

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

June 3, 1997

Mr. Bob Weinstein President Custom Care Cleaners 198 South Dixie Highway Boca Raton, Florida 33432

Re: Facility I.D. No. 0990489

Dear Mr. Weinstein:

The Department has reviewed your notification form to operate a perchloroethylene dry cleaning facility with a general permit pursuant to Section 62-213.300, Florida Administrative Code. In accordance with the information included in your notification form, it appears that your facility is exempt from this air general permit requirement.

An exemption from this air general permit requirement does not necessarily exempt you from all Department permits. Please contact your nearest DEP district or local program office to determine if any other permits are required. You may also contact the Small Business Assistance Program at 800/722-7457.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County



Department of Environmental Protection

Lawton Chiles Governor .

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

Virginia B. Wetherell Secretary

May 5, 1997

Mr. Bob Weinstein President Custom Care Cleaners 198 S. Dixie Hwy. Boca Raton, Florida 33432

Facility I.D. No. 0990489 Re:

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#0990489

	Custom Care Cleaners
	spoke with Bob Weinstein-
	Spoke with Bob Weinstein- 04/21/1997-out of business
,	
	-
	1
-	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	a denity Name and	
1. Facility Owner/Comp	any Name (Name of corporation, a	
I G DO	crume of corporation, a	agency, or individual owner):
2. Site Name (Fa-	INC DRA C.	CARE Cleaners & Bb Winstein
2. Site Name (For examp	ile, plant name or number)	ARE CLEANERS By Winter
1	i as name of number):	- 5 puracum
LUSTON (PARC CLEANA	
3. Hazardous Waste Gene	CARC CLEANER_ erator Identification Number:	7
E/ Omer	To Community of Number:	
FLDO986	139611	•
7. racility Location.		
Street Address: 198	SONIE HUN	
City: BOCA RATOS	NFLA County: PALM	P.A.
C.S. September 2 and the september 2	odinty, / A City	Zip Code: 33432,
5. Facility Identification N	umber (DEP Use):	State Co. Pro Service
		$\Delta a a a a a a$
		0990489
	Responsible Offic	
6. Name and Title CD		IAI
6. Name and Title of Respo	nsible Official:	
Boh Was	, D.	
7. Responsible Official 16	Thes	
7. Responsible Official Mail	ing Address:	
Street Address:	ANE AS #4	
City:		
	County:	7:- 0
Responsible Official Telep	shone Number	Zip Code:
Telephone: (56/) 3	9 C C C C C C C C C C C C C C C C C C C	
954 g	Fax 4811	· (——)
	181)	-
Facil	ity Contact (If disserting	
N. N.	ity Contact (If different from Res	sponsible Official)
rame and interof Facility	Contact (For example, plant manag	
BILL DOYLE	to or ortaniple, plant manage	er):
Fraising Doy LC	•	-
. Facility Contact Address:		
Street Address:		
City:	ie as #4	}
,	County:	
Facility Contact T. i.		Zip Code:
Facility Contact Telephone N Telephone: (574) 704	umber:	
1elephone: (561) 393	559 Li Fax:	
	rax:	

RECEIVED

MAH 2 & 1997

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.

Machine Control Initially Device Initially Initiall	Renzacc'i		Date	Date		Date	Date		Date	Date
Type of Machine ID Purchased Installed ID Pu	10.00					1	· ·			
Type The property Type			1 -	Device		1 -	Device		Initially	Device
DRY to DRY Closed UNITS 2 matchines Caffing 1994 matchines 1994 matchi	ype of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ ref. condenser (11) w/ ref. condenser (12) w/ no controls (13) w/ no controls (14) w/ ref. condenser (15) w/ condenser (16) w/ no controls (17) w/ ref. condenser (18) w/ ref. condenser (19) w/ no controls (10) w/ ref. condenser (11) w/ ref. condenser (12) w/ no controls (13) w/ no controls (14) w/ ref. condenser (15) w/ ref. condenser (16) w/ ref. condenser (17) w/ ref. condenser (18) w/ ref. condenser (19) w/ ref. condenser (10) w/ ref. condenser (11) w/ ref. condenser (12) w/ no controls (13) w/ ref. condenser (14) w/ ref. condenser (15) w/ ref. condenser (16) w/ ref. condenser (17) w/ ref. condenser (18) w/ ref. condenser (19) w/ ref. condenser (10) w/ ref. condenser (10) w/ ref. condenser (11) w/ ref. condenser (12) w/ ref. condenser (13) w/ ref. condenser (14) w/ ref. condenser (15) w/ ref. condenser (16) w/ ref. condenser (17) w/ ref. condenser (18) w/ carbon adsorber (19) w/ ref. condenser (10) w/ ref. condenser (10) w/ ref. condenser (11) w/ ref. condenser (12) w/ ref. condenser (13) w/ ref. condenser (14) w/ ref. condenser (15) w/ ref. condenser (16) w/ ref. condenser (17) w/ ref. condenser (18) w/ ref. condenser (19) w/ ref. condenser (19) w/ ref. condenser (10) w/ ref. con	xample	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
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(b) If less than 12 months, how many? [12] months Check why it is less than 12 months: New owner: [1/4] New store: [1/4] Did not keep records: [1/4]	(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices ar (a) What was the total	e require are required	ity of perchl	e installed	_	_	n the latest	12 moi	nths? -	
Check why it is less than 12 months: New owner: [N/A] New store: [N/A] Did not keep records: [N/A]	(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices ar (a) What was the total	e require are required	ity of perchl	e installed	_	_	n the latest	12 mor	nths?	
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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.)	(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices ar (c) No control devices (a) What was the total [/ 20 , (b) If less than 12 more Check why it is less What is the facility's so	e require quantification gallo	ity of perchlons ow many? [12 months:	oroethylene (perc)	purchased in	: [<i>*/</i> <u>&</u>] Di	d not k	eep records:	<i>N/A</i> :
(Indicate with an "X". Select one classification only.)	(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices ar (c) No control devices (a) What was the total [/ 2 0 , (b) If less than 12 more Check why it is less What is the facility's so (Indicate with an "X".	e require quantification in the standard selection in the standard sel	ity of perchlons ow many? [12 months: classification	oroethylene (/2] months New owner: h based on the lication only.)	perc)	purchased in] New store nitions found	: [<mark>//s.</mark>] Di	d not k (3) of	eep records:	[<i>N/A</i>]
(Indicate with an "X". Select one classification only.) Existing small area source New small area source	(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices ar (c) No control devices (a) What was the total (20) (b) If less than 12 mon Check why it is less What is the facility's so (Indicate with an "X".	e require quantification in the standard selection in the standard sel	ity of perchlons ow many? [12 months: classification	oroethylene (/2] months New owner: h based on the lication only.)	perc)	purchased in] New store nitions found	: [<mark>//s.</mark>] Di	d not k (3) of	eep records:	[N/A
(Indicate with an "X". Select one classification only.)	(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices ar (c) No control devices (a) What was the total (20) (b) If less than 12 mon Check why it is less What is the facility's so (Indicate with an "X".	e requires are requantifications, he is than ource of Selectorea so	ity of perchlors ow many? [12 months: classification t one classif	oroethylene (12] months New owner: 1 based on the ication only.)	perc) [\[\sum / \beta \] e defi	purchased in New store nitions found	: [M/A] Did d in section	d not k (3) of	eep records:	N/A

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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 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 (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired: 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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Ple	ase indicat	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)
	(X)	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 cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 pro	mptly notify the Department of any changes to the information contained in this notification.
7	Bill Signature	Doyle FOR Bob Winstein Ourse 3/11/97

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT



	Markette)	VIART RELIGICI		`
TYPE OF INSPECTION:	ANNUAL X	СОМР	LAINT/DISCOVERY [RE-I	NSPECTION
TIME IN: 1:20	TIME OUT:	2:0	O AIRS ID#	. 09	190489
TYPE OF FACILITY:	INT : CLEA	NEW			
FACILITY NAME:	USTOM CA	LE	CLEANER (DATE:	3/11/97
FACILITY LOCATION:	198 S.	DIXIZ	= HWY.,	Bo CA	RATON.
	632				
RESPONSIBLE OFFICIAL:	BOB WZINS	TZIN	CWAN HONE NUM	BER: (954)	922-4811
	the compliance requiremen			ne facility is four	d to be in
_	Rule 62-213.300, Florida A				
1 / M	the compliance requirements.	nts evaluate	d during this inspection, th	ne following com	pliance
discrepancies were note		EM	א מוז אלא זום א	CTION DEC	VIITOED
COMPLIANCE REQU	UIREIVIEN 1/PROBL	LEIVI	FOLLOW-UP A	CTION REC	OIRED
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COMMENTS:	r as		٠		
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<u> </u>		·			
The Annual Compliance Certific	ation form has been proper	rly certified	and submitted to the inspe	ector. YES	МоМ
DATE OF NEXT INSPECTIO	N. 3/11/	78			
DITTE OF HEAT HIST ECTIO	<u></u>	(Appr	oximate)		
INSPECTION CONDUCTED	BY: UDN X	-40	SIKANUSE	-	
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INSPECTOR'S SIGNATURE:	(I have	SIKA	PHONE NUME	BER: (% ()	355-4537

Page___of___.

Exercit in disus

ARM S

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANN	UAL NSPECTIO	COMPLAINT/DISCO	OVERY	Q
AIRS ID#: 0990489 DATE:	369	311/97 1:20 Pm. 7 TIME IN: 12:40 TIM	E OUT:	2:00 2
FACILITY NAME: CUSTON	m	CARE CLEANERS		
facility location: 198	<u>S</u>	. DIXIZ HWY B	m(A	RATOW
FL	33	432		<i></i>
Ļ				
PART I: NOTIFICATION				
(check appropriate box)				
i. Existing facility notified DARM by 9/	1/96			
2. New facility notified DARM 30 days	prior to sta	rtup		a
3. Facility failed to notify D'ARM to use	general pe	rmit		X_
PART II: CLASSIFICATION				
Facility indicated on notification form (check appropriate box)	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)		2. New small area source dry-to-dry only, x<140 gal/yt transfer only, x<200 gal/yt both types, x<140 gal/yr (constructed on or after 12/9/91)	文	
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="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>0</td><td></td></x<2,></td></x<2,>		4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>0</td><td></td></x<2,>	0	
This is a correct facility classification	••	AY CN		
If no, please check the appropriate class	ification:	, .	•	
N -	-	mit as numberabove is not eligible for a general permit		
B. The total quantity of perchloroethyler	ne (perc) p	urchased within the preceding 12 months	s by this d	lry cleaning

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 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MY DN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ØY □N 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XINA 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) STY ON 1. Equipped all machines with the appropriate vent controls? AVA UD: YZ 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 ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
i. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QY QN
Is the temperature differential equal to or greater than 20° F?	OY 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 ON/A
Is the perc concentration equal to or less than 100 ppm?	□Y □M _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?	OY ONN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
DANCE DECODDICERDAC DECITOENCICE	i i
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	MY ON
Has the responsible official: (check appropriate boxes)	MY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	Ду Ои
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	AY ON AY ON AY ON
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:	AA ON
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2. Wh	ich method of detection is used by	y the respon	sible official	?		*
	Visual examination (condensed	i solvent on	extérior surf	faces)	X	
	Physical detection (airflow felt	through gas	kets)		Æ	
	Odor (noticeable perc odor)				为分文	
	Use of direct-reading instrumen	ntation (FID	/PID/calorin	netric tubes) (BZEN NZ	×	<u> </u>
	If using direct-reading instru	mentation,	is the equip	ment:		
	a. Capable of detection	ig perc vapo	r concentrat	ions in a range of 0-500 ppm?	QΥ	$\square N \times N \setminus V$
	b. Calibrated against (PID/FID only)?	a standard g	gas prior to a	ind after each use	QΥ	ON XN/I
	c. Inspected for leaks	and obvious	s signs of we	ar on a weekly basis?	ΩY	$\square N X N / B$
	d. Kept in a clean and	i secure are:	a when not i	n use?	XY	ON_N/A
	e. Verified for accura	cy by use of	duplicate sa	mples (calorimetric only)?	ΩY	ON N/A
3. Ha	s the facility maintained a leak lo	g?			XX	QN_N/A
4. Do	es the responsible official check t	he following	g areas for le	aks?		-
	Hose connections, fittings, couplings, and valves	YY	ND	Muck cookers	. QY	ом∑мо
	Door gaskets and seating	ΣÎΥ	ПN	Stills	⊠ Ý	ON 1
	Filter gaskets and seating	×	ND	Exhaust dampers	Ż ŢY	ם אם
	Pumps	ZYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	ΠN	Diverter valves	XY	Пи_и
	Solvent tanks and containers	À\X	ПN	Cartridge filter housing	zz XX	מ_אם
	Water separators	XY.	ДD	•	,	
7	Name of Responsible Off	7WE	ature)	Bob WEINSTIIN Nome of Responsible Office Date of Install Approximate Date	pection	
stre-	-			**		Yes No
econdar	y Containment for: Dry	Cleanin	g Machine	e & Storage area		ĶĪ Ü
į	198			Waste area		<u> </u>
0	3 5			Spotting area Seai	Led	
ntabogg.	l of Water from Water Se				-	[][]
		r Waste A	b4	Pick ups Water MCF)		M []
		/ ' ·	•	OFERATING UN CE MAS 1999		

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

Apris

YPE OF INSPECTION:	ANNUAL CON	IPLAINT/DISCOVERY OF VE	E-INSPECTION
IMEN: 11:00	TIME OUT: 11:10	2 AIRS 10 5 990	1489
TYPE OF FACILITY:	by Cleaning		
FACILITY NAME: CU	stom, Care	Cleaners Mobile Sources	TE: 7-16-9
facility location: 1	18 S. Dixie	Hwy Sources	
	BOCa Raton	1, FC 35430	
RESPONSIBLE OFFICIAL:	sob Weinstein	PHONE NUMBER 7	122-4811
	the compliance requirements evalu Rule 62-213.300, Florida Administr	ated during this inspection, the facility is	found to be in
Based on the results of	the compliance requirements evalu	ated during this inspection, the following	compliance
discrepancies were note	d: UIREMENT/PROBLEM	FOLLOW-UP ACTION F	rammen.
			<u> </u>
Business 50 0990499;		NA	
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•	•		
•			
•	· · · · · · · · · · · · · · · · · · ·		

-		·	
COMMENTS:	• •		
.:			
The Annual Compliance Certifi	cation form has been properly cert	ified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	¥ 2	/A	
DATE OF HEXT HIST BOTTO	0,/4	pproximate)	
INSPECTION CONDUCTED	BY: K-V- C	hokshi	
INSPECTOR'S SIGNATURE	QV Chok	Please Print) PHONE NUMBER: 35	5-3070