

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 27, 1997

Mr. Bhupendra Patel Commerce Dry Cleaners 880 Jupiter Park Drive #1 Jupiter, Florida 33458

Facility I.D. No. 0990480

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, Florida 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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	MNUAL 💢	COMPLAINT/DISCOV	ERY	RE-INSPECTION
TIME IN: 10:10	TIME OUT: //	:15 · A	IRS ID#: 09	90480
TYPE OF FACILITY:	y Cleaning		·	
FACILITY NAME: GM	MERCE BA	zy CLEA	NERSI	DATE: 1-7-97
FACILITY LOCATION: 85	30 Jupit	er Park	Drive	2#1
	Jupiter,	Florida	33458	· .
RESPONSIBLE OFFICIAL: M	Y. B. PATEL	PHO?	NE NUMBER:	743-2238
Based on the results of the compliance with DEP Rule	52-213.300, Florida Admii	nistrative Code (F.A.C.)		:
Based on the results of the c discrepancies were noted:	ompliance requirements ev	valuated during this insp	ection, the follow	ing compliance
COMPLIANCE REQUIR	EMENT/PROBLEM	(FOLLOV	V-UP ACTION	N REQUIRED
	:			
:		-		
				-
			· .	a de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania del compania
e de la companya de La companya de la co				
ners parameter on a comment of the meter of the	e de amois de la composition della composition d		. "	
:				
COMMENTS:				
COMMIEN 13.				,
	÷ .			
The Annual Compliance Certification	form has been properly ce	rtified and submitted to	the inspector.	YES NOIN
DATE OF NEXT INSPECTION:	(-	7-98	,	
	0.1	Approximate)	•	
INSPECTION CONDUCTED BY:_	1 K.V.	ChoKShi	<u>. </u>	<u> </u>
INSPECTOR'S SIGNATURE:	2. V ch	(Please Print) PHONE	E NUMBER:	355-3070
<u> </u>	: Page	of		Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1 Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
Commission CF DM- CICANITAC					
2. Site Name (For example, plant name or number):					
SAME					
3. Hazardous Waste Generator Identification Number:					
60-11-17950-160 Park Nor#1					
4 Facility Location: Costs Tul Tu Out Oc #1					
Street Address:					
60-11-179512-49 Park Dr# 1 4. Facility Location: 880, Julion Put On #1 Street Address: City: Julion County: Parm-Boacy Zip Code: 33458					
5. Facility Identification Number (DEP Use):					
0990480					
Responsible Official					
(3 Drep Mb)					
Responsible Official 6. Name and Title of Responsible Official:					
BHUPENDA PATEL PREMIONT					
7. Responsible Official Mailing Address:					
Organization/Firm:					
Street Address:					
City: Zip Code:					
SAME					
8. Responsible Official Telephone Number: Telephone: (54)-712-92-98 Fax: () -					
Telephone: (561)743 - 2238 Fax: () -					
Facility Contact (If different from Responsible Official)					
9. Name and Title of Facility Contact (For example, plant manager):					
SAME					
10. Facility Contact Address:					
Street Address:					
City: Zip Code:					
11 Facility Contact Tolophone Number					
11. Facility Contact Telephone Number: Telephone: () - Fax: () -					
1 ax. ()					

RECEIVED

JAN 1 6 1997

Bureau of Air Monitoring & Mobile Sources

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

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
,		Initially	Device	ł	Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	# <i>I</i>	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	MA	unive ma	WARACTUR	نآم	6/1790)				
(1) w/ ref. condenser	ī	1992		1	1993		-		
(2) w/ carbon adsorber		1992							
(3) w/ no controls									
Washer Unit		**			-1				1
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					· · ·				
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls			-					-	
Reclaimer Unit		<u> </u>				•			L
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls			1						
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are r quant gaild	equired to be ity of perchlons ow many? [_	installed [_oroethylene (perc)	_] purchased in]
3. What is the facility's so (Indicate with an "X". Existing small ar	Seleo ea so	et one classif	ication only.) Ne	ew sn	ıall area sour	ce []) of	Part II?	
Existing large are	ea so	urce [Ne	w lai	ge area sourc	ce 🔼			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines provided (Indicate with an "X".)	oursuant to section (5) of Pa	art 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		
	:	
5. A facility which contains non-exempt emissions uto Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:		
All steam and hot water generating units on-site (1) hoiler HP or less), and (2) are fired exclusively by no during which propane or fuel oil containing no more	ntural gas except for period	s of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
		. •
Equipment Monitoring a	nd Recordkeeping Inform	ation
Check all logs which are required to be kept on-site is	n accordance with the requi	rements of this general permit:
(a) Purchase receipts and solvent purchases		
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature monitoring		
(d) Carbon adsorber exhaust perc concentration moni	toring	
(e) Instrument calibration		[¥C1]
(f) Start-up, shutdown, malfunction plan		(ACI)

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

Surrender of Existing Air Permit(s)

lease indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	•
this notific statement, maintain	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 s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	mptly notify the Department of any changes to the information contained in this notification.
Signature	Date 17/1977.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	у С	COMPLAINT/DISCOVERY	<i>c</i> –
AIRS ID#: 0990 4-80 D FACILITY NAME:	nmerce	Dry piter P ter, 1	N: 10:10 TIME OUT Cleaners Cask Drive Florida 3	#1
Mr. B. PATEL PART I: NOTIFICATION	-	743-2	238	
(check appropriate box) 1. Existing facility notified DAR 2. New facility notified DARM 3 3. Facility failed to notify DARM	0 days prior to sta	-		R PA
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	a form that it is:			
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)	е . 🗓	2. New small a dry-to-dry only transfer only, x both types, x<1 (constructed on	, x<140 gal/ут <200 gal/ут	
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="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>) gal/yr ll/yr</td><td>transfer only, 2 both 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 ll/yr	transfer only, 2 both 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 classification	ation.	AA DN		
If no, please check the appropria	te classification:	•	· .	
☐ facility exceeds	d for a general per above limits and	is not eligible for	a general permit	, , .
B. The total quantity of perchlor	oethylene (perc) p	urchased within t	he preceding 12 months by this	s dry cleaning

facility was 350 gallons.

Perc distivery Pe Perk into Button	son puts Trap dissertly
	in the
	machine

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)

(c)	neck appropriate boxes)		
I.	Equipped all machines with the appropriate vent controls?	X	□N
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	\cancel{X}_{Y}	fon wi
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Have	ON ANIA
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	Ą́Y	ИD
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	×	□N
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	X	□и

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 lo on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ocated DY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	XY ON
Is the temperature differential equal to or greater than 20° F?	ATY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON OXIVA
Is the perc concentration equal to or less than 100 ppm?	DY DN XWA
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?	ON A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	Y OY ON KN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON MANA

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: N DN 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? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? ПN 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? AYYYY ON Problem corrected? OY ON XIN/A 8. Maintained compliance plan, if applicable?

		are rechor	isible official?			li li	1
	Visual examination (condensed	solvent on	exterior surfac	es)	\mathcal{D}		
	Ž.		Ì				
	<i>y</i>		l				
	Use of direct-reading instrumen	tation (FII	D/PID/calorimet	ric tubes)	X	D NA	
	If using direct-reading instruc	nentation,	is the equipme	ent:			
	a. Capable of detecting	g perc vapo	or concentration	s in a range of 0-500 ppm?	XY (⊐и	
	b. Calibrated against a (PID/FID only)?	standard	gas prior to and	after each use	XY (DΝ ·	
	c. Inspected for leaks	and obviou	s signs of wear	on a weekly basis?	KY (אר אב	.i.
	d. Kept in a clean and	secure are	a when not in u	se?	QXY (מכ	
	e. Verified for accurac	y by use of	f duplicate samp	oles (calorimetric only)?	/ Y (JN Ø	A
3. Has t	he facility maintained a leak log	?			XY (מכ	
1. Does	the responsible official check th	e followin	g areas for leaks	?			
	Hose connections, fittings, couplings, and valves	ΨY	ON	Muck cookers.		ON X	4/K
	Door gaskets and seating	AA.	ПN	Stills	XY.	עם ב	HA
	Filter gaskets and seating	K Y	ΠN	Exhaust dampers Have Kens		ON	7/14
	Pumps	YY	ПΝ	Diverter valves	ÜΥ	On 🔀	MA
	Solvent tanks and containers	\$X	ND	Cartridge filter housings	XY	ПN	
	Water separators	. ₫A	ПN			,	
<	Name of Responsible Office	cial		<i>i</i> \ (7 -		
R_{i}	V. Chokshi			1-7-9	7 /		
	Inspector's Name (Please P	rint)		T . CT			
		/		Date of Inspe			
2.0	Inspector's Signature			Approximate Date of	9	·	1.4

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:05 TIME OUT: 10:5	D AIRS ID#: 0990480
TYPE OF FACILITY: Dry cle an	, · -
1110121111111121	Teanors DATE: 4-9-98
FACILITY LOCATION: 880 Jupiter	Pask Drive #/
Jupiter, Fl	
RESPONSIBLE OFFICIAL: B. Patel / Carol Freymut	h PHONE NUMBER: 743 - 2238
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Asked to keep area clean	FDEP Will be informed.
around drydean machine	
At times of Inspection, Carol Freymuth Could not find Perc Purchase receips.	in two months.
Could not find Perc Purchase receips.	in two months.
in one week from 4-9-98. So for	
We have not received perchurchese	
deceipt apies from Commerce Ary clea	ή
as 2 5-5-98	P
· · · · · · · · · · · · · · · · · · ·	
	The Modern Control of Particular Modern Contr
-	1998 P. Nonitoring se Sources
COMMENTS:	. Re
en e	
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	1 1999
INSPECTION CONDUCTED BY:	ppróximate) lok Shi lease Print)
INSPECTOR'S SIGNATURE (20 Olok	PHONE NUMBER: 355-3070

of

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:35 TIME OUT: 11:25	AIRS 10#: 0990 480
TYPE OF FACILITY: Dry Cleaning	, · -
FACILITY NAME: COMMEYCE DOY	leaners DATE: 5-19-99
FACILITY LOCATION: 880 Jupiter F	ark Drive #1
Japine	L 33458
RESPONSIBLE OFFICIAL: B. Patel/Caro) Frey	Muth PHONE NUMBER: 743-2238
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 evaluated discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
• .	
	Call In I San Co
	Ources of the state of the stat
-	
COMMENTS:	•
	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly certification form has been properly certification.	ified and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: R.V. Che	RShi.
	Please Print) PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS

Anns

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY

a

RE-INSPECTION

AIRS 1D#: 0990480 DATE: 5-19-	99 TIME IN: 10: 35 TIME OUT: 11:25
FACILITY NAME: Commerce]	Dry Cleaners
FACILITY LOCATION: 880 Jug	piter Park Drive #1
	er, FL 33458
RESPONSIBLE OFFICIAL: B. RATE / Car	80/ Freymuth PHONE: 743-2238
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 per	rmit
	and the state of t
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ 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 \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
(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 classification facility qualified for a general source.	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) \[\text{Can not determine} \]

PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly sealed and impervious containers?

DY DN DN/A

2. Examining the containers for leakage?

AND ND YD

3. Closing and securing machine doors except during loading/unloading?

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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?

DY DN PANA

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?

MO YOU

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

אומם אם אלם

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

DY ON ON!

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly bi-weekly basis?

אם צבא

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?

DY ON ON/A

5. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

ØY ON

$\overline{}$		
IJ.	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?	DY: ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Y ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY 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?	ם א מס אס
	Is the perc concentration equal to or less than 100 ppm?	DY DN DN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	<u>.</u> /
	or expansion; and downstream from no other inlet?	DY ON MINA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	באעם אם אם אם AVIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN PAN/A

PART V: RECORDKEEPING REQUIREMENTS	<u>Santa de la companya dela companya dela companya dela companya dela companya de la companya de </u>
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MO VE
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ZY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	Y ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	dy on Mia
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DXI/A
6. Maintained startup/shutdown/malfunction plan?	MY DN
7. Maintained deviation reports?	ANO NO YSQ
Problem corrected?	PY ON ON/A
3. Maintained compliance plan, if applicable?	DY DN PANA

. Does the re	spansible official conduct a	weekly (for small source	es, bi-weekly) leak detection	on and repair	
inspection	?			ØY ON	
. Has the fac	cility maintained a leak log?	`		DY ON	
. Does the re	esponsible official check the	following areas for leak	s?		
	connections, fittings, plings, and valves	MY ON ON/A	Muck cookers	OY ON AN/A	
Door	gaskets and seating	AY ON ON/A	Stills	ØÝ □N □N/A	
Filte	r gaskets and seating	DÝ ON ON/A	Exhaust dampers	OY ON PANIA	
Pum	ps	MY ON ON/A	Diverter valves	DY ON ON/A	
Solv	ent tanks and containers	DY ON ON/A	Cartridge filter housi	ngs DY ON ON/A	
Wat	er separators	DY ON ON/A			٠.
4. Which me	thod of detection is used by	the responsible official?			
	al examination (condensed			pa /	
Phys	sical detection (airflow felt	through gaskets)		æ	
· Odo	r (noticeable perc odor)			A .	
Use	of direct-reading instrumer	tation (FID/PID/calorime	etric tubes)	PA	
Halo	ogen leak detector			DVIM	
	If using direct-reading ins	trumentation, is the equ	ipment:	ZÍN/A	
	a. Capable of detecting	g perc vapor concentration	ons in a range of 0-500 ppm	? OY ON	
٠	b. Calibrated against (PID/FID only)?	a standard gas prior to an	d after each use	רם אם אם	
	c. Inspected for leaks	and obvious signs of wea	or on a weekly basis?	מם צם	
	d. Kept in a clean and	secure area when not in	use?	אם צם	
	. Varified for soone	cy by use of duplicate say	mples (calorimetric only)?	אם עם	1
•	e. Verified for accura	e, of asc of additions an		, GI UN	1

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Yes NO

1. Secondary Containment for: Dry Cleaning Machine & Storage area []

Waste area [] []

Spotting area Sealed [] []

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

Safety kleen picks up the waste when called

They have two dry cleaning Machines at this location. Therefore, they were asked to keep Separate look check and perc usage in Separate FDEP Calender. They were given two FDEP 1999 Calender - one for each dry cleaning Machine.

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TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

гіме іn:_ /: 00	TIME OUT: /e	15 AIRS ID#:	0990480
TYPE OF FACILITY: Dey Co	PANING		
ACILITY NAME: Commerce	Def Chiness		DATE: 3/30/00
ACILITY LOCATION: 880	Jupike TACK	Deive # /	
	F/ 33458		
ESPONSIBLE OFFICIAL: B:pi-	J Pakl	PHONE NUME	ER: 743 - 2238
Based on the results of the com	pliance requirements e	valuated during this inspection, the	facility is found to be in
compliance with DEP Rule 62-	213.300, Florida Adm	nistrative Code (F.A.C.).	
_	pliance requirements e	valuated during this inspection, the	following compliance
discrepancies were noted:	ATTAIN OUT OUT TO		700 × 70 × 70 × 70 × 70 × 70 × 70 × 70
COMPLIANCE REQUIREM	TEN I / PROBLEM	FOLLOW-UP AC	CTION REQUIRED
		-	
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and the second of the second o		<u> </u>	<u> </u>
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		(a)	m
		& Nothing	No.
MMENTS:		Spurces	
		rces	Ĉ
Annual Compliance Certification form			r. YES NO
re of next inspection:		ch 2001	
	•	pproximate)	
PECTION CONDUCTED BY:		Please Print)	

Revised 10/96

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PERCHLÖRÖETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPEC	TION []
AIRS ID#: 0990 480 DATE: 3/30	0 00 TIME IN: 1:00 TIME OUT: 1:45
FACILITY NAME: _ Commette Day	1 Cleaners
FACILITY LOCATION: 860 Jupi	
 ,	F1 33458
RESPONSIBLE OFFICIAL: Bipi.s PAL	PHONE: 743 - 2236
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to s	tartup \square
2. Facility failed to notify DARM to use general p	permit
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, $140 \le x \le 2,100$ gallyr transfer only, $200 \le x \le 1,800$ gallyr both types, $140 \le x \le 1,800$ gallyr (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	MY □N □Can not determine
If no, please check the appropriate classific facility qualified for a ge	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) XY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? YY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? XY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN XVN/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) MA DN 1. Equipped all machines with the appropriate vent controls? Y 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 AY 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 YY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after XY 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?	ДУ ОИ
2	2. 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?	AND NO Y
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?	ANN X NO YO
	Is the perc concentration equal to or less than 100 ppm?	AND NO AD
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?	ANK NO YOU
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON XINA
6.	Routed airflow to the carbon adsorber (if used) at all times?	אוא 🔀 אם צם

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?				
2. Maintained rolling monthly total of perc consumption?				
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO AX			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	X Y ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN X IN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON XVIVA			
6. Maintained startup/shutdown/malfunction plan?	XA DN			
7. Maintained deviation reports?	ANG NO Y			
Problem corrected?	אאם אם אא			
8. Maintained compliance plan, if applicable?	אואים אם אם			

An	DDITIONAL SITE INFORMATION:		
1.	. Secondary Containment for: Dry Cleaning Machine & Storage	Yes	
	Waste area	⋈	
	Spotting area Seal	•	
	·		
	ere me		
2.	Disposal of Water from Water Separator using approved evapor	rator 🔀	[]
	or contracted Wastewater service	; []	$[\times]$
	A SARTY Klew picks up the waste sludge	: .	
	(B) GAVE ME: PAKE A 2nd DEP Compliance		
	CALIDAR 2000 De Recied Keeping.		
		1.36	
	Cleaning machines and I pataleum	- /	
	machine.		
	tunity	•	
			٠٠ .

	spection?	,		ΣY	ΠN
	spection: as the facility maintained a leak log	,		y¥'' ∇XY	מט
	pes the responsible official check the		ks?	، بعر	CIN
J. D.	Hose connections, fittings,	ie following areas for fear			
	couplings, and valves	AA ON ONVY	Muck cookers	ום צם	ANÀ X P
	Door gaskets and seating	MY ON ON/A	Stills	MO YES	A'ND N
	Filter gaskets and seating	AND ND YX	Exhaust dampers	מם עם	AN/A
	Pumps	MY ON ONA	Diverter valves	XIY D	N/A
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MY DN	I □N/A
	Water separators	MY ON ONA			
. Wh	ich method of detection is used by	the responsible official?			
	Visual examination (condensed :	solvent on exterior surface	es) -	X	
	Physical detection (airflow felt the	rough gaskets)		M	
	Odor (noticeable perc odor)	· .	•	X	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				XI NA	
Halogen leak detector				X NA	
	If using direct-reading instr	umentation, is the equip	oment:	A/N/A	
a. Capable of detecting perc vapor concentrations 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	DY DN	
	c. Inspected for leaks an	d obvious signs of wear o	on a weekly basis?	DY DN	
	d. Kept in a clean and se	cure area when not in use	e?	OY ON	
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	□У □М	
		•			

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID # 0990480

COMMERCE DRY CLEANERS
BHUPENDRA PATEL
880 JUPITER PARK DRIVE #1
JUPITER FL 33458

Certified Fee
Special Delivery Fee
Restricted Delivery Fee
Return Receipt Showing to Whom & Date Delivered
Return Receipt Showing to Whom, Date, & Addresse's Address
TOTAL Postage & Fees
Postmark or Date

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write *Return Receipt Requested** on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eceipt Service.
ADDRESS completed	3. Article Addressed to: AIRS ID # 0990480 COMMERCE DRY CLEANERS BHUPENDRA PATEL 880 JUPITER PARK DRIVE #1 JUPITER FL 33458	7. Date of De	Type ad	you for using Return R
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addressed and fee is	e'ş Addreşs (Only if requested paid) Domestic Return Receipt	Thank

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0990480 COMMERCE DRY CLEANERS BHUPENDRA PATEL 880 JUPITER PARK DRIVE #1	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Care Land Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No OGRAMI
JUPITER FL 33458	3. Service Type Certified Mail
2 Article Number (Copy from service label)	
PS Form 3811, July 1999 Domesti	c Return Receipt 102595-99-M-1789

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US Postal Service

Receipt for Certified Mail

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Sent to

AIRS ID # 0990480

COMMERCE DRY CLEANERS BHUPENDRA PATEL . 880 JUPITER PARK DRIVE #1 JUPITER FL 33458

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Street, , 880 JUPITER PARK DRIVE #1 JUPITER FL 33458 City, Sta	
PS Form 3800, February 2000	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Received by (Please Print Clearly) Cavo Floi 101 C. Signature X. Carl Floi 101 Agent Addressee D. Is delivery address different from item 1? Yes			
AIRS ID # 0990480 COMMERCE DRY CLEANERS BHUPENDRA PATEL	If YES, enter delivery address below: LJ No			
880 JUPITER PARK DRIVE #1 JUPITER FL 33458	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.			
·	4. Restricted Delivery? (Extra Fee)			
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D. Is delivery address different from item 1?
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4. Restricted Delivery? (Extra Fee) ☐ Yes

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10 BHUPENDR. COMMERCE	A P	IRS ID # 099048000 ATEL Y CLEANERS	lAG · ·	
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2 333 FT3 GP9 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID 0990480 COMMERCE DRY CLEANERS BHUPENDRA PATEL 880 JUPITER PARK DRIVE #1 JUPITER FL 33458 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d 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.	eceipt Service.
N ADDRESS completed	AIRS ID 0990480 COMMERCE DRY CLEANERS BHUPENDRA PATEL 880 JUPITER PARK DRIVE #1 JUPITER FL 33458	4b. Service 1 ☐ Registere ☐ Express I	Type ad	you for using Return R
Is your BETUR	5. Received By: (Print Name) 6. Signature: (Addressee of Agent) PS Form 3811, December 1994	8. Addressee and fee is	o's Address (Only if requested paid) . Domestic Return Receipt	Thank

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. RECEIVED MAIL ROOM TOTAL AMOUNT DUE: \$50.00 Burgau of hir Monitoring Do NOT Remove Label AIRS ID # 0990580 NEW WORLD DRY CLEANERS **EOR GOVERNMENT USE ONLY** Org.: 37550101000 EO: B1 MARK HYMAN 4275 A OKEECHOBEE BLVD Fund: 20-2-035001 WEST PALM BEACH FL 33409 တို်ရုံး: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 393205 Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. RECEIVED N MAIL ROOM & Mobile Sources Of Air Monitory

FOR GOVERNMENT USE OF BI **TOTAL AMOUNT DUE: \$50.00** Do NOT Remove Label AIRS ID # 0990480 COMMERCE DRY CLEANERS BHUPENDRA PATEL Org.: 37550101000 EO: B1 880 JUPITER PARK DRIVE #1 Fund: 20-2-035001 JUPITER FL 33458 Obj.: 002273



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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

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AIRS ID # 0990480

COMMERCE DRY CLEANERS BHUPENDRA PATEL 880 JUPITER PARK DRIVE #1 JUPITER FL 33458

Bureau of Air Monitoring & Mobile Sources FOR GOVERNMENT USE ONLY Org: 57550101000 EO: A1 Fund: 20-2-035001 Obj. 002273



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FOR PROPER HANDLING

415050 MAR 82002

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TOTAL AMOUNT DUE: \$50.00



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AIRS ID # 0990480 COMMERCE DRY CLEANERS BHUPENDRA PATEL 880 JUPITER PARK DRIVE #1 JUPITER FL 33458

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0990482

A TOUCH OF CLASS CLEANERS NANCY SEEDARNEE 11940 US HWY ONE NORTH PALM BEACH FL 33408 FOR GOVERNMENT USE ONEYOORG.: 37550101000 EO: BP

Fund: 20-2-035001

Obj.: 002273

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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

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Do NOT Remove Label

AIRS ID 0990480

COMMERCE DRY CLEANERS BHUPENDRA PATEL 880 JUPITER PARK DRIVE #1 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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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.



Do NOT Remove Label

AIRS ID # 0990480

COMMERCE DRY CLEANERS
BHUPENDRA PATEL
880 JUPITER PARK DRIVE #1
JUPITER FL 33458

FOR GOVERNMENT USE ONLY

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400 AIRS 15 #0990480=
COMMERGE DRY CLEANERS
BHUPENDRA PATEL
880 JUPITER PARK DRIVE #1 J JUPITER FL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 □ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Print your name and address on the reverse so that we can return the card to you. □ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee
1. Article Addressed to: AIRS ID # 0990480 COMMERCE DRY-CLEANERS BHUPENDRA PATEL	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
880 JUPITER PARK DRIVE #1 JUPITER FL 33458	3. Service Type ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number (Copy from service label) 7001	4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ 320 ☐ ☐ 7976 ☐ ☐ 1 ☐ 45

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