

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 3, 1996

Mr. Keith Warech President Warrickleen 8745 Southwest 57 Street Cooper City, Florida 33328

Dear Mr. Warech:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 1996.

Please note that in November 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

cc: Mr. John Coppola, Broward County

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

0112273

P.13

7. add org/firm name

8. add telephone number

P.14

3. new large area Source Should be marked

- P.15

4. new large r.c. Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
(WARRICK S, Inc. P/B/A WARRICKleen					
2.	Site Name (For example, plant name or number):					
	WARRICKleen					
3.	Hazardous Waste Generator Identification Number:					
	FLD 981.030 992					
4.	Facility Location: WARRICKleen					
	Street Address: 8820 ST. Rd. 84 City: DAVIE County: BROWARD Zip Code: 33324					
	City: DAVIE County: BROWARD Zip Code: 33324					
5.	Facility Identification Number (DEP Use): $0/12.273$					
	Responsible Official					
	No. and Title of December 11. Officials					
	Name and Title of Responsible Official:					
	Responsible Official Mailing Address: Keith WARECH					
7.	Responsible Official Mailing Address: Keith WARECH					
	Organization/Firm: Street Address: 8745 S.W. 57 TH ST.					
	City: Cooper City County: BROWARD Zip Code:					
	00000					
8.	Responsible Official Telephone Number:					
	Telephone: () - Fax: () -					
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
10.	Facility Contact Address:					
	Street Address:					
	City: County: Zip Code:					
11.	Facility Contact Telephone Number:					
	Telephone: () - Fax: () -					

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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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	lnstalled
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	٠٠,	/		:				· · · · · · · · · · · · · · · · · · ·	
(1) w/ ref. condenser	/	10/93	10/93						
(2) w/ carbon adsorber		1	1 / / / /						
(3) w/ no controls									
Washer Unit			45 A		•				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				,	1995			*. *	j¥
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			11.14 J. 14.4		•				
(10) w/ ref. condenser		_							
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are re quanti gallo hs, ho	equired to be ity of perchlons ow many? [_	installed [_ proethylene (] months	perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.)	ew sm	nall area sour	rce []	3) of	Part II?	
Existing large are	:a sou	arce [Ne	w lai	ge area sour	ce	l		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines pursuant to section (5) of Pa (Indicate with an "X".) 	art II of this notification form?					
Existing large area source Carbon adsorber						
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 to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units exemption criteria or that no such units exist on-site:						
boiler HP or less), and (2) are fired exclusively by natural gas except for period.	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 Inform	ation					
Check all logs which are required to be kept on-site in accordance with the requi	rements of this general permit:					
(a) Purchase receipts and solvent purchases						
(b) Leak detection inspection and repair	\checkmark					
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration monitoring						
(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)

lease indica	te 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 statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification. 8/35/96

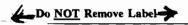
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECENTED

MAIL ROOM

JAN 24 97

TOTAL AMOUNT DUE: \$50.00



WARRICK S INC KEITH WARECH 8745 SW 57TH STREET COOPER CITY FL 33328 AIRS ID# 0112273

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

ОЫ.: 002273

TYPE OF INSPECTION: ANNUAL 🔀	COMPLAINT/DISCOVERY RE-INSPECTION
FACILITY NAME: Warrickleen	g - Perc. DATE: 100 AIRS ID#: 01/22 73 DATE: 34 , Dovie , Flaviola 33324
RESPONSIBLE OFFICIAL: KEITH WAREC	CH PHONE NUMBER (454) 473-0494
compliance with DEP Rule 62-213.300, Florida Adn Based on the results of the compliance requirements discrepancies were noted:	evaluated during this inspection, the following compliance
Tacility is in Complian	
	·
	- -
delivery: (8622 ST. RD.8	used for receiving and 34, Ft. handardole, F1. 33324
The Annual Compliance Certification form has been properly DATE OF NEXT INSPECTION:	\mathcal{L} certified and submitted to the inspector. YES $\overline{\mathcal{U}}$ NO $\overline{}}$
	(Approximate) VIAN OPRIS (Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (95'4) 519-1420
,	age 2 of 2. Revised 10/96

COM	PLAINT/DISCOVERY . RE-INSPECTION
TIME IN: 10:20 ME OUT: 12:00	
TYPE OF FACILITY: Dry Cleoning -	Perc.
FACILITY NAME: Warrick lee u	DATE:
FACILITY LOCATION: 8820 ST. R.D. 84	Donie, Flavida 33324
RESPONSIBLE OFFICIAL: KEITH WARECH	PHONE NUMBER (954) 473-0494
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated	ttive Code (F.A.C.).
discrepancies were noted:	and any map map map and map an
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Facility is in Compliance	
	•
delivery. (8622 ST. RD.84,	sed for receiving and Ft. Landardole, F1. 33324
The Annual Compliance Certification form has been properly certifi	ed and submitted to the inspector. YES V NO
DATE OF NEXT INSPECTION: June	1.5.0.0
INSPECTION CONDUCTED BY: OCTAVIA	Proximate) NOPRIS case Print)
	PHONE NUMBER: (954) 519-1420
Page 2	of 2. Revised 10/9

مر.

AIRS ID#: 01/2273

Acc

RECETVEDO

DRY CLEANER AIR QUALITY GÉNERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM JUL 2 1 1997

FACILITY NAME:	Warrickleen			Air Monitoring
FACILITY LOCATION: _	8820 ST,RD. 84			,
		·		
Annual Reporting Period:	Tune	19 <u>97</u> TO	Jeene	19 <i>JP</i>
	tion of the Title V general air perstrative Code (F.A.C.), during the			EP Rule
If NO, complete the following	g:			
#1. Term or condition of the	general permit that has not been	in continuous complian	nce during the reporting peri	od stated above:
	· .			
Exact period of non-complian	ace: from		to	
Action(s) taken to achieve co	mpliance:		· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate	compliance:			
#2. Term or condition of the	general permit that has not been	in continuous complia	nce during the reporting peri	od stated above:
		·		
Exact period of non-complian	ace: from	t	0	
Action(s) taken to achieve co	mpliance:			
Method used to demonstrate	compliance:			
made in this notification are	hereby certify, based on informat true, accurate and complete. Fu chase receipts, does not exceed 2 tion facilities.	rther, my annual consu	mption of perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL	L: KEITH WARE(Name (Please Print)	CH &	<u>W</u>	6-13-97
	Name (Flease Print)		Signature	Date

^{*}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.

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RECEIVEDO/10/9

DRY-GLENER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM JUL 2 1 1997

FACILITY NAME:	Warricaleen		Bureau of Ai & M ph ile	ESOUSES/12/97
	8820 ST.RD. 84	, Dovie,	Flaviolo 3332	
	~		~2	
Annual Reporting Period:	June	19 <u><i>97</i></u> TO _	June	19 <i>9P</i>
	on of the Title V general air peri rative Code (F.A.C.), during the	•	<u> </u>	DEP Rulc NO
If NO, complete the following	; ;			%
#1. Term or condition of the	general permit that has not been	-	nce during the reporting pe	
Exact period of non-complian	ce: from		ω	
Action(s) taken to achieve cor	npliance:			
Method used to demonstrate c	ompliance:			
#2. Term or condition of the	general permit that has not been	in continuous compliar	nce during the reporting pe	riod stated above:
Exact period of non-complian	ce: from	1	o	
Action(s) taken to achieve con	npliance:		···	
Method used to demonstrate c	ompliance:			
made in this notification are to upon rolling averages of purch year for transfer or combination	ereby certify, based on informaterie, accurate and complete. Fur hase receipts, does not exceed 2, on facilities. METH WARE(Name (Please Print)	ther, my annual consul 100 gallons per year fo	mption of perchloroethylen	ie solvent, based

*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.

Page 1 of 2.

PART U: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No nowleauon form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gallyr (cunster only, x < 100 gallyr both cypes, x < 140 gallyr (constructed before 1200gl)	2. New small area source dry-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr both types, x < 140 gallyr constructed on or latter (2/9/91)
3. Existing large area source \square dry-to-first only, (40 \le x \le 2,000 galsys transfer only, 200 \le x \le 1,300 galsys both types, (40 \le x \le 1,300 galsys (constructed before 12/9/91)	4. New large area source \square dry-to-dry only, $140 \le x \le 2 (00 \text{ gal/yr})$ transfer only, $100 \le x \le 1 300 \text{ gal/yr}$ both types, $140 \le x \le 1 300 \text{ gal/yr}$ exponstructed on or lifer 120991)
5. This is a correct facility classification	Ž TY □N □Cun not determine
□ facility exceeds above fin	neral permit as number above above
facility was 140 gallons	archased within the preceding 12 months by this 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-tarbon 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 I has been checked, no controls are required. Proceed to Part V:

If classification I 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). Curbon adsorber must have been installed prior to September 12, 1993

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

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

į	Equipped all machines with the appropriate vent controls?	, ⊐ Y	٦N	
2	Equipped dry-to-dry machines with a closed-loop virgor venting system?	⊒Y	ЫN	DMA
;	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	3 7	NC	DNIA
, -	Measured and recorded the temperature of the outlet exhaust stream of a reingerated condenser on a weekly/bi-weekly basis?	ΒY	⊒N:	
5	Repaired or adjusted the equipment within 14 hours of the exhaust temperature of the condenser exceeded 45° F°	ΒY	JN	DN 4
7	Conducted all temperature monitoring lifter in appropriate cooldown period and after verifying that the coolant had been completely charged?	ÞΥ	:Z:Xi	

В.	Has the responsible official of an existing large or new large area source also:			1
ι.	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?	ΥD	ИŪ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ЭY	IJИ	AWE
	is the temperature differential equal to or greater than 20° F?	ŪΫ́	ИC	AWE
5.	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?	QΥ	ЫN	DMA :
	(s the perc concentration equal to or less than 100 ppm?	IJΥ	ÜΝ	AME.
۲.	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?	ŌΥ	ひに	⊒WA ±
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ЭΥ	コと	AME
ó	Routed aurillow to the carbon adsorber (if used) at all times?	ūΥ	.JV.	DWA .

PART V: RECORDICEPTING REQUIREMENTS Has the responsible official: (check appropriate boxes) MC YES 1. Maintained receipts for perc purchased? NE YE 1. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: AINC NO YE i. documentation of leaks repaired with 24 hrs? or: b. documentation of parts ordered to repair leak and leak repaired with 2 days. YIND NO JULY and parts installed whin 3 days of receiot? YIME NE LE 4. Maintained calibration data? Ifor poplicable acres reading instruments of DY DM ZWA 5 Maintained exhaust fact monitoring data on perc concentrations? MC AK 5 Maintained startup/shutdown/malfunction plan? MANCHINE AK 7 Maintained deviation reports? AND NO YO Problem corrected? Y DN XWY 3 Maintained compliance plan, d'applicable?

ι.	Does the responsible official conduct a	veekly (for small sources, b	(-weekly) leak detection ar	id repair
	inspection?	BEST AVAILABLE CO		DA □N
2.	Has the facility maintained a leak log?		. agreement	AZY □N
Ĵ.	Does the responsible official check the f	ollowing areas for leaks?	•	
	Hose connections, fittings, couplings, and valves	אַע אַ אַער ארי	Muck cookers	AND ND YA
	Ooor gaskets and seating	BY ON ONA	Sulls	אואם אם אפל
	Filter gaskets and seating	אואם אם אל	Exhaust dampers	אואלי אם צב
	. Pumos	AND ND AM	Diverter valves	DY DN ANY
	Solvent tanks and containers	אואם אם אוציי	Carridge filter housings	אוא אום אם
	Water separators	AND ND YX		:
÷	Which method of detection is used by the	s responsible official"	•	. !
	Visual examination (condensed so	olvent on exterior surfaces)		. ≯
	Physical detection (airflow felt thr	ough gaskers)	•	7 ^s
	Odor (nouceable perc odor)			\(\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\B
	Use of direct-reading instruments	uon (FD/P(D/calonmetic	(ubes)	A.
	Halogen leak detector			3 0
	If using direct-reading instr	umentation, is the equipm	en(:	*N/A
	2. Capable of detecting p	perc vapor concentrations in	ria ranke och-100 bbw ,	AC AC
	6 Catibrated against a s (PD/FD only)?	tandard gas prior to and tut	er each use	אם צב
	c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	אם אם
	d. Kept in a clean and so	ecure area when not in use?		NC YC.
	s. Venified for accuracy	by use of auplicate samples	$(caloraneous only)^{\alpha}$	UY DK

OCTAVIAN OPRIS

inspecial Signature

PERCY OROETHYLENE DRY CLE TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

LAUNVAL

Ø,

COMPLAINT/DISCOVERY of Air Monitoring

& Mobile Sources

RE-INSPECTIO	м О	& Mobile Sources
AIRS ID#: 01/2273 DATE: 06/13 FACILITY NAME: Warricaleer FACILITY LOCATION: 8820 ST. R		
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		a
2. New facility notified DARM 30 days prior to star	Tuo	
3. Facility failed to notify DARM to use general per		
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 gallyr transfer only, x<200 gallyr both types, x<140 gallyr (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)	À
3. Existing large area source dry-to-dry only, 140 <x<2, \$2="" (constructed="" 100="" 140<x<1,300="" 200<x<1,800="" 9="" 91)="" a="" before="" both="" classification<="" correct="" facility="" gal="" is="" only,="" td="" this="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9!)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9!)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
If no, please check the appropriate classification:		
	s not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) per facility was 140 gallons.	urchased within the preceding 12 months	by this dry cleaning

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? MY ON 2. Examining the containers for leakage? AY ON 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? **V**Y DN 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY ON DINA PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I has been checked, ao 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? AY DN

MY ON ONA

DY DN MNA

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

verifying that the coolant had been completely charged?

condenser upon opening the door?

condenser on a weekly basis?

conductive exceeded 45° F?

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

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The second secon	
B. Has the responsible official an existing large or new large area source 1:	
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?	מץ מא יי
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QY QN
Is the temperature differential equal to or greater than 20° F?	OY ON
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?	OY ON ONA
Is the perc concentration equal to or less than 100 ppm?	OY OX
4. Assured that the sampling port on the carbon adsorber exhaust for measuring pero 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?	מע פע
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	GY GN GN/Y
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ONA
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
·	Ri On
(check appropriate boxes)	ру Ой Дй Ой
(check appropriate boxes) 1. Maintained receipts for perc purchased?	
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
(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:	MY ON
(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	AY ON
(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 and parts installed w/in 5 days of receipt?	OY ON KWY OY ON OY ON
(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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only)	DY ON
(check appropriate boxes) 1. Maintained receipts for pere purchased? 2. Maintained rolling monthly averages of pere 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 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 pere concentrations?	0
(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 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?	AY ON OY ON ANY OY ON AY ON AY ON
(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 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?	AY ON AY ON AY ON AY ON AY ON AY ON
 (check appropriate boxes) Maintained receipts for pere purchased? Maintained rolling monthly averages of pere consumption? 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? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on pere concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable? 	54 04 54 04 54 04 54 04 54 04 54 04
 (check appropriate boxes) Maintained receipts for pere purchased? Maintained rolling monthly averages of pere consumption? Maintained leak detection inspection and repair reports for the following: documentation of leaks repaired w/in 24 hrs? or. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on pere concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	54 04 54 04 54 04 54 04 54 04 54 04

BEST AVAILABLE COPY 2. Which method of detection, is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Ó 4 Odor (noticeable perc odor) OXN/A Use of direct-reading instrumentation (FID/PID/calorimetric tubes) If using direct-reading instrumentation, is the equipment: 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)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY UN e. Verified for accuracy by use of duplicate samples (calorimetric only)? ND YD 3. Has the facility maintained a leak log? UY UN 4. Does the responsible official check the following areas for leaks? Hose connections, fittings, Y. άΥ couplings, and vaives \square N Muck cookers ИD Door gaskets and seating **G**YY ďΥ ИΩ Stills ΩN der Filter gaskets and seating ИΩ Exhaust dampers QY ONXW. \mathcal{L}_{Y} Pumps ПИ Diverter valves QΥ DNXV YY. Solvent tanks and containers Cartridge filter housings XY. ПΝ ИП МY Water separators ПN

Name of Responsible Official	
OCTAVIAN OPRIS	06/13/97
Inspector's Name (Please Print)	Date of Inspection
- 13 A.	June 98
Inspector's Signature	Approximate Date of Next Inspection

DRY	CLEAN	VER AIR	QUALITY	GENERAL	PERMIT
	T A TETATALA	COMPLI	ANCE CEDT	TETCATION E	ODM

ANNUAL COMPLIANCE CERTIFICATION FORM
WARRICK S INC KEITH WARECH 8745 SW 57TH STREET COOPER CITY FL 33328 Do NOT Remove Label
Annual Reporting Period:
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during 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 information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: Keith Warech Suth Would 2/94/98 Name (Please Print) Signature Date

^{*}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.

TIME IN: 11:00 TIME OUT: 12:00	AIRS 10#: 042273
TYPE OF FACILITY: Dry Cleoning -	lace.
FACILITY NAME: Warricalegy	OATE:
FACILITY LOCATION: 7820 SS. Rul. 84	
Dovie, Florida	
RESPONSIBLE OFFICIAL: KEITH WARECH	PHOME NUMBER (954) 473-0494
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213,300. Florida Administrative Based on the results of the compliance requirements evaluated discrepancies were noted:	re Code (F.A.C.). BEST AVAILABLE COPY
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Facility is in Compliance	P
	AND TALL 199 ED
	Sure May 2 1 V ED
	CS TOP
COMMENTS	
The Annual Compliance Commission form has been properly commisse	t and submittee to the inspector YESIX NOI
DATE OF NEXT INSPECTION: And	1999 (avimate)
INSPECTION CONDUCTED BY: OCTAVIA	N OPRIS
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (954) 519-1420
Page 2	of Z

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#0112273

WARRICK S INC KEITH WARECH 8745 SW 57TH STREET COOPER CITY FL 33328 303856

RECEIVED RAIL ROOM

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

ON 22730 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: War	rich Leen		DAI	E: 04/10/98
FACILITY LOCATION: 78	20 St. Rol	84		
Don	ñe Flavia	la 33324		
Annual Reporting Period:	and	19 97 TO	April	1998
Based on each term or condition of the 62-213,300, Florida Administrative Coo	- ,		-	DEP Rille NO
If NO, complete the following:				۵
#1. Term or condition of the general pe	ermic that has not been in	n continuous complia	nce during the reporting po	ence stated above:
			· · · · · · · · · · · · · · · · · · ·	4 S/
Exact period of non-compliance: from			10	147 L
Action(s) taken to achieve compliance:			No.	1 19g \
Method used to demonstrate compliance	e:		·	Sources of the
=2. Term or condition of the general pe	ermut that has not been to	n conunuous complia	nce during the reporting pe	eriod stated above:
Exact period of non-compliance: from	-		ю	
Action(s) taken to achieve compliance:				
Method used to demonstrate complianc	e:			
As the responsible official, I hereby ceremode in this notification are true, accumpon purchase receipts, does not exceed to more indication facilities. RESPONSIBLE OFFICIAL:	rate and complete. Furt d 1,100 gallons per year	her, my annual consu	imption of perchloroethyle	ne solvent, based

*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.

Page 1 of 2

	√ _
PERCHLOROETH	IYLENE DRY CLEANERS RE
	GENERAL PERMIT INSPECTION CHECKLIST
COMPLIANCE	MSFECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCONERY 1990
RE-INSPECTIO	AYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST COMPLAINT/DISCOVERY Mobile of Monitorial Controls ON COMPLAINT/DISCOVERY Mobile of Monitorial Controls ON COMPLAINT/DISCOVERY Mobile of Monitorial Controls ON COMPLAINT/DISCOVERY MODITORIAL CONTROLS ON C
AIRS ID#: 0112273 DATE: 5/24/9	9 TIME IN: 11:35 Am TIME OUT: 10:15 12m
FACILITY NAME: Wanickleen	
FACILITY LOCATION: 8930 St. R.	d. 84
Davie, Flori	da 33324
RESPONSIBLE OFFICIAL: Keith Wo	nechPHONE: <u>C954</u>) 473-0494
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit 🔲
PART II: CLASSIFICATION	To.
Facility indicated on notification form that it is:	□ No notification form
(check appropriate box) A.	☐ Drop storc/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source
transfer only, $x < 200 \text{ gal/yr}$	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	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
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	₩ □N □Can not determine
If no, please check the appropriate classific	II
	neral permit as number above nits and is not eligible for a general permit
, , , , , , , , , , , , , , , , , , ,	·
B. The total quantity of perchloroethylene (perc) pr	. 1 1 1.1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYNA 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) DY DN 1. Equipped all machines with the appropriate vent controls? DY 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 condenser upon opening the door? DY DN DNA 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? OY ON ONA 6. Conducted all temperature monitoring after an appropriate cooldown period and after

PART III: GENERAL CONTROL REQUIREMENTS

DY DN

verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	NO AC
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	QY GN ON/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?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	אנם אם צם A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	OY ON WONIA
Problem corrected?	AMO NO YO
8. Maintained compliance plan, if applicable?	אס אם צם A

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	ON ON/A ON/A ON/A
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 Door gaskets and seating DY ON ON/A Stills Filter gaskets and seating DY ON ON/A Exhaust dampers DY ON	⊃N □N/A
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 Door gaskets and seating DY DN DN/A Stills Filter gaskets and seating DY DN DN/A Exhaust dampers DY DN	ON/A
3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y ON ON/A Stills Filter gaskets and seating Y ON ON/A Exhaust dampers	□n/a
Hose connections, fittings, couplings, and valves Dy DN DN/A Muck cookers Dy DN DN/A Stills Filter gaskets and seating DY DN DN/A Exhaust dampers DY DN	
couplings, and valves Dy DN DN/A Muck cookers Dy DN Door gaskets and seating Dy DN Filter gaskets and seating DY DN DN/A Exhaust dampers DY DN	
Filter gaskets and seating DY ON ON/A Exhaust dampers DY ON	ON/A ON/A ON/A
	ON/A
Primare Disparent Value Disparent Value Disparent Value	□N/A
rumps Diverter varves with the	
Solvent tanks and containers DY ON ON/A Cartridge filter housings OY ON	□N/A
Water separators OY ON ON/A	
4. Which method of detection is used by the responsible official?	<i>'</i>
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?	
d. Kept in a clean and secure area when not in use?	
c. Verified for accuracy by use of duplicate samples (calorimetric only)?	
	•

Elizabeth F. Susky Inspector's Name (Please Print)	5/24/99
Inspector's Name (Please Print)	Date of Inspection
Elizabeth K. Ausly	5/24/00
Inspector's Signature	Approximate Date of Next Inspection
	•

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME:	Varrickleen .		DATE: 5/24/99		
FACILITY LOCATION:	BB20 St. Rd. 84				
	Bao St. Rd. 84 Davie, Florida 33321				
Annual Reporting Period:	Apie	19 9 8 TO <u>Apu</u>	<u>L</u> 19 99		
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.					
If NO, complete the following:					
≠1. Term or condition of the g	eneral permit that has not been in con	tinuous compliance during	the reporting period stated above:		
Exact period of non-compliance	e: from	to			
Action(s) taken to achieve com	pliance:		·		
Method used to demonstrate co	mpliance:				
≠2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:					
Exact period of non-compliance	e: from	to			
Action(s) taken to achieve com	pliance:				
Method used to demonstrate co	mpliance:				
made in this notification are tr	reby certify, based on information and ue, accurate and complete. Further, to exceed 2,100 gallons per year for a KEITH WARECT	my annual consumption of p dry-to dry facilities or 1,800	perchloroethylene solvent, based O gallons per year for transfer or 5/04/99		

*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.

Page _j__ of ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

a

aucess
U

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

EID COLORDOGO

	PLU 481(130472 -	
AIRS ID#: 0[12273 DATE: 06/08	TIME IN: 11:07an TIME OUT: 11:45an	_
FACILITY NAME: Wilconick loom	70	_
FACILITY LOCATION: 8800 St. R.		-
	33324	-
RESPONSIBLE OFFICIAL: Keith MC	mech PHONE: (954) 473-0494	-1
	PHONE:PHONE:)
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	urtup	
2. Facility failed to notify DARM to use general po	ermit	
PART II: CLASSIFICATION		
Control diseased as all the first of the state		
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum	j
-		
(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	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	
(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 both types, 140 \le x \le 1,800 gal/yr	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 both types, 140 ≤ x ≤ 1,800 gal/yr	
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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ge facility exceeds above line	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) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	

(check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? Y ON ON/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 DY DN EN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DXX/A 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) DY DN 1. Equipped all machines with the appropriate vent controls? DY DN DN/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 OY ON ON/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? OY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A	
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A	١.
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?	OY ON ON/A	
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	OY ON ON/A	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A	L.
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 total of perc consumption? NO Heaks 3. Maintained leak detection inspection and repair reports for the following: POT OF BOOD 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 DN GN/A and parts installed w/in 5 days of receipt? DY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY - ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? ON YES 6. Maintained startup/shutdown/malfunction plan? DY DN WN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY ON ON/A 8. Maintained compliance plan, if applicable?

Pλ	ART VI: LEAK DETECTION AND I	REPAIRS		
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?			מם אם
2.	Has the facility maintained a leak log?			NO YO
3.	Does the responsible official check the	following areas for leaks	?	
	Hose connections, fittings,			
	couplings, and valves	DY ON ON/A	Muck cookers	CHÝ ON ON/A
	Door gaskets and seating	MY ON ON/A	Stills ·	DY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	OY/ON ON/A	Cartridge filter housings	DY DN DNA
	Water separators	AVO NO YA		
4.	Which method of detection is used by the	he responsible official?		
	Visual examination (condensed so	olvent on exterior surface	es)	
	Physical detection (airflow felt the	rough gaskets)		
	Odor (noticeable perc odor)			a
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)	
Halogen leak detector				0
If using direct-reading instrumentation, is the equipment:				
a. Capable of detecting pere 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)?				OY ON
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			□Ү □И
	•	_		OY ON
	 d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? 			OY ON
		,		
	Elizabeth F. Susky		06/08/00	
	Inspector's Name (Please Prin	nt)	Date of Insper	ction
	Phaleth F. Dusty 06/08/01			
	Inspector's Signature		Approximate Date of I	Next Inspection

DAG My

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Norrickleen D	ATE: 06/08/00
·	,
FACILITY LOCATION: 98205t. BO84 Davie, FL 33324	
Annual Reporting Period: June 1969 TO June	20 <u>00</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance wit	h DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	\square NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting p	period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting p	period stated above:
Exact period of non-compliance: fromtoto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, to in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene so purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	lvent, based upon

^{*}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.

°Z 333 613 580 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID 0112273 WARRICK S INC KEITH WARECH 8745 SW 57TH STREET COOPER CITY FL 33328 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

	Fold at line over top of envelope to	2			J
se 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.	I also wish to reco following services extra fee):	(for an	ان	
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	1. Addresse	<u> </u>	<u> </u>	
‡	Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date		2. Restricted Delivery		2
9	delivered.	• 1	Consult postmast	er for fee.	5
completed	3. Article Addressed to: AIRS ID 0112273	4a. Article N	umber 3-6/3-58	<u> </u>	2
ם	WARRICK S INC	4b. Service	Туре	E Certified K	3
	KEITH WARECH 8745 SW 57TH STREET	☐ Registere	ed		
SS	COOPER CITY FL 33328	☐ Express	Mail	Insured is	<u>"</u> \
DDRESS		☐ Return Re	ceipt for Merchandise		7
		Z. Date of De	elivery	<u> </u>	2 }
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s your [6. Signature (Addressee or Agent) X				
(PS Form 3811 , December 1994		Domestic Retu	ırn Receipt	-



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Warrick, Inc.
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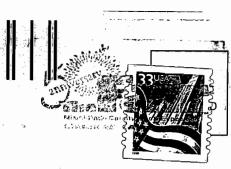
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2. Article Number (Copy from service label) 1023	4. Restricted Delivery? (Extra Fee) ☐ Yes 70000600 41299990
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