

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 27, 1997

Mr. Sheldon Haynick Lakeside Cleaners 5859 West Atlantic Avenue Delray Beach, Florida 33484

Re: Facility No. 0990511

Dear Mr. Haynick:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 21, 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"

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL Date: 11-Jan-2000 03:58pm

From: Jeff Dizek

Jeff_Dizek@doh.state.fl.us

Dept: Tel No:

To: Sandy.Bowman (Sandy.Bowman@dep.state.fl.us)

CC: Alfred Grasso (Alfred Grasso@doh.state.fl.us)

Subject: Status of Lakeside Cleaners #511

Sandy,

I visited Lakeside Cleaners Airs #0990511 in Delray Beach today, Jan 11, 2000. The facility no longer uses perchloroethylene at this location. I spoke with Steve there and verified this with him. This Airs can be inactivated in the ARMS database.

Please call me if you have any questions.

Thanks

Jeff

----Original Message----

From: Sandy Bowman TAL 850/921-9583 [mailto:Sandy.Bowman@dep.state.fl.us] Sent: Friday, January 07, 2000 1:25 PM

To: Dizek, Jeff

Subject: Re: Monthly Report and Status of Airs #556 and #511

Sensitivity: Confidential

Thanks Jeff. If #0990511 needs to be inactivated in the ARMS database, let

me

know and I will do it. Have a good weekend.

Sandy

INTEROFFICE MEMORANDUM

Date: 30-May-2000 10:08am

From: Martin_Liebler

Martin_Liebler@doh.state.fl.us

Dept: Tel No:

To: Sandy.Bowman

(Sandy.Bowman@dep.state.fl.us)

Subject: Title V permit delinquent payments

Airs id 0990511 and 0990545 are drop off only. Airs id0990539, 0990576 0990514 are closed. Airs id0990538,0990507, 0990419, 0990552 I advised to pay asap. Airs id0990450 Ro stated he had sent check #1407 dated 17 April 2000 to us. I could find no record of .

#0990511

	Lakeside Cleaners
P.13	4. add location address
	[]
P.14	1.(a) add date control device installed
D15	4 should be existing large
<i></i>	4. Should be existing large area source w/ controls
-	

JUL 2 1 1997

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
,	HARDICK INC
2.	Site Name (For example, plant name or number):
	LAKES, de Clevers
3.	Hazardous Weste Generator Identification Number:
(1)	Facility Location:
	Street Address City: Della Spench County: PB Zip Code: 33484
j	Derky Derich 2340)
5.	Facility Identification Number (DEP Use):
	======================================
•	Responsible Official
6.	Name and Title of Responsible Official:
	Sherdon Harrick Genell MANAger
7.	Responsible Official Mailing Address:
	Organization/Firm: LAKES THE REPORT Street Address: \$5850 VEST ANT AUC OID
	City: DerRay Renin County: Sip Code: 33-184
8.	Responsible Official Telephone Number: Telephone: (SG) URG - 2378 Fax: () -
	29,46 23 6
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	!	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		xt-91	Atro	٤ (HARS				
(1) w/ ref. condenser	7	(x)-1				-			
(2) w/ carbon adsorber	r]							
(3) w/ no controls									
Washer Unit		• .	,						
(4) w/ ref. condenser									
(5) w/ carbon adsorber	r								
(6) w/ no controls									
Dryer Unit								•	
(7) w/ ref. condenser									
(8) w/ carbon adsorbe	r								
(9) w/ no controls									
Reclaimer Unit					•				
(10) w/ ref. condenser									
(11) w/carbon adsorbe	er								
(12) w/ no controls									
(b) Control devices a (c) No control device 2.(a) What was the tota (b) If less than 12 mo Check why it is le	es are r l quant] gallo	equired to be ity of perchlons ow many? [e installed [_ oroethylene ((perc)	purchased	in the latest 12			
3. What is the facility's s (Indicate with an "X"	. Selec	t one classif	ication only	١		nd in section (

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(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 []
5.7 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

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Surrender of Existing Air Permit(s)

lease 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 statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	Date Date

2

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12 TIME OUT: 1225 AIRS ID#: 0990511
TYPE OF FACILITY: Day cheunes
FACILITY NAME: Luke side Clean- DATE: 6/5
FACILITY LOCATION: 5859 WI Atlantic Ave
Deling Benk 33484
RESPONSIBLE OFFICIAL: Shallow Howard PHONE NUMBER: 5614 26 2376
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
They failed to notity in 1991 Notification forms Wer given them in June 1997. Air was issued in July 1997
COMMENTS:
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NOT
DATE OF NEXT INSPECTION: 6/7/9 V
INSPECTION CONDUCTED BY: White Lipiter (Please Print)
INSPECTOR'S SIGNATURE: W LIL PHONE NUMBER: 56/ 307 30 70

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

	COMPLIANCE INSP	PECTION CHECKLIST	
TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DI	SCOVERY
TILL OF BIOLOGICAL	RE-INSPECTION		_
AIRS ID#: 0990511	DATE: 6/5/97	TIME IN:	IME OUT: /2.2.5
FACILITY NAME:	ake Side	Cleanerz	<u>.</u>
FACILITY LOCATION:	5859	W. Atlanter	Ave
	<u> </u>	Inea Black	33484
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DA	RM by 9/1/96		
New facility notified DARM			
3. Facility failed to notify DAR		Course received Notif	-
5. I active ratios to notify brace		Powers outlined hour	Man (15/4)
PART II: CLASSIFICATION	<u> </u>	<u> </u>	
PART II: CLASSIFICATION			
PART II: CLASSIFICATION Facility indicated on notificati (check appropriate box)			. /
Facility indicated on notificati			
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour	on form that it is:	New small area source	A mó
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x<140 gal/y	on form that it is: The ce	y-to-dry only, x<140 gal/yr	A mile
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour	on form that it is: The second control of t		A Kmb
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	on form that it is: The Cartain Control of t	y-to-dry only, x<140 gal/yr nsfer only, x<200 gal/yr	A Amile
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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)	on form that it is: The ce	y-to-dry only, x<140 gal/yr nsfer only, x<200 gal/yr th types, x<140 gal/yr onstructed on or after 12/9/91)	Jamb m
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Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 200<x<1,800="" 9="" 91)<="" before="" gal="" only,="" td="" transfer=""><td>on form that it is: The ce</td><td>y-to-dry only, x<140 gal/yr nsfer only, x<200 gal/yr th types, x<140 gal/yr constructed on or after 12/9/91) New large area source y-to-dry only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" nsfer="" on="" only,="" or="" td="" th="" types,="" yr=""><td>A mb</td></x<2,></td></x<2,>	on form that it is: The ce	y-to-dry only, x<140 gal/yr nsfer only, x<200 gal/yr th types, x<140 gal/yr constructed on or after 12/9/91) New large area source y-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" nsfer="" on="" only,="" or="" td="" th="" types,="" yr=""><td>A mb</td></x<2,>	A mb

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 270 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchlorcethylene in tightly sealed and impervious containers? NOTE 2. Examining the containers for leakage? DYDN DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at OY ON least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY ON DWA 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 prior to September 22, 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) אם עם 1. Equipped all machines with the appropriate vent controls? AND ND YEA 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 AVAD ND YD condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY ON condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MO AR condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

DY DN

verifying that the coolant had been completely charged?

B	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מס אם
	Is the temperature differential equal to or greater than 20° F?	DY 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?	OY ON /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 ON_N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ONIA
ó.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ONIA

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (Check appropriate boxes)						
1. Maintained receipts for perc purchased?	. אם אם					
2. Maintained rolling monthly averages of perc consumption?	ey on					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	NO YD					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	TY UN					
4. Maintained calibration data? (for direct reading instruments only)	AINO NO TONIA					
5. Maintained exhaust duct monitoring data on perc concentrations?	LA DA DA WAY					
6. Maintained startup/shutdown/malfunction plan?	DY ON					
7. Maintained deviation reports?	MD-AD!					
Problem corrected?	ey on					
8. Maintained compliance plan, if applicable?	DY DN CENHAL					

UY ON

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

PART VI: LEAK DETECTION AND REPAIRS

2. Whic	th method of detection is used by	the respon	sible officia	1?			
	Visual examination (condensed s				b		
	Physical detection (airflow felt the						
	Odor (noticeable perc odor)				10		
	Use of direct-reading instrument	ation (FII	D/PID/calori	metric tubes)	۵	N/A	
	If using direct-reading instrum	entation,	is the equip	oment:			
	a. Capable of detecting	perc vapo	or concentrat	tions in a range of 0-500 ppm?	OY O	N_N/A	
	b. Calibrated against a (PID/FID only)?	standard ;	gas prior to	and after each use		N_N/A	
1	c. Inspected for leaks a	nd obviou	s signs of w	ear on a weekly basis?	OY O	N_N/A	
	d. Kept in a clean and	secure are	a when not	in use?		N_N/A	
	e. Verified for accuracy	y by use of	duplicate s	amples (calorimetric only)?	ay a	N_N/A	
3. Has	the facility maintained a leak log	?			de c	и	
4. Does	the responsible official check the	following	g areas for le	aks?			
	Hose connections, fittings, couplings, and valves	ΌY	ПП	Muck cookers	, □ Y	_NND	Ā
	Door gaskets and seating	QX	ИD	Stills	OY	ON_N	A
	Filter gaskets and seating	ATY.	□N	Exhaust dampers	QY	N_N	A
	Pumps	€YY	ИΩ	Diverter valves	O.A.	□N_N	Α
ĺ	Solvent tanks and containers	a?	ΩN	Cartridge filter housing	s UY	<u>О</u> ИИ	A
	Water separators	ay.	ИΩ			1	
	Name of Responsible Office Minspector's Name (Please Property of the Property		ature)	Name of Responsible Official Date of Insp	al (Print	_ ·	#
	hy Tiell			6[4]	98		
	Inspector's Signature			Approximate Date o	f Next Inst	pection	
econdary	Containment for: Dry	Cleanin	g Machin	e & Storage area		(es No] [']	
				Waste area]] [-]	-
				Spotting area Seal	ed [] [
isposal	of Water from Water Sep	parator	using ap	pproved evaporator	١	1 [1	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION:

ANNUAL

R

COMPLAINT/DISCOVERY

RE-INSPECTION ,

	·
	98 TIME IN: 11:05 TIME OUT: 11:35
FACILITY NAME: Loke Si'de	Cleaners
FACILITY LOCATION: 5859 L	N. Atlantic Are
RESPONSIBLE OFFICIAL: Sheldon	n Harnic PHONE: 496-2378
CONTACT NAME:	PHONE:
	8
PART I: NOTIFICATION	
(check appropriate box)	30, 5
New facility notified DARM 30 days prior to star	tup Guidanii
2. Facility failed to notify DARM to use general per	mit Out on the
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of busines
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y DN DCan not determine
	ation: neral permit as number above its and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 14 Cgallons.	rchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? A/NO NO 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the 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?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אוחם אם אים אוחם אם אים
	Is the temperature differential equal to or greater than 20° F?	אוחם אם אים
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?	בער מם עם אם אם אואל מם עם או
	Is the perc concentration equal to or less than 100 ppm?	אואבן 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?	UY UN JANA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ם אואס אם אם

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: A Will Main in Z Weeks (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ØN
2. Maintained rolling monthly averages of perc consumption?	ЙY ON
3. Maintained leak detection inspection and repair reports for the following:	' .
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם צב
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	י י ער טע טעע טעע
4. Maintained calibration data? Gor applicable direct reading instruments)	אואב אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	אואם אם אם
6. Maintained startup/shutdown/malfunction plan?	מט צע 🗀
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	ØY ON ON/A
8. Maintained compliance plan, if applicable?	אואבם אם צם

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair DИ inspection? DΝ Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, ØY ON ON/A DY DN ØN/A Muck cookers couplings, and valves ØY ON ON/A ØY ON ON/A Stills Door gaskets and seating ØY ON ON/A Exhaust dampers DY DN ØN/A Filter gaskets and seating DY ON ON/A Diverter valves QY ON ON/A Pumps ON ON/A Solvent tanks and containers Cartridge filter housings ON ON/A DÝ ON ON/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 d. Kept in a clean and secure area when not in use? DY DN

Responsible Official's Name
(Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

DY DN

Date of Inspection

pproximate Date of Next Inspection

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

	ı
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 [] []	
Advised to Keep area Clean around dry Clean Machine.	9 37m
Gave owner FDEP Colonder & phenix of to keep records.	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:05 TIME OUT: 11:35 AIRS ID#: 0990511
TYPE OF FACILITY: Doy Cleaning.
FACILITY NAME: Lake side Cleaners DATE: 5-13-98
FACILITY LOCATION: 5859 W. Atlantic Aue
Delsay Beach, FL 33484
RESPONSIBLE OFFICIAL: Sheldon Harnick PHONE NUMBER: 496-2378
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
Need to Record Perc Purchase will mail in 2 weeks
receipts on site and need Enforcement may be men
to keep Records of Perc Purchers required to Comply
+ Called Several times.
Mr. Harnick does not Seem
to be Co-operative to Comply
BLIS UM CT.
15 of 6
CLIFE LIM CO. A. MODILE SOLUTION SOLUTI
To the state of th
·
COMMENTS:
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: May 1999
INSPECTION CONDUCTED BY: R. V. Chokshi.
INSPECTOR'S SIGNATURE: PHONE NUMBER: 355 - 3070

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	AMNUAL	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 11:05	TIME OUT:	11:40	AIRS ID#:_ O	990511
TYPE OF FACILITY:	DXY Cleaning			
FACILITY NAME:		CLEAN		DATE: 4 -1-99
FACILITY LOCATION:		Atlant	ic stue	
	1 07	ch, Fi	L 33484	1101 2201
RESPONSIBLE OFFICIAL	: Sheldon H	agnick	PHONE NUMBER:	476-2378
compliance with D	s of the compliance requirements of the compliance requirements. EP Rule 62-213.300, Florida	Administrative Co	ode (F.A.C.).	
Based on the result discrepancies were	s of the compliance requirements of the compliance requirements	ents evaluated du	ring this inspection, the follo	owing compliance
COMPLIANCE R	EQUIREMENT/PROB	LEM	FOLLOW-UP ACTI	ON REQUIRED
* owner do	per not keep	Perc 1	may need -	Some enforce
	ecosts and	: . I .	ment to me	et minimum
not Seem	, he keeps a	any _	Compliance	- PDEP WILL
	records -	Infact	de informe	4.
he does not	t seem he do	es any		
dequired les	t seem he do			
* Cocondany	Containment.	Was He	e was asked	I to keep ale
	Y-look like		by & clear	^
(Muck look	/		/.	· .
+ Spotting ar	e Chemicals	donot	FDEP need	to check
have second	cry Containmen	4-	for enforce.	ment.
Chemical Bo	ittles were a	exound		
COMMENTS:	· · ·	<i>32 437 4761</i>	• .	
	·		mental and a contract of the c	
		•		
		•		
The Annual Compliance C	Certification form has been pro		ed submitted to the inspector	r. YES∏ NØ⊠
DATE OF NEXT INSPE	ECTION: Apri	1 2000	:mats\	
INSPECTION CONDUC	CTED BY: R.V.	Choks	h	
	01001	(Please	Print)	755-3076
I INCOCCTODIC CLONIC	rupr/N/1/. + A	10/1/1/	DUONE WILLDER	ションファーン アー

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

X

COMPLAINT/DISCOVERY

FACILITY NAME: Lake side (leaners

FACILITY LOCATION: 5859 W. Atlantic Ave

Delvay Beach, FL 33484

RESPONSIBLE OFFICIAL: Shelden Harniphone: 416-4317

CONTACT NAME: _____

RECEIVED

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 A Mobile Sources

	<u> </u>	<u> </u>		NAMES OF THE SECOND
PART II: CLASSIFICATION	<u> </u>			
Facility indicated on notification form the (check appropriate box)	nt it is:		notification form p store/out of busine	ess/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)	dry-to- transfer both ty	y small area sour dry only, x < 140 conly, x < 200 ga pes, x < 140 gal/y ucted on or after 1	gal/yr Vyr T	
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 $12/9/91$)	dry-to- transfe both ty	v large area sour dry only, $140 \le x$ r only, $200 \le x \le y$ pes, $140 \le x \le 1,8$ ucted on or after	≤2,100 gal/yr 1,800 gal/yr 800 gal/yr	
5. This is a correct facility classification	ΩY	□N X Can	not determine	
B. The total quantity of perchloroethylene facility was gallons.	I for a general per above limits and (perc) purchased	is not eligible for within the preced	a general permit ing 12 months by th	avery two
owner was asked he has not sent				

PART III: GENERAL CONTROL REQUIREMENTS is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ZY 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 ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/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? DY DN DN/A a closed-loop vapor kenting system? 2. Equipped dry-to-dry machines with 3. Equipped the condenser with a diverter 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 stream of a refrigerated DY DN condensation a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F?

DY DN

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

verifying that the coolant had been completely charged?

_		
ช.	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?	Ø√ ON
2.	Measured and recorded the washer exhaust temperature at the condenser	
	inlet and outlet weekly?	MY ON ON/A
	In the temperature differential annual to an anestan than 20° E2	DY ON ON/A
	Is the temperature differential equal to or greater than 20° 7?	Y UN UN/A
3.	Measured and recorded the pers 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 equipmed with a dalpon adsorber?	DY DN ZN/A
	\ \frac{1}{2} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DY DN DN/A
ı	Is the perconcentration equal to or less than 100 ppm?	LIY UN JAN/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	. 1
	or expansion; and downstream from no other inlet?	DY DN DN/A
		2
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	
	condenser coils?	OY ON MINA
		121
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A
<u> </u>		

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? Asked to keep receipts DY Z 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: Y ZN ONA a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN DN/A and parts installed w/in 5 days of receipt? DY DN PANA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DNA 5. Maintained exhaust duct monitoring data on perc concentrations? ZY ON 6. Maintained startup/shutdown/malfunction plan? DY PM DN/A 7. Maintained deviation reports? MY ON ON/A Problem corrected? DY ON ØN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? 2. Has the facility maintained a leak log? Asked to keep log on site of owners was asked to send leak log he has not sent a sent leak log he has not sent a s inspection? Hose connections, fittings, ZY ON ON/A DY DN DN/A couplings, and valves Muck cookers AND ND YD. AND NO YOU Door gaskets and seating Stills MY ON ON/A OY ON ØN/A Filter gaskets and seating Exhaust dampers DY ON ON/A Diverter valves Pumps Cartridge filter housings DY ON ON/A Solvent tanks and containers ØY ON ON/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 (PID/FID only)? DY DN DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Responsible Official (Please Print)

R. V. Chaksh.

Inspector's Name (Please Print)

Official's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	Yes NO
		Waste area	M
		Spotting area Sealed	V []

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

Owner Selling Dor cleaning in 2 week of April 1999.

Talked to owner - his land lood will not lease for dor cleaning - so Mr harnic

Litt may stop doing day cleaning

A Dwner does not keep any Records

of Perc Purchase or leak Check

I gave him FDEP Calender for loak

Check every time I visited - However

he refused and does not & use calendar

or any form of record Keeping log.

* Doies not have any specife area for chemical

Spotting area was wet too. Asked to keep alea dry as soon as possible.

BEST AVAILABLE COPY INSPECTION SUMMARY REPORT

YPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:55 TIME OUT: 10:00	AIRS 10#: 0990 511
YPEOFFACILITY: DRY CLANING	
ACILITY NAME: LAKOSING CLANCES	DATE: / /ai / 00
ACILITY LOCATION: 5859 W. Atlantic An	e
Deleny Beach Fl	
RESPONSIBLE OFFICIAL: LAWRENCE BAISAND	PHONE NUMBER: (561) 496 - 2378
Based on the results of the compliance requirements evaluations compliance with DEP Rule 62-213.300, Florida Administration	,
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	1.2
	70
	FEB Bureau of 8 Mob
	9 2000 Air Monitori
-	
CLEANING AND Should be iNACTIVE	ms Perchloroethylane dry ited in the Arms database.
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
Sitt E Of HEAT HIST SETTEN	JA
INSPECTION CONDUCTED BY: Jeffee	
INSPECTOR'S SIGNATURE: Quian Dunk	PHONE NUMBER: 355 - 3070 XTH31

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	•	COMPLAIN	T/DISCOVERY	
<u>.</u>	RE-INSPECTION	×			
AIRS ID#: <u>079051/</u> DAT			9:55	_ TIME OUT:	10:00
FACILITY NAME:	ve (lervels				
FACILITY LOCATION:585	59 W. AHA	uti Are			·
•	Deleny Bench				
RESPONSIBLE OFFICIAL: _ 4					
CONTACT NAME:		J	PHONE:		
provinces source Interconnectation by the second source Interconnectation in the second source I					
PART I: NOTIFICATION					
(check appropriate box)	*	Facility	No /2~3	EAD ILLES	
1. New facility notified DARM 30 da	_	111411	wethylow		
2. Facility failed to notify DARM to a	use general permit	dey 1	Cleaning	<u>)</u>	
PART II: CLASSIFICATION					
Facility indicated on notification for	cm that it is:		No notificat		1
(check appropriate box) A.		L.	Drop store/o	out of business/pe	stroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	dry-to transf both t	lew small area to-dry only, $x < 2$ fer only, $x < 2$ types, $x < 140$ structed on or a	< 140 gal/yr 200 gal/yr 0 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ ga transfer only, $200 \le x \le 1,800$ gal/y both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	al/yr dry-to yr transf both t	fer only, 200 ≤	$40 \le x \le 2,100$; $\le x \le 1,800$ gal/yi $x \le 1,800$ gal/yi	l/yr	
5. This is a correct facility classifica	ation 🗆 Y	ם אם	□Can not deter	rmine	
If no, please check the appropr facility quali	oriate classification:				

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

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?	OY ON ON/A
2. Examining the containers for leakage?	□Y □N □N/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	- -
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber maprior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	igerated condenser
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?	חט מט צם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□У □N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	מ/אם אם צם
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
5. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם צם

I	3. 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?	מם עם	
2	. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם אם צם	N/A
	ls the temperature differential equal to or greater than 20° F?	מם אם אם	V/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ם אם אם	N/A
	Is the perc concentration equal to or less than 100 ppm?	מם אם אם	1/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON	I/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	חם אם אם	//A
6.	Routed airflow to the carbon adsorber (if used) at all times?	אם אם צם	/A

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

ADI	ITIONAL SITE INFORMATI	ION:							**····		
									Yes	Z.	ж Ж
1.	Secondary Containment	for:	Dry	Clea	ning			torage area		[]
		٠.					e area		[]]]
	•					Spot	ting are	ea Sealed	[]	1.	J
					•						
	•			·.							
										:	
	era mi era mi						,	•			
2.	Disposal of Water from	Wata	r Son	arato)	ina s	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		r 1]	1
2.0		nate					ewater		[]	ľ	3
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1. Does the responsible official conduct	a weekly (for small sour	ces, bi-weekly) leak detection	and repai	r
inspection?			· □Υ	ПN
2. Has the facility maintained a leak log	?		ΩY	ПΝ
3. Does the responsible official check th	e following areas for leal	κs?		
Hose connections, fittings, couplings, and valves	□y □n □n/a	Muck cookers		IN □N/A
Door gaskets and seating	OY ON ON/A	Stills		N □N/A
Filter gaskets and seating	OY ON ON/A	Exhaust dampers		N □N/A
Pumps	OY ON ON/A	Diverter valves		N □N/A
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY O	N 🗆 N/A
Water separators	OY ON ON/A			
. Which method of detection is used by	the responsible official?			
Visual examination (condensed s	olvent on exterior surfac	es)~		
Physical detection (airflow felt th	rough gaskets)	•		
Odor (noticeable perc odor)				
Use of direct-reading instruments	ation (FID/PID/calorimet	ric tubes)		
Halogen leak detector				•
If using direct-reading instr	umentation, is the equip	oment:	□N/A	
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	מם צם	1
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	מם עם	١
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?		1
d. Kept in a clean and se	cure area when not in us	e?	מם צם	1
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	DY DN	1
FACILITY NO longer uses =	Peechioeoethylu~e	foe dey cleaning		
Name (Please Print)	<u>Mo</u>	Responsible Office	Salu cial's	<u>~</u> Sign
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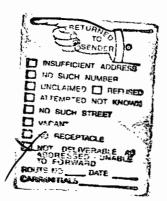
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7007 0350 0007 4442







Bureau of Air Monitoring & Mobile Sources

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RECEIVED

10 AIRS ID#0990511 SHELDON HABNICK LAKESIDE CLEANERS 5859 WEST ATLANTIC AVE DELBAY BEACH FL 33484

1	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	n)
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0350	Total (10 AIRS ID # 0990511	
	SHELDON HARNICK	
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7007	City, Sta DELRAY BEACH FL 33484	
1	PS Form doug January 2001	ingligas.
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 # 0990511 SHELDON HARNICK LAKESIDE CLEANERS 5859 WEST ATLANTIC AVE DELRAY BEACH FL 33484 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
•	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

P 174 052 276

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Receipt for Certified Mail No Insurance Coverage Provided.

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AIRS ID # 0990511

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	Special Delivery Fee	
0	Restricted Delivery Fee	-
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, April	Return Receipt Showing to Whom, Date, & Addressee's Address	
3	TOTAL Postage & Fees	\$
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card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article	following services (for extra fee): on the back if space does not ece below the article number. following services (for extra fee): 1. Addressee's 2. Restricted Description:		
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6. Signature: (Addressee or Agent)	[/] and fee is	b's Address (Only if requested paid) Domestic Return Receipt	
	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we card to you. ■ Attach this form to the front of the mailpiece, or on the back if space permit. ■ Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: AIRS ID # 0990511 LAKESIDE CLEANERS SHELDON HARNICK 5859 WEST ATLANTIC AVE DELRAY BEACH FL 33484 5. Received By: (Print Name)	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write **Return Receipt Requested** on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID # 0990511 LAKESIDE CLEANERS SHELDON HARNICK 5859 WEST ATLANTIC AVE DELRAY BEACH FL 33484 5. Received By: (Print Name) 8. Addressed and fee is	

Z 333 LL? 355
US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse) Sent to

AIRS ID # 0990511

	Special Delivery Fee	
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April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 ,	Postmark or Date	

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US Postal Service
Receipt for Certified Mail
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AIRS ID # 0990511

	Certified Fee	
PS Form 3800 , April 1995	Special Delivery Fee	
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on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt Service.
RETURN ADDRESS completed	3. Article Addressed to: AIRS ID # 0990511 LAKESIDE CLEANERS SHELDON HARNICK 5859 WEST ATLANTIC AVE DELRAY BEACH FL 33484 5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	4b. Service Registere Express Return Ret	Type ed Certified Mail Insured ceipt for Merchandise COD Alivery C's Address (Only if requested	Thank you for using Return Rec
ls your	PS Form 3811, December 1994		Domestic Return Receipt	

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US Postal Service

Receipt for Certified Mail

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Do not use for International Mail (See reverse)

AIRS ID 0990511

HARNICK INC SHELDON HARNICK 5859 WEST ATLANTIC AVE DELRAY BEACH FL 33484

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n	Restricted Delivery Fee	
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SENDER:

■ 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 spac permit. ■ Write "Return Receipt Requested" on the mailpiece below the article ■ The Return Receipt will show to whom the article was delivered and delivered.	e does not	following services extra fee): 1.	e's Address d Delivery
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55859 WEST ATLANTIC AVE	☐ Registere	ed	☐ Certified
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PS Form 3811 , December 1994	_	Domestic Retu	ırn Receipt
	■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we card to you. ■ Attach this form to the front of the mailpiece, or on the back if space permit. ■ Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered. 3. A This ID 0990511 HARNICK INC SHELDON HARNICK SS59 WEST ATLANTIC AVE DELRAY BEACH FL 33484 5. Received By: (Print Name)	■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. A — The Return Receipt will show to whom the article was delivered and the date delivered. 4a. Article N AIRS ID 0990511 #4b. Service #4b. Service Begistere DELRAY BEACH FL 33484 5. Received By: (Print Name) 8. Addressee and fee is 6. Signature:)(Addressee or Agent) X	■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write 'Return Receipt Requested' on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. A STANDER AIRS ID 0990511 ■ HARNICK INC ■ SHELDON HARNICK ■ SETUCION HARNICK ■ SETUCION HARNICK ■ SETUCION HARNICK ■ Registered ■ Express Mail ■ Return Receipt for Merchandise 7. Date of Delivery ■ 1 UN ■ Signature: (Addressee or Agent) ■ Addressee's Address (Only in and fee is paid)

Thank you for using Return Receipt Service.

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US Postal Service Receipt for Certified Mail Provided. A IR S ID

LAKESIDE CLEANERS
SHELDON HARNICK
5859 WEST ATT 5859 WEST ATLANTIC AVE DELRAY BEACH FL 33484

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, April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

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on the reverse side?				I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		eipt Service.
ls your <u>RETURN ADDRESS</u> completed c	AIRS ID # 0990511 LAKESIDE CLEANERS SHELDON HARNICK 5859 WEST ATLANTIC AVE DELRAY BEACH FL 33484	□ Registered ☑ Co		Certified	o g Return Rec	
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_	PS Form 3811. December 1994	2595-97-B-0179	Don	nestic Reti	urn Receipt	:

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

AIRS ID# 0990511

HARNICK INC SHELDON HARNICK 5859 WEST ATLANTIC AVE DELRAY BEACH FL 33484

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PS Form 3800, April 1995	Postmark or Date	

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spar permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered at delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
ADDRESS completed	Airs ID# 0990511 HARNICK INC SHELDON HARNICK 5359 WEST ATLANTIC AVE DELRAY BEACH FL 33484			Certified Insured
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3911 December 1994	8. Addresses and fee is	e's Address (Only paid)	

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.

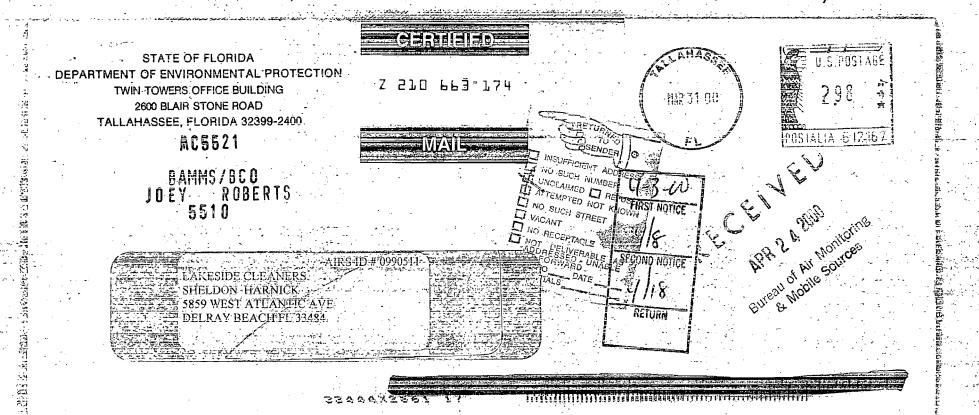
TOTAL AMOUNT DUE: \$50.00 FOR GO

Do NOT Remove Label

HARNICK INC SHELDON HARNICK 5859 WEST ATLANTIC AVE DELRAY BEACH FL 33484

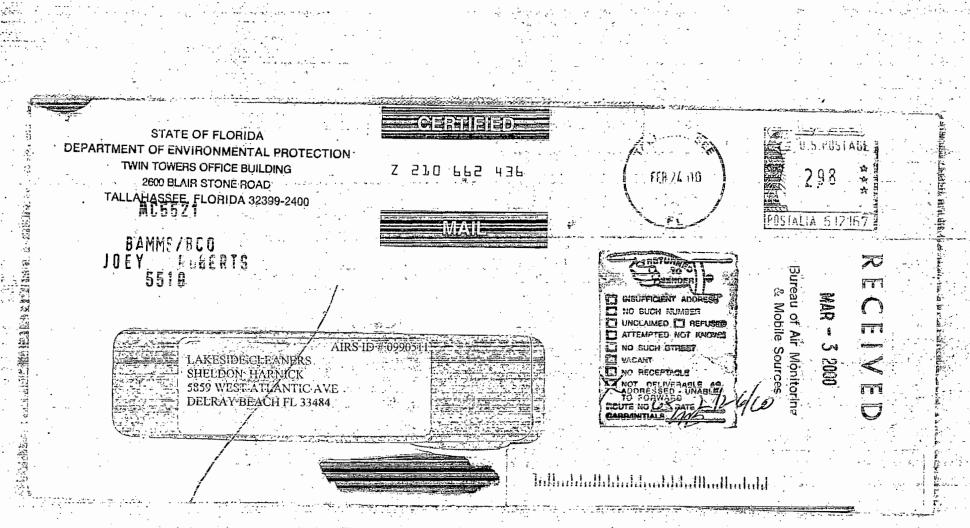
FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273



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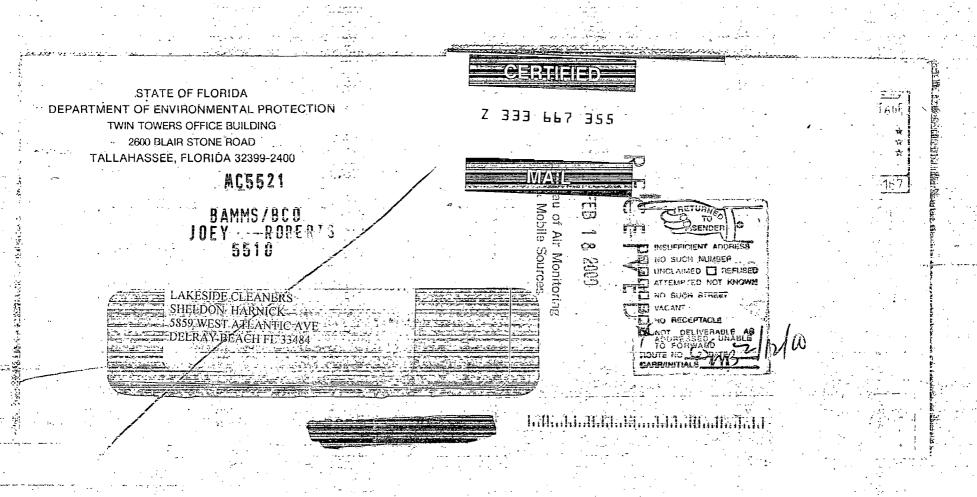
US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

International Mail (See reverse) AIRS ID # 0990511

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٠.	Restricted Delivery Fee	
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75 Form 3500	Postmark or Date	



	GOMPLETE:THIS:SECTION:ON!DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print yeughame and address on the reverse 	A. Received by (Please Print Clearly) B. Date of Delivery
so that we can return the card to you.	C. Signature
Attach this card to the back of the mailpiece, or on the front if space permits.	X Agent
Article Addressed to:	D. Is delivery address different from item 1? Yes
1. Article Addressed to.	If YES, enter delivery address below:
AIRS ID # 0990511	
LAKESIDE CLEANERS	
SHELDON HARNICK 5859 WEST ATLANTIC AVE	
DELRAY BEACH FL 33484	*3: Service Type *
DIBINAT BENCHTE -	Certified Mail Express Mail
many themps on a	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
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	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label)	•
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

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