



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

February 3, 1998

Ms. Margaret De Jesus  
Farmer's Wash Bowl  
1200 South Congress Avenue  
West Palm Beach, Florida 33406

Re: Facility No.: 0990531

Dear Ms. De Jesus:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 12, 1998.

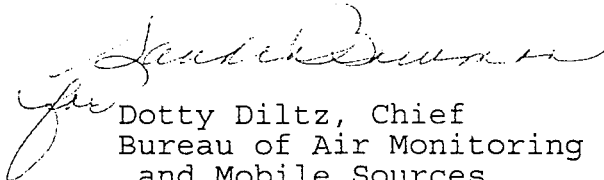
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

0990531

p13 4. add County

p15 a) Required. Should be marked.

(F) Required. Should be marked

p16 Responsible official sign and date  
for changes.

**Perchloroethylene Dry Cleaning Facility Notification**

Facility Name and Location

FARMER'S WASHBOWL

1.	Facility Owner/Company Name	(Name of corporation, agency, or individual owner):		
		De Jesus, MARGARET		
	2.	Site Name	(For example, plant name or number):	
		FARMER'S WASH BOWL		
	3.	Hazardous Waste Generator Identification Number:		
	4.	Facility Location:		
		Street Address:	SOUTH COMGRESS AVE.	
		City:	County:	Zip Code:
		1200	W.P.B.	FL 33406
	5.	Facility Identification Number (DEP Use):		
		0990531		

**Responsible Official**

6.	Name and Title of Responsible Official:	OWNER De Jesus, MARGARET		
	7.	Responsible Official Mailing Address:		
		Organization/Firm:	SAME	
		Street Address:		
		City:	County:	Zip Code:
	8.	Responsible Official Telephone Number:	(561) 499-9551 - BUSINESS	
		Telephone:	(561) 791-3893	Fax: ( ) HOME

**Facility Contact (If different from Responsible Official)**

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

**RECEIVED**

**JAN 12 1998**

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls		1988 (APPROXIMATELY)							
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									

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

(c) No control devices are required to be installed

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

60 gallons PER YEAR

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

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

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

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

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source.

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

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

**Equipment Monitoring and Recordkeeping Information**

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

(a) Purchase receipts and solvent purchases

Do not have it

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

NO - Do not have it (old machine)

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

NO

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

\_\_\_\_\_

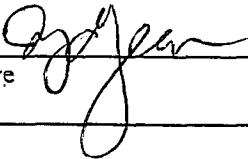
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

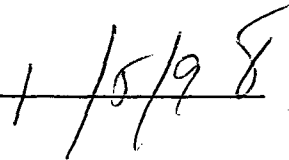
*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further,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

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

Signature



Date



✓

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:00 TIME OUT: 9:45 AIRS ID#: 0990531  
 TYPE OF FACILITY: Dry Cleaning  
 FACILITY NAME: Farmer's Washbowl DATE: 1-5-98  
 FACILITY LOCATION: 1200 S. Congress Ave  
WPB, FL 33406 439-9551  
 RESPONSIBLE OFFICIAL: Margaret DeJesus PHONE NUMBER: 735-3262

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
* Do not keep record keeping for Perc Purchase, leak log	Asked to keep Records. Gave them FDEP Calender & phenix form to keep records for Perc Purchase & leak.
* Need spotting area seal	Will provide information to FDEP
* Need secondary Containment for dry cleaning Machine & waste area	Cleanup Program. Will visit in 3 months to make sure you have done what we ask you to do it

COMMENTS:

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

DATE OF NEXT INSPECTION: ~~1-5-98~~ 4-1-98  
(Approximate)

INSPECTION CONDUCTED BY: ~~A. L. 98~~ R. V. Chokshi  
(Please Print)

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

input in Computer

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990531 DATE: 1-5-98 TIME IN: 9:00 TIME OUT: 9:45  
FACILITY NAME: Farmer's Washbowl  
FACILITY LOCATION: 1200 S. Congress Ave  
WPB, FL 33406  
RESPONSIBLE OFFICIAL: Margaret DeJesus PHONE: 439-9551  
CONTACT NAME: \_\_\_\_\_ PHONE: 735-3262

PART I: NOTIFICATION

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)  No notification form *Helped them fill out notification form*  
 Drop store/out of business/petroleum

A.

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons. *(Approximately) Do not have records*



**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased? *Asked to keep records & Log in*  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or; *Asked to keep records*  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? *do not document parts order & repaired parts*  Y  N  N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations? *Asked to monitor*  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan? *Asked to keep on site*  Y  N
7. Maintained deviation reports? *Asked to keep record what went wrong*  Y  N  N/A  
     Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

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

2. Has the facility maintained a leak log? *Asked to keep records*  Y  N

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

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

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

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  *N/A*
- Halogen leak detector   *N/A*

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

*[Signature]*  
~~R.V. Chokshi~~

Responsible Official's Name  
(Please Print)

*R.V. Chokshi*  
Inspector's Name (Please Print)

*[Signature]*  
Inspector's Signature

MARGARET De Jesus

*[Signature]*  
Responsible Official's Signature

*1-5-98*  
Date of Inspection

*1-5-99*  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

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

\* need spotting area sealed as soon as possible

\* Asked to build secondary Containment around dry cleaning machine and asked to keep waste in secondary Containments.

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

1. Very poor Record keeping

A. Asked to keep Record for Perc Purchase

B. Asked to keep Records for leak detection and problems corrected.

C. Asked to keep start up/shut down Manual on site and keep it for readily available

2. provided Phoenix Sample sheet to keep Record keeping. Also Gave him FDEP sample form for Record keeping to Margaret

3. Explained record keeping in detail to Margaret and her brother (I do not know his name)

4. Waste water was not properly collected. They use unstable plastic bottle to collect waste water

5. They were asked to put Label on waste Cans etc

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:30 am TIME OUT: 10:10 am AIRS  099053j  
 TYPE OF FACILITY: Dry Cleaning  
 FACILITY NAME: Farmer's Washball  
 FACILITY LOCATION: 1200 S. Congress Ave.  
 West Palm Beach, FL  
 RESPONSIBLE OFFICIAL: Scott Tillem PHONE NUMBER: 735-3262

RECEIVED  
 DEP 12/23/99  
 Bureau of Air Monitoring  
 & Mobile Sources

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Facility owner states that they no longer use Perc dry cleaning machine. Request they send DOH confirmation letter in 5 days. →	
no records for leak checks	-
no records for perc purchases	
Spottings Area not sealed	

COMMENTS: AS OF 1/7/00, our office has not received a letter stating that this facility will not use this dry cleaning machine. A formal notice to correct a violation has been prepared which states that either the facility produce a log of leak checks / perc receipts or provide our office a letter stating that their dry cleaning machine has been retired from service.

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

DATE OF NEXT INSPECTION: Will follow up in 5 working days 12/30/99 (Approximate)

INSPECTION CONDUCTED BY: Jeffrey Dizik (Please Print)

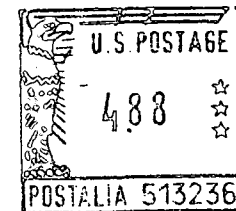
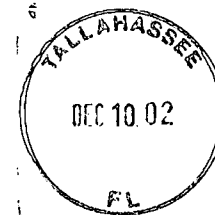
INSPECTOR'S SIGNATURE: Jeffrey Dizik PHONE NUMBER: 355-3070 XT 1139

STATE OF FLORIDA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 MS 5510-37550 304000  
 2600 BLAIR STONE ROAD  
 TALLAHASSEE FL 32399-2400

**CERTIFIED MAIL**



7000 0520 0020 9373 1692



5510

5521



- MOVED, LEFT NO ADDRESS
- FORWARDING ORDER EXPIRED
- ATTEMPTED—NOT KNOWN
- UNCLAIMED  REFUSED
- NO SUCH STREET
- NO SUCH NUMBER
- INSUFFICIENT ADDRESS
- NO MAIL RECEPTACLE
- TEMPORARILY AWAY
- VACANT

ROUTE NO. \_\_\_\_\_ DATE \_\_\_\_\_  
 CARE/INITIALS \_\_\_\_\_

**RECEIVED**  
 JAN 02 2002  
 Bureau of Air Monitoring  
 & Mobile Sources

*UUA*

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

7000 0520 0020 9373 1692



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

*Receipt 03*

**Total Post** 10 AIRS ID # 0990531001AG

**Recipient** MARGARET DE JESUS

**Street, Apt.** FARMERS WASHBOWL

**City, State,** 1200 S CONGRESS AVENUE  
 WEST PALM BEACH FL 33406

10 AIRS ID # 0990531001AG  
 MARGARET DE JESUS  
 FARMERS WASHBOWL  
 1200 S CONGRESS AVENUE  
 WEST PALM BEACH FL 33406

PLACE STICKER AT TOP OF ENVELOPE  
**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 0990531001AG  
MARGARET DE JESUS  
FARMERS WASHBOWL  
1200 S CONGRESS AVENUE  
WEST PALM BEACH FL 33406

700005200020 9373 1692

2. Article Number (Copy from service label) 1

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X

Agent  
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes