

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 17, 1997

Mr. Jeffrey P. Hawkins Affordable Dry Cleaning 349 South Main Street Belle Glade, Florida 33430

Facility No.: 0990518

Dear Mr. Hawkins:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 25, 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, 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,

 ψ 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"

Perchloroethylene Dry Cleaning Facility Notification E C E I V E D

Facility Name and Location

SEP 2 5 1997

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Bureau of Air Monitoring & Mobile Sources

Jeffrey P. Hawkins

2. Site Name (For example, plant name or number):

Affordable Dry Cleaning

3. Hazardous Waste Generator Identification Number:

4. Facility Location: Affordable Dry Cleaning

Street Address:

349 South Main St.
County: Palm Beach Zip Code: 33430 City: Belle Glade

5. Facility Identification Number (DEP Use):

Zip Code: 33430

Responsible Official

6. Name and Title of Responsible Official:

Jeffrey P. Hawkins - President/Owner

7. Responsible Official Mailing Address:

City: Belle Glade

Organization/Firm: Affordable Dry Cleaning

Street Address: 349 S. Main St.

Fax: (561)996 - 0429

Responsible Official Telephone Number:

Telephone: (561) 996 - 0411

Facility Contact (If different from Responsible Official)

County: Palm Beach

9. Name and Title of Facility Contact (For example, plant manager):

Same as responsible official - Jeffrey P. Hawkins

10. Facility Contact Address: Affordable Dry Cleaning

Street Address: 349 S. Main St.

City:Belle Glade Zip Code: 33430 CountyPalm Beach

11. Facility Contact Telephone Number:

Telephone: Fax: (561) 996 - 0429 (₅₆₁) 996 - 4333

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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#0990518

	Affordable Dry Cleaning
	Spoke with Jeffrey Hawkins - 10/15/97 - plans to open Nov 1st - based on previous
,	Nov. 132 - Cased on Previous owner's perc purchases, will be under 140 gal/yr.
P.14	1.(a) add date control device installed, mark out "N/A" 1.(c) mark out "X" and initial
+ 15	1.(c) mark out "X" and initial
<u> </u>	5.(c) required, add "X"
,	:

Facility Information

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 Example 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		03-OCT-93 9/25/97		#2	Machine Initially Purchased 08-DEC-91	Control Device Installed	#3	Machine Initially Purchased 02-MAR-92	Control Device Installed
Example 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	# <i>I</i>	Purchased 03-OCT-93 9/25/97	Installed 12-NOV-93		Purchased			Purchased	Installed
Example 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	#]	03-OCT-93 9/25/97	12-NOV-93			Installed			
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		9/25/97		#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
(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	#1		N/A			1			
(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	#1		N/A					1	
(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									
Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser		27/4							
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser		27/4	_						
(5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser		27 / 1			•	··-			
(6) w/ no controls Dryer Unit - (7) w/ ref. condenser		_N/A							
Dryer Unit - (7) w/ ref. condenser									
(7) w/ ref. condenser									
									<u> </u>
(8) w/ carbon adsorber		N/A							
		-1/							
(9) w/ no controls									
Reclaimer Unit						· :			
(10) w/ ref. condenser		27 / 4							
(11) w/carbon adsorber		N/A							
(12) w/ no controls									
(b) Control devices are (c) No control devices a 2.(a) What was the total q [N/A]; (b) If less than 12 montrol check why it is less	are re quanti gallo hs, ho	equired to be ty of perchlo ns ow many? [installed [X perc)	_] purchased in				
3. What is the facility's sou (Indicate with an "X". S Existing small are	Select	one classific	cation only.)		nitions found	·		Part II?	
Existing large are									

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required (Indicate with an "X".)	ired on machines	pursuant to section (5)	of Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condense	er []
New small area source Refrigerated condenser	<u>X</u>) -	
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 the such that the such t	that all steam and	d hot water generating t	e to use the general permit pursuant units on-site meet the following
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by n	atural gas except for pe	riods of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt	_X	
•			
Equipm	ent Monitoring a	and Recordkeeping In	ormation .
		-	requirements of this general permit:
	•	in accordance with the	•
(a) Purchase receipts and solvent pe			[<u>X</u>]
(b) Leak detection inspection and r	epair		[_X_]
Refrigerated condenser tempera	ture monitoring		
(d) Carbon adsorber exhaust perc c	oncentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	n plan		[X]

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)				
[<u>X</u>]	No air permits currently exist for the operation of the facility indicated in this notification form.				
Responsible Official Certification					
	Responsible Official Certification				
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.				
this notifi statement maintain comply w	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that th s 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				

Effective: 6-25-96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:45 TIME OUT: 10:3	30 AIRS ID#: 0990518
TYPE OF FACILITY: Doy Clean	
FACILITY NAME: Affordable Do	y cleaners DATE: 1-22-98
FACILITY LOCATION: 349 South	Main St.
Delle Colade	FL 33430
RESPONSIBLE OFFICIAL: Jeff Hawkins	PHONE NUMBER: <u>796-4333</u>
Based on the results of the compliance requirements evaluat	· · · · · · · · · · · · · · · · · · ·
compliance with DEP Rule 62-213.300, Florida Administrate Based on the results of the compliance requirements evaluate	
discrepancies were noted:	ed dating and hispection, are following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	
·	
and the state of t	
	
COMMENTS:	·
COMMENTS:	•
The Annual Compliance Certification form has been properly certified	d and submitted to the inspector. YES NOT
DATE OF NEXT INSPECTION: /- Z	2-99
	roximate)
INSPECTION CONDUCTED BY:	se Print)
INSPECTOR'S SIGNATURE Q.V. Choksh	PHONE NUMBER: 355-3070

DRY CLE	EANER AIR QUALITY GEI	3 NERAL PERMIT	02764
_1	UAL COMPLIANCE CERTIFIC		
RECEIVE FEB 1 9 1998 Bureau of Air Monitor & Mobile Sources	AIRS ID#09909 JEFFREY P HAWKINS JEFFREY HAWKINS 349 SOUTH MAIN STREE BELLE GLADE FL 33430	518	RECEIVED MAIL ROOM
1998 Monit	Do NOT Remove Label		
Annial Reporting Period:	19 <i>91</i> то	March !	<u> </u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	F	<u> </u>	EP Rule
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous compliance	e during the reporting peri	od stated above:
Exact period of non-compliance: from	1	to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit t	that has not been in continuous compliance	e during the reporting peri	od stated above:
Exact period of non-compliance: from	to	1	
Action(s) taken to achieve compliance:	· 		
Method used to demonstrate compliance: _			
As the responsible official, I hereby certify, base notification are true, accurate and complete. Fu does not exceed 2,100 gallons per year for dry-to	urther, my annual consumption of perchloro	ethylene solvent, based upon j	purchase receipts,
RESPONSIBLE OFFICIAL: <u>Je 7</u> Nam	of HAWKINS de (Please Print)	Signature	2/10/98 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARI	7 _	5	- []	
WCDW		- 1	. .	

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

	98 TIME IN: 9:45 TIME OUT: 10:30
FACILITY NAME: Attordable	e Dry cleaners
FACILITY LOCATION: 349 Se	outh Main 57
Belle (rlade, FL 33430
RESPONSIBLE OFFICIAL: Te H	19WKins PHONE: 996-4333
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility indtified DARM 30 days prior to state	rtup
2. Facility failed to notify DARM to use general per	rmit 🔲
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, x < 140 gal/yr (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	Y ON OCan not determine
	cation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pur facility was 30 gallons. Appro	archased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) A/M MC 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 DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS in Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 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 DN DN/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 DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?				
2. Maintained rolling monthly averages of perc consumption?				
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 hrs? or;	фу ои оила			
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	אַעם אם צב <i>א</i>			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ZN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	מאמב אם צם			
6. Maintained startup/shutdown/inalfunction plan?	MY DN'			
7. Maintained deviation reports?	AVA NO NO YE			
Problem corrected?	אואם אם צום			
8. Maintained compliance plan, if applicable?	באתם אם אם			

PART VI: LEAK DETECTION AND	REPAIRS			
1. Does the responsible official conduct	a weekly (for small sou	rces, bi-weekly) leak detection	on and repair	
inspection?			ND YD	
2. Has the facility maintained a leak log	g?		DY DN	
3. Does the responsible official check th	e following areas for lea	aks?		
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	אואס אם אם	
Door gaskets and seating	DY ON ONIA	Stills	DY ON ON/A	
Filter gaskets and seating	אואם אם אם	Exhaust dampers	OY ON DANA	
Pumps	אומם מם צום	Diverter valves	DY ON ON/A	
Solvent tanks and containers	DY ON ON/A	Cartridge filter housi	ngs DY ON ON/A	
Water separators	אואם אם צום			
4. Which method of detection is used by	the responsible official	? .		
Visual examination (condensed	solvent on exterior surf	aces)		
Physical detection (airflow felt	through gaskets)			
Odor (noticeable perc odor)			1/4	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector				
If using direct-reading ins	trumentation, is the eq	uipment:	M N/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? UY UN				
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
c. Inspected for leaks	and obvious signs of we	ar on a weekly basis?	DY DN	
d. Kept in a clean and	secure area when not in	ı use?	DY DN	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				
EFFRET HAWKINS				
ponsible Official's Nam	e -	Responsible Off:	icial'e Gianat	
(Please Print)		T OLL.	ur a brighat	
R.V. Chokshi	<i>,</i>	1-22	-95	
pector's Name (Please P	rint)	Date of Ir	spection	
2. V. Ch	-	1-22	_	
Inspector's Signature	App	roximate Date of	· /	
			-	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:15 TIME OUT: 10:5 TYPE OF FACILITY: DOY Cleaning FACILITY NAME: Affordable Do FACILITY LOCATION: 349 South M	sy cleaners DATE: 11-30-98
RESPONSIBLE OFFICIAL: Jeff Hawkins	PHONE NUMBER: 996-4333
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra Based on the results of the compliance requirements evalua discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	ted during this inspection, the facility is found to be in tive Code (F.A.C.).
•	RECEIVED
	Bureau of Air Monitoring
	& Mobile Sources
COMMENTS:	•
INSPECTION CONDUCTED BY: R.V. CI	pproximate) Please Print) PHONE NUMBER: 355-3070 Ext 1174

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

April

TYPE OF INSPECTION:

ANNUAL

R

COMPLAINT/DISCOVERY

AIRS ID#: 0990518 DATE: 11-30-98 TIME IN: 10: 15 TIME OUT: 10:55

FACILITY LOCATION: 349 South Mein ST

RE-INSPECTION

Belle glade, FL 33430

RESPONSIBLE OFFICIAL: Jett Hawkins PHONE: 996-4333

CONTACT NAME: _____PHONE: ____

RECEIVE

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

Bureau of Air Menitoring & Mobile Sources

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box)

- ×
- 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, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91)
- 5. This is a correct facility classification

- \square No notification form
- ☐ Drop store/out of business/petroleum

- 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
- 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
- Y DN DCan 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 31-7 gallons. 1998 WHO NOV 30, 1998

Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY 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 MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON ØN/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) 1. Equipped all machines with the appropriate vept controls? DY DN 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 DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated NO YO condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 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			
١	inlet and outlet weekly?	ΠV	ΠNI	□N/A
1	inici and outlet weekly:	u.	U !1	UN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΩΝ	□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	ΠN	□N/A
	Manual de organista de organ	— .	— !1	CIVA
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	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?	DV.	חאו	□N/A
	or expansion, and downstream from no other finer:	— ,	— 114	CIVA
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
٦.		Dv		
	condenser coils?	ЦY	UN	□N/A
			_	_
6.	Routed airflow to the carbon adsorber (if used) at all times?	\Box Y	ПΝ	□N/A
<u> </u>				

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	NO YES			
2. Maintained rolling monthly total of perc consumption?	ØY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON 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? 	Øy ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ØN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MIN/A			
6. Maintained startup/shutdown/malfunction plan?	ZY ON			
7. Maintained deviation reports?	OY ON DANA			
Problem corrected?	DY ON ON/A			
8. Maintained compliance plan, if applicable?	מואלץ אם צם			

PART VI: LEAK DETECTION AND REPAIRS

_					
ı.	Does the responsible official conduct	and repair			
	inspection?			DY ON	
2.	Has the facility maintained a leak log	?		ND Y	
3.	Does the responsible official check th	e following areas for leak	s?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON MINA	
	Door gaskets and seating	DY ON ON/A	Stills	אוחם אם צום	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY DN DN/A	
Ì	Pumps	AVO NO YO	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	AVA NO PA	Cartridge filter housings	S OY ON ON/A	
	Water separators	DY ON ON/A		1	
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surface	es)	N	
	Physical detection (airflow felt	through gaskets)		A	
	Odor (noticeable perc odor)				
	Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)	DNA	
	Halogen leak detector			D Y/A	
	If using direct-reading ins	trumentation, is the equ	ipment:	DINIA	
	a. Capable of detectin	g perc vapor concentration	ns in a range of 0-500 ppm?	מם עם	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON	
i	c. Inspected for leaks	and obvious signs of wear	r on a weekly basis?	אם אם	
	-	secure area when not in t		DY DN	
		cy by use of duplicate san	and a second of the second	אם אם	
		•	•		

Responsib	le Off:	icial's	Name
/// (P	lease	Print)	
<i>y</i>	R.V.	Cho	Kshi.
•	Inspector	's Name (Ple	ase Print)

TEFF Hawkpus Responsible Official's Signature

11-30-98
Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	_
Yes 1. Secondary Containment for: Dry Cleaning Machine & Storage area	,
Spotting area Sealed	[]
	•
2. Disposal of Water from Water Separator using approved evaporator 1	[]
or contracted Wastewater service	[]
Safety Kleen picks wither waste When owner Call	Σ:: -
Jacobs V II I Elem	
11) aste Mallogan on the Call	
Was C with same can	> .

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	CON	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: /: 30TIME OUT	3:00	AIRS ID	#: <u>0990518</u>
TYPE OF FACILITY: DEY CLEANING		·	
FACILITY NAME: AFFORDAble Dey	CLEANIN		DATE: 1/6/00
FACILITY LOCATION: 349 South N		ot	
Beile Glade, F			· .
RESPONSIBLE OFFICIAL: Jeff Hawkin	5 ·	PHONE NU	MBER: 996 - 0411
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Flo			the facility is found to be in
Based on the results of the compliance requi	rements evalua	ted during this inspection,	the following compliance
COMPLIANCE REQUIREMENT/PR	OBLEM	FOLLOW-UP	ACTION REQUIRED
· .			· .
	·		
· · · · · · · · · · · · · · · · · · ·			CE 9 FEB 9 Nobile
			Nonitor Sources
·			300
COMMENTS:			
The Annual Compliance Certification form has been p	roperly certifie	d and submitted to the insp	ector. YES NO
DATE OF NEXT INSPECTION:	7AN 2001	roximate)	
INSPECTION CONDUCTED BY:	Jeffrey I	Dizek See Print)	
INSPECTOR'S SIGNATURE:	Durit	PHONE NUM	BER: <u>355 - 3070 XT</u> 1139

PERCHLOROETHYLENE DRY.CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
AIRS ID#: 0790518 DATE: 1/6/00 TIME IN: 1:30 TIME OUT: 3:00 FACILITY NAME: AFFORDABLE DRY CLEANING
FACILITY LOCATION: 349 South Maid Steet Beile Giade FI
•
RESPONSIBLE OFFICIAL: Jeff Haukius phone: 996 - 0411 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: (check appropriate box) Drop store/out of business/petroleum
(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 both types, x < 140 gal/yr Check appropriate box) Drop store/out of business/petroleum 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
(check appropriate box) 1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)

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 ON ON/A				
2. Examining the containers for leakage?	MY ON ON/A				
3. Closing and securing machine doors except during loading/unloading?	MA □N				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	NY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON X 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	v.				
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser				
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mit prior to September 22, 1993	4				
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser				
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	s:				
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?	OY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after	DY DN				

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser lo on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	cated □Y □N
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?	OY ON ON/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) XY ON 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: YY 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 and parts installed w/in 5 days of receipt? MY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XNA DY DN XN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? XIY ON □Y □N **X**N/A 7. Maintained deviation reports? Problem corrected? XY ON ON/A □Y □N **X**N/A 8. Maintained compliance plan, if applicable?

ADDITIONAL SITE INFORMATION:

	·		Yes	NO
1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	[X]	[]
		Waste area	[X]	[]
	·	Spotting area Sealed	$[\times]$	[]

- 2. Disposal of Water from Water Separator using approved evaporator [] [X] or contracted Wastewater service []
 - (A) SARHY Kloen picks up the waste When called by the owner

	PART VI: LEAK DETECTION AND	REPAIRS			
	1. Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repair	
ľ	inspection?			XY ON	
	2. Has the facility maintained a leak log?			XY DN	,
	3. Does the responsible official check the	following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	∑ Y □N □N/A	Muck cookers	מי אם אם	N/A
	Door gaskets and seating	⊠Y □N □N/A	Stills	XY ON O	N/A
	Filter gaskets and seating	ŞXÝ □N □N/A	Exhaust dampers	מאל אם צם	N/A
	Pumps	MY ON ON/A	Diverter valves	XIY ON O	N/A
	Solvent tanks and containers	MY □N □N/A	Cartridge filter housings	ום אם צאק	N/A
	Water separators	XY ON ON/A			
	4. Which method of detection is used by t	he responsible official?			
	Visual examination (condensed se	olvent on exterior surface	es)	×	
	Physical detection (airflow felt th	rough gaskets)		½	
ĺ	Odor (noticeable perc odor)	· ·		₽	
1	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ric tubes)	≥ Na	
	Halogen leak detector			X 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?	□Y □N	
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	□Y □N	
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	□Y □N	
	d. Kept in a clean and se	ecure area when not in us	e?	□Y □N	
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	□Y □N	
_			-		
	Jeffrey Direk	•	Date of Inspection		
	Inspector's Name (Please Prin	it)	Date of Inspection		
-	Deyny Digit		TAN 2001 Approximate Date of 1	Next Inspection	— 1
	Just Hawken		1/6/2000	The map out of	-
	Source 14 aw ports		7 '		

BEST AVAILABLE COPY	INSPECTION :	SUMMARY REPORT	
TYPE OF INSPECTION:	• •/	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#: 5 9	96 518
TYPE OF FACILITY: D~	¿ Cleaning		
FACILITY NAME:	crombable Day	[leamily I	DATE: ///3/00
FACILITY LOCATION: 340	6/ade	tratt +	
RESPONSIBLE OFFICIAL:		PHONE NUMBER:	
Based on the results of the compliance with DEP Rule	compliance requirements eva 62-213.300, Florida Admini	aluated during this inspection, the facility strative Code (F.A.C.).	is found to be in
Based on the results of the discrepancies were noted:	compliance requirements eva	luated during this inspection, the following	g compliance
COMPLIANCE REQUI	REMENT/PROBLEM	FOLLOW-UP ACTION	REQUIRED
		Bureal 8	ECE
		of Air Mor Mobile Sou	THE REAL PROPERTY.
		Ces	i ·
	·		
	1 .		
OMMENTS:			
	·		
ne Annual Compliance Certification f	orm has been properly certific	ed and submitted to the inspector.	ES NO
ATE OF NEXT INSPECTION:	ylo I		
SPECTION CONDUCTED BY:	h Lielder	roximate)	
SPECTOR'S SIGNATURE:	h full (Plea	rise Print) PHONE NUMBER: 3TY	30 7.0
	Page	of .	Revised 10/2

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL RE-INSPECTIO	DN COMPLAIN I/DISCOVERY
AIRS ID#: 0940 Sty DATE: W3 100	TIME IN: TIME OUT:
FACILITY NAME: aprombable	Dy Cleaning
FACILITY LOCATION: 349	So, hair St
- Bel	le blake
RESPONSIBLE OFFICIAL: Jeff Howk	PHONE: 996 O44 4337
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	•
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	mit
•	A PARTICIPATION OF THE PROPERTY OF THE PARTICIPATION OF THE PARTICIPATIO
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is:	•
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	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
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 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
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate 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 \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) \[\text{Can not determine} \]

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	·
Storing perchloroethylene in tightly sealed and impervious containers?	ANO NO YOU
2. Examining the containers for leakage?	ANO NO YES
3. Closing and securing machine doors except during loading/unloading?	אם עם
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ZY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON DAIA
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 re- (complete A below).	frigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber in prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	es:
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	. מם עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
5. Conducted all temperature monitoring after an appropriate cooldown period and after	DY DN

PART III: GENERAL CONTROL REQUIREMENTS

I	3. 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?	$\Box \lambda$	ПN	
2	. Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	. Measured and recorded the perc concentration in the exhaust stream weekly			
	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring			
ĺ	perc concentrations is at least 8 duct dameters 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?	ЦY	N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			1
	condenser coils?	□Y I	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y (וא⊏	□N/A
_				

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	NO VO.
2. Maintained rolling monthly total of perc consumption?	אם עם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	TOY ON 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)	DY ON PINIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DANA
6. Maintained startup/shutdown/malfunction plan?	' אם צם
7. Maintained deviation reports?	DY DN GANA
Problem corrected?	אואם אם צם
8. Maintained compliance plan, if applicable?	DY ON DN/A

ADI	DITIONAL SITE INFORMATION:		
VOI	THORADSITE MITOMIATION.		
1.	Secondary Containment for: Dry Cleaning Machine & Storage area Waste area Spotting area Sealed	Yes	ои [] []
		1/3	
•			
2.	Disposal of Water from Water Separator using approved evaporator	[]	M
	or contracted Wastewater service	IN	[]
٠			
	Punit is a second of the secon	•	

PART VI: LEAK DETECTION AN	U KEPAIKS		
1. Does the responsible official conduc	t a weekly (for small sour	ces, bi-weekly) leak detectio	n and repair
inspection?		•	DY ON
2. Has the facility maintained a leak log	3?		DY DN
3. Does the responsible official check to	he following areas for leal	cs?	
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	באואק אם צם
Door gaskets and seating	אוחם אם צובא	Stills	AVO NO YEL
Filter gaskets and seating	אומם מם צום.	Exhaust dampers	DY ON ON/A
Pumps .	AND NO YD	Diverter valves	-ETY ON ON/A
Solvent tanks and containers	אואם אם צם	Cartridge filter housing	gs DY ON ON/A
Water separators	אוחם מם צום		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfac	es)~	
Physical detection (airflow felt	through gaskets)		0
Odor (noticeable perc odor)			
Use of direct-reading instrumen	tran		
Halogen leak detector	Trin		
If using direct-reading inst	PINIA		
a. Capable of detecting	מם עם		
b. Calibrated against a (PID/FID only)?	standard gas prior to and a	after each use	אם צם
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	אם צם
d. Kept in a clean and s	secure area when not in us	e?	מם צם
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	מם עם
TERRI HAWKIN	ς · 4	Frank House	vleim
oonsible Official's Nam	ie –	JUN Hau Responsible Off	icial's Signa
(Please Print)			
Lieber		4/3/00	
Inspector's Name (Please Pri	nt)	Date of Inspection	
1 P		1	·
m della		4/01	-
Inspector's Signature		Approximate Date of	Next Inspection



X

412979 JAN14 2002

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 # 0990518
AFFORDABLE DRY CLEANING
JEFFREY HAWKINS
349 SOUTH MAIN STREET
BELLE GLADE FL
33430

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

405105 FEB122001

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AFFORDABLE DRY CLEANING JEFFREY HAWKINS 349 SOUTH MAIN STREET BELLE GLADE FL 33430 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 Affordable Dry Cleaning, Inc. 349 South Main Street Belle Glade, Fl. 33430



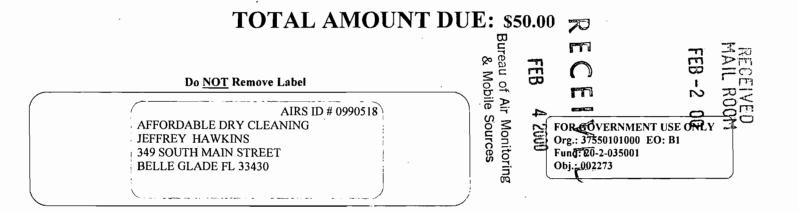
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AIRS ID # 0990518

AFFORDABLE DRY CLEANING JEFFREY HAWKINS 349 SOUTH MAIN STREET BELLE GLADE FL 33430 Bureau of Air Monitoring & Mobile Sources

C 18

FOR GOVERNMENT USE OF CORRECT ORDER OF CORRECT OF CORRECT ORDER OF CORRECT

Fund: 20-2-035001 Obj.: 002273

302764

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

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AIRS ID#0990518

JEFFREY P HAWKINS JEFFREY HAWKINS 349 SOUTH MAIN STREE BELLE GLADE FL 33430 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

■Complete items 3, 4a, and 4b. ■Print your name and address on the reverse of this form so that card to you. ■Attach this form to the front of the mailpiece, or on the back if spermit. ■Write "Return Receipt Requested" on the mailpiece below the at ■The Return Receipt will show to whom the article was delivered	pace does not	following services (for an extra fee): 1. Addressee's Addressee
delivered.	and the date	Consult postmaster for fee.
3. Article Addressed to: AIRS ID 0990518 JEFFREY P HAWKINS JEFFREY HAWKINS 349 SOUTH MAIN STREE BELLE GLADE FL 33430	4b. Service ☐ Register ☐ Express	33 612 938 Type ed
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addresse and fee is	e's Address (Only if requested s paid)

JS Postal Service Receipt for Cer	ธ่12 938 tified Mail
EFFREY P HAWKINS EFFREY HAWKINS 149 SOUTH MAIN STI BELLE GLADE FL 334	AIRS ID 0990518
Postage	\$
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Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, & Addressee's Address	n,
	\$
TOTAL Postage & Fees	

FOUNDATION AND THE RECOVER ADDICESS:	
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.	
SENDEN. COMPLETE I MIS SECTION	CONPLETE 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: 10 AIRS ID # 0990518001AG JEFFREY HAWKINS AFFORDABLE DRY CLEANING	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
349 SOUTH MAIN STREET BELLE GLADE FL 33430	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7000167000	133108 7035
PS Form 3811, March 2001 Domestic Ret	urn Receipt 102595-01-M-1424

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
7035	OFFICIAL USE			
3108	Postage \$ Certified Fee Postman Postma			
0013	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)			
2000 1670	10 AIRS ID # 0990518001AG JEFFREY HAWKINS AFFORDABLE DRY CLEANING 349 SOUTH MAIN STREET BELLE GLADE FL 33430			

SENDER:		ICKER AT TOP I	reada PLACE Tartot	TION ON DELIVE	ERY
item 4 if Print yo so that Attach t or on th 1. Article Ad AFFORDA JEFFREY 349 SOUTI	te items 1, 2, and 3. Also confined Restricted Delivery is desired uit name and address on the itwe can return the card to you his card to the back of the me front if space permits. AIRS ID # 09 BLE DRY CLEANING HAWKINS H MAIN STREET ADE FL 33430	evers df ailpiece,	Registered	lifferent from item by address below:	☐ Agent☐ Addressee
			4. Restricted Delivery?	(Extra Fee)	☐ Yes
2. Article No	umber (Copy from service label)	26 1	825 5/	98	
PS Form 3	811, July 1999	Domestic Ret	urn Receipt		102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
198			
27			
មា	Postage	\$	
7.8	Certified Fee		Postmark
72	Return Receipt Fee (Endorsement Required)		Here
	Restricted Delivery Fee (Endorsement Required)		
		AIRS ID # 09	990518
0090	AFFORDABLE DR		
	JEFFREY HAWKII	·- -	
	349 SOUTH MAIN BELLE GLADE FL		
7000			;
1	PS Form 3800, February 2	2000	See Reverse for Instructions