



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

August 26, 1997

Mr. Epifanio R. Armas  
Paragon Cleaners  
1326 North Federal Highway  
Delray Beach, Florida 33483

Re: Facility No. 0990486

Dear Mr. Armas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 17, 1997.

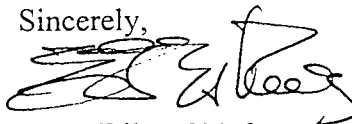
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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

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

#0990486

Paragon Cleaners

- spoke with James Hudson,  
friend - 3/28/1997 - Mr.  
Epifanio Armas only speaks  
Spanish

p. 14 1.(c) add "v"

p. 15 5. should be "All exempt" -  
5HP/nat. gas  
5.(f) required

Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
*EPIFANIO R. ARMAS PARAGON CLEANERS*

2. Site Name (For example, plant name or number):  
*PARAGON CLEANERS*

3. Hazardous Waste Generator Identification Number:  
*PERC FL0 981004286*

4. Facility Location: *1326 North Federal Hwy*  
 Street Address:  
 City: *Delray Beach* County: *Palm Beach* Zip Code: *33483*

5. Facility Identification Number (DEP Use ONLY - do not fill in):  
*0990486*

Responsible Official

6. Name and Title of Responsible Official:  
 Name: *EPIFANIO R ARMAS* Title: *OWNER*  
*EPI ARMAS*

7. Responsible Official Mailing Address: *1326 North Federal Hwy*  
 Organization/Firm: *PARAGON CLEANERS*  
 Street Address: *1326 N. Federal Hwy*  
 City: *Delray Beach* County: *Palm Beach* Zip Code: *33483*

8. Responsible Official Telephone Number:  
 Telephone: *(561) 296-5241* Fax: *( ) N/A*  
*561*

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):  
*Same as above*

10. Facility Contact Address:  
 Street Address: *Same as above*  
 City: County: Zip Code:

11. Facility Contact Telephone Number:  
 Telephone: *( ) Same as above ( )*

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MAR 17 1997

**Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		103/89							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		13/89							
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed (existing small area source)

2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed in the latest 12 months?  
 gallons (You must fill this in)

(b) If less than 12 months, how many?  months  
 Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

existing small area  Existing small area source  New small area source   
 Existing large area source  New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

OR Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

(5) A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site have a total heat input of 10 million BTU/hr or less (298 boiler HP or less) and are fired by natural gas, propane or fuel oil containing no more than one percent sulfur.*

All steam and hot water generating units exempt

No such units on-site

**Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:


I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

  
Signature

3 10 97  
Date

ARMS

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TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

SEP 18 1997

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

Bureau of Air Monitoring  
RE-INSPECTION & Mobile Sources

TIME IN: 1 TIME OUT: 2 AIRS ID#: 0990486  
 TYPE OF FACILITY: DRY CLEANER  
 FACILITY NAME: PARAGON CLEANERS DATE: 5/30/97  
 FACILITY LOCATION: 1326 No FEDERAL Hwy  
Deeray 33444  
 RESPONSIBLE OFFICIAL: ARMS EPIFANIO PHONE NUMBER: 276-5241

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
The application must be properly completed	
Business sold to ALESSI cleaners ID# 0990514	Rasik Chokshi Inspected this site on 8-29-97. Now, New owner
	"ALESSI cleaners" ID# 0990514

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES  NO

DATE OF NEXT INSPECTION:

(Approximate)

INSPECTION CONDUCTED BY:

WJ Galb

(Please Print)

INSPECTOR'S SIGNATURE:

WJ Galb

PHONE NUMBER:

355-4535

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: \_\_\_\_\_ DATE: 5/30/97 TIME IN: 1 TIME OUT: 2  
 FACILITY NAME: PARAGON CLEANERS  
 FACILITY LOCATION: 1326 No Federal Hwy  
Delray 33444

**PART I: NOTIFICATION**

(check appropriate box)

1. Existing facility notified DARM by 9/1/96   
 2. New facility notified DARM 30 days prior to startup   
 3. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
(check appropriate box)

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	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) <input type="checkbox"/>
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) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

This is a correct facility classification  Y  N

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above  
 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. 10 ? gallons/month



**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?  Y  N
- 2. Examining the containers for leakage?  Y  N
- 3. Closing and securing machine doors except during loading/unloading?  Y  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?  Y  N  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)

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

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  
Is the temperature differential equal to or greater than 20° F?  Y  N
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?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N
  - 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  N
4. Maintained calibration data? *(for direct reading instruments only)*  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  
Problem corrected?  Y  N
8. Maintained compliance plan, if applicable?  Y  N  N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection?  Y  N

2. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  \_\_\_ N/A

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N \_\_\_ N/A
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N \_\_\_ N/A
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N \_\_\_ N/A
- d. Kept in a clean and secure area when not in use?  Y  N \_\_\_ N/A
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N \_\_\_ N/A

3. Has the facility maintained a leak log?  Y  N

4. Does the responsible official check the following areas for leaks?

- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N ___ N/A |
| Door gaskets and seating                          | <input type="checkbox"/> Y <input type="checkbox"/> N | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N ___ N/A |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N ___ N/A |
| Pumps   | <input type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N ___ N/A |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N ___ N/A |
| Water separators                                  | <input type="checkbox"/> Y <input type="checkbox"/> N |                           |   |

\_\_\_\_\_  
Name of Responsible Official (Signature)

\_\_\_\_\_  
Name of Responsible Official (Print) & Phone #

\_\_\_\_\_  
Inspector's Name (Please Print)

\_\_\_\_\_  
Date of Inspection

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Approximate Date of Next Inspection

- |   |     |     |
|---|-----|-----|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area   | Yes | No  |
|   | [ ] | [ ] |
| Waste area  | [ ] | [ ] |
| Spotting area Sealed  | [ ] | [ ] |
| 2. Disposal of Water from Water Separator using approved evaporator | [ ] | [ ] |
| or Waste Handler's Pickup Water                                     | [ ] | [ ] |

ADDITIONAL SITE INFORMATION:

5/30/97 Application not completed by owner due to lack of communication / understanding. He est. that he purchases 10 gal / mo. (But manifests show he only generates 10 kg / mo of perc waste !)

Machine is A Model TS-45-0  
Serial # 7020 45 lb capacity  
by Inman Mfg Co. 512-344-8551

No controls on it. It is provided with a containment man and floor is sealed in spotting area.

Open container provided for  $Cl_2$  /  $H_2O$  condensate collection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

ARMS ✓

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990480 DATE: 4-9-98 TIME IN: 10:05 TIME OUT: 10:50  
 FACILITY NAME: Commerce Dry Cleaners  
 FACILITY LOCATION: 880 Jupiter Park Drive #1  
Jupiter, FL 33458  
 RESPONSIBLE OFFICIAL: Bipin Patel PHONE: 743-2238  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PART I: NOTIFICATION

(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: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)

- No notification form
- Drop store/out of business/petroleum

A.

- |  |  |
|--|--|
| 1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) | 2. New small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) |
|--|--|

- |  |  |
|--|--|
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) |
|--|--|

5. This is a correct facility classification   N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- 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 542.6 gallons. for 1997 per Log

RECEIVED  
 MAY 14 1998  
 Bureau of Air Monitoring  
 Mobile Sources

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

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

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

- we have not received perc receipts purchase as of 5-5-98.*
1. Maintained receipts for perc purchased? *(Will send copies of Perc Purchased in one week from 4-9-98 according to Carol)*  Y  N
  2. Maintained rolling monthly averages of perc consumption?  Y  N
  3. Maintained leak detection inspection and repair reports for the following:
    - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/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  N  N/A
  4. Maintained calibration data? *(for applicable direct reading instruments)*  Y  N  N/A
  5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
  6. Maintained startup/shutdown/malfunction plan?  Y  N
  7. Maintained deviation reports?  Y  N  N/A  
 Problem corrected?  Y  N  N/A
  8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- |  |   |
|--|---|
| Visual examination (condensed solvent on exterior surfaces)        | <input checked="" type="checkbox"/>     |
| Physical detection (airflow felt through gaskets)                  | <input checked="" type="checkbox"/>     |
| Odor (noticeable perc odor)  | <input checked="" type="checkbox"/>     |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | <input checked="" type="checkbox"/> N/A |
| Halogen leak detector  | <input checked="" type="checkbox"/> N/A |
- If using direct-reading instrumentation, is the equipment:
- |  |   |
|--|---|
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?       | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis?              | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. Kept in a clean and secure area when not in use?                              | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)?        | <input type="checkbox"/> Y <input type="checkbox"/> N |

Carol Freymuth  
Responsible Official's Name  
(Please Print)

Carol Freymuth  
Responsible Official's Signature

R. V. Chokhi  
Inspector's Name (Please Print)

4-9-1998  
Date of Inspection

R. V. Chokhi  
Inspector's Signature

April 1999 (1999)  
Approximate Date of Next Inspection



ADDITIONAL SITE INFORMATION:

- |   |   |                                     |
|---|---|-------------------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | Yes <input checked="" type="checkbox"/> | NO <input type="checkbox"/>         |
| Waste area  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |
| Spotting area Sealed  | <input type="checkbox"/>                | <input checked="" type="checkbox"/> |

→ Asked to Seal spotting area ASAP

owner B. Patel says Spotting area is sealed with same color as tile and therefore seal is not visible, owner will re-seal Spotting area. asked to keep area Clean around dry cleaning machine

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| 2. Disposal of Water from Water Separator using approved evaporator | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| or contracted Wastewater service                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Carol will send Copies of Perc purchased in 1997 in one week from Explained Carol Freymuth to keep Perc receipt handy 4-9-98

\* Explained to measure & keep Records of temperature as explained in Part IV Process Vent Control c.f

\* Explained to check leak, keep Records for the leak & Break down also keep Records for Perc Purchase monthly & yearly Consumption  
Per Part V Freymuth c.f

\* Gave her (Carol) phoenix form & FDEP Calendars to keep Records for leak, temp measurement (< 45°F) and Perc Purchase c.f

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 2870 0000 7027 4305

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

*Receipt*  
 Postmark Here

**Total Postage** 10      AIRS ID # 0990486001AG  
**Sent To** EPIFANIO R ARMAS  
**Street, Apt. No** PARAGON CLEANERS  
 1326 NORTH FEDERAL HWY  
**City, State, ZIP** DELRAY BEACH FL 33483

PS Form 3800, May 2000      See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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:

10      AIRS ID # 0990486001AG  
 EPIFANIO R ARMAS  
 PARAGON CLEANERS  
 1326 NORTH FEDERAL HWY  
 DELRAY BEACH FL 33483

7000287000070274305

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)      B. Date of Delivery

C. Signature  
**X**       Agent  
     Addressee

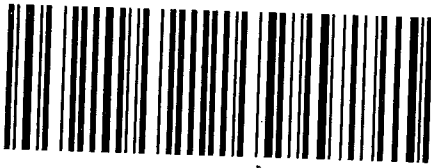
D. Is delivery address different from item 1?       Yes  
 If YES, enter delivery address below:       No

3. Service Type  
 Certified Mail       Express Mail  
 Registered       Return Receipt for Merchandise  
 Insured Mail       C.O.D.

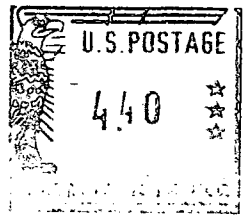
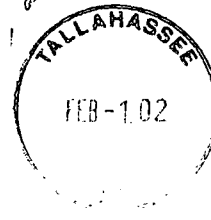
4. Restricted Delivery? (Extra Fee)       Yes

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400

DEFERRED MAIL



7000 2870 0000 7027 4305



- Not Deliverable As Addressed  
Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed  Refused

- Attempted - Not Known
- No Such Street  Number
- Vacant  Inquire
- No Mail Recipient
- Box Closed - No Order
- Returned For Better Address
- Postage Due \_\_\_\_\_



- Not Deliverable As Addressed  
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- Postage Due \_\_\_\_\_

FOE  
2/4/02

10 AIRS ID # 0990486001AG  
EPIFANIO R ARMAS  
PARAGON CLEANERS  
1326 NORTH FEDERAL HWY  
TALLAHASSEE FL 32309

RECEIVED  
FEB 7 2002  
Bureau of Air Monitoring  
& Mobile Sources