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PERCHLOROETHYLENE DRY CLEANERS



COMPLIANCE INSPECTION CHECKLIST

| INSPECTION TYPE: ANNUAL (INS1, INS2) RE-INSPECTION (FUI) | COMPLAINT/DISCOVERY (CI) | | | | |
|--|--|--|--|--|--|
| AIRS ID#: 0990388 DATE: <u>3/7/2007</u> | ARRIVE: <u>12:30 PM</u> DEPART: <u>1:00 PM</u> | | | | |
| FACILITY NAME: WEST BOCA DRY CLEANERS | | | | | |
| FACILITY LOCATION: 8177 West Glades Rd # | 18 | | | | |
| BOCA RATON 33434 | L | | | | |
| RESPONSIBLE OFFICIAL: ANTHONY MULE` | PHONE: (561)482-1782 | | | | |
| CONTACT NAME: Same | PHONE: (| | | | |
| REMITTANCE YEAR: 2006 ENTITL | EMENT PERIOD: 2/18/2007 / 2/18/2012 (effective date) (end date) | | | | |
| PART I: INSPECTION COMPLIANCE STATUS (check I only one box) IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE | | | | | |
| PART II:FACILITY CLASSIFICATION - Rule 62-2 (check \square only one box in A)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 | 213.300 FAC2. 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, $140 \le x \le 2,100$ 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. Ineligible for General Permit | | | | | |

| PART III: <u>GENERAL CONTROL REQUIREMENTS</u> – Rule 62-213.300 FAC | (check 🗹 only one box |
|---|-----------------------|
| Does the responsible official of the dry cleaning facility: | for each question) |
| 1. Store perc, and wastes containing perc, in tightly sealed & impervious containers? | Yes No N/A |
| 2. Examine the containers for leakage? | Yes No N/A |
| 3. Close and secure machine doors except during loading/unloading? | Yes No |
| 4. Drain cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | Yes No N/A |
| 5. Maintain solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | ∐Yes □ No ⊠ N/A |

| PART IV:PROCESS VENT CONTROLS – Rule 62-213.300 FAC(Refer to Part II-A.14. Classification: page 1 of 4, this form) | | | | | |
|--|---|-----------|---------------------|-----------------------|--|
| | 1. If the facility classification is a Existing small area source, no controls are required. Proceed to Part V. | | | | |
| | 2. If the facility classification is a <u>New small area source</u> , the machine should be equipped with a refrigerated condenser. Complete section A. below. | | | | |
| | 3. If the facility classification is a Existing large area source , the machine should be equipped with either a refrigerated condenser or a carbon adsorber. Complete both sections A and B below. <i>Carbon adsorber must have been installed prior to September 22, 1993</i> | | | | |
| | 4. If the facility classification is a <u>New large area source</u> , the machine should be equip condenser. Complete both sections A and B below. | luipped v | vith a ref | rigerated | |
| А. | Has the responsible official of all <u>existing large area & new sources</u> : | | ☑ only each ques | one box for stion) | |
| 1. | Equipped all machines with the appropriate vent controls? | Yes | No | | |
| 2. | Equipped dry-to-dry machines with a closed-loop vapor venting system? | ⊠Yes | No | □N/A | |
| 3. | Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | ⊠Yes | No | N/A | |
| 4. | Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | ⊠Yes | No | | |
| 5. | Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | ⊠Yes | No | □N/A | |
| 6. | Conducted all temperature monitoring after an appropriate cool-down period and after verifying that the coolant had been completely charged? | ⊠Yes | No | | |

| PART IV: <u>PROCESS VENT CONTROLS</u> – Rule 62-213.300 FAC (continued) | | | | |
|---|--|---|-----|--|
| B. | Does the responsible official of an existing large or new large area source also: | (check 🗹 only one box for each question) | Dr | |
| 1. | Measure and record the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | Yes No | | |
| 2. | Measure and record the washer exhaust temperature at the condenser inlet and outlet weekly? | Yes No N Yes No N | | |
| 3. | Measure and record 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 exclusively with a carbon adsorber? | □Yes □ No ⊠ N | N/A | |
| | a) Is the perc concentration equal to, or less than 100 ppm? | Yes No No | N/A | |
| 4. | Assure 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? | - 🗌 Yes 🗌 No 🖾 M | √A | |
| 5. | Equip transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | 🗌 Yes 🗌 No 🖾 N | N/A | |
| 6. | Route airflow to the carbon adsorber (if used) at all times? | Yes No X | N/A | |
| | | | | |

| PART V: <u>RECORDKEEPING REQUIREMENTS</u> – Rule 62-213.300(3) FAC | | | | |
|--|--|--|--|--|
| Does the responsible official: | (check 🗹 only one box for each question) | | | |
| 1. Maintain receipts for perc purchased? | - 🛛 Yes 🗌 No | | | |
| 2. Maintain rolling monthly total of yearly perc consumption? | 🛛 Yes 🗌 No | | | |
| 3. Maintain leak detection inspection and repair reports for the following: | | | | |
| a) documentation of leaks repaired w/in 24 hrs? or; | - 🛛 Yes 🗌 No 🗌 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? | Yes No N/A | | | |
| 4. Maintain calibration data? (for applicable direct reading instruments) | Yes No N/A | | | |
| 5. Maintain exhaust duct monitoring data on perc concentrations? | ☐ Yes ☐ No ⊠ N/A | | | |
| 6. Maintain a startup/shutdown/malfunction plan? | Yes 🗌 No | | | |
| 7. Maintain deviation reports? | \sim Yes \square No \square N/A | | | |
| a) Problem corrected? | - \boxtimes Yes \square No \square N/A | | | |
| 8. Maintain a compliance plan, if applicable? | Yes No N/A | | | |
| | | | | |

PART VI: <u>LEAK DETECTION AND REPAIRS</u> – Rule 62-213.300 FAC

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

(check ☑ only one box for each question)

| detection and repair inspection? | Xes No | | |
|--|---|--|--|
| 2. Does the facility maintain a leak log? | Xes INo | | |
| 3. Does the responsible official check the following areas for leaks? a) Hose connections, fittings, couplings, and valves b) Door gaskets and seating b) Door gaskets and seating c) Filter gaskets and seating d) Pumps e) Solvent tanks and containers f) Water separators Yes No N/A | tills XYes No N/A chaust dampers Yes No X/A verter valves XYes No N/A | | |
| 4. Which method(s) of detection (is/are) used by the responsible official? | | | |
| a) Visual examination (condensed solvent on exterior surfaces) a) b) Physical detection (airflow felt through gaskets) b) c) Odor (noticeable perc odor) b) d) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) c) e) Halogen leak detector d) **If using direct-reading instrumentation, is the equipment: ** n) Capable of detecting perc vapor concentrations in a range of 0-500 ppm? 1) 2) Calibrated against a standard gas prior to and after each use (PID/FID only)? 2) 3) Inspected for leaks and obvious signs of wear on a weekly basis? 3) 4) Kept in a clean and secure area when not in use? 4) Yes No 5) Verified for accuracy by use of duplicate samples (calorimetric only)? 5) | | | |
| Jeffrey Dizek | 3/7/2007 | | |
| Inspector's Name (Please Print) | Date of Inspection | | |
| | 3/2008 | | |
| Inspector's Signature | Approximate Date of Next Inspection | | |
| | | | |

COMMENTS: