



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

November 17, 1998

Mr. Harvey Davis  
Town and Country Cleaners  
3511 North Federal Highway  
Boca Raton, Florida 33431

Re: Facility No.: 0990560

Dear Mr. Davis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 16, 1998.

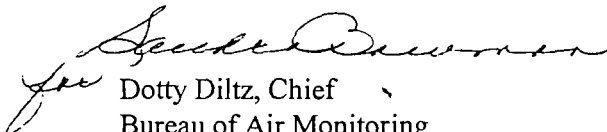
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

0990560

11/12/98 Spoke to Harvey Davis and he stated that he is the manager of Town & Country Cleaners. He also verified driver Davis as President of 4-1, Inc.

p13

6. add Title.

p14

1(c) Should not be marked. Mark out initials

2(a) add # of gallons.

(b) add # of months

3. New Small area source should be marked.

p15

4. New Small area source Ac. should be marked

5. Choose one

p16 Responsible official sign & date for changes.

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	4-1 INC.
2. Site Name (For example, plant name or number):	TOWN & COUNTRY CLEANERS
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 3511 NO. FEDERAL HWY City: BOCA RATON County: PALM BEACH Zip Code: 33431	
5. Facility Identification Number (DEP Use):	0990560

## Responsible Official

6. Name and Title of Responsible Official:	AUVA DAVIS
7. Responsible Official Mailing Address: Organization/Firm: TOWN & COUNTRY CLEANERS Street Address: 3511 NO. FEDERAL HWY. City: BOCA RATON County: PALM BEACH Zip Code: 33431	
8. Responsible Official Telephone Number: Telephone: (561) 391-7781 Fax: ( ) - N/A	

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	HARVEY DAVIS, PLANT MANAGER
10. Facility Contact Address: Street Address: 3511 NO. FEDERAL HWY. City: BOCA RATON County: PALM BEACH Zip Code: 33431	
11. Facility Contact Telephone Number: Telephone: (561) 391-7781 Fax: ( ) - N/A	

### 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	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	#1	JAN '96	JAN '96						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many? 72 months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt   
No such units on-site

**Equipment Monitoring and Recordkeeping Information**

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

\_\_\_\_\_

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

### Responsible Official Certification

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

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

*Amber Davis*

Signature

*11/2/98*

Date

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OCT 16 1998

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):	4-1 INC		
2. Site Name (For example, plant name or number):	TOWN & COUNTRY CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLR 000013904		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	3511 NO FEDERAL HWY	BOCA RATON	PALM BEACH 33431 3343
5. Facility Identification Number (DEP Use):	0990560		

Responsible Official

6. Name and Title of Responsible Official:	HARVEY DAVIS, MGR		
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City: County: Zip Code:
	SAME	SAME	
8. Responsible Official Telephone Number:	Telephone:	Fax:	( ) ( )
	(561) 391-7781	( )	(N/A)

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME		
10. Facility Contact Address:	Street Address:	City:	County: Zip Code:
	SAME		
11. Facility Contact Telephone Number:	Telephone:	Fax:	( ) ( )
	( ) - SAME	( )	-

### 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	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	X	1196							
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source



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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

### Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

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

Please indicate with an "X" the appropriate selection:

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

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

**Responsible Official Certification**

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

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

*Harvey Davis*  
\_\_\_\_\_  
Signature

*10/10/98*  
\_\_\_\_\_  
Date



# Department of Environmental Protection

## DIVISION OF AIR RESOURCES MANAGEMENT

### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

#### Part I. Procedures For Use of General Permit

- (1) Eligibility Determination.** The responsible official of the facility shall determine its eligibility for a Title V air general permit pursuant to the applicability criteria of Rule 62-213.300(1), F.A.C., set forth in Part II, section (1), of this notification form.
- (a) No facility which contains a non-exempt emissions unit, other than a unit described in this Title V air general permit, shall be eligible to use any air general permit in Rule 62-213.300, F.A.C. No facility is eligible to use more than one air general permit. An emissions unit or activity is exempt from permitting if all of the following criteria are met:
1. The emissions unit or activity would qualify for an exemption from permitting pursuant to the criteria of Rule 62-210.300(3)(a), F.A.C.;
  2. The emissions unit or activity would be subject to no unit-specific applicable requirement;
  3. The emissions unit or activity would not emit or have the potential to emit:
    - a. 500 pounds per year or more of lead and lead compounds expressed as lead;
    - b. 1,000 pounds per year or more of any hazardous air pollutant;
    - c. 2,500 pounds per year or more of total hazardous air pollutants; or
    - d. 5.0 tons per year or more of any other regulated pollutant; and
  4. The emissions unit or activity, in combination with other units and activities at the facility, would not cause the facility to emit or have the potential to emit:
    - a. 100 tons per year or more of carbon monoxide, nitrogen oxides, particulate matter, sulfur dioxide, or volatile organic compounds;
    - b. 5 tons per year or more of lead and lead compounds expressed as lead;
    - c. 10 tons per year or more of any hazardous air pollutant;
    - d. 25 tons per year or more of total hazardous air pollutants; or
    - e. 100 tons per year or more of any other regulated pollutant.
- (b) Any facility that would use a Title V air general permit under Rule 62-213.300, F.A.C., must surrender all existing air permits authorizing the operation of the facility.
- (c) If a facility at any time becomes ineligible for the use of the Title V air general permit and is subject to the Title V air operation permit requirements of Chapter 62-213, F.A.C., it shall be subject to enforcement action for operating without an air operation permit.
- (d) Notwithstanding the shield provisions of Rule 62-213.460, F.A.C., any facility utilizing a Title V air general permit will be subject to enforcement action for operation without a permit under Chapter 62-213, F.A.C., if it is determined to be initially ineligible for the air general permit which is being utilized.
- (2) Notification.** For each facility intending to operate under the provisions of this Title V air general permit, the responsible official must complete and submit Part III of this Perchloroethylene Dry Cleaner Air General Permit Notification Form (DEP Form No. 62-213.900(2)) to give notice to the Department of intent to use such permit.

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Bureau of Air Monitoring  
& Mobile Sources

- (3) **Administrative Corrections.** Within 30 days of any changes requiring corrections to information contained in this notification form, the responsible official shall notify the Department in writing. Such changes shall include:
- (a) Any change in name of the responsible official or facility address or phone number, or
  - (b) A change in facility status requiring more frequent monitoring or reporting by the responsible official from that noted on the most recent notification form.
- (4) **Violation of Permit.** This Title V air general permit is valid only for the specific activity indicated. Any deviation from the specified activity and the conditions for undertaking that activity is a violation of the permit. The responsible official is placed on notice that violation of the permit constitutes grounds for revocation and suspension pursuant to Rules 62-4.100 and 62-4.530(4), F.A.C., and initiation of enforcement action pursuant to s. 403.141 through 403.161, F.S. No revocation shall become effective except after notice is served by personal service, certified mail, or newspaper notice pursuant to Section 120.60(7), F.S., upon the person or persons named therein and a hearing held, if requested within the time specified in the notice. The notice shall specify the provision of the law or rule alleged to be violated, or the permit condition or Department order alleged to be violated, and the facts alleged to constitute a violation thereof.
- (5) **Nullification of Eligibility.** Eligibility for use of a Title V air general permit is automatically nullified by:
- (a) Submission of false or inaccurate information in the notification form for use of the Title V air general permit or in the required reports;
  - (b) Refusal of lawful inspection by Department staff;
  - (c) Failure to submit operational reports or other information required by the general permit; or
  - (d) Failure to timely pay the required annual emissions fee, penalty, or interest.

## Part II. Permit Terms and Conditions

- (1) **Applicability.** This part of the Perchloroethylene Dry Cleaner Air General Permit Notification Form (DEP Form No. 62-213.900(2)) establishes the terms and conditions of this Title V air general permit. Perchloroethylene dry cleaning facilities are eligible to operate under the terms and conditions of this air general permit provided the responsible official submits a completed Part III of this notification form to the Department at least 30 days prior to beginning operation or by September 1, 1996, whichever is later, and throughout the term of the general permit, all of the following conditions are met:
- (a) The facility operates no emissions units other than perchloroethylene dry cleaning systems and emissions units which are exempt from permitting pursuant to the criteria of Rule 62-213.300(2)(a)1, F.A.C., set forth in Part I, section(1)(a), of this notification form.
  - (b) The facility is classified as a Title V source pursuant to paragraph (f), only, of the definition of "major source of air pollution" at Rule 62-210.200, F.A.C.; that is, the facility is a Title V source by virtue of being subject to 40 CFR Part 63, Subpart M, but does not emit any pollutant in a major amount as set forth in paragraphs (a) through (e) of the definition of "major source of air pollution;" and
  - (c) The facility complies with all general conditions of Rule 62-213.300(3), F.A.C., set forth below, all requirements of Rule 62-296.412, F.A.C., as applicable, and all requirements of 40 CFR Part 63, Subpart M, as applicable, also set forth in this part of the notification form.
- (2) **General Conditions.** All terms, conditions, requirements, limitations, and restrictions set forth in Rule 62-213.300, F.A.C., and listed below are "general permit conditions" and are binding upon the owner or operator and upon the responsible official of the facility utilizing this Title V air general permit.
- (a) The duration of this general permit is five years. No later than 30 days prior to the fifth anniversary of the filing of intent to use this general permit, the responsible official shall submit a new notice of intent which shall contain all current information regarding the facility.
  - (b) 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 general permit.
  - (c) This general permit is valid only for the specific activity indicated. Any deviation from the specified activity and the conditions for undertaking that activity shall constitute a violation of the permit.
  - (d) This general permit does not convey any vested rights or any exclusive privileges, nor does it authorize any injury to public or private property nor any invasion of personal rights. It does not authorize any infringement of federal, state, or local laws or regulations.
  - (e) This general permit does not relieve the responsible official or the owner or operator of the facility from liability and penalties when the operation of the permitted activity causes harm or injury to human health or welfare; causes harm or injury to animal, plant or aquatic life; or causes harm or injury to property. It does not allow the responsible official, owner, or operator to cause pollution in contravention of Florida law.
  - (f) This general permit conveys no title to land or water, nor does it constitute state recognition or acknowledgment of title.
  - (g) The responsible official shall make every reasonable effort to conduct the specific activity authorized by this permit in a manner that will minimize any adverse effects on adjacent property or on public use of the adjacent property, where applicable, and on the environment, including fish, wildlife, natural resources, water quality, or air quality.
  - (h) The responsible official shall allow a duly authorized representative of the Department access to the permitted facility or activity at reasonable times to inspect and test, upon presentation of credentials or other documents as may be required by law, to determine compliance with this general permit and Department rules.
  - (i) The responsible official shall maintain any permitted facility or activity in good condition.
  - (j) This general permit shall be effective until suspended, revoked, surrendered, expired, or nullified pursuant to Rule 62-213.300, F.A.C.

(k) Recordkeeping and Reporting Requirements.

1. The responsible official shall maintain records of monitoring information that specify the date, place, time, and operating conditions of measurement; the methodology used; the company or entity which performed the monitoring; and the analytical results. These shall include all calibration and maintenance records, original strip-chart recordings for continuous monitoring instrumentation, and copies of all reports required by this permit.
2. The responsible official shall retain records of all monitoring data and supporting information for a period of at least five years from the date of collection.
3. The responsible official shall submit semi-annual monitoring reports in which all occurrences of deviations from the general permit conditions shall be clearly identified. The responsible official shall certify each report as true, accurate, and complete.
4. The responsible official shall submit reports on all deviations from permit conditions, including those attributable to malfunctions, to the Department on a semi-annual basis. Such reports shall identify the probable cause of such deviations, and any corrective actions or preventative measures taken. The responsible official shall certify each report as true, accurate, and complete.

(l) Operation and Maintenance Requirements.

1. The responsible official shall maintain on-site a start-up, shutdown, and malfunction plan for the facility that describes in detail procedures for operating and maintaining the equipment during periods of start-up, shutdown, and malfunction. The plan shall also specify corrective action for malfunctioning process and air pollution control equipment.
2. During periods of start-up, shutdown, or malfunction, the responsible official shall operate and maintain equipment in accordance with the procedures specified in the plan. Records of the plan implementation of best operational practices shall be kept on-site for a minimum of five years.
3. The responsible official shall submit a start-up, shutdown, and malfunction report to the Department on a semi-annual basis. The report shall state whether any start-ups, shutdowns, or malfunctions occurred during the period covered and, if so, what actions were taken. The responsible official shall certify that such report is true, accurate, and complete and that actions reported were consistent with those specified in the plan.
4. If any action is taken which is inconsistent with the plan, the responsible official shall submit written notification to the Department within seven working days that such actions have been taken. Taking actions inconsistent with those in the plan constitutes a violation of a permit condition and shall be subject to the provisions of Rule 62-213.300, F.A.C.

(m) Compliance Plan Requirements.

1. For each applicable permit condition with which one or more emissions units within a facility is not in compliance at the time of giving notice to the Department of intent to use this general permit and for which that unit has not come into compliance within 30 days after the giving of such notice, the responsible official shall submit to the Department a compliance plan for each such emissions unit. The compliance plan shall contain measurable and enforceable milestones, including specific dates for completion of each milestone. The responsible official shall certify to the Department on a semi-annual basis the progress made achieving compliance.
2. The responsible official shall notify the Department in writing, within 15 days after the date for completion of each milestone, detailing the achievement of compliance, of progress achieved, requirements met or unmet, corrective measures adopted, and an explanation of any measures not met by the completion date for the compliance milestone. The responsible official shall certify that such notice is complete and accurate. Any deviation from the compliance plan shall constitute a violation of the permit condition and shall be subject to the provisions of Rule 62-213.300, F.A.C.

(n) Compliance Certification.

1. For each applicable requirement with which one or more emissions units within a facility is in compliance, the responsible official shall submit a statement certifying such compliance to the Department during the initial notification period of January 15 through March 1, and annually thereafter. The responsible official shall certify each statement as true, accurate, and complete.

2. The statement of compliance shall identify each term or condition of the permit with which the facility has remained in compliance during the period covered by the statement and shall specify the method used to demonstrate compliance. It shall identify each term or condition of the permit with which the facility has not been in continuous compliance during that reporting period.
  3. For those terms or conditions which the facility has not been in continuous compliance during any reporting period, the statement shall include the exact period of non-compliance, actions taken to achieve compliance, and the method used to demonstrate compliance.
- (o) This permit does not authorize any demolition or renovation of the facility or its parts or components which involves asbestos removal. This permit does not constitute a waiver of any of the requirements of Chapter 62-257, F.A.C., and 40 CFR Part 61, Subpart M, National Emission Standard for Asbestos, adopted and incorporated by reference in Rule 62-204.800, F.A.C.
  - (p) Refrigerant Requirements. Any facility having appliances or refrigeration equipment, including air conditioning equipment, which use Class I or II ozone-depleting substances such as chlorofluorocarbons and hydrochlorofluorocarbons listed as refrigerants in 40 CFR Part 82 Subpart A, Appendices A and B, which are adopted and incorporated by reference in Rule 62-204.800, F.A.C., shall service, repair, and maintain such equipment according to the work practices, personnel certification requirements, and certified recycling and recovery equipment specified in 40 CFR Part 82, Subpart F, adopted and incorporated in Rule 62-204.800, F.A.C.
    1. No person shall knowingly vent or otherwise release any Class I or II substance into the environment during the repair, servicing, maintenance, or disposal of any such device except as provided in 40 CFR Part 82, Subpart F.
    2. The responsible official shall comply with all reporting and recordkeeping requirements of 40 CFR 82.166. Reports shall be submitted to the EPA as required.
  - (q) This permit does not authorize any open burning nor does it constitute any waiver of the requirements of Chapter 62-256, F.A.C.
  - (r) No person shall circumvent any air pollution control device or allow the emission of air pollutants without the proper operation of all applicable air pollution control devices.
  - (s) All reports and notices submitted by the responsible official shall certify that the documentation being submitted is true, accurate, and complete, based upon the information submitted and belief formed after reasonable inquiry.
- (3) Definitions.** The following words and phrases, when used in this notification form, shall have the following meanings:
- (a) "Ancillary Equipment" - The equipment used with a dry cleaning machine in a dry cleaning system, including emission control devices, pumps, filters, muck cookers, stills, solvent tanks, solvent containers, water separators, exhaust dampers, diverter valves, interconnecting piping, hoses, and ducts.
  - (b) "Articles" - Any clothing, garments, textiles, fabrics, and leather goods that are dry cleaned.
  - (c) "Area Source" - A perchloroethylene dry cleaning facility which consumes an amount of perchloroethylene less than or equal to 2,100 gallons per year for dry-to-dry machines only, or consumes less than or equal to 1,800 gallons per year and utilizes both dry-to-dry and transfer machines on-site, where the amount of perchloroethylene consumed is determined by purchase receipts in accordance with the requirements of section (6) of this part of the notification form.
  - (d) "Biweekly" - Any consecutive 14-day period of time.
  - (e) "Carbon Adsorber" - A bed of activated carbon into which an air-perchloroethylene gas-vapor stream is routed and which adsorbs the perchloroethylene.
  - (f) "Coin-operated Dry Cleaning Machine" - A dry cleaning machine that is operated solely by the customer.
  - (g) "Colorimetric Detector Tube" - A glass tube containing material impregnated with a chemical which visibly reacts to the perchloroethylene in order to allow measurement of the concentration of perchloroethylene in air.

- (h) "Desorption" - The regeneration of a carbon adsorber by removal of the perchloroethylene adsorbed onto the carbon.
- (i) "Diverter Valve" - A flow control device that prevents the flow of air through a refrigerated condenser when the door of the dry cleaning machine is opened.
- (j) "Dry Cleaning" - The process of cleaning articles using petroleum-based or synthetic solvents.
- (k) "Dry Cleaning Cycle" - The washing and drying of articles in a dry-to-dry or transfer machine system.
- (l) "Dry Cleaning Facility" - An establishment with one or more dry cleaning systems.
- (m) "Dry Cleaning Machine" - A dry-to-dry machine or each machine of a transfer machine system.
- (n) "Dry Cleaning Machine Drum" - The perforated container inside the dry cleaning machine that holds articles during the cleaning process.
- (o) "Dry Cleaning System" - A dry-to-dry machine and its ancillary equipment or a transfer machine and its ancillary equipment.
- (p) "Dryer" - A machine used to remove perchloroethylene from articles by tumbling them in a heated air stream (see reclaimer).
- (q) "Dry-to-dry Machine" - A one-machine dry cleaning operation in which washing and drying are performed in the same machine.
- (r) "Exhaust Damper" - A flow control device that prevents the air-perchloroethylene gas-vapor stream from exiting the emission unit into a carbon adsorber before room air is drawn into the dry cleaning machine.
- (s) "Existing" - Dry cleaning facilities or machines which commenced construction or reconstruction or were purchased before December 9, 1991.
- (t) "Filter" - A porous device through which perchloroethylene is passed to remove contaminants in suspension. Examples include lint filter (button trap), cartridge filter, tubular filter, regenerative filter, prefilter, polishing filter, and spin disc filter.
- (u) "Heating Coil" - A device used to heat the air stream recirculated from the dry cleaning machine drum following condensation of perchloroethylene from the air stream and prior to re-entering the dry cleaning machine drum.
- (v) "Large Area Source" - A dry cleaning facility which:
  1. Contains only dry-to-dry machines and consumes between 140 and 2,100 gallons per year of perchloroethylene.
  2. Contains only transfer machines and consumes between 200 and 1,800 gallons per year of perchloroethylene.
  3. Contains both dry-to-dry and transfer machines and consumes between 140 and 1,800 gallons per year of perchloroethylene.
- (w) "Major Source" - A dry cleaning facility which consumes an amount of perchloroethylene exceeding 2,100 gallons per year for dry-to-dry machines only or exceeding 1,800 gallons per year for both dry-to-dry and transfer machines.
- (x) "Muck Cooker" - A device for heating waste material containing perchloroethylene in order to volatilize and recover the perchloroethylene.
- (y) "New" - Dry cleaning facilities or machines which commenced construction or reconstruction or were purchased on or after December 9, 1991.
- (z) "Perceptible Leaks" - Any perchloroethylene vapor or liquid leaks detectable by:
  1. Odor.
  2. Visual observation of pooled liquid or condensation droplets.
  3. Instrument detection of emissions pursuant to the requirements of section (7) of this part.
- (aa) "Perchloroethylene Consumption" - The total volume of perchloroethylene purchased yearly based upon purchase receipts.
- (bb) "Reclaimer" - A machine used to remove perchloroethylene from clothing by tumbling them in a heated air stream.
- (cc) "Reconstruction" - The replacement of a washer, dryer, or reclaimer; or replacement of any components of a dry cleaning system to such an extent that the fixed capital cost of the new components exceeds 50 percent of the fixed capital cost that would be required to construct a comparable new system.



- (dd) "Refrigerated Condenser" - A vapor recovery system into which an air-perchloroethylene gas-vapor stream is routed and the perchloroethylene is condensed by cooling the gas-vapor stream.
- (ee) "Refrigerated Condenser Coil" - The coil containing the chilled liquid used to cool and condense the perchloroethylene.
- (ff) "Responsible Official" - One of the following:
  1. For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C.;
  2. For a partnership: a general partner;
  3. For a sole proprietorship: the owner;
  4. For a municipality, state, federal, or other public agency: either a principal executive officer or ranking official.
- (gg) "Room Enclosure" - A stationary structure that encloses a transfer machine system, and is vented to a carbon adsorber or an equivalent control device during operation of the transfer machine system.
- (hh) "Small Area Source" - A dry cleaning facility which:
  1. Contains only dry-to-dry machines and consumes less than 140 gallons per year of perchloroethylene.
  2. Contains only transfer machines and consumes less than 200 gallons per year of perchloroethylene.
  3. Contains both dry-to-dry and transfer machines and consumes less than 140 gallons per year of perchloroethylene.
- (ii) "Source" - Each dry cleaning facility.
- (jj) "Still" - Any device used to volatilize and recover perchloroethylene from contaminated solvent.
- (kk) "Temperature Sensor" - A thermometer or thermocouple used to measure temperature.
- (ll) "Transfer Machine System" - A multiple-machine dry cleaning operation in which washing and drying are performed in different machines. Examples include:
  1. A washer and dryer(s).
  2. A washer and reclaimer(s).
  3. A dry-to-dry machine and reclaimer(s).
- (mm) "Washer" - A machine used to clean articles by immersing them in perchloroethylene. This includes a dry-to-dry machine when used with a reclaimer.
- (nn) "Water Separator" - A device used to recover perchloroethylene from a water-perchloroethylene mixture.
- (oo) "Year or Yearly" - Any consecutive 12-month period of time.

#### **(4) Basic Requirements.**

- (a) The responsible official shall determine the eligibility of the facility for this permit and shall submit a completed Part III of this Dry Cleaner Air General Permit Notification Form (DEP Form No. 62-213.900(2)) at least 30 days prior to beginning operation or by September 1, 1996, whichever is later.
- (b) The responsible official shall certify in the initial notification and annually thereafter that the annual consumption of perchloroethylene solvent does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities. The annual consumption total shall be based upon purchase receipts and the average shall be recalculated on a monthly basis.
- (c) New facilities shall comply with all applicable requirements upon start-up. Facilities which commenced operation on or before December 9, 1991, shall comply with the control technology requirements listed in section (5) of this part not later than September 22, 1996.
- (d) The operation of transfer cleaning machines purchased after September 22, 1993, is prohibited.
- (e) This permit does not authorize operation of coin-operated dry cleaning units.

**(5) Control Technology Requirements.** Control technology requirements are based upon the facility's classification as a small or large area source, the type of machine used, and its date of purchase. If the solvent consumption exceeds the source limit for that classification, the facility shall comply with all additional requirements of 40 CFR Part 63, Subpart M, and must apply for a major source permit under Chapter 62-213, F.A.C., within 180 days of that occurrence. The facility shall operate and maintain equipment according to the manufacturer's specifications. The manuals, design specifications, and other instructional materials shall be kept on-site by the responsible official.

(a) General Control Requirements. All facilities shall:

1. Store perchloroethylene in tightly sealed containers which are impervious and chemically unreactive to the solvent.
2. Examine the containers for leakage as required in section (7) of this part of the notification form.
3. Close and secure machine doors except during loading and unloading.
4. Drain cartridge filters in their housing or in sealed containers for a minimum of twenty-four hours.
5. Maintain the solvent-to-carbon ratio and steam pressure for carbon adsorber beds to ensure that stripping occurs according to the manufacturer's specifications.

(b) Process Vent Controls.

1. Existing small area sources do not require process vent controls.
2. New small area sources shall:
  - a. Equip all machines with a refrigerated condenser.
  - b. Equip dry-to-dry machines with a closed-loop vapor venting system.
  - c. Equip the condenser with a diverter valve if airflow will be directed towards the condenser upon opening the door.
  - d. Measure and record the exhaust stream of the outlet on the refrigerated condenser on a weekly basis. The temperature must not exceed 45 degrees Fahrenheit (F).
  - e. Repair or adjust the equipment within twenty-four hours if the exhaust temperature exceeds 45 degrees F. The repair shall be documented as required in section (6) of this part of the notification form.
  - f. Verify the accuracy of the temperature sensor to within plus or minus 2 degrees of the exhaust temperature. The sensor must have a detectable range of at least 32 degrees F to 120 degrees F.
  - g. Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
3. Existing large area sources shall:
  - a. Comply with all the requirements listed for new small area sources.
  - b. Equip machines with refrigerated condensers. Machines previously equipped with carbon adsorbers are not required to refit with condensers.
  - c. Measure and record the exhaust temperature on the outlet side of a refrigerated condenser located on dry-to-dry machines, reclaimers, and dryers on a weekly basis as required in section (5)(b)2.d. of this part of the notification form.
  - d. Measure and record the temperature of the washer exhaust at both the inlet and outlet sides of the refrigerated condenser. If the temperature differential is less than 20 degrees F, the equipment shall be repaired or adjusted within twenty-four hours. The repair shall be documented pursuant to section (7) of this part of the notification form.
  - e. Measure and record the concentration of perchloroethylene in the exhaust from the carbon adsorber at a sampling port on a weekly basis using a colorimetric tube and bellows or piston-driven pump or other direct-reading instrumentation. The measurement shall be obtained at the end of the final dry cleaning cycle prior to desorption while the machine is venting to the carbon adsorber. If the concentration of perchloroethylene exceeds 100 parts per million (ppm), the equipment shall be repaired or adjusted within twenty-four hours. The repair shall be documented as required in section (7) of this part of the notification form.

- f. The location of the sampling port for measuring perchloroethylene concentrations in the exhaust duct shall be at least eight duct diameters downstream of any bend, contraction, or expansion, at least two duct diameters upstream from any bend, contraction, or expansion, and no other inlet shall be located downstream from the sampling port.
  - g. Transfer systems shall be equipped with individual condenser coils for dryers, reclaimers, and washers.
  - h. The airflow shall never be routed to bypass the carbon adsorber.
4. New large area sources shall:
- a. Comply with all the requirements listed for existing large area sources.
  - b. Equip all machines with a refrigerated condenser.

#### **(6) Recordkeeping Requirements.**

- (a) The responsible official shall maintain the following records in a log kept on-site, for a minimum of five years:
  - 1. All purchase receipts for determination of perchloroethylene solvent consumption.
  - 2. All leak detection inspection and repair reports.
  - 3. All calibration data.
  - 4. All exhaust duct monitoring data on perchloroethylene concentrations.
- (b) On the first business day of the month, the responsible official shall record the total amount of perchloroethylene purchased in the previous month and calculate the total amount purchased in the preceding twelve months, as a measure of perchloroethylene consumption.

#### **(7) Leak Detection Requirements.**

- (a) The responsible official must conduct a weekly leak detection and repair inspection of the facility; however, small area sources can conduct the inspection on a biweekly basis. The responsible official shall enter the results of the inspection into the inspection and repair log kept on-site.
- (b) The responsible official shall use one of the following methods to detect leaks:
  - 1. Visual examination of condensed solvent on exterior surfaces.
  - 2. Use of direct-reading instrumentation.
  - 3. Detection of air flow through improperly seated gaskets.
  - 4. Detection of perchloroethylene odors.
- (c) The following items shall be inspected for leaks:
  - 1. Hose and pipe connections, fittings, couplings, and valves.
  - 2. Door gasket seating.
  - 3. Filter gaskets and seating.
  - 4. Pumps.
  - 5. Solvent tanks and containers.
  - 6. Water separators.
  - 7. Muck cookers.
  - 8. Stills.
  - 9. Exhaust dampers.
  - 10. Diverter valves.
  - 11. Cartridge filter housings.
- (d) Leaks shall be repaired within twenty-four hours of detection, unless repair equipment must be ordered.
  - 1. Equipment parts needed to repair the machine shall be ordered within two working days of leak detection.
  - 2. Repair parts shall be installed within five working days of receipt.
- (e) Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer's specifications and must:
  - 1. Detect halogenated hydrocarbon vapor in a concentration range of 0 to 500 ppm.
  - 2. Be calibrated as directed by the manufacturer against a calibrant gas prior to and after each use. Calibration data shall be recorded in the leak detection log.

3. Be inspected for leaks or obvious signs of wear on a weekly basis and kept in a clean and secure area when not in use.
- (f) Colorimetric tubes and bellows or piston-driven pumps shall be operated according to the manufacturer's specifications and shall be verified for accuracy by the use of duplicate samples. The tube should be designed to measure a concentration of 100 parts per million by volume of perchloroethylene in air to an accuracy of +/- 25 parts per million by volume.
- (g) The integrity of all rubber seals on the pump shall be inspected on a weekly basis and all equipment shall be kept in a clean and secure area when not in use.

**(8) Local Program Requirements.** All facilities located within the borders of Duval County shall comply with the following additional requirements:

- (a) Pursuant to Jacksonville Environmental Board Rule 2.901, no person shall cause, suffer, allow or permit the discharge of air pollutants which cause or contribute to an objectionable odor, and
- (b) Pursuant to Jacksonville Ordinance Code Chapter 376, any facility that causes or contributes to the emission of objectionable odors which results in the Air Quality Division (AQD) receiving and validating complaints from five or more different households within a 90-day period may be cited for objectionable odors.

### Part III. Notification

The Perchloroethylene Dry Cleaning Facility Notification, pages 13-16 of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operation, or by September 1, 1996, whichever is later.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed pages 13 through 16 of this form to:

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

### Instructions

#### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use)** - Enter the facility identification number assigned by ARMS.

#### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

#### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

### **Facility Information**

1. For each machine located at the facility, select the appropriate machine type and subheading corresponding to the type of air pollution control device installed on the machine (e.g., dry-to-dry unit (1) w/ ref. condenser). Enter its identification (e.g., #1) in column 1. Enter the date the machine was initially purchased from the manufacturer in column 2 in the dd-mon-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. If control equipment has been installed on that machine, enter the date of installation in column 3. If control equipment is required, but has not yet been installed, indicate with an "X" in 1(b). If no control devices are required to be installed, indicate this with an "X" in 1(c). Up to three machines of each type and control configuration may be entered across this table. Complete the table for all machines located at the facility. If more than three machines are located on-site, submit additional copies of this page of the form as needed to characterize all equipment.
2. Enter the total amount, in gallons, of perchloroethylene purchased during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent purchases and the reason for this discrepancy (e.g., new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount entered in No. 2 above, enter the facility's classification (e.g., existing small area source). The classification is based on the definitions found in section (3) of Part II of this notification form.
4. Indicate which control technology is required on machines pursuant to section (5) of Part II of this notification form, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site.

### **Equipment Monitoring and Recordkeeping Information**

Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

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

Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing air permits authorizing the operation of a facility a condition precedent for the entitlement to a general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X".

### **Responsible Official Certification**

This statement must be signed by the person named on page 13, Field 6, of this form.

✓

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:05 TIME OUT: 11:45 AIRS ID#: 0990560  
 TYPE OF FACILITY: Dry Cleaning  
 FACILITY NAME: Town & Country Cleaners DATE: 10-13-98  
 FACILITY LOCATION: 3511 N. Federal Hwy  
Boca Raton, FL 33431  
 RESPONSIBLE OFFICIAL: Harvey Davis PHONE NUMBER: 391-7781

- 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
1. Asked to keep receipts of Pesticide Purchase on-site, Keep leak Log & Temperature Monitoring	Will be re-inspected in 2-3 months.
2. Gave FDEP Calendar for Record Keeping	

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COMMENTS:

Bureau of Air Monitoring  
& Mobile Sources

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: Oct 1999  
(Approximate)

INSPECTION CONDUCTED BY: R V Chokshi  
(Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070

**PERCHLOROETHYLENE DRY CLEANERS** *ARMS*  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0990560 DATE: 10-13-98 TIME IN: 11:05 TIME OUT: 11:45  
 FACILITY NAME: Town & Country Cleaners  
 FACILITY LOCATION: 3511 N. Federal Hwy  
Boca Raton, FL 33431  
 RESPONSIBLE OFFICIAL: Harvey Davis PHONE: 391-7781  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup   
 2. Facility failed to notify DARM to use general permit  *Helped him fill out Notification form at the site*

**PART II: CLASSIFICATION**

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

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

A.

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

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

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

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 70 gallons. *for 1998 New Stone begin*

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**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

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

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Revised 8/15/87

**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?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

- |  |  |   |
|--|--|---|
| 1. Maintained receipts for perc purchased?   | <i>Asked to keep on site</i>           | <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N                   |
| 2. Maintained rolling monthly total of perc consumption?   | <i>(Asked to keep Records on site)</i> | <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N                   |
| 3. Maintained leak detection inspection and repair reports for the following:  |  |   |
| a. documentation of leaks repaired w/in 24 hrs? or;  |  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? |  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Maintained calibration data? (for applicable direct reading instruments)  |  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   |  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan?   |  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 7. Maintained deviation reports?   |  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Problem corrected?   |  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable?  |  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

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**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log? *Asked to keep log on site*  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- 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?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

RECEIVED

NOV 16 1998

Bureau of Air Monitoring & Mobile Sources

Harvey Davis  
Responsible Official's Name  
(Please Print)

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

R. V. Cherkash  
Inspector's Signature

[Signature]  
Responsible Official's Signature

10-13-98  
Date of Inspection

Oct 1999  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

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

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

Safety Kleen picks up the waste

\* Asked to keep records for leak check,  
(NO) Temp. monitoring & Perc Purchase receipts  
On site, Gave Harvey Summary of Rules to read.

\* Gave him FDEP form for record  
(NO) keeping

Asked to keep chemicals in secondary  
Containments.

RECEIVED

NOV 16 1998

Bureau of Air Monitoring  
& Mobile Sources

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 12:00 TIME OUT: 12:30 AIRS ID#: 0990560

TYPE OF FACILITY: Dry cleaning

FACILITY NAME: Town & Country Cleaners DATE: 5-10-99

FACILITY LOCATION: 3511 N. Federal Hwy  
Boca Raton, FL 33431

RESPONSIBLE OFFICIAL: Harvey Davis PHONE NUMBER: 391-7781

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

RECEIVED  
JUN 14 1999  
Bureau of Air Monitoring  
& Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: May 2000 (Approximate)

INSPECTION CONDUCTED BY: R.V. Chokshi (Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070  
Ext 1174

✓  
ARMS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990560 DATE: 5-10-99 TIME IN: 12:00 TIME OUT: 12:30  
FACILITY NAME: Town & Country Cleaners  
FACILITY LOCATION: 3511 N. Federal Hwy  
Boke Raton, FL 33431  
RESPONSIBLE OFFICIAL: Harvey Davis PHONE: 391-7781  
CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

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

A.

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

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

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 85 gallons. for 1998 1999 so far, 60 gal

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

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

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

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

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

- Visual examination (condensed solvent on exterior surfaces)
  - Physical detection (airflow felt through gaskets)
  - Odor (noticeable perc odor)
  - Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  N/A
  - Halogen leak detector  N/A
- If using direct-reading instrumentation, is the equipment:
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
  - b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
  - c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
  - d. Kept in a clean and secure area when not in use?  Y  N
  - e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

HARVEY DAVIS  
Responsible Official's Name  
(Please Print)

Harvey Davis  
Responsible Official's Signature

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

5-10-99  
Date of Inspection

R.V. Choksh  
Inspector's Signature

May 2000  
Approximate Date of Next Inspection



ADDITIONAL SITE INFORMATION:

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

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

Safety Kleen picks up the waste

✓  
TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:05	TIME OUT: 10:35	AIRS ID#: 0990560
TYPE OF FACILITY: Day cleaning		
FACILITY NAME: Town and Country Cleaners	DATE: 3/28/00	
FACILITY LOCATION: 3511 N. Federal Hwy Boca Raton, FL 33431		
RESPONSIBLE OFFICIAL: Harry Davis	PHONE NUMBER: 391-7781	

- 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

RECEIVED  
 APR 12 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

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The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: March 2001  
(Approximate)

INSPECTION CONDUCTED BY: Jeffrey Dizek  
(Please Print)

INSPECTOR'S SIGNATURE: Jeffrey Dizek PHONE NUMBER: 355-3070 XT 1139

PERCHLOROETHYLENE DRY CLEANERS ✓

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990560 DATE: 3/28/00 TIME IN: 10:05 TIME OUT: 10:35  
 FACILITY NAME: TOWN AND COUNTRY CLEANERS  
 FACILITY LOCATION: 3511 N. Federal Hwy  
DOCA RATON, FL 33431  
 RESPONSIBLE OFFICIAL: HARVEY DAVIS PHONE: 391-7781  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**  
 (check appropriate box)  
 1. New facility notified DARM 30 days prior to startup   
 2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**  
 Facility indicated on notification form that it is:  
 (check appropriate box)  No notification form  
 Drop store/out of business/petroleum

A.

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

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

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 190 gallons. MAY 99 to MARCH 2000

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

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

ADDITIONAL SITE INFORMATION:

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

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

(A) SARTY CLEW picks up the waste sludge.

(B) Facility has changed from a new small source to a new large area source.

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
 

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
4. Which method of detection is used by the responsible official?
 

Visual examination (condensed solvent on exterior surfaces)	<input checked="" type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>
Odor (noticeable perc odor)	<input checked="" type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input checked="" type="checkbox"/> NA
Halogen leak detector	<input checked="" type="checkbox"/> NA
If using direct-reading instrumentation, is the equipment:	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	<input type="checkbox"/> Y <input type="checkbox"/> N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	<input type="checkbox"/> Y <input type="checkbox"/> N
d. Kept in a clean and secure area when not in use?	<input type="checkbox"/> Y <input type="checkbox"/> N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	<input type="checkbox"/> Y <input type="checkbox"/> N

HARVEY DAVIS  
 Responsible Official's Name  
 (Please Print)

Harvey Davis  
 Responsible Official's Signature

Jeffrey Dizek  
 Inspector's Name (Please Print)

3/28/00  
 Date of Inspection

Jeffrey Dizek  
 Inspector's Signature

MARCH 2001  
 Approximate Date of Next Inspection

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ AIRS ID#: 0890560

TYPE OF FACILITY: Dry Cleaning

FACILITY NAME: Town + Country DATE: 4/2000

FACILITY LOCATION: 3511 Mr. Federal Hwy Boca Raton

RESPONSIBLE OFFICIAL: Harry Davis PHONE NUMBER: 391-7781

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

RECEIVED  
DEC 13 2000  
Bureau of Air Monitoring  
& Mobile Sources

COMMENTS:

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

YES  NO

DATE OF NEXT INSPECTION: 1/01 (Approximate)

INSPECTION CONDUCTED BY: M. Liddler (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 355 3070



# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:  ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0940 562 DATE: 11/2/00 TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_

FACILITY NAME: Town & Country Cleaners

FACILITY LOCATION: 3511 No. Federal Hwy

Boca Raton 33431

RESPONSIBLE OFFICIAL: Harry Davis PHONE: 391 7781

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

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

A.

- |  |   |
|--|---|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/>   | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/>  |
| 3. Existing large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) <input checked="" type="checkbox"/> |
5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 110 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?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| 2. Examining the containers for leakage?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N   |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair

inspection?

Y  N

2. Has the facility maintained a leak log?

Y  N

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

Hose connections, fittings,  
couplings, and valves

Y  N  N/A

Muck cookers

Y  N  N/A

Door gaskets and seating

Y  N  N/A

Stills

Y  N  N/A

Filter gaskets and seating

Y  N  N/A

Exhaust dampers

Y  N  N/A

Pumps

Y  N  N/A

Diverter valves

Y  N  N/A

Solvent tanks and containers

Y  N  N/A

Cartridge filter housings

Y  N  N/A

Water separators

Y  N  N/A

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)

W/R

Halogen leak detector

N/A

If using direct-reading instrumentation, is the equipment:

N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?

Y  N

b. Calibrated against a standard gas prior to and after each use  
(PID/FID only)?

Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?

Y  N

d. Kept in a clean and secure area when not in use?

Y  N

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

Y  N

*[Signature]*

Responsible Official's Name  
(Please Print)

*[Signature]*

Responsible Official's Signature

*[Signature]*

Inspector's Name (Please Print)

11/2/00

Date of Inspection

*[Signature]*

Inspector's Signature

11/01

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

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

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415120 MAR11 2002

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**

X

Do **NOT** Remove Label

AIRS ID# 0990560
TOWN & COUNTRY
AVIVA DAVIS
3511 N FEDERAL HWY
BOCA RATON FL
33431

<b>FOR GOVERNMENT USE ONLY</b>
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422861 FEB12 2003

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**

X

Do **NOT** Remove Label

AIRS ID#0990560
TOWN & COUNTRY
AVIVA DAVIS
3511 N FEDERAL HWY
BOCA RATON FL
33431

<b>FOR GOVERNMENT USE ONLY</b>
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363862

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 # 0990560

TOWN & COUNTRY  
 AVIVA DAVIS  
 3511 N FEDERAL HWY  
 BOCA RATON FL 33431

RECEIVED  
 MAIL ROOM  
 MAR 11 99

FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: B1  
 Fund: 20-2-035001  
 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

392975

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 # 0990560

TOWN & COUNTRY  
 AVIVA DAVIS  
 3511 N FEDERAL HWY  
 BOCA RATON FL 33431

RECEIVED  
 MAIL ROOM  
 MAR - 1 00

Bureau of Air Monitoring  
 & Mobile Sources

MAR - 3 2009

FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: B1  
 Fund: 20-2-035001  
 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

399725

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**

*12/13/00  
pd*

Do NOT Remove Label

	AIRS ID # 0990560
TOWN & COUNTRY	
AVIVA DAVIS	
3511 N FEDERAL HWY	
BOCA RATON FL 33431	

<b>FOR GOVERNMENT USE ONLY</b>	
Org.: 375501010001	EO 3.1
Fund: 20-2-035001	
Obj.: 002273	

RECEIVED  
MAIL ROOM  
12 13 00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415128 MAR11 2002

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**

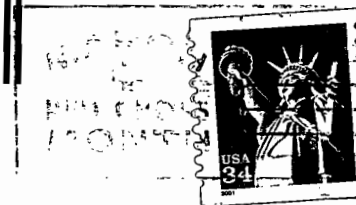
*refund duplicate payment 1st payment 3/11/02 DDN 415120*

Do **NOT** Remove Label

AIRS ID # 0990560
TOWN & COUNTRY AVIVA DAVIS 3511 N FEDERAL HWY BOCA RATON FL 33431

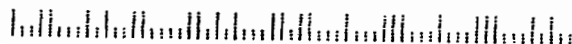
FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
--

**AVIVA DAVIS**  
6566 Las Flores Drive  
Boca Raton Florida 33433



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

32315+3070 99



Z 333 660 658

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (SAA REVERSA)

AIRS ID # 0990560

TOWN & COUNTRY  
AVIVA DAVIS  
3511 N FEDERAL HWY  
BOCA RATON FL 33431

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Is your RETURN ADDRESS completed 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 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.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

AIRS ID # 0990560

TOWN & COUNTRY  
AVIVA DAVIS  
3511 N FEDERAL HWY  
BOCA RATON FL 33431

**4a. Article Number**

Z 333 660 658

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

**7. Date of Delivery**

2/13/94

**5. Received By: (Print Name)**

**8. Addressee's Address (Only if requested and fee is paid)**

**6. Signature: (Addressee or Agent)**

X 

Thank you for using Return Receipt Service.

Z 210 662 377

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0990560

TOWN & COUNTRY  
AVIVA DAVIS  
3511 N FEDERAL HWY  
BOCA RATON FL 33431

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

**SENDER:**

Fold at line over top of envelope to the right of the return address

**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 # 0990560

TOWN & COUNTRY  
AVIVA DAVIS  
3511 N FEDERAL HWY  
BOCA RATON FL 33431

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

C. Signature

Agent  
 Addressee

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number, (Copy from service label)

Z 210 662 377

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

P 174 052 699

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

AIRS ID # 0990560

TOWN & COUNTRY  
AVIVA DAVIS  
3511 N FEDERAL HWY  
BOCA RATON FL 33431

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

**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:

TOWN & COUNTRY  
AVIVA DAVIS  
3511 N FEDERAL HWY  
BOCA RATON FL 33431

AIRS ID # 0990560

**COMPLETE THIS SECTION ON DELIVERY**

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

2/14

C. Signature

X *R. Ennen*

- Agent
- Addressee

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

~~0500~~ P 174 052 699

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

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	\$	

AIRS ID # 0990560

Sent: TOWN & COUNTRY  
 AVIVA DAVIS  
 Street or PO: 3511 N FEDERAL HWY  
 City: BOCA RATON FL  
 33431

PS Form 3811, July 1999 Instructions

7001 0320 0001 7976 0919

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY										
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly) <b>H. Davis</b></td> <td style="width: 50%;">B. Date of Delivery <b>3/8</b></td> </tr> <tr> <td colspan="2">C. Signature <b>[Signature]</b></td> </tr> <tr> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? If YES, enter delivery address below:</td> </tr> <tr> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </td> </tr> </table>	A. Received by (Please Print Clearly) <b>H. Davis</b>	B. Date of Delivery <b>3/8</b>	C. Signature <b>[Signature]</b>			<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? If YES, enter delivery address below:			<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Received by (Please Print Clearly) <b>H. Davis</b>	B. Date of Delivery <b>3/8</b>										
C. Signature <b>[Signature]</b>											
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee										
D. Is delivery address different from item 1? If YES, enter delivery address below:											
	<input type="checkbox"/> Yes <input type="checkbox"/> No										
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0990560</p> <p>TOWN &amp; COUNTRY          AVIVA DAVIS          3511 N FEDERAL HWY          BOCA RATON FL          33431</p>	<p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail        <input type="checkbox"/> C.O.D.         </p>										
<p>2. Article Number (Copy from service label)</p> <p style="text-align: center;">7001 0320 0001 7976 0919</p>	<p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>										



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

**OFFICIAL USE**

7000 2870 0000 7027 5999

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Post:</b>	

*[Handwritten Signature]*  
 Postmark Here

AIRS ID#0990560

**Sent To** TOWN & COUNTRY  
 AVIVA DAVIS  
 3511 N FEDERAL HWY  
**Street, Apt.** BOCA RATON FL  
 33431  
**City, State, :**

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS  
**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:  
 AIRS ID#0990560  
 TOWN & COUNTRY  
 AVIVA DAVIS  
 3511 N FEDERAL HWY  
 BOCA RATON FL  
 33431

70002870000670275999

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) <i>D. Emmons</i>	B. Date of Delivery <i>2/8</i>
C. Signature <i>[Handwritten Signature]</i>	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box.

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2000 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 12 2003

RECEIVED



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

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

OFFICIAL USE

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

received  
Oct 03  
New York

Total Pct TO 0990560001AG

Sent To TOWN & COUNTRY  
 AVIVA DAVIS

Street, Apt. or PO Box 3511 N FEDERAL HWY  
 City, State BOCA RATON, FL 33431

PS Form 3800, June 2002 See Reverse for Instructions

695E 4470 4000 0050 E002

**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:

TO 0990560001AG  
 TOWN & COUNTRY  
 AVIVA DAVIS  
 3511 N FEDERAL HWY  
 BOCA RATON, FL 33431

2. 7003 0500 0004 0144 3599

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Aviva Davis*  Addressee

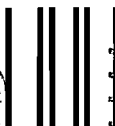
B. Received by (Printed Name) C. Date of Delivery  
*H. DAVIS* *9/5*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

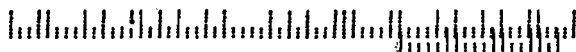
• Sender: Please print your name, address, and ZIP+4 in this box •

DARWIN MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED

SEP 10 2003

Bureau of Air Monitoring  
& Mobile Sources



P 174,052 130

1999

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

AIRS ID # 0990560

TOWN & COUNTRY  
AVIVA DAVIS  
3511 N FEDERAL HWY  
BOCA RATON FL 33431

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Is your RETURN ADDRESS completed 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 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.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0990560

TOWN & COUNTRY  
AVIVA DAVIS  
3511 N FEDERAL HWY  
BOCA RATON FL 33431

4a. Article Number

P 174 052 130

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2/27 S

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Aviva Davis*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.