

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

July 28, 1997

Mr. Scott Zanger President Supreme Quality Dry Cleaners 450 Northeast 20 Street Boca Raton, Florida 33431

Re: Facility No.: 0990501

Dear Mr. Zanger:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 20, 1997.

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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

#0990501

	4 · · · · ·
	Suprema Quality Dry Cleaners
P.15	4 mark out "X" and initial, 5 (c) not required, mark out "X" and initial
,	"X" and the tial
·	'.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
,-	Site Name (For example, plant name or number):						
2.	Site Name (For example, plant name or number):						
<	Sofrank QUALITY DRY CLANORS						
3.	Hazardous Waste Generator Identification Number:						
4.							
	Street Address: City: BOCA LITON County: PALM BOACH Zip Code: 33431						
5	Facility Identification Number (DEP Use):						
	0990501						
e called							
	Responsible Official						
6.	Name and Title of Responsible Official:						
<	SON ZANGOR PROS.						
7.	Responsible Official Mailing Address: Organization/Firm: SAMB AS FOOR						
	Street Address:						
	City: County: Zip Code:						
8.	Responsible Official Telephone Number: Telephone: (<) 251 - 226 2 Fax: () -						
	Telephone: (\$61)382 - \$363 Fax: () -						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
10	Facility Contact Address:						
10.							
	Street Address: City: Zip Code:						
11	Facility Contact Telephone Number:						
11.	Telephone: () Fax: () -						
	RECFIVED						

JUN 2 0 1997

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Bureau of Air Monitoring & Mobile Sources

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.

Type of Machine	ID	Machine Initially Purchased	Control Device Installed	ID	Machine Initially Purchased	Control Device Installed	ID	Machine Initially Purchased	Control Device Installed	
Example	#1	1	12-NOV-93	#2	08-DEC-91	instance	#3		02-MAR-92	
Dry-to-Dry Unit	0	Z - Z =	C-91	(}	*0.\a4T	FACE (1)	- V	W J'TH M	ACHINER	Ta 1995
(1) w/ ref. condenser		7	<u> </u>	-	3		7	W1 14-13	, vector	, · · · · -
(2) w/ carbon adsorber		· · · ·			_					1
(3) w/ no controls										1
Washer Unit		•	· ·			•		•		1
(4) w/ ref. condenser										1
(5) w/ carbon adsorber										1
(6) w/ no controls								<u> </u>	†	1
Dryer Unit	-				'			·		1
(7) w/ ref. condenser										1
(8) w/ carbon adsorber									1	1
(9) w/ no controls										1
Reclaimer Unit			•		•				<u>-</u>	1
(10) w/ ref. condenser										1
(11) w/carbon adsorber										1
(12) w/ no controls										1
(b) Control devices are										
2.(a) What was the total c	luant gallo		proethylene (perc)	purchased in	n the latest 12	2 mor	nths?		
(b) If less than 12 mont Check why it is less					_] New store	: [] Did	not k	eep records:		
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3) of	Part II?		
Existing small ar		•			iall area sour]			
Existing large are	a soi	ırce []	. Ne	w lar	ge area sour	ce []			

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Effective: 6-25-96

What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser [X]
New small area source Refrigerated condenser []	·
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant ad hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment be 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	
Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mo	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	· [<u>X</u>]

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

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
• •	
•	Responsible Official Certification
- this noti	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sets made in this notification are true, accurate and complete. Further, I agree to operate and
maintair	the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 8,50 TIME OUT: 9-40 TYPE OF FACILITY: DRT: CLANER FACILITY NAME: SUPLEMA QUA FACILITY LOCATION: 450 N.E.	AIRS ID#: 0990 555501 UTY DRY CIEMBATE: 5/19/92 DOTA STREET, BOCA RATION,
RESPONSIBLE OFFICIAL: SCOTT ZANK	ER PHONE NUMBER: (561) 392-8363
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
They failed to notify in 1996	Notification forms were given them in may 1997. AirID# Was issued in June 1997
	-
and the second of the second o	
• .	
•	
COMMENTS:	
The Annual Compliance Certification form has been properly certification form has been properly certification.	ied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: ON AU	proximate) KAZWE ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (\$1) 355-4537

ARMS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISC	COVERY 0
AIRS ID#: 0990501 DATE: 5 19197 TIME IN: 8:50 TIME FACILITY NAME: SUPREMA QUALITY DLY FACILITY LOCATION: 450 N. E. 20th ST. FL 33431	CLEAVERS, BOCA RATOR
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	<u>u</u>
3. Facility failed to notify DARM to use general permit	<u> </u>
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 transfer only, x<200 gal/yr both types, x<140 gal/yr both types, x<140 gal/yr both types, x<140 gal/yr	
(constructed before 12/9/91) (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 140<x<2,="" 200<x<1,800="" 4.="" 9="" 91)="" 91)<="" after="" area="" before="" both="" dry-to-dry="" gal="" large="" new="" on="" only,="" or="" source="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""> dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""> transfer only, 200<x<1,800 gal="" td="" yr<=""> transfer only, 200<x<1,800 gal="" td="" yr<=""> both types, 140<x<1,800 gal="" td="" yr<=""> both types, 140<x<1,800 gal="" td="" yr<=""></x<1,800></x<1,800></x<1,800></x<1,800></x<2,></x<2,>	
dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 140<x<2,="" 200<x<1,800="" 9="" 91)="" 91)<="" after="" before="" both="" dry-to-dry="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 140<x<2,="" 200<x<1,800="" 9="" 91)="" 91)<="" a="" after="" before="" both="" classification="" correct="" dry-to-dry="" facility="" gal="" is="" on="" only,="" or="" td="" this="" transfer="" types,="" yr=""><td></td></x<2,>	

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 centrols 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 (somplete A and B below). Carbon adsorber must have been prior to September 28, 1993 installed 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? MD YD 2. Equipped dry-to-dry machines with a closed-loop yapor venting system? AMD ND YD 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AIND ND YØ condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated OY ON condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? CIY (IN 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON verifying that the coolant had been completely charged?

В.	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ИΠ	
	Is the temperature differential equal to or greater than 20° F?	QY	ПΝ	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ПΩ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	QΥ	□и.	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
õ.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y	, И	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩИ	UN/A
<u></u>				
P.	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: theck appropriate boxes)			
ļ١.	Maintained receipts for perc purchased?	Y	ИΠ	
2.	Maintained rolling monthly averages of perc consumption?		ПИ	
3.	Maintained leak detection inspection and repair reports for the following:	_	•	
	a. documentation of leaks repaired w/in 24 hrs? or;	X	ΩΝ	
-	b documentation of parts ordered to repair leak and leak repaired w/in 2 days	. \		

Has the responsible official: (check appropriate boxes)	. 1
l. Maintained receipts for perc purchased?	· AA OM
2. Maintained rolling monthly averages of perc consumption?	YY □N
3. Maintained leak detection inspection and repair reports for the following:	<i>'</i>
a. documentation of leaks repaired w/in 24 hrs? or;	· XY ON
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AL CIN
4. Maintained calibration data? (for direct reading instruments only)	DY ON DAVA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN A
6. Maintained startup/shutdown/malfunction plan?	ND AX
7. Maintained deviation reports?	ХБАХ ОИ
Problem corrected?	DY □N
8. Maintained compliance plan, if applicable?	AMA NO YO

PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	YY ON	

2 Whic	h method of detection is used by	the respon	isible offic	ial?		· · · · · · · · · · · · · · · · · · ·	•		
	Visual examination (condensed				.*	×			
Physical detection (airflow felt through gaskets)									
Odor (noticeable perc odor)									
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)									
	If using direct-reading instrumentation, is the equipment:								
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? $\Box Y \Box N \bot N/A$								
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?								
c. Inspected for leaks and obvious signs of wear on a weekly basis?									
	d. Kept in a clean and	secure are	a when no	t in use?		. OX (A/N_NC		
	e. Verified for accura	cy by use of	f duplicate	samples (cal	lorimetric only)?	□Y (A/N NC		
3. Has t	he facility maintained a leak log	; ?				YEY (אב		
4. Does	the responsible official check th	e followin	g areas for	leaks?					
	Hose connections, fittings, couplings, and valves	Y	ПИ	Mı	uck cookers	. U Y	□N_N A		
	Door gaskets and seating	₹ Ŷ	ЙП	Sti	ills	XX	□N_NA		
ļ.	Filter gaskets and seating	XX	ПN	Ex	thaust dampers	ΩY	□N_N A		
	Pumps	. X	ПN	Di	verter valves	XX	□N_NA		
	Solvent tanks and containers	X	ПN	Ca	artridge filter hou	usings XX	□N_N A		
	Water separators	XY	ND						
	Name of Responsible Office Office of Responsible Office of Responsible Office	(A-70			Responsible Of Date of Approximate D	ficial (Prin		37	
Secondary	Containment for: Dry	Cleanin	ng Machi	Wast	te area 4	(Yes No		
Disposal	of Water from Water Se	parator	using a	approved	evaporator	B€ Dome) - []		
			-) Pick s up		7	Χįιi		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	1PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:15 TIME OUT: 12:4	06AIRS ID#: 099050/
TYPE OF FACILITY: Dry Cleaning	, · -
FACILITY NAME: Suprema Qual	City Dry Cleaning DATE: 6-12-98
FACILITY LOCATION: 450 N.E.	26th stoet
Boca Raton,	FL 33431
RESPONSIBLE OFFICIAL: Scott Zange &	PHONE NUMBER: 392-8363
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	-
-	
And the contract of the contra	
	RECEIVED
· · · · · · · · · · · · · · · · · · ·	JUL 1 5 1998
COMMENTS:	. Bureau of Air Monitoring & Mobile Sources
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	_ 1977
INSPECTION CONDUCTED BY:	ase Print)
INSPECTOR'S SIGNATURE: Cholis	PHONE NUMBER: 355-3070

Page

of

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARM

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

A

COMPLAINT/DISCOVERY

FACILITY NAME: SUP BEM Q FACILITY LOCATION: 450 BOCA RESPONSIBLE OFFICIAL: Scott	Quelity Doy Cleaners NE ZoTh Stolet Paron, FL 33 431 ZANGER PHONE: 392-8363
CONTACT NAME:	PHONE:
Ļ	
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	
<u> </u>	
The point of the control of the cont	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ 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 ≤ x ≤ 2,100 gal/yr	4. New large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr

If no, please check the appropriate classification:

facility qualified for a general p

transfer only, $200 \le x \le 1,800 \text{ gal/yr}$

5. This is a correct facility classification

both types, $140 \le x \le 1,800$ gal/yr

(constructed before 12/9/91)

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.

fler Garland Supply Company

transfer only, $200 \le x \le 1,800$ gal/yr

□Can not determine

both types, $140 \le x \le 1,800$ gal/yr

(constructed on or after 12/9/91)

ПΝ

Revised 8/11/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature morntoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

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?	dr on
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MY 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?	אואס אם צם
Ï	Is the perc concentration equal to or less than 100 ppm?	UY UN WINA
.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 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	אואס אם אפ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN ZN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes) Will Send Copies & Perc Purchase in lodays 1. Maintained receipts for perc purchased? Advised to keep receipts on site)	,
1. Maintained receipts for perc purchased? (Advised to keep receipts on site)	DY YE
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	/ <u>,</u>
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אומם מם אפ
4. Maintained calibration data? (for applicable direct reading Instruments)	DY DN BN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DNIA
6. Maintained startup/shutdown/malfunction plan?	DY DN
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	AND NO YA
8. Maintained compliance plan, if applicable?	מועם אם עם

PART VI: LEAK DETECTION AND REPAIRS

	in the control of the		
١.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair		
	inspection?	χΙΥ	מם
2.	. Has the facility maintained a leak log?	ΖÍΥ	מם
3.	. Does the responsible official check the following areas for leaks?		l
	Hose connections, fittings, couplings, and valves Or ON ON/A Muck cookers	ם צם	IN ÆÑ/A
	Door gaskets and seating DY DN DN/A Stills	ala c	N □N/A
	Filter gaskets and seating TY ON ON/A Exhaust dampers	ם א כ	IN DAY/A
	Pumps Diverter valves	DAY C	IN □N/A
	Solvent tanks and containers DY DN DN/A Cartridge filter housings	DAŽ C	N □N/A
	Water separators OY ON ON/A		
4.	. Which method of detection is used by the responsible official?		2
	Visual examination (condensed solvent on exterior surfaces)		
	Physical detection (airflow felt through gaskets)	0	`\
	Odor (noticeable perc odor)	U	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	A	1/1
	Halogen leak detector	A M	ir
۱	If using direct-reading instrumentation, is the equipment:	ÆN/A	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	DŸ (אב
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 	OY (, אב
١	c. Inspected for leaks and obvious signs of wear on a weekly basis?	DY (אכ
	d. Kept in a clean and secure area when not in use?	OY (אכ
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY !	אכ

Responsible Official's Name (Please Print)

Inspector's Signature

Signature

Date of Inspection

Approximate Date of Next Inspection

			Yes N	C
1.	Secondary Containment for:	Dry Cleaning Machine & Storage area]
		Waste area	I/I	}
		Spotting area Sealed	1/1]

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

Seifety Kleen pichs lepthe Wate

Gave owner (Scott) FDEP Calendal
and phenix form for record toeping

Explained Scott to keep record on Site for leak, Perc Purchase and any break down, Also measure exhaust temp of Condenser and record on log

Manda toxy Requirement

DRY CLEANER AIR QUALITY GENERAL PERMIT 10 of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID 0990501 D.E.J.S. CORP SCOTT ZANGER 450 NE 20TH STREET **BOCA RATON FL 33431** Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. **∟**NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. Signatur

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:15 TIME OUT: 10:4	10 AIRS ID=: 0990501
TYPE OF FACILITY: Day Cleaning	
FACILITY NAME: Suprema Queli	ty Day CleandonTE: 5-21-99
FACILITY LOCATION: 450 N.E. 20	th Street
Boca Rato	$\frac{1}{2}$
RESPONSIBLE OFFICIAL: Scott Zanger	PHONE NUMBER: 392 - 8363
Based on the results of the compliance requirements evalua	· · · · · · · · · · · · · · · · · · ·
compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
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	the state of the s
	· 36 50
	Solution
	· · · · · · · · · · · · · · · · · · ·
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COMMENTS:	·
•	
	Sold the industrial NOTAL
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO NO
DATE OF MEXT MIST ECTION:	.pproxima;e)
INSPECTION CONDUCTED BY: RV Che	KShi
	Please Print) 355-3070
INSPECTOR'S SIGNATURE: QV. Choush	PHONE NUMBER:

PERCHLOROETHYLENE DRY CLEANERS

Arms

TITLE VIGENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTI	ON O
FACILITY NAME: Suprema FACILITY LOCATION: 450 A Bola R RESPONSIBLE OFFICIAL: 5COTT 7 CONTACT NAME:	Guality Dry Clearer J. E. 20th street Laton, FL33431 Larger PHONE: 392-8363 PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to s	tartup
2. Facility failed to notify DARM to use general p	permit
	(1) 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 19 1 - 1
PART II. CLASSIFICATION	
PART II: CLASSIFICATION Facility indicated on notification form that it is (check appropriate box) A.	: No notification form Drop store/out of business/petroleum
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	•
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	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
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) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
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) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate class facility qualified for a	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ 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) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Is the responsible official of the dry cleaning facility: (check appropriate bakes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ZÍY ON ON/A 2. Examining the containers for leakage? 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? ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN ZMA 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). Carbón 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) DY DN 1. Equipped all machines with the appropriate very controls? DY DN DN/A Equipped dry-to-dry machines with a clossed-loop vapor venting system? 3. Equipped the condenser with a diverger valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stleam of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DNA condenser exceeded 46° F? 5. Conducted all temperature monitoring after an appropriate cooldown period and after

PART III: CENERAL CONTROL REQUIREMENTS

DY DN

verifying that the coolant had been completely charged?

ß.	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?	ַם∨ נ	ВN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y (ו אם	⊐N/A
	Is the temperature differential equal to or greater than 20° F?	OY (ו אב	⊐N/A
3.	Measured and recorded the perc concentration in the exhaust scream 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 I	□N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y I	ו אם	□N/A
4,	Assured that the sampling port on the earbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	וא□	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	אם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ОИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DN ON
2. Maintained rolling monthly total of perc consumption?	ZY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO YE
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A
4. Maintained calibration data? Ger applicable direct reading instruments)	DY DN 🔀 🕅
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN 96/A
5. Maintained startup/shutdown/maifunction plan?	MY ON
7. Maintained deviation reports?	MA ON ON/A
Problem corrected?	XY DN DN/A
3. Maintained compliance plan, if applicable?	DY DN ZNA

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ON inspection? DМ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AND ND YE Muck cookers DY DN/ANA couplings, and valves DY ON ON/A AND ND YA Door gaskets and seating Stills ON ON/A DY ON ON/A Filter gaskets and seating Exhaust dampers AY ON ON/A AND NO NO Pumps Diverter valves Cartridge filter housings DY ON ONA Solvent tanks and containers DY ON ONA DY DN DN/A Water separators 4. 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) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN ot in a clean and secure area when not in use? DY DN

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Responsible Official's Name
(Please Print)

Inchestada Nama (Piana Print)

Responsible Official's Signatu

DY DN

5-21-97

Date of Inspection

Clond Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:
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 Freen pichs up the worke. "When Carred
'Whon Called

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

$\bigcirc M$	

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

 \boldsymbol{Q}

RE-INSPECTION

AIRS ID#: 0990 50) DATE: 6 16 00 TIME IN: TIME OUT:
FACILITY NAME: Suprema Quality Dry Cleaner
FACILITY LOCATION: 450 Ne 20 St.
Boca Roto4 33431
RESPONSIBLE OFFICIAL: Scott 2 am phone: 392 8365
CONTACT NAME:PHONE:
PART I: NOTIFICATION
check appropriate box)
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) ☐ Drop store/out of business/petroleum
Check appropriate box) 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 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 4. New large area source
Check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 2. New small area source dry-to-dry only, x < 200 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 ≤ x ≤ 2,100 gal/yr dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
Check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 2. New small area source dry-to-dry only, x < 200 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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
Check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr 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 transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ 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 dry dry-to-dry only determine If no, please check the appropriate classification:
Check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 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 dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ 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 dry dry-to-dry only dry-to-dry only determine If no, please check the appropriate classification: Gacility qualified for a general permit as number above
Check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr 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 transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ 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 dry dry-to-dry only determine If no, please check the appropriate classification:

PART III: GENERAL CONTROL REQUIREMENTS	<u> </u>
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON ON/A
2. Examining the containers for leakage?	DY DN DN/A
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	חואש אם עם
PART IV: PROCESS VENT CONTROLS	·
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part	y.
If classification 2 has been checked, the machine should be equipped with a ref (complete A below). If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber machine to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a reference.	r a refrigerated sust have been installed
(complete A and B below).	
A. Has the responsible official of all new source, and existing large area source (check appropriate boxes)	s:
. Equipped all machines with the appropriate vent controls?	אם אם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AVA או אם אם
. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON .
Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	אואם אם עם
Conducted all temperature monitoring after an appropriate cooldown period and after	OY ON

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

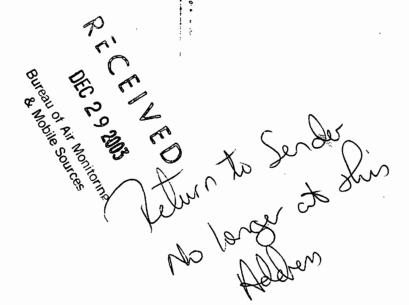
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	•
1. Maintained receipts for perc purchased?	DY X N
2. Maintained rolling monthly total of perc consumption?	DY X
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY AN DNA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY AN DN/A
4. Mäintained calibration data? (for applicable direct reading instruments)	DY DN PARIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DNIA
6. Maintained startup/shutdown/malfunction plan?	ØY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	מאם אם עם
8. Maintained compliance plan, if applicable?	OY ON ONIA

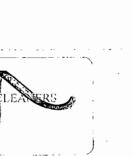
1. Does the responsible of	ficial conduct a v	weekly (for small sou	rces, bi-w	eckly) leak	detection	and-repair	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
inspection?	Clai->	he	does	6.+	reso	~l > .	TIY	. ПИ
2. Has the facility maintain	ned a leak log?		not	Jp.	to	date	EY	ΠN
3. Does the responsible of	icial check the fo	ollowing	areas for lea	iks?				• .
Hose connections, couplings, and va	-	øy o	ANA N	. Mu	ck cookers	5		אוא 💆 א
Door gaskets and s	eating	MY C	N □N/A	Stil	ls		PAY D	N DN/A
Filter gaskets and s	_		N □N/A	Exh	aust damp	ers		AIMES N
Pumps		RY D	N □N/A	Div	erter valve	s	97Ý (1)	A/ND N
Solvent tanks and c	ontainers	ום צם	N □N/A	Cart	ridge filter	housings	AY ON	N/A
Water separators		ro yà	A/ND 1					
4. Which method of detection	on is used by the	responsi	ible official?					
Visual examination	(condensed solv	ent on e	xterior surfac	es)			Ø	
Physical detection (airflow felt throu	igh gask	ets)	,				
· Odor (noticeable pe	rc odor)				٠.	:		
Use of direct-reading	g instrumentation	n (FID/P	ID/calorimet	ric tubes)			O HA	
Halogen leak detecto	or .						□ NA	`
If using direct-r	eading instrum	entation	, is the equi	pment:			QAV/A	
a. Capable	of detecting per	vapor c	concentration	s in a rang	e of 0-500	ppm?	OY ON	
b. Calibrate (PID/FII	ed against a stand O only)?	dard gas	prior to and	after each	use			
c. Inspected	for leaks and ol	bvious si	igns of wear	on a weekl	y basis?		DY DN	
d. Kept in a	clean and secur	e area w	hen not in us	e?			DA DN	· ()
c. Verified	for accuracy by t	use of du	iplicate samp	les (calori	metric only	/) ?	DY DN	
SCOH) consible Official (Please Print			J	Respon	Sible)	Offic	*cial's	Signa
M Liebl Inspector's Name	€ 	· ·		Dat	6/16/ e of Inspec	O O		
h Leth					6/0	/		
Inspector's Sig	nature			· Ann	rovimate l	Date of N	ext Inspecti	0n

ADDITIONAL SITE INFORMATION:	
1. Secondary Containment for: Dry Clear	Yes NO ning Machine & Storage area 1/1 []
s	Waste area [7] []
	Spotting area Sealed [] []
	. /
·	
•	the control of the co
**************************************	•
	·
2. Disposal of Water from Water Separator	using approved evaporator [] []
•	eted Wastewater service [][]
	-12,
·	
	•
•	
:	2 VB/2 13
	
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•	f.2	ITY GENERAL PERMIT- "UMMARY REPORT	
TYPE OF INSPECTION:	· /	OMPLAINT/DISCOVERY RE-INSPEC	TION [
TIME IN:	TIME OUT:	AIRS ID#: 0990501	
TYPE OF FACILITY:	Drx cleavi		
	Supremy Qual	ity Dy Cleiners DATE: 6/16	6/00
FACILITY LOCATION:	450 Ne	20'51	
	Bou B	alo of	
RESPONSIBLE OFFICIAL:	· · · · · · · · · · · · · · · · · · ·	PHONE NUMBER: 392 936	3
compliance with DEP R Based on the results of t discrepancies were notes	ule 62-213.300, Florida Adminis he compliance requirements eval d:	uated during this inspection, the following compliance	
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED	·
Record, For	temps,	Provide proper records	
heaks, Not	complete	P. C.	
			,
		Monte Solling Collins of the Monte Solling Co	
		rces.	
COMMENTS:			
he Annual Compliance Certification	n form has been properly certifie	d and submitted to the inspector. YES NO	}
NSPECTION CONDUCTED BY:	h Liebler	roximate) se Print)	
SPECTOR'S SIGNATURE:	m Tul	PHONE NUMBER: 3573072	>

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













Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

990501 SCOTT ZANGER SUPREMA QUALITY DRY CLEANERS 450 NE 20TH STREET BOCA RATON FL 33431

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Z,333,613 076

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID 0990501

D.E.J.S. CORP SCOTT ZANGER 450 NE 20TH STREET BOCA RATON FL 33431

	Certified Fee	
	Special Delivery Fee	
•	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
ט ט	TOTAL Postage & Fees	\$
Ē	Postmark or Date	
S Form Sour		

:	and the state of				_,
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."	I also wish to receive the following services (for an extra fee): 1. Addressee's Address		ice.	
‡	permit. Swrite "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date		2. ☐ Restricted Delivery Consult postmaster for fee.		neceipi service
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	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) Market Marke	8. Addréssee and fee is	· .	f requested	101
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	Restricted Delivery Fee			
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PS Form 3800 , April 1995	Postmark or Date			

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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 # 0990501 SCOTT ZANGER 450 NE 20TH STREET	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
BOCA RATON FL 33431	3. Service Type Certified Mail
2. Article Number (Copy from service label),	
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eve	Attach this form to the front of the mailpiece, or on the back if space permit.	1. □ Addressee's Address 2. □ Restricted Delivery			
ther	 Write *Return Receipt Requested* on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and 		2. ☐ Restricted Delivery		
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Ē	SUPREMA QUALITY DRY CLEANERS	4b. Service Type			
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7000 0600	Total Po: SUPREMA Recipient SCOTT ZA 450 NE 201 Street, Ap BOCA RAT City, State PS From 3800, Petrusny	NGER H STREET ON FL 33431	RS ID # 0990501 ———————————————————————————————————	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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1. Article Addressed to: AIRS ID # 0990501 SUPREMA QUALITY DRY CLEANERS SCOTT ZANGER	D to delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
50 NE 20TH STREET BOCA RATON FL 33431	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
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COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Received by (Please Print Clearly) Print your name and address on the reverse C. Signature so that we can return the card to you. □ Agent Attach this card to the back of the mailpiece, X ☐ Addressee or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: AIRS ID # 0990501 SUPREMA QUALITY DRY CLEANERS 3. Service Type Certified Mail SCOTT ZANGER ☐ Express Mail 450 NE 20TH STREET ☐ Registered ☐ Return Receipt for Merchandise **BOCA RATON FL** ☐ Insured Mail ☐ C.O.D. 33431 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label) 7000 0500 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Sent to

AIRS ID # 0990501

SUPREMA QUALITY DRY CLEANERS
SCOTT ZANGER
450 NE 20TH STREET
BOCA RATON FL 33431

Special Delivery Fee
Restricted Delivery Fee
Restricted Delivery Fee
Return Receipt Showing to
Whom & Date Delivered
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SUPREMA QUALITY DRY CLEANERS	
SCOTT ZANGER	·
450 NE 20TH STREET	
BOCA RATON FL 33431	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
·	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

, P 174 052 145 US Postal Service
Receipt for Certified Mail No Insurance Coverage Provided.

Do not use for International Mail (See reverse) AIRS ID # 0990501 SUPREMA QUALITY DRY CLEANERS SCOTT ZANGER 450 NE 20TH STREET BOCA RATON FL 33431 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

on the reverse side?	 Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an delivered. 	I also wish to rectiful following service extra fee): 1. Address 2. Restricte Consult postmas	ee's Address	ceipt Service.	
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3. Service Type Certified Mail

☐ Registered

☐ Insured Mail

4. Restricted Delivery? (Extra Fee)

☐ Express Mail

☐ C.O.D.

☐ Return Receipt for Merchandise

☐ Yes

102595-99-M-1789

SCOTT ZANGER

450 NE 20TH STREET

BOCA RATON FL 33431

PS Form 3811, July 1999

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AIRS ID # 0990501

SUPREMA QUALITY DRY CLEANERS

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Domestic Return Hecelpt

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

392955

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 Bureau of A Mobil

Do NOT Remove Label

AIRS ID # 0990501 SUPREMA QUALITY DRY CLEANERS SCOTT ZANGER 450 NE 20TH STREET **BOCA RATON FL 33431**

70 FOR GOVERNMENT USE ONLY ROTE:: 37550101000 EO: B1 бвј.: 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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

SUPREMA QUALITY DRY CLEANERS AIRS ID # 0990501 SCOTT ZANGER 450 NE 20TH STREET BOCA RATON FL 33431

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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Do NOT Remove Label

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SUPREMA QUALITY DRY CLEANERS SCOTT ZANGER 450 NE 20TH STREET BOCA RATON FL 33431

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

MAIL ROOM FEB 24 98

Do NOT Remove Label

AIRS ID 0990501

D.E.J.S. CORP SCOTT ZANGER 450 NE 20TH STREET BOCA RATON FL 33431

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990501

SUPREMA QUALITY DRY CLEANERS SCOTT ZANGER

450 NE 20TH STREET **BOCA RATON FL 33431**

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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990501 SUPREMA QUALITY DRY CLEANERS SCOTT ZANGER 450 NE 20TH STREET **BOCA RATON FL**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Suprema Dry Cleaning 450 N.E. 20th STREET SNORE CENTRE BOCA RATON, FLORIDA 33431



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

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