat	te with an "X" the appropriate selection:
	ιχι	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	ĽŲ	No air permits currently exist for the operation of the facility indicated in this notification form.
		Responsible Official Certification
	this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
	I will pro	emptly notify the Department of any changes to the information contained in this notification.
	Signature	1/1/1997 Date
	J	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT.

TYPE OF INSPECTION:	AMNUAL	COMPLAI	NT/DISCOVERY	RE-INSPI	ECTION _
TIME IN: 11:30	TIME OUT:	12:30	AIRS ID#:_	09900	479
TYPE OF FACILITY:	Dy cleane	- y-3			
FACILITY NAME: A	2B Cle	eaner	5	DATE: (-)	7-97
FACILITY LOCATION:	350 In	diante	won Rd.	#5	
J.	epiter 1		33458		
RESPONSIBLE OFFICIAL:	Mr. B. PA	TEL	PHONE NUMB	er: <u>74-</u> 3-	-2238
Based on the results of	the compliance requirem	ents evaluated du	ring this inspection, the	facility is found to b	oe in
•	Rule 62-213.300, Florida				÷.
Based on the results of discrepancies were note	the compliance requirements:	ents evaluated dur	ring this inspection, the	following complian	ce
COMPLIANCE REQU	JIREMENT/PROB	LEM	FOLLOW-UP AC	CTION REQUIF	XED .
	<u>.</u>				
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:					•.
				-	
•					
					<u>.</u>
and the second s			· · · · · · · · · · · · · · · · · · ·	······	
COMMENTS					
COMMENTS:			•		
**				•	
** ₁					
The Annual Compliance Certific	ation form has been prope	erly certified and	submitted to the inspect	tor. YES	NO
DATE OF NEXT INSPECTION	N:	$\frac{1-7}{1}$	-98		
INSPECTION CONDUCTED	BY: R.V	(Approxim Choks	1 .		
i	0,01	(Please Pri	nt)	フンニ	
INSPECTOR'S SIGNATURE:	12 V. Ch		PHONE NUMBE	R: 355	-30/0
		Page			Revised 10/96

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCO	VERY 🗆
AIRS ID#: 0990479 DE FACILITY NAME: A & FACILITY LOCATION: 6	T3 Cle 350 Is Supiter,	ondia F	N: /1:30 TIME	
Mr. B. PATEL PART I: NOTIFICATION		143	- 2238	
(check appropriate box)				
1. Existing facility notified DARM	M by 9/1/96		•	×
2. New facility notified DARM 30	days prior to startup			
3. Facility failed to notify DARM	to use general permit			а
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	form that it is:			
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)	dry- tran botl	to-dry only, sfer only, x n types, x<1	, x<140 gal/yr <200 gal/yr	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" galboth="" gally="" only,="" td="" transfer="" types,=""><td>gal/yr dry- /yr tran boti</td><td>sfer only, 2 1 types, 140</td><td>nrea source , 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>	gal/yr dry- /yr tran boti	sfer only, 2 1 types, 140	nrea source , 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>	
This is a correct facility classifica	tion.	М		
If no, please check the appropriat	e classification:			
1	for a general permit as above limits and is not	_		
B. The total quantity of perchloro facility was 145 gallons.	ethylene (perc) purcha	sed within t	he preceding 12 months l	by this dry cleaning

Perc delivery Person Delivers Perc Into Maghine

PART III: GENERAL CONTROL REQUIREMENTS	Pers disetty will
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	מצ מת אל אין
2. Examining the containers for leakage?	≱ ā □n
3. Closing and securing machine doors except during loading/unloading?	ATA □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☆ Y □N
5 Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON KNIA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed	ed to Part V.
If classification 2 has been checked, the machine should be equipped (complete A below).	with a refrigerated condenser
If classification 3 has been checked, the machine should be equipped condenser or a carbon adsorber (complete A and B below). Carbon a installed prior to September 22, 1993	9
If classification 4 has been checked, the machine should be equipped (complete A and B below).	with a refrigerated condenser
A. Has the responsible official of all new sources and existing large area (check appropriate boxes)	ı sources;
1. Equipped all machines with the appropriate vent controls?	X DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	XYYON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away condenser upon opening the door? Has fam	from the
4. Measured and recorded the temperature of the outlet exhaust stream of a refrig condenser on a weekly basis?	erated
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature condenser exceeded 45° F?	of the

 $\not \! \! A^{\Lambda} \ \square^{M}$

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

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?	%	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	\$ {\chi}	ПN	
	Is the temperature differential equal to or greater than 20° F?	XY	ПN	~
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	NO	X N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	\$ N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?		ПD	风水
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΞY	□и	M N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ЙП	Ø√I/A

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

PART VI: LEAK DETECTION AND REPAIRS	<u> </u>
1. Does the responsible official conduct a weekly leak detection and repair inspection?	XX ON

. Which method of detection is used by	the respor	nsible official	1?	,		
Visual examination (condensed s	solvent on	n exterior surf	faces)	∇		1
Physical detection (airflow felt th	uough ga	skets)		Ā	i	ı
Odor (noticeable perc odor)	X	1				
Use of direct-reading instrument	ation (FII	PID/calorin	netric tubes)	X I	IN/A	
If using direct-reading instrum	entation,	, is the equip	ment:		.~	
a. Capable of detecting	perc vapo	or concentrati	ions in a range of 0-500 ppm?	XY	NC	
b. Calibrated against a (PID/FID only)?	standard ,	gas prior to a	und after each use	XY	ИC	
c. Inspected for leaks a	nd obviou	ıs signs of we	ar on a weekly basis?	X	אכ	
d. Kept in a clean and	secure are	a when not i	n use?	X	NC	
e. Verified for accuracy	by use of	f duplicate sa	mples (calorimetric only)?	ПY	JN A N	/A-
. Has the facility maintained a leak log?	•		, , , , , , , , , , , , , , , , , , ,	X	מכ	
. Does the responsible official check the	following	g areas for le	aks?		, and the second	
Hose connections, fittings, couplings, and valves	XY	ПП	Muck cookers	QY.	ON 💢	NA
Door gaskets and seating	ŢΥ	ПN	Stills	\cancel{A}_{λ}	מם בן	gay A
Filter gaskets and seating	Ax.	ON .	Exhaust dampers	*	ON 💢	هر(بم
Pumps	AY.	NO	Diverter valves They have fan	ΠY	ои 🗶	N/M
Solvent tanks and containers	∯Y.	□N	Cartridge filter housing	z XY	ПИ	
Water separators	YY	□и				
Name of Responsible Office R. V. Chokoh Inspector's Name (Please Pr. U. U. Inspector's Signature			Date of Ins	98	spection	
ound the Me	-ch	ines		Jani	nerts	
peretal System	ter	Reco	very System	fo	~ W	Je

PERCHLOROETHYLENE DRY CLEANERS

ARMS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

2

COMPLAINT/DISCOVERY

۵

RE-INSPECTION

AIRS ID#: 0990479DATE: 4-27-98 TIME IN: 10:45 TIME OUT: 11650
FACILITY NAME: A & B Cleaners
FACILITY LOCATION: 6350 Indiantown Rd #5
Jupiter, FL 33458
RESPONSIBLE OFFICIAL: Bipin Patel PHONE: 743-2238
CONTACT NAME:PHONE:

P	AF	łΤ	I:	N	0	T	IF.	ICA	LT	OV	l
_			_	_	_	_	_				

PART II: CLASSIFICATION

(check appropriate box)

(check appropriate box)

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

Facility indicated on notification form that it is:

- ☐ No notification form
- \square 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)
- 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)
- 5. This is a correct facility classification

- 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)
- MY ON

□Can not determine

MAY UI	
-	

If no, please check the appropriate classification:

facility qualified for a general permit as number

 \Box

facility exceeds above limits and is not eligible for a general permit

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

MAY A A 1990

MAY A A 1990

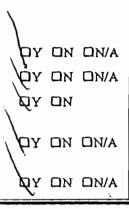
Bureau of Air Monitoring

Bureau of Air Monitoring

PART III: GENERAL CONTROL REQUIREMENTS

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

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



PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

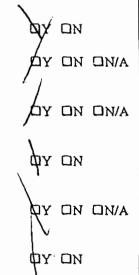
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

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

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

- 1. Equipped all machines with the appropriate vent controls?
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/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?



B. Has the respon	sible official of an existing large or new large area source also:	
	ecorded the exhaust temperature on the outlet side of the condenser located eclaimer, and dryer machines on a weekly basis?	фу Dи
2. Measured and reinlet and outlet	ecorded the washer exhaust temperature at the condenser weekly?	אואם אום אוא
Is the tem	perature differential equal to or greater than 20° F?	ANO NO Y
at the end of the	ecorded the perc concentration in the exhaust stream weekly final drying cycle while the machine is venting to the adsorber, equipped with a carbon adsorber?	און אם און אם און
Is the perc	concentration equal to or less than 100 ppm?-	באת מו אם אם
perc concentrati	e sampling port on the carbon adsorber exhaust for measuring ions is at least 8 duct diameters downstream of any bend, contraction, at least 2 duct diameters upstream from any bend, contraction,	·. · ·
	nd downstream from no other inlet?	DA DN DN/V
5. Equipped transf condenser coils	fer machines (dryers, reclaimers, and washers) with individual?	באלק מם עם
6. Routed airflow	to the carbon adsorber (if used) at all times?	באום אם אם

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	í.
1. Maintained receipts for perc purchased?	рх ои
2. Maintained rolling monthly averages of perc consumption?	da on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אומם מם צם
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 אוא
4. Maintained calibration data? (for applicable direct reading instruments)	אומקל מם עם
5. Maintained exhaust duct monitoring data on perc concentrations?	אואולם אם צם
6. Maintained startup/shutdown/malfunction plan?	dy on
7. Maintained deviation reports?	DY ON ONIA
Problem corrected?	אומם מם צע
8. Maintained compliance plan, if applicable?	DY ON ANIA

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 ON		
2. Has the facility maintained a leak log?			אם אם		
3. Does the responsible official check the fo	ollowing areas for leaks?				
Hose connections, fittings, couplings, and valves	ΦΥ □N □N/A	Muck cookers	OY ON DINA		
Door gaskets and seating	אואם אם צלי	Stills	אואם אם צוף		
Filter gaskets and seating	אואם אם ציף	Exhaust dampers	אא אם עם אם		
Pumps	אוֹאם אם צים	Diverter valves	אואם אם אלא		
Solvent tanks and containers	אום אום אוא	Cartridge filter housings	אואם אם צףם		
Water separators	אואם אם אל				
4. Which method of detection is used by th	e responsible official?		,		
Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt thro	4 (
Odor (noticeable perc odor)			4		
Use of direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)	DU/A		
Halogen leak detector		•	DNA		
If using direct-reading instru	mentation, is the equipme	ent:	ΦN/A		
a. Capable of detecting p	erc vapor concentrations in	a range of 0-500 ppm?	ОУ ОИ		
b. Calibrated against a st (PID/FID only)?	מם צם				
 c. Inspected for leaks and 	DY DN				
d. Kept in a clean and se	cure area when not in use?		OY ON		
e. Verified for accuracy b	y use of duplicate samples	(calorimetric only)?	OY ON		

B-PATEL

Responsible Official's Name (Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

A-27-98

Date of Inspection

April 1999

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
Yes, 1. Secondary Containment for: Dry Cleaning Machine & Storage area [/] Waste area [/] Spotting area Sealed [/]	NO [] [] []
2. Disposal of Water from Water Separator using approved evaporator [] or contracted Wastewater service []	
Safety Clean picks up The w Approximately Once every other months	cole
Cehen ever Owner Calls them	
gave Bipin Patel FDEP Calender & Ph. Jorm to keep records for leak check, temp measurement 2 perc Purchase recent	enix

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COM	PLAINT/DISCOV	ERY	RE-INSPEC	אסוד
TIME IN: 10:45	TIME OUT: //	1:50)A	IRS ID#:	79047	9
TYPE OF FACILITY:) 87 clean	ing		<u>-</u>		
FACILITY NAME:	& B Cle	can	ors	-	DATE: 4-6	27-98
FACILITY LOCATION: 6	350 Inc	han	town	Kd #	5	
J	upiter 1	1	55458		~ N 7 7	- 5 5 6
RESPONSIBLE OFFICIAL:	sipin fate	<u>(</u>	PHO	NE NUMBER:	743-2	238
* L	the compliance requireme Lule 62-213.300, Florida A				ty is found to be	in
Based on the results of t	the compliance requireme	ents evalua	ted during this insp	pection, the follov	ving compliance	
COMPLIANCE REQU	JIREMENT/PROB	LEM	FOLLO	W-UP ACTIO	N REQUIRE	<u>D</u>
					``	
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•			-			
						
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			•		Bures	
And the control of th			•	· · · · · ·	20 A	
					Air Mor	
	-				ntoring sices	-0
COMMENTS:		!		•		
		•				
··						
The Annual Compliance Certific	ation form has been prop	erly certific	ed and submitted to	o the inspector.	YES	NØØÝ
DATE OF NEXT INSPECTIO	и:Я	pril	1999			
INSPECTION CONDUCTED	ву:	. V.	Choks	hi".		
INSPECTOR'S SIGNATURE	L.V. Eli	de-	ase Print) PHON	IE NUMBER:	355-	3070

Page

of

Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

<u> </u>	RE-INSPECTION
TIME IN: 11:40 TIME OUT: 12:25	AIRS ID#: 0990479
TYPE OF FACILITY: Dry Cleaning	–
FACILITY NAME: A&B Cleaners	DATE: 5-99-9
FACILITY LOCATION: 6350 Indianto	owen Rd
RESPONSIBLE OFFICIAL: BIDIT OF Alka Pater	55458
RESPONSIBLE OFFICIAL: Bipin or Alka Patel	PHONE NUMBER: 743-2238
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	The state of the s
Based on the results of the compliance requirements evaluated discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	- PR
	The state of the s
	Sources
	
-	
COMMENTS:	•
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NOD
	000
INSPECTION CONDUCTED BY: R.V. Ch	pproximate) OKShi
INSPECTOR'S SIGNATURE: Q.V. Cholin	Please Print) PHONE NUMBER:

PERCHLOROETHYLENE DRY CLEANERS

Apris

TITLE VIGENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	×	COMPLAINT/DISCOVERY	0	
FACILITY NAME:	Strong CI Sipin or A	rdia F	n: 11:40 TIME OUT: ers n town 121 = - L 33 458 PHONE: 743-2 PHONE: 744-86	#5	
PART I: NOTIFICATION	•				
1. New facility notified DARM	(check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit				
PART II: CLASSIFICATIO	N.	·	the spot least this		
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sor dry-to-dry only, x < 140 gates transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9)	tion form that it is:	ransfer only, both types, x	□ No notification form □ Drop store/out of business area source □ y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91)	petroleum	
3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9	2,100 gal/yr 6 800 gal/yr t 0 gal/yr 6	iry-to-dry on ransfer only, ooth types, 1	e area source ly, $140 \le x \le 2,100 \text{ gaVyr}$ $200 \le x \le 1,800 \text{ gaVyr}$ $40 \le x \le 1,800 \text{ gaVyr}$ on or after $12/9/91$) \square Can not determine		
D fa	he appropriate classificat allity qualified for a gene	ion: ral permit as	number above		

1000

B. The total quantity of perchloroethylege (perc) purchased within the preceding 12 months by this dry cleaning facility was 198 gallons.

D ...t. 1 0015007

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?	MY ON ON/A				
2. Examining the containers for leakage?	PAY 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?	ם אואבן 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 refrigerated condenser (complete A below).					
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 mu prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser				
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	s:				
1. Equipped all machines with the appropriate vent controls?	אם אַס				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	PY ON ON/A				
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?	MA ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A				
5. Conducted all temperature monitoring after an appropriate cooldown period and after	AV DV				

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	אם עש
2. Maintained rolling monthly total of perc consumption?	אם צום
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 and parts installed w/in 5 days of receipt?	days
4. Maintained calibration data? (for explicable direct reading instruments)	איאס אם אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ØN/A
6. Maintained startup/shutdown/malfunction plan?	MA ON
7. Maintained deviation reports?	AVID NO YA
Problem corrected?	AY ON ONJA
3. Maintained compliance plan, if applicable?	OY ON PANA

٩٨	ART VI: LEAK DETECTION AND	REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			MD YD			
2.	Has the facility maintained a leak log?	*		MD Y			
3.	Does the responsible official check the	following areas for le	aks?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON PINA			
	Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A			
	Filter gaskets and seating	AVO NO YE	Exhaust dampers	DY DN DN/A			
	Pumps	DY ON ON/A	Diverter valves	AND NO YO			
	Solvent tanks and containers	אואם אם צם	Cartridge filter housings	MY ON ON/A			
	Water separators	AND NO YE					
4.	Which method of detection is used by	the responsible officia	11?				
	Visual examination (condensed	solvent on exterior su	faces)	<u> </u>			
	Physical detection (airflow felt t	hrough gaskets)		٠. الور			
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector						
	If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting	g perc vapor concentra	ations in a range of 0-500 ppm?	DY DN			
	b. Calibrated against a (PID/FID only)?	standard gas prior to	and after each use	מם עם			
	c. Inspected for leaks	and obvious signs of v	vear on a weekly basis?	אם עם			
	d. Kept in a clean and	secure area when not	in use?	מם עם			
	e. Verified for accura	cy by use of duplicate	samples (calorimetric only)?	מם עם			

ISUPONDA				
Responsible Official's	Name			
(Please Print)				

Inspector's Name (Please Print)

Responsible Official's Signature

5-13-53

Date of ruspection

Mcy 2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
Yes NO 1. Secondary Containment for: Dry Cleaning Machine & Storage area Waste area Spotting area Sealed [] [1 1 1
2. Disposal of Water from Water Separator using approved evaporator [1]]
or contracted Wastewater service [1] Safely Kleen picks up the waste	1 .
When Called.	
They have two day Cleaning Machin at this location. Therefore, They we	88
Perc Usage en Separate leak Check and	11
They were also given two FDEP 19	99
Calender - One for each drycle	aning
machine.	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:15 TIME OUT: 12:15	AIRS ID#:
TYPE OF FACILITY: Dey Cleaning	·
FACILITY NAME: A & B CRANCES	DATE: 3/30 /00
FACILITY LOCATION: 6350 Two antound RDAC	
Jupike, Fl	· ·
RESPONSIBLE OFFICIAL: BipiJ Pak!	PHONE NUMBER: 744 - 8656
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	• • •
Based on the results of the compliance requirements evaluate discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
1035, And Rulling totals for monthly perchloroethylere purchases incomplete.	FACILITY WILL BEZIN KERPINJ COMPLETE IRAK 1095, ENFRIGERATED CONSIDER TEMPORATURE 1095, A. REILING, TOTALS FOR MONTH / PORCH CECUTA / LOWER DUT CHASES IMMEDIATELY
	A FORMAL NOTICE TO CORRECT VIOLATION HAS been yelled And given to the facility supervised, during this inspection.
	MAY 2000.
	· · · · · · · · · · · · · · · · · · ·
	\mathcal{P}
	APR 1
OMMENTS:	0 2
	2100 2100 Dair Monitoring
he Annual Compliance Certification form has been properly certified	
ATE OF NEXT INSPECTION:	2000
(Appro	oximate)
NSPECTION CONDUCTED BY: Teffeey (Please	Dizek e Print)
ASPECTOR'S SIGNATURE: Quary Durell	PHONE NUMBER: 355 -3070 XT 1139

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT—COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	· X	COMPLAIN	T/DISCOVERY	
AIRS ID#: <u>Ø990479</u> I FACILITY NAME: <u>A → </u> [•	TIME	IN: //:/5	_ TIME OUT: _/	9: 1 <u>5</u>
FACILITY LOCATION:		to the force	.1		
PACIEITI EOCATION	_				
	Jupiter, Fl				
RESPONSIBLE OFFICIAL:	Bipin Pakl		_ PHONE:	44 - 8656	
CONTACT NAME:			_ PHONE:	······	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 3	30 days prior to startup	o			
2. Facility failed to notify DARN	1 to use general permi	it		•	۵
			and the second second	The state of the s	
				· · · · · · · · · · · · · · · · · · ·	
PART II: CLASSIFICATION					
Facility indicated on notification	n form that it is:		☐ No notificat		roleum
	n form that it is:			tion form out of business/pet	roleum
Facility indicated on notification (check appropriate box)	e 🖸 2 r di tr b	ansfer only, x oth types, x <	Drop store/orea source x < 140 gal/yr < 200 gal/yr	out of business/pet	roleum
Facility indicated on notification (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	e	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140	Drop store/orea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	out of business/pet	roleum
Facility indicated on notification (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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	e	ry-to-dry only, ansfer only, x oth types, x < constructed on . New large a ry-to-dry only, ansfer only, 20 oth types, 140 constructed on	Drop store/of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	gal/yr	roleum
Facility indicated on notification (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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no, please check the approximation facility	e	ry-to-dry only, ransfer only, x oth types, x < constructed on. New large a ry-to-dry only, ansfer only, 20 oth types, 140 constructed on. Y	□ Drop store/orea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 < x < 2,100$ $x < 1,800 \text{ gal/yr}$ $x < 1,8$	gal/yr rmine above I permit	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MAY □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ØÝ □N 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/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? DY DN **X**N/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) YY DN 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 XY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated XY UN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the TY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after YY DN verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	YY ON			
2. Maintained rolling monthly total of perc consumption?	XY □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or; Micomplete	YY 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?	YY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	A/N/X NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON X N/A			
6. Maintained startup/shutdown/malfunction plan?	A A □N			
7. Maintained deviation reports?	XY ON ON/A			
Problem corrected?	ÌXY □N □N/A			
8. Maintained compliance plan, if applicable?	OY ON XN/A			

•	DEST AVAILABLE OUT I		
ADDITIO	NAL SITE INFORMATION:		
1. Sec	condary Containment for: Dry Cleaning Machine & Storage area Waste area Spotting area Sealed	Yes (X) (X)	ON []
	(A) spotting ARRA perling. News A Reseal.		:
-1	· · · · · · · · · · · · · · · · · · ·		
2. Dis	posal of Water from Water Separator using approved evaporator or contracted Wastewater service	[X] []	[] [×]
	(A) Facility has two machines fore new and One existing. (B) Safety Klew picks up the waste sludy. (C) Leak inspection logs are incomplete / missing Tan them march 2000. (D) Gave facility suprevisor 2 DEP compliment Caludar 2000 for record Keeping. (E) Facility will be reinspected in 1 month. (F) A Formal notice to Great violation has been written and given to the Facility suprevisor during this inspection.		

1. Does the responsible official conduct	a weekly (for small sour	ces, bi-weekly) leak detection	and repair	
inspection?			X Ý □N	
2. Has the facility maintained a leak log?	incomplete		X Y □N	
3. Does the responsible official check the	following areas for lead	is? incomplete		
Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	A'א אל אם אם	
Door gaskets and seating	XY ON ON/A	Stills	XY ON ON/A	
Filter gaskets and seating	XY ON ON/A	Exhaust dampers	OY ON ANA	
Pumps	XY ON ON/A	Diverter valves	Y ON ON/A	
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	XY ON ON/A	
Water separators	MY ON ON/A			
. Which method of detection is used by	the responsible official?			
Visual examination (condensed s	olvent on exterior surfac	es) -	Ø	
Physical detection (airflow felt th	rough gaskets)		Ø	
Odor (noticeable perc odor)			ø	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			₩ NA	
Halogen leak detector			X NA	
If using direct-reading instrumentation, is the equipment:				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N				
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	OY ON	
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?	DY DN	
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	□Y □N	
Part 1/11		Sob-	ingko;	
onsible Official's Name (Please Print)	<u>9R1.</u> e	Responsible Offi	cial's Sign	
Inspector's Name (Please Prin	nt)	3/30/co Date of Inspection		
gunny Dunit		May 200 Approximate Date of	Next Inspection	

	US Postal Service Receipt for Cer No Insurance Coverage	Provided.
BHI 6350	B CLEANERS JPENDRA PATEL O INDIANTOWN ROA ITER FL 33458	AIRS ID # 0990479
	Postage	3
	Certified Fee	
	Special Delivery Fee	
ĸ	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

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n the reverse side	O] ƏdOJƏAUƏ JO doj SENDER: Complete items 1 and/or 2 for additional services. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article the strength of the strength of the mailpiece below the article that the strength of th	e can return this be does not le number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery	eipt Service.
IN ADDRESS completed o	AIRS ID # 0990479 A & B CLEANERS BHUPENDRA PATEL 6350 INDIANTOWN ROAD JUPITER FL 33458	4b. Service Registere Express	umber 3 660 607 Type ed Si Certified Mail Insured ceipt for Merchandise COD	you for using Return Rec
s your BEI	5. Received By: (Print Name) 6. Signature: Address or Agent) PS Form 3811, December 1994	8. Addressed and fee is	e's Aderess (Only if requested paid) Domestic Return Receipt	Thank

US Posta Service	
Receipt for Cer No Insurance Coverage	CITIEC MAII Provided.
Do not the fee likewalter	AIRS ID 0990479
A & B CLEANERS	
BHUPENDRA PATEL	,
6350 INDIANTOWN RC JUPITER FL 33458	ŅAD
' 53436	
	• •
	
Certified Fee	
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	

•

Is your RETURN ADDRESS completed on the reverse side?	Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we 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 an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt Service.
	3. Article Addressed to: AIRS ID 0990479 A & B CLEANERS BHUPENDRA PATEL 6350 INDIANTOWN ROAD JUPITER FL 33458	4a. Article N 4b. Service Registere Express Return Re 7. Date of D	Type ed Certified Mail Insured ceipt for Merchandise COD	you for using Return Re
	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811 , December 1994	8. Addresse and fee is	e's Address (Only if requested paid) Domestic Return Receipt	Thank

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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.

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

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Do NOT Remove Label

AIRS ID#0990479

A & B CLEANERS BHUPENDRA PATEL 6350 INDIANTOWN ROAD JUPITER FL 33458 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0990479

A & B CLEANERS BHUPENDRA PATEL 6350 INDIANTOWN ROAD JUPITER FL 33458 AIL ROOM

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

MAIL ROOM
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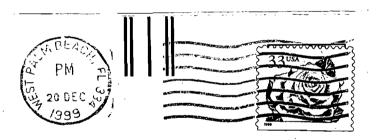
AIRS ID # 0990479

A & B CLEANERS
BHUPENDRA PATEL
6350 INDIANTOWN ROAD
JUPITER FL 33458

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273



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5387			
Postage \$	Postmark		
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Here		
10 AIRS ID # 0990 BHUPENDRA PATEL A & B CLEANERS Si 6350 INDIANTOWN ROAD JUPITER FL 33458 Gi	0479001AG y mailer)		
PS Form 3800, February 2000 SSBHOOM NANTER 40 TH BROWN BOTH AND BO			
1. Article Addressed to: 10 AIRS ID # 0990479001AG BHUPENDRA PATEL A & B CLEANERS	If YES, enter delivery address below: No		
6350 INDIANTOWN ROAD JUPITER FL 33458	3. Service Type Certified Mail		
70000520002093725387 2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes		
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952			