

#### Department of Environmental Protection

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

Virginia B. Wetherell Secretary

June 24, 1997

Mr. Ruben D. Almodovar Boulevard Cleaners 210 Rame Lane Port St. Lucie, Florida 34952

Re: Facility No.: 1110083

Dear Mr. Almodovar:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 28, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr.Bruce Offord, Southeast District

# #1110083

	Boulevard Cleaners
P.13	le add title - Owner (from 1.) 7 add firm
p./5	1.(c) add "/" 5.(c) not required, mark out "/" and initial

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

RECEIVED

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  APR 2 8 1997
	William D. Mandarian
2.	Site Name (For example, plant name or number):  **Rureau of Air Monito**  **Mobile Sources**
	BOULEVARD CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 982 112021
4.	Facility Location: Street Address: 3441 SE A CT LUCIE BLVD.
	Facility Location: Street Address: 346 S/E A. ST. WCIE BLVD. City: A. ST. LUCIE Zip Code: 34984
5.	Facility Identification Number (DEP Use):
	1110083
	Responsible Official
<b>(6)</b>	Name and Title of Responsible Official:
	RUBEN D. ALMODOVAR
0	Responsible Official Mailing Address:
	Organization/Firm: 210 RAMIE LANCE  Street Address:
	City: A. ST. Lucie, 71 County: ST. Lucie Zip Code: 34953
8.	
	Telephone: (561) 878-9739 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAME AS ABOVE
10	. Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11	. Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

#### **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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR
Dry-to-Dry Unit			8						
(1) w/ ref. condenser	1	NKT	88/87						
(2) w/ carbon adsorber		701	1						
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber				Ī					
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber							$\top$		
(9) w/ no controls									
Reclaimer Unit			·				,	·	
(10) w/ ref. condenser			T	T	T		Τ		
(11) w/carbon adsorber							$\vdash$		
(12) w/ no controls	$\vdash$	<del>                                     </del>	1				$\vdash$		
(b) Control devices are  (c) No control devices  2.(a) What was the total  (b) If less than 12 mon Check why it is less	quan	required to b utity of perch ons how many?	e installed [ loroethylene] month	(perc	_]	in the latest			s:
3. What is the facility's so (Indicate with an "X".					finitions fou	nd in section	(3) o	f Part II?	
the Existing small a	irea s	ource[V]	N	ew si	mall area sou	ırce [	_]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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<ol> <li>What control technology is required on machines (Indicate with an "X".)</li> </ol>	pursuant to section (5) of Part II of this notification form?
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 pursuant to Rule 62-213.300, F.A.C. Verify that al following exemption criteria or that no such units exemptions.	l steam and hot water generating units on-site meet the
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment re 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 permit:	e in accordance with the requirements of this general
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	<u> </u>
© Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mo	onitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

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

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.  4-23-97  Date

BEST AVAILABLE COPY TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1000 TIME OUT: 11: 45	AIRS ID#: 11100 & 3
TYPE OF FACILITY: DRY CLEANER - PER	C
FACILITY NAME: BOULEVARD CLEAR	ERS DATE: 5/29
FACILITY LOCATION: 346 PSL BOULEVAT	Ø
PSL, FL 34984	
RESPONSIBLE OFFICIAL: RUBIN ALANDOVAR	PHONE NUMBER: 56/ 878 - 9739
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
	JUN 4 1997
	Bureau of Air Monitoring & Mobile Sources
COMMENTS:	<del></del>
A.	
The Annual Compliance Certification form has been properly certified	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 5/9	<i>'8</i>
	proximate)
INSPECTION CONDUCTED BY: WOOLS VALCAK	EXCHD
	age Print)
INSPECTOR'S SIGNATURE: Jour Mcoley No.	25¢ Print)  PHONE NUMBER: 56/681-662

INSPECTION SUMMARY REPORT

### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Acc

FACILITY NAME: 304LE VAR	D CLEANER		ATE: 5/29
FACILITY LOCATION: 746 PSL	BLUD		
PSL, FL 3	34984		
		•	
Annual Reporting Period: 5/29	1997 то	05	19 <u>98</u>
Based on each term or condition of the Title V gene 52-213.300, Florida Administrative Code (F.A.C.), If NO, complete the following:		7.2	th DEP Rule
#1. Term or condition of the general permit that ha	s not been in continuous com	npliance during the reporting	g period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that have been been been been been been been be	as not been in continuous con	npliance during the reporting to RECE	
Action(s) taken to achieve compliance:		JUN	4 1007
Method used to demonstrate compliance:		Bureau of Air & Mobile	Monitoring Sources
As the responsible official, I hereby certify, based of made in this notification are true, accurate and consupon rolling averages of purchase receipts, does not year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	mplete. Further, my annual c	consumption of perchloroeth	ylene solvent, based
		upliance certification require	

Page \_\_\_\_\_ of \_\_\_

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

#### DRY CLEANER AIR QUALITY GENERAL PERMIT

# ANNUAL COMPLIANCE CERTIFICATION FORM RUBEN D ALMONDOVAR RUBEN D ALMODOVAR RUBEN D ALMODOVAR 210 RAMIE LANE PORT ST LUCIE FL 34952 RUBEN D ALMONDOVAR 210 RAMIE LANE PORT ST LUCIE FL 34952

N

П

Do NOT Remove Label

Annual Reporting Period:	19	TO	19
Based on each term or condition of the 7 62-213.300, Florida Administrative Cod			
If NO, complete the following:		•	
#1. Term or condition of the general per	mit that has not been in continuo	us compliance during the report	ing period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:	<u> </u>		
Method used to demonstrate compliance			
#2. Term or condition of the general per	mit that has not been in continuo	us compliance during the report	ing period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance	<u> </u>		
As the responsible official, I hereby certify, notification are true, accurate and complete does not exceed 2,100 gallons per year for a RESPONSIBLE OFFICIAL:	. Further, my annual consumption ry-to dry facilities or 1,800 gallons	of perchloroethylene solvent, base	ed upon purchase receipts,

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

Vone

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT -COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE INSE	PECTION C	HECKLIST		
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>A</b> .	COMPLAINT	/DISCOVERY	
AIRS ID#: 111 0083	DATE: 5/29	1	N: 1100	TIME OUT:	11:45
facility name:	DULEVARD	CLE	THED S		
FACILITY LOCATION:	346 PSL 7	BOULEVI	VP	_	<i>)</i> [
	PSL, FL	34984	<u>!</u>		
PART I: NOTIFICATION				<del>-</del>	
(check appropriate box)				,	
1. Existing facility notified DA	RM by 9/1/96	R F	CEIV	F D	
2. New facility notified DARM	[ 30 days prior to startu]	p IX L	CLIV	L	
3. Facility failed to notify DAF	RM to use general permi	it	JUN 4 199	7	95
		Bur	eau of Air Mon	itorina.	
PART II: CLASSIFICATIO	N		& Mobile Source		
Facility indicated on notificate (check appropriate box)  A.	ion form that it is:				·
1. Existing small area sou dry-to-dry only, x<140 gal/ transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91	yr (	transfer only, both types, x<	y, x<140 gal/yr x<200 gal/yr		
3. Existing large area soudry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9)<="" before="" both="" g="" only,="" td="" transfer="" types,=""><td>100 gal/yr ) gal/yr al/yr</td><td>dry-to-dry on transfer only, both types, 14</td><td>area source y, 140<x<2, 100<br="">200<x<1,800 ga<br="">0<x<1,800 <br="" gal="">on or after 12/9/9</x<1,800></x<1,800></x<2,></td><td>al/yr yr</td><td></td></x<2,>	100 gal/yr ) gal/yr al/yr	dry-to-dry on transfer only, both types, 14	area source y, 140 <x<2, 100<br="">200<x<1,800 ga<br="">0<x<1,800 <br="" gal="">on or after 12/9/9</x<1,800></x<1,800></x<2,>	al/yr yr	
This is a correct facility class	ification	YY ON		·	
If no, please check the approp	priate classification:				
	ified for a general permeds above limits and is			nit	
B. The total quantity of perclassics facility was 50 gallos		rchased withi	n the preceding	12 months by th	is dry cleaning

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

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ated □Y □N
<ol> <li>Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?</li> </ol>	OY ON
Is the temperature differential equal to or greater than 20° F?	□Y □N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	OY ON , <sup>*</sup>
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?	□У □И
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?	OY ON ON/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DRY DN and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? ИП Y $\mathbf{M}$ Problem corrected? AV**XØ** NO YO 8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS

				_
2. Which method of detection is used by	y the responsible official?			
Visual examination (condensed	l solvent on exterior surfac	es)	$\mathbf{x}$	. [
Physical detection (airflow felt	through gaskets)		<b>A</b>	
Odor (noticeable perc odor)		•	X	
Use of direct-reading instrume	ntation (FID/PID/calorime	tric tubes)	<u> </u>	. ]
If using direct-reading instru	mentation, is the equipme	ent:		
a. Capable of detection	ng perc vapor concentration	ns in a range of 0-500 ppm?	OY ON	
b. Calibrated against (PID/FID only)?	a standard gas prior to and	l after each use	OY ON	
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	□Y □N	
d. Kept in a clean an	d secure area when not in t	ıse?	OY ON	
e. Verified for accura	icy by use of duplicate sam	ples (calorimetric only)?	ПА ПИ	,
3. Has the facility maintained a leak lo	g?		□Y □N	.
4. Does the responsible official check t	the following areas for leak	s?		l l
Hose connections, fittings, couplings, and valves	Ky ON	Muck cookers	dx c	NC
Door gaskets and seating	by on	Stills	DAY C	אכ
Filter gaskets and seating	DY □N	Exhaust dampers	DY	A AL
Pumps	qx, on	Diverter valves	DY	JN T
Solvent tanks and containers	dy on	Cartridge filter housing	s QY (	ON T
Water separators	фу	<u> </u>		
Ruben D. Alm	n dova			

Inspector's Signature

Date of Inspection

5/96

Approximate Date of Next Inspection

Acres AVAILABLE CODY	EXCILOROLITIELLE DIT CELANERS
EST AVAILABLE COPY	TITLE V GENERAL PERMIT
	COMPLIANCE INSPECTION CHECKLIST

TUDE	$\Delta \mathbf{r}$	TAICDE	CTION:
I I F F.	ur	IIIVA DE E.	

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

_ / /	/98 time in: <u>10:05</u> time out: <u>10:</u> 38 <b>/</b>
FACILITY NAME: BOULEVAR	D CLEHERS
FACILITY LOCATION:346 P	SLBLVD, English
PSL,	FL 34984 300 0
RESPONSIBLE OFFICIAL: RUBEH	/ % / I
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	,
New facility notified DARM 30 days prior to star	rtun:
2. Facility failed to notify DARM to use general per	- ' I
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a ge	☐ No notification form ☐ Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
•	nits and is not eligible for a general permit  urchased within the preceding 12 months by this dry cleaning
facility was gallons.	

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

beds according to the manufacturer's specifications?

#### PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN **M**N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

dy on dana

В.	Has the responsible official of an existing large or new large area source also:		}	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ИП	□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?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ПN	□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?	ΟY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	DN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	MA ON			
2. Maintained rolling monthly averages of perc consumption?	DV ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	AVU UU YA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואלן אם צם			
4. Maintained calibration data? (for applicable direct reading instruments)	AMA NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	AVA <b>Ç</b> NO YO			
6. Maintained startup/shutdown/malfunction plan?	XY ON			
7. Maintained deviation reports?	AND NO YO			
Problem corrected?	AVA NO YO			
8. Maintained compliance plan, if applicable?	AVA NO YO			

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? DN DN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, אואם אם צם Muck cookers AVAO NO YÀ couplings, and valves A/NO NO YQ DY DN DN/A Stills Door gaskets and seating DY □N □N/A Exhaust dampers DY UN KEN/A Filter gaskets and seating DY DN DN/A Diverter valves AVART NO YO Pumps DY ON ON/A XY ON ONA Solvent tanks and containers Cartridge filter housings DY ON ONA Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector □N/A If using direct-reading instrumentation, is the equipment: NO YO. a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use $\square Y \square N$ (PID/FID only)?

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

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

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

Inspector's Name (Please Print)

June Val Carenchi

Inspector's Signature

Date of Inspection

OY ON

 $\Box$ Y  $\Box$ N

Approximate Date of Next Inspection

needs to be more consist in felling dates on the calendary

#### 

ANNUAL COMPLIANCE CERTIFICATION FORM

RUBEN D ALMONDOVAR
RUBEN D ALMODOVAR
210 RAMIE LANE
PORT ST LUCIE FL 34952

	Do NOT Remove Label	
Annual Reporting Period: TAN 4-	19 <b>97</b> то	DEC.28 1997
Based on each term or condition of the Title V general 62-213.300, Florida Administrative Code (F.A.C.), du	•	
If NO, complete the following:		•
#1. Term or condition of the general permit that has r	not been in continuous compliance durin	g the reporting period stated above:
Exact period of non-compliance: from	to	BE WE
Action(s) taken to achieve compliance:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·	OF THE STATE OF
#2. Term or condition of the general permit that has n	not been in continuous compliance durin	g the reporting period stated above:
Exact period of non-compliance: from	to-	
Action(s) taken to achieve compliance:	· .	
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based on infor notification are true, accurate and complete. Further, my does not exceed 2,100 gallons per year for dry-to dry facili	annual consumption of perchloroethylene ities or 1,800 gallons per year for transfer o	solvent, based upon purchase receipts,
RESPONSIBLE OFFICIAL: MOEN D. 1960. Name (Please		mure Date

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

BEST AL	MILABLE COPY RE-INSPECTION
TIME IN: 16:05 TIME OUT: 10:3	8 AIRS ID#:
TYPE OF FACILITY: DRY CLEANER	·· · · · · · · · · · · · · · · · · · ·
FACILITY NAME: BOULEVARD CLE	NERS DATE: 7/22/98
FACILITY LOCATION: 346 PSL B2V	P.
PSL, FL 34989	
RESPONSIBLE OFFICIAL: RUben ALMODOVAR	PHONE NUMBER: 56/878-9739
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrate Based on the results of the compliance requirements evaluate	tive Code (F.A.C.).
discrepancies were noted:	ed during this hispection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u> </u>	
	A
	~
	Barrell CK
	KIVED  Work Notine Sources  Mobile Sources
	nitoring srces
·	
COMMENTS:	
•	
The Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 7/99	
	Proximate)  ARE MGH.I
	PHONE NUMBER: 561/681-6627
Page	of Revised 10/9

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#### PERCHLURUETHYLENE DKY CLEANERS

BEST AVAILABLE COPY

#### TITLE V GENERAL PERMIT

#### COMPLIANCE INSPECTION CHECKLIST

TYPE	$\Delta \mathbf{r}$	TNCD	セヘか	YAN.
LIFE	UГ	IIIOF.	LLI	TOIL.

ANNUAL



COMPLAINT/DISCOVERY

Bureau of Waste Cleanu

RE-D

AIRS ID#: 110083 DATE: 10 Aug 99 TIME IN: 11:15 TIME OUT: 12:10	
FACILITY NAME: BOULEVARD CLEANERS	_
FACILITY LOCATION: 346 PSL BLVD,	
PSL, FL 34984	
RESPONSIBLE OFFICIAL: RUBETY ALMODOVAR PHONE: 56/1828-9739	
CONTACT NAME:PHONE:PHONE	
₹ £ €	_

PART I: NOTIFICATION	Briesh of Argue Cleanab
(check appropriate box)	AUG 1 9 1999
1. New facility notified DARM 30 days prior to star	rtup Hazardous Waste
2. Facility failed to notify DARM to use general per	Cleanup Section
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ 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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	NOV DN DCan not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_

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 105 gallons.

#### (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? □N □N/A □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN **X**IN/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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON DINA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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?	ΠY	ПП	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□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?			□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ΠИ	□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?	ΟY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	A DN					
2. Maintained rolling monthly averages of perc consumption?	NO Y					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;						
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	oy on <b>⊈</b> n/a					
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN \$\text{\$\psi_V/A}\$					
5. Maintained exhaust duct monitoring data on perc concentrations?						
6. Maintained startup/shutdown/malfunction plan?						
7. Maintained deviation reports?						
Problem corrected?	AND ND YA					
8. Maintained compliance plan, if applicable?	DY DN DAVA					

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? $\Box Y$ $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A Muck cookers DY DN DN/A couplings, and valves Stills DY DN DN/A Door gaskets and seating DY DN DN/A DY DN DN/A Filter gaskets and seating DY DN DN/A Exhaust dampers DY DN DN/A Diverter valves DY ON ON/A Pumps Solvent tanks and containers DY DN DN/A Cartridge filter housings DY DN DN/A □Y □N □N/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: $\square N/A$ a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? UY UN NO YO c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? UN VD e. Verified for accuracy by use of duplicate samples (calorimetric only)? UA UN

Inspector's Name (Please Print)-

2 Huyu 1 99
Date of Inspection

Approximate Date of Next Inspection

AD	DITIONAL SITE INFORMATION:			
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		Donner.		

TYPE OF INSPECTION:	ANNUAL X	BEST AVAI	LABLE COPY	KE-INSPECTION	1
TIME IN: 11:15	TIME OUT:	72:1	AIRS ID#:	1110083	
TYPE OF FACILITY:	DRY CL	EAMER	··		
FACILITY NAME:	BOULE VA	RD CI	LEAHERS	DATE: 10 Huy	99
facility location: $8$	46 PSL E	SLVD			
$\mathcal{PS}_{\mathcal{L}}$	L, FL 349	84			
RESPONSIBLE OFFICIAL:	BETY ALMO	DO VAR	PHONE NUM	BER: <u>\$61/878-9</u>	739
Based on the results of compliance with DEP F			ed during this inspection, the code (F.A.C.).	ne facility is found to be in	
Based on the results of discrepancies were note	•	ements evaluate	ed during this inspection, th	he following compliance	
COMPLIANCE REQ	UIREMENT/PRO	BLEM	FOLLOW-UP A	ACTION REQUIRED	
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COMMENTS:				<del></del> .	
The Annual Compliance Certif	ication form has been	properly certifi	ed and submitted to the ins	spector. YES	
DATE OF NEXT INSPECTION	ON:	4u/ 2	000	<u> </u>	
INSPECTION CONDUCTEI	BY: LOUI		proximate) CARENGH	<u> </u>	·
	A.		ease Print)		`~
INSPECTOR'S SIGNATURE	E: Johns	<u>Ul CONEN</u>	THONE NUM	MBER: <u>56//681–66</u>	27
	·	Page	() <sub>o</sub> f	<b>₽</b>	rised 10/96

ACILITY NAME: BOWLE ACILITY LOCATION: 3#6 (	VARD	CLEANET	\$	DATE: /	3 Aug
ACTUTEVI OCATION: 3H	PSL Bl	d.		<u></u>	- J
ORI CI	349CV	· · · · · · · · · · · · · · · · · · ·			
YUL, IL	07787	<u></u>			
nnual Reporting Period: TAN S	5	19 <b>98</b> T	· VECEM	BER 31	19 <i>98</i>
ased on each term or condition of the Titl 2-213.300, Florida Administrative Code (			\		Rule NO
NO, complete the following:					
1. Term or condition of the general perm	it that has not be	een in continuous cor	npliance during the 1	eportifilg period s	tated above:
Exact period of non-compliance: from			to Cal		
Action(s) taken to achieve compliance:			Mobil Nobil	20 1	
Method used to demonstrate compliance:			Sorices K Now	3 m	
#2. Term or condition of the general perm	nit that has not b	oeen in continuous co			' stated above
Exact period of non-compliance: from	<del>.</del>		to		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
As the responsible official, I hereby certify made in this notification are true, accurate upon rolling averages of purchase receip year for transfer or combination facilities RESPONSIBLE OFFICIAL:	te and complete. ts, does not exce	. Further, my annuai eed 2,100 gallons per	consumption of perd	chloroethylene so	lvent, based
					سايان سير

Page of.

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361526

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 # 1110083

BOULEVARD CLEANERS RUBEN D ALMODOVAR 210 RAMIE LANE PORT ST LUCIE FL 34952 FEB 23 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

0390175

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 # 1110083

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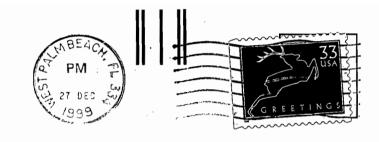
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FORCE OF Fund: 20-2-0F-501

Obj.: 002273

BUD. CLEANORS

386 PSL BLUDPT. ST. LUCIE, H 34984



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

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## THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 1032

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

TOTAL AMOUNT DUE: \$50.90

Do NOT Remove Label

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



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING $^{\prime}$

412040 DEC21 2001

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

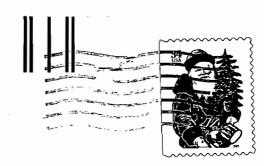
AIRS ID # 1110083
BOULEVARD CLEANERS
RUBEN D ALMODOVAR
210 RAMIE LANE
PORT ST LUCIE FL
34952

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

BLUD. CLEANERS 346. P.S.L. BLUD-FT. ST. LUCIE, H 34984





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

	P 174 0	52	691	(1)
-	US Postal Service Receipt for Ce No Insurance Coverage Do not use for Internation	Provi	ided.	()
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	Certified Fee			
	Special Delivery Fee			
LO.	Restricted Delivery Fee			
199	Return Receipt Showing to Whom & Date Delivered			
, April	Return Receipt Showing to Whom Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		1
PS Form <b>3800</b> , April 1995	Postmark or Date			

on the reverse side?	SSOIPPE UINTO AGE 107 140  SENDER:  O) OdoJOAUO JO dol JOAO OUI  Complete items 1 and/of 2 for additional services.  Complete items 3, 4a; and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spac permit.  Write "Return Receipt Requested" on the mailpiece below the article  The Return Receipt will show to whom the article was delivered and delivered.	so wish to receive the following services (for an extra fee):  a does not  1.  Addressee's Address  2.  Restricted Delivery	
completed	3. Article Addressed to: AIRS ID # 1110083	7 1/4 05 × 691	
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1	210 RAMIE LANE	☐ Express Mail ☐ Insured ☐ Setum Receipt for Merchandise ☐ COD	1
PRESS	PORT ST LUCIE FL 34952		ĺ
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your	6. Signature: (Addressee or Agent)	- 1	ĺ
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_	PS Form <b>3811</b> , December 1994	Domestic Return Receipt	ĺ

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

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d the date	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	eceipt Service.
IN ADDRESS completed	AIRS ID # 1110083  BOULEVARD CLEANERS RUBEN D ALMODOVAR 210 RAMIE LANE PORT ST LUCIE FL 34952	4a. Article N 4b. Service 1 Registere Express I Return Reg 7. Date of De	Type  ed SdSn X Certified  Mail Insured  peipt for Merchandise, I COD	you for using Return R
s your RETURN	5. Received By: (Print Name)  6. Signature: (Add/essee or Agent)  The Autosor  The	8. Addressee and fee is	e's Address (Only if requested paid)	Thank
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Lu	BOULEVARD CLEANERS									
7000	Street, Apr 210 RAMIE LANE PORT ST LUCIE FL 34952 City, State									
	PS Form	3800, May 2	000			See Re	verse for	Instri	uctions	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.  FOLD AT DOTTED LINE	E THIS SECTION ON DELIVERY
<ul> <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>	A. Peceived by (Please Print Clearly)  B. Date of Delivery  VISCA ALVOCADA 12 2 1 1 2 2  C. Signature  X. Fuller Q. Hundora Addressee  D. Is delivery address different from item 12 2 488
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
10 AIRS ID # 1110083001AG RUBEN D ALMODOVAR BOULEVARD CLEANERS	
210 RAMIE LANE PORT ST LUCIE FL 34952	3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
40002870000070274572	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-00-M-0952
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