

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 27, 1997

Ms. Janice A. Jamil One Price Dry Cleaning 10451 Southern Boulevard Royal Palm Beach, Florida 33411

Re: Facility No. 0990510

Dear Ms. Jamil:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 8, 1997.

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

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

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

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

Sincerely

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

July 14, 1997

Ms. Janice Ann Jamil, President One Price Dry Cleaning 10451 Southern Boulevard Royal Palm Beach, Florida 33411

Dear Ms. Jamil:

0990510

Thank you for your July 10 submittal of the Perchloroethylene Dry Cleaning Facility Notification Form.

The enclosed Perchloroethylene Dry Cleaning Notification Form which you obtained, completed, and submitted is not the currently valid notification form. DEP Form No. 62-213.900 (5), effective 6-25-96, is the valid Title V Air General Permit Notification Form.

For your convenience, I am enclosing a copy of the current notification form for you to complete and submit to the Department.

We appreciate your efforts in complying with the requirements and apologize for any inconvenience. If I can be of further assistance, please call me at 904/488-6140.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring and

Mobile Sources

SB\

Enclosures

cc: Al Grasso, Palm Beach County

#-0990510

P.13	7 add firm
7	
P.14	3. Should be new small area
	Source
P.16 -	choose one
·	
· ·	
	
,	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
J+J Capital, Inc. D/B/A ONE Peice Dey Cleaning
2. Site Name (For example, plant name or number):
ONE PRICE DRY CLEANING
3. Hazardous Waste Generator Identification Number:
_
4. Facility Location: Street Address: 10451 Souther Blwd.
Rowal Palm Reach Palm Reach 3341)
0990510
Responsible Official
6. Name and Title of Responsible Official:
Janice A. Jamil President
(7) Responsible Official Mailing Address: Cnm
Organization Firm Street Address: 424 Brackenwood Lane
City: Palm Beach Gardens: Palm Beach Zip Code: 33418 8. Responsible Official Telephone Number: (561) 793-5800
8. Responsible Official Telephone Number: (561) 793-5800
Telephone: (56) 625 5229 Fax: () -
WES SEE 1
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Tim S. Jamil, Sec.
10. Facility Contact Address: SAME
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number: SAM & Four ()
Telephone: () - Fax: () -

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AUG 8 1997

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

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls	#1 /	6/14/44	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	0
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber	/		6/14/94						
(2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber			6/14/44						
(3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber									
Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber									
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber									
(5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber									
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Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber									
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber					<u>.</u>				
(8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber									
(9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber									
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber									
(10) w/ ref. condenser (11) w/carbon adsorber									
(11) w/carbon adsorber		/	Martin Co.			11111	<u> </u>	100	
]	
(12) w/ no controls					·				
							1.		T
(b) Control devices are re (c) No control devices are 2.(a) What was the total quantary and gard (b) If less than 12 months. Check why it is less than	re recantite allors, ho	quired to be ry of perchlons w many? [_	installed [_ oroethylene (] months	perc)	_] purchased i				

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	44 · · · · · · · · · · · · · · · · · ·		
4. What control technology is required (Indicate with an "X".)	ired on machines	pursuant to section (5) of I	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	(X)		<i>चे</i>
New large area source Refrigerated condenser			
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such to	that all steam and		
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by no	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
Equipmo	ent Monitoring a	nd Recordkeeping Inform	mation
Check all logs which are required to	o be kept on-site i	n accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent pu	urchases		\angle
(b) Leak detection inspection and re	epair		\times
(c) Refrigerated condenser tempera	ture monitoring		
(d) Carbon adsorber exhaust perc c	oncentration mon	itoring	
(e) Instrument calibration	Ÿ		[]
(f) Start-up shutdown malfunction	n nlan		$_{\Gamma}$ χ_{1}

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ٺ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
•	
this notif statemen maintain	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to
this notif statemen maintain comply w	·

Perc Dry Cleaners Form - General Information

<u>Fac</u>	ility Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
C	THE Capital, INC. DIBLA ONE PHICE DRY CLEANING Site Name (For example, store name or number):
2.	Site Name (For example, store name or number):
	ONE Price Dry Cleaning
3.	Hazardous Waste Generator Identification Number:
4.	Street Address: 1040 / Southern DIVO,
	City Royal Palm Beach County: Palm Beach Zip Code: 33411
_	000000
	sponsible Official 0990010
	Responsible Official Mailing Address: Sance as bus. Address
0	Responsible Official Mailing Address: Sance as bus. Address
	Street Address: 6174 Residential Residenti
	City: 7 / D / County: 7 / D / Zin Code: / Lon
	Organization/Firm) Street Address: 424 Brackenwood have City: Palm Beach Gardens County: Palm Beach Zip Code: 33418
7	Responsible Official Telephone Number:
	Telephone: $(561) 625 - 5229$ Fax: () -
Fac	cility Contact (If different from Responsible Official)
8.	Name and Title of Facility Contact (For example, store manager):
	Facility Contact Address: SAME AS Above
9.	Facility Contact Address: SAME 'AS ABOVE
	Street Address:
	City: County: Zip Code:
10.	Facility Contact Telephone Number:
	Telephone: $(561)625 - 5229$ Fax: () -

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Bureau of Air Monitoring & Mobile Sources

Perc Dry Cleaners Form - Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	10/3/93	10/3/93	#2	E	12/16/93	#3	1/3/92	R
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	6/4/94	16/14/9	4					
(2) w/ carbon adsorber		7,	7-7-7						
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

2. (a)	What was the total quantity of perchloroethy [137.6] gallons	lene (perc) purchased in the	e latest 12 months?
) If less than 12 months, how many? [] r Check why it is less than 12 months: New ow] Did not keep records: [
Ø WI (In	nat is the facility's source classification based dicate with an "X". Select one classification	on the definitions found in only.)	section (3) of Part II?
₽J	Existing small area source Existing large area source	New small area source New large area source	

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4. What control technology is required on machines pursuant to section (5) of Part II? (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 (2 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailmeduring 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:
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
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
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
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

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Perc Dry Cleaners Form - Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Rule 62-210.200, F.A.C., 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 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.

Signature

Date



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Ms. Janice Ann Jamil, President One Price Dry Cleaning 10451 Southern Boulevard Royal Palm Beach, Florida 33411

AIRS ID# 0990510

Do NOT Remove Label

Annual Reporting Period:	19	_ то	19
Based on each term or condition of the Title V generated and the Code (F.A.C.), of the Code (F.A.C.), of the Code (F.A.C.), of the Code (F.A.C.)		·	_
If NO, complete the following:			
#1. Term or condition of the general permit that has	s not been in continuous	compliance during the rep	orting period stated above:
Exact period of non-compliance: from		to	B _E 77
Action(s) taken to achieve compliance:			APR Mobil
Method used to demonstrate compliance:			APR 1 6 1998 Mobile Sources
#2. Term or condition of the general permit that has	s not been in continuous	compliance during the rep	orting period stated pove:
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 infinotification are true, accurate and complete. Further, in does not exceed 2,100 gallons per year for dry-to dry factorists. RESPONSIBLE OFFICIAL: Name (Please	ny annual consumption o ilities or 1,800 gallons pe	f perchloroethylene solvent, b	based upon purchase receipts,

^{*}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.



Department of Environmental Protection PR 10

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

0311882

TO: Holder of Title V Air General Permit

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

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

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

> Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32399-2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

Ms. Janice Ann Jamil, President One Price Dry Cleaning 10451 Southern Boulevard Royal Palm Beach, Florida 33411 AIRSID# 0990510

FOR GOVERNMENT USE ONLY Org.: 37550 01000 EO: B1 Fund: 20-2-035001

Оы.: 002273

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

2 5

TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:30 TIME OUT: 11:00	AIRS 10 990510
TYPE OF FACILITY: Dry Cleaning	- 1999-
PACILITY MAINE.	(earling 19 19 19-99
FACILITY LOCATION: 10451 Southern	BIVE MAIN MOTICES
RPB, FL 3341	PHONE NUMBER: 793-5800
RESPONSIBLE OFFICIAL: Tim & Jan Jami	PHONE NUMBER: 793-5800
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluate	
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
•	
-	
COMMENTS:	
	·
	• .
The state of the s	fied and submitted to the inspector. YEST NOW
The Annual Compliance Certification form has been properly certification.	>000
DATE OF NEXT INSTECTION.	pproximate) / 3
INSPECTION CONDUCTED BY: RV CV	rokshi.
INSPECTOR'S SIGNATURE: 2 V. Clocky	PHONE NUMBER: 355-3070
	Ext 1174
• •	- /

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISC	COVERY	0
AIRS ID#: 0990510 D	price?	Dry	Cleaning	ие оит: <u>//</u>	:00
FACILITY LOCATION:	DPB, R	PB,	ern Blud FL 3 PHONE: 79	! 33411 3-580	1
CONTACT NAME:		amil	PHONE:		
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·		***		·
(check appropriate box)					
1. New facility notified DARM	30 days prior to startup				
2. Facility failed to notify DARM	A to use general permit				
PART II: CLASSIFICATION					
<u> </u>	· ·	· · · ·	· · · · · · · · · · · · · · · · · · ·		
Facility indicated on notification (check appropriate box) A.	on form that it is:	<u> </u>	☐ No notification f☐ ☐ Drop store/out o		oleum
(check appropriate box)	te 🖸 2. I or dry tran bot	nsfer only, x h types, x <	Drop store/out o rea source x < 140 gal/yr < 200 gal/yr		oleum
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	2. In dry tran bot (co	-to-dry only only on the structed on the struc	Drop store/out o rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	f business/petr	oleum
(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 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	te	-to-dry only only on the structed on the struc	Drop store/out of trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	f business/petr	oleum
(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 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 goth types,	te	to-dry only insfer only, x h types, x < nstructed on New large a to-dry only insfer only, 2 h types, 140 instructed on New large and types, 140 instructed on New large and New large an	☐ Drop store/out of trea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91 rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91 ☐ Can not determination	f business/petr	oleum

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?

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

In Part II-A:

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

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

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

-				
В.	Has the responsible official of an existing large or new large area source also:			
١.	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?	ØK:	ИΠ	
2.	Measured and recorded the washer exhaust temperature at the condenser	_		
	inlet and outlet weekly?	ZY	ן אם	□N/A □N/A
	Is the temperature differential equal to or greater than 20° F?	ŹΥ	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?	ΠY	□N ,	ØN/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	עם א	DN/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	חח	DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	ΠY	ПΝ	ĮZN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	N/A
			-	• •

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

PART VI: LEAK DETECTION AND REPAIRS

ι.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?				
2.	Has the facility maintained a leak log?				
3.	Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves OY ON ON/A Muck cookers OY ON ON/A				
	Door gaskets and seating DY DN DN/A Stills DY DN DN/A				
	Filter gaskets and seating DY ON ON/A Exhaust dampers OY ON ON/A				
ĺ	Pumps OY ON ON/A Diverter valves OY ON ON/A				
	Solvent tanks and containers OY ON ON/A Cartridge filter housings OY ON ON/A				
	Water separators				
4.	Which method of detection is used by the responsible official?				
	Visual examination (condensed solvent on exterior surfaces)				
	Physical detection (airflow felt through gaskets)				
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector				
	If using direct-reading instrumentation, is the equipment:				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				
į	d. Kept in a clean and secure area when not in use?				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				

Responsible Official's Name
(Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

2-19-89

Date of Inspection

Feb 2000

Approximate Date of Next Inspection

ADD	DITIONAL SITE INFORMATION:
-	
1.	Secondary Containment for: Dry Cleaning Machine & Storage area [] [] Waste area Spotting area Sealed [] []
2.	Disposal of Water from Water Separator using approved evaporator []
	or contracted Wastewater service [][]
i i	di contracter mastewater service [] []
	Safoty Kleen picks lep the Waste When Called

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

BEST	AVAIL	ABLE	COPY
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YPE OF INSPECTION:	AMUAL 🛛	COV	IPLAINT/D	ISCOVERY	RE-I	NSPECTION
'IME IN: /: 00	TIME OUT:	/: ଶ		AIRS ID#:	0990510	
TYPE OF FACILITY: Dev	Cleaning			•		
ACILITY NAME: O~	e Peice Dey (DATE:_	2/18/00
ACILITY LOCATION:	· ·					/
•	Al Palm Beach,	FI				•
RESPONSIBLE OFFICIAL:	Tim Jamil		· · · · · · · · · · · · · · · · · · ·	_РНОИЕ ИИМВІ	ER: 793	<u>- 5800</u>
Based on the results of a compliance with DEP R				•	facility is foun	d to be in
Based on the results of a		ients evalua	ited during t	his inspection, the	following com	pliance
COMPLIANCE REQU	DREMENT/PROP	BLEM	FO	LLOW-UP AC	TIONREC	UIRED
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COMMENTS:			'	• .		
•			•			
The Annual Compliance Certific	ation form has been pro	perly certif	ied and subn	niked to the inspec	tor. YES	Mok
DATE OF NEXT INSPECTIO		Æ	5 2001		· · · · · · · · · · · · · · · · · · ·	
INSPECTION CONDUCTED	BY:		proximate) Esy Di	ze ic	• · ·	
INSECTION OF CLOSE TURE	^ ~		ease Print)	PHONE NIMBE	n: 355-3	?E11 IV 0708

PERCHLOROETHYLENE DRY CLEANERS

COMPLIANCE INSPECTION CHECKLIST

TITLE V GENERAL PERMIT

TYPE OF INSPECTION: ANNUAL X COMPLAINT/DISCOVERY RE-INSPECTION
FACILITY NAME: ON Perce Dev (GANIL)
FACILITY LOCATION: 10451 - Suthern Blud.
RPB, F1 33411
RESPONSIBLE OFFICIAL: Jim Jamil PHONE: 793 - 5800
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: ☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source \Box 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 both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) (constructed on or after $12/9/91$)
5. This is a correct facility classification
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 241 gallons. Feb 99 70 Feb 00

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) XY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? XY ON ON/A 2. Examining the containers for leakage? MO AM 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at Spin disk DY DN DNA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN XNA 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) MY DN 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 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 ANG NO YX condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated \mathbf{X} Y \square N condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MO YX verifying that the coolant had been completely charged?

<u></u>				
1	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?	¥);	ΠN	
2	2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΣΥ	ΠN	□N/A
	Is the temperature differential equal to or greater than 20° F?	βY	ПN	□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	ПΝ	X N/A
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ПΝ	M 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?	Пу	ПN	X ÍN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПИ	ANN A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	מם	AVA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	XIY ON
2. Maintained rolling monthly total of perc consumption?	X DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO Y
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם צי אל
4. Maintained calibration data? (for applicable direct reading instruments)	ANA KA NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	ANG NO YO
6. Maintained startup/shutdown/malfunction plan?	. X Y □N
7. Maintained deviation reports?	AND ND Y
Problem corrected?	אאם אם צו א
8. Maintained compliance plan, if applicable?	ох ои Х им

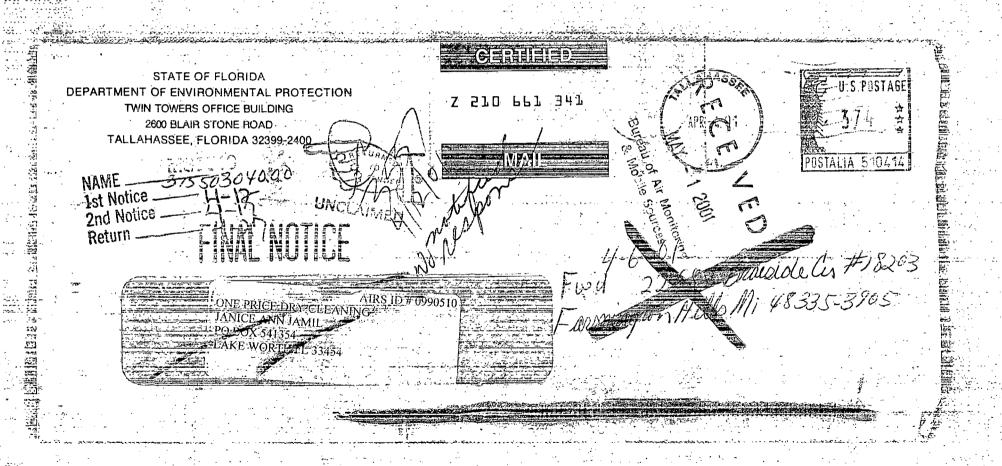
ADDITIONAL SITE INFORMATION:

			Yes	\mathcal{W})
1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	ĶΊ	I]
		Waste area	[X]	I]
		Spotting area Sealed	[X]	I]

- 2. Disposal of Water from Water Separator using approved evaporator [X] [] or contracted Wastewater service [X] []
 - A) SARty Kleen picks up the waste studge:
 - (B) STILL HAS AN INTERNAL LEAK. OWNER IS HAVING NEW Still installed in a day or two. Will sand excepts to our office.
 - (C) PREJIOUS RECOED KEEPINJ METHODS WELL 10930d
 in A phenix document. Recoed Keeping
 WAS POOR (NO CALENDAR YEAR OF COCUMENTS)
 but facility has begund to use DEP
 Compliance Calendar.

inspection?		•	YY ON
2. Has the facility maintained a leak log	,7	•	XY ON
3. Does the responsible official check the		ks?	XI GR
Hose connections, fittings, couplings, and valves	אוחם אם צאל	Muck cookers	חס עם אוא
Door gaskets and seating	XY ON ON/A	Stills	אואם אם צאל
Filter gaskets and seating	XIY ON ON/A	Exhaust dampers	DY DN DENIA
Pumps	XY ON ON/A	Diverter valves	AY ON ON/A
Solvent tanks and containers	אַע מעם אס אַע	Cartridge filter housings	AND NO Y
Water separators	XY ON ON/A		_
4. Which method of detection is used by	the responsible official?		•
Visual examination (condensed s	solvent on exterior surfac	es) -	×
Physical detection (airflow felt th	rough gaskets)		×
Odor (noticeable perc odor)			×
Use of direct-reading instruments	ation (FID/PID/calorimet	ric tubes)	Ki NA
Halogen leak detector			M NA
If using direct-reading instr	umentation, is the equip	oment:	N/A
a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	DY DN
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	מם עם
c. Inspected for leaks an	d obvious signs of wear o	on a weekly basis?	DY DN
d. Kept in a clean and se	cure area when not in use	e?	OY ON
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	מם עם
onsible Official's Name (Please Print)	2	Responsible Office	idl's Sign
Inspector's Name (Please Prin	t)	Date of Inspection	
Query Direk		Feb Zeel	•
Grispector's Signature	,	Approximate Date of N	ext Inspection

		ALITY GENERAL PERMIT- " N SUMMARY REPORT	
TYPE OF INSPECTION:	ANNUAL 🗹	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#:	990510
TYPE OF FACILITY:	Dry dearer	<u> </u>	
FACILITY NAME:	_ O'me Price	Dr. Cleoner	DATE: 12/27/00
FACILITY LOCATION:	10451	or them Blod	
	n,	I Pel Beach	
RESPONSIBLE OFFICIAL:	In Jemil.	PHONE NUMBER:	793 - 5800.
compliance with DEP Ru	le 62-213.300, Florida Adn e compliance requirements	evaluated during this inspection, the facility ninistrative Code (F.A.C.). evaluated during this inspection, the follow	
COMPLIANCE REQUI	REMENT/PROBLE	M FOLLOW-UP ACTION	REQUIRED
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OMMENTS:			
he Annual Compliance Certification	form has been properly cer	tified and submitted to the inspector.	YES NOT
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SPECTOR'S SIGNATURE:	h fre	Please Print) PHONE NUMBER: 35	5 3070



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☐ Complete items 1, 2, and 3, item 4 if Restricted Delivery ☐ Print your name and address so that we can return the can Attach this card to the back or on the front if space perr	is desired. s on the reverse and to you. of the mailpiece,	A. Received by (Please Print Signature X B. Is delivery address differer	☐ Agent
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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

37550301000 2529 18 MS#5510 BAMMS JOEY ROBERTS

P 174 052 136

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PO BOX 541354 LAKE WORTH FL 33454

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ANON MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990510

ONE PRICE DRY CLEANING JANICE ANN JAMIL PO BOX 541354 LAKE WORTH FL 33454 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390836

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

TOTAL AMOUNT DUE: \$50.00

MAIL ROOM

Do NOT Remove Label

AIRS ID # 0990510`

ONE PRICE DRY CLEANING JANICE ANN JAMIL PO BOX 541354 LAKE WORTH FL 33454

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

Z 333 613 725

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID# 0990510

J & J CAPITAL INC JANICE ANN JAMIL 424 BRACKENWOOD LANE PALM BEACH GARDENS FL 33418

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

1			
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	I also wish to receive following services extra fee): 1. Addresse 2. Restricted Consult postmast	(for an e's Address d Delivery
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102595-97-B-0179

PS Form **3811**, December 1994

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UNITED STATES POSTAL SERVICE



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

 \bullet Print your name, address, and ZIP Code in this box \bullet

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

Bureau of Air Monitoring & Mobile Sources

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	PS Form 3800, February 2	000	See Reverse for Instructions

	and the state of t
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0990510 ONE PRICE DRY*CLEANING JANICE ANN JAMILE 	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 92 bbs BRAFSIDE CIRTIBZO3 FARMINGTON HIIIS, MI 48335-3905
PO BOX 541354 LAKE WORTH FL 73454	3. Service Type Certified Mail
2. Article Number (Copy from service label) 1000 0600 0026 415	27.3650

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LAKE WORTH

Domestic Return Receipt



First-Class Mail Postage & Fees Paid USPS UNITED STATES POSTAL SERVICE Permit No. G-10 • Print your name, address, and ZIP Code in this box • DARM/MOBILE SOURCE CONTROL PROGRAM DEPT OF ENV PROTECTION MAIL STATION 5510 Bureau of Air Monitoring & Mobile Sources 2600 BLAIR STONE ROAD TALLAHASSEE FL 32399-2400 helleshhellshelleshaaddi Hadkadlal

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

Ms. Janice Ann Jamil, President One Price Dry Cleaning 10451 Southern Boulevard Royal Palm Beach, Florida 33411

AIRS TAH DAGASIA

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	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
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US Postal Service Receipt for Certified Mail

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AIRS ID 0990510

J & J CAPITAL INC JANICE ANN JAMIL 424 BRACKENWOOD LANE PALM BEACH GARDENS FL 33418

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96	■ Complete items 3, 4a, and 4l ■ Print your name and address		o that we	e can return this	extra fee).	
SENDER: Complete :tems 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 article was delivered. 3. Article Addressed to: AIRS ID # 0990510 ONE PRICE DRY CLEANING JANICE ANN JAMIL PO BOX 541354		e does not	1. Addressee's Address	<u>Ş</u> .		
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ပ္ခု	JANICE ANN JAMIL			Registere	Certified	<u>19</u>
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	LAKE WORTH FL 3	3454		7. Date of De		fo
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Z 570 PPT 5P3 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0990510 ONE PRICE DRY CLEANING JANICE ANN JAMIL PO BOX 541354 LAKE WORTH FL 33454 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

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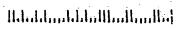
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