



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 2, 2001

Mr. Patel Dinesh
One Price Dry Cleaning
4275 A Okeechobee Boulevard
West Palm Beach, Florida 33409

Re: Facility No.: 0990580-002

Dear Mr. Dinesh:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 29, 2001.

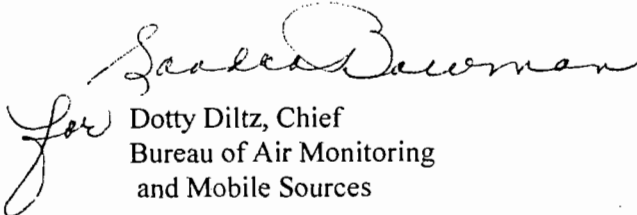
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

"More Protection, Less Process"

Printed on recycled paper.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 12, 1999

Mr. Mark Hyman, President
New World Dry Cleaners
4275 A Okeechobee Boulevard
West Palm Beach, Florida 33409

Re: Facility No.: 0990580

Dear Mr. Hyman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 7, 1999.

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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

Printed on recycled paper.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	NEW World Dry Cleaners, Inc.
2. Site Name (For example, plant name or number):	NEW World Dry Cleaners
3. Hazardous Waste Generator Identification Number:	FLR 000005686
4. Facility Location: Street Address: 4275 A Okeechobee Blvd. City: West Palm Beach County: Palm Beach Zip Code: 33409	
5. Facility Identification Number (DEP Use):	0990580

Bureau of Air Monitoring
& Mobile Sources
SEP - 7 1999

RECEIVED

Responsible Official

6. Name and Title of Responsible Official:	MARK HYMAN, President
7. Responsible Official Mailing Address: Organization/Firm: JAMS AS #4 Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: 561 (954) 757-683-2712 Fax: (561) 683-4792	

Facility Contact (If different from Responsible Official)

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

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.

<i>AERO TECH</i> <i>DRY T. DRY</i> Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i> #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92									
Dry-to-Dry Unit		<i>01-04-95</i>							
(1) w/ ref. condenser	<i>#1</i>	<i>01-04-95</i>	<i>01-04-95</i>						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

- Existing small area source New small area source
- Existing large area source New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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


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

Responsible Official Certification

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

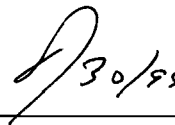
I will promptly notify the Department of any changes to the information contained in this notification.

Signature



Mark Hyman

Date



9/30/95



Department of Environmental Protection

Lawton Chiles
Governor

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

RECEIVED
SEP 7 1996
Bureau of Air Monitoring
& Mobile Sources
Virginia Wetherell
Secretary

July 22, 1996

Dear Business Owner:

In accordance with the Clean Air Act Amendments of 1990, the Department has written rules that affect area sources of air pollution. As a result of these rules, your business may be subject to the Title V permitting requirements. However, small businesses may be eligible for a Title V general permit. Enclosed is a Title V General Permit Notification Form that may be used to notify us that you are eligible and plan to use this general permit.

If your business is eligible to use this air general permit, the responsible official of the facility, as defined in Part II of the notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of the general permit. The notification form must be completed and submitted to us at least 30 days prior to beginning operation, or by **September 1, 1996**, whichever is later.

Please submit the original signed and completed pages of the form to the following address. A copy of this notification form must be kept on-site.

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

To assist owners of drycleaners in completing their general permit notification forms, a series of workshops have been scheduled around the state during the next few weeks. Enclosed is a listing of the dates, times, and locations of these workshops. We encourage you to bring your notification form and attend one of these workshops to receive "hands-on" assistance from the air program staff.

If you are unable to attend one of these workshops or if you are a business **other than a drycleaner**, you may contact the Title V general permit coordinator at the local air program office or the DEP District Office in your area. A listing of these coordinators and their telephone numbers is enclosed for your use. Facilities will be visited by field compliance staff after October to provide assistance as needed and to assure compliance with permitting and operational standards.

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

Printed on recycled paper.

02/07/00 (INV006)

PHENIX SUPPLY CO. - TAMPA
CUSTOMER PERC SALES REPORT

PAGE. 1

BEST AVAILABLE COPY

CUS#	SHIPPING ADDRESS	INVOICE#	DATE	ITEM#	DESCRIPTION	QTY	UN
402036	NEW WORLD DRY CLEANERS	F060666	06/02/99		PERC #DOWPER#	20.2	GL
		F070809	09/16/99			30.1	GL
		F078157	12/03/99			25.0	GL
		F083578	01/28/00	1300013	PERC #DOWPER# - 5-GAL	1.0	PL
		F083578	01/28/00	1300014	PERC #DOWPER# - 15-GAL DRUM	3.0	DR

- All Shirts Hand Finished
- Tailoring and Alterations

M-F 7:00-7:00
Sat. 8:00-5:00

New World Dry Cleaners

All Work Done On Premises

4275 A Okeechobee Blvd.
West Palm Beach, FL 33409
(561) 683-2712



Supply Company

1920 TAMPA EAST BLVD.

TAMPA, FL 33619

(813) 623-3553

1-800-282-2924

BEST AVAILABLE COPY

NEW WORLD DRY CLEANERS
4275A OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33409



PALM BEACH COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH & ENG.
ATTION: JEFF DIZEK ROOM 102A
901 EVERNIA STREET
P.O. BOX 29
WEST PALM BEACH, FL 33402

02/01/00 (INV006) 12:10

8138233008
PHENIX SUPPLY CO. - TAMPA
CUSTOMER PERC SALES REPORT

CUSTOMER SHIPPING ADDRESS

INVOICE DATE ITEM

402036 NEW WORLD DRY CLEANERS

F060666	06/02/99	
F070809	09/16/99	
F078157	12/03/99	
F083578	01/28/00	1300013
F083578	01/28/00	1300014

DESCRIPTION QTY UN

PERC #DOWPER*	20.2	GL
	30.1	GL
	25.0	GL
PERC #DOWPER* - 5-GAL	1.0	PL
PERC #DOWPER* - 15-GAL DRUM	3.0	DR

- All Shirts Hand Finished
- Tailoring and Alterations

M-F 7:00-7:00
Sat. 8:00-5:00

New World Dry Cleaners
All Work Done On Premises

4275 A Okeechobee Blvd.
West Palm Beach, FL 33409
(561) 883-2712



Supply Company

1920 TAMPA EAST BLVD.
TAMPA, FL 33619

(813) 623-3553

1-800-282-2924

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: NEW WORLD DRY CLEANERS DATE: 2/7/00
 FACILITY LOCATION: 4275 A OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409

Annual Reporting Period: 6/01/99 20 TO 1/01/2000 20

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 _____ to _____
 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 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: MARK HYMAN [Signature] 2/7/00
 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.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:25 TIME OUT: 3:00 AIRS ID#: 0990580
 TYPE OF FACILITY: Dry Cleaning
 FACILITY NAME: New World Dry Cleaners Inc. DATE: 2/1/00
 FACILITY LOCATION: 4275 A Okeechobee Blvd.
West Palm Beach, FL 33409
 RESPONSIBLE OFFICIAL: Mark Hyman PHONE NUMBER: 689-5751

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO LEAK inspection logs performed since owner bought business in 1999.	LEAK logs shall be performed immediately.
	Will Reinspect in early March 2000.

RECEIVED
 MAR - 6 2000
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: Left facility owner DEP Compliance Calendar 2000 for leak inspection logs.

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

DATE OF NEXT INSPECTION: MARCH 2000
(Approximate)

INSPECTION CONDUCTED BY: Jeffrey Dizek
(Please Print)

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

PERCHLOROETHYLENE DRY CLEANERS ✓

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0990580 DATE: 2/1/00 TIME IN: 2:25 TIME OUT: 3:00
 FACILITY NAME: New World Dry Cleaners Inc.
 FACILITY LOCATION: 4275 A Okeechobee Blvd.
West Palm Beach, FL 33409
 RESPONSIBLE OFFICIAL: MaeK Hyman PHONE: 689-5751
 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)

- No notification form
 Drop store/out of business/petroleum

A.

- | | |
|--|--|
| 1. Existing small area source <input type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91) | 2. New small area source <input checked="" type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91) |
| 3. Existing large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91) |
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 135 gallons. from June 1999 to Jan 2000

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? *not recorded* Y N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
 (check appropriate boxes)

1. Maintained receipts for perc purchased? not at facility Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

ADDITIONAL SITE INFORMATION:

- | | | | |
|-------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | | Yes | NO |
| 1. Secondary Containment for: | Dry Cleaning Machine & Storage area | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Waste area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Spotting area Sealed | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(A) Facility has 2 perc dry cleaning machines. One machine has secondary containment. The other has been recently moved from another location and does not have secondary containment. Mr. Hyman, the owner, states that a pad is on order and the machine will not be used until it has secondary containment. It appears as though the machine without containment is currently empty.

2. Disposal of Water from Water Separator using approved evaporator
 or contracted Wastewater service

(B) During the inspection, it was noticed that the spotting area has been moved from a sealed area to an unsealed area. This was done apparently to make room for the second perc dry cleaning machine. Mr. Hyman was told to seal the area around the spotting table.

(C) Mr. Hyman bought this business in the summer of 1999 and notified DAEM in August, 1999. No leak tests have been performed since Mr. Hyman began operating at this location (July - August 1999). A Formal Notice to Correct Violation has been written and a notice to correct warning letter will be prepared and sent out ASAP.

(D) Will reinspect in early March.

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks? *unsure due to no leak log*
- | | | | |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official? *unsure due to no leak log*
- 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) NA
- Halogen leak detector NA
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

MARK HYMAN

Responsible Official's Name
(Please Print)

Mark Hyman

Responsible Official's Signature

Jeffrey Dizek

Inspector's Name (Please Print)

2/1/00

Date of Inspection

Jeffrey Dizek

Inspector's Signature

Feb 2001

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:00 TIME OUT: 11:10 AIRS ID#: 0990580
 TYPE OF FACILITY: Dry Cleaning
 FACILITY NAME: New World Dry Cleaners Inc. DATE: 3/2/00
 FACILITY LOCATION: 4275 A Okeechobee Blvd.
West Palm Beach, FL 33409
 RESPONSIBLE OFFICIAL: MARK Hyman PHONE NUMBER: 689 - 5751

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
 APR 12 2000
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: Facility has provided secondary containment for their second peer machine at this location. They have also sealed the spotting area and are keeping all record keeping logs in a DEP compliant calendar 2000.

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

DATE OF NEXT INSPECTION: Feb 2001
(Approximate)

INSPECTION CONDUCTED BY: Jeffrey Dizek
(Please Print)

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

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

ADDITIONAL SITE INFORMATION:

- | | Yes | NO |
|---|-------------------------------------|--------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Spotting area Sealed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

- (A) During reinspect, secondary containment was provided for the second machine at this facility.
- (B) The spotting area is now sealed.
- (C) Leak logs and condenser temperature readings are being kept in the DEP compliance calendar 2000.

PART VI: LEAK DETECTION AND REPAIRS

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

MARK HYMAN
 Responsible Official's Name
 (Please Print)

[Signature]
 Responsible Official's Signature

Jeffrey Dizek
 Inspector's Name (Please Print)

3/2/00
 Date of Inspection

Jeffrey Dizek
 Inspector's Signature

Feb 2001
 Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: _____ TIME OUT: _____ AIRS ID#: 0990580

TYPE OF FACILITY: Dry cleaner

FACILITY NAME: New World Dry Cleaners DATE: 3/6/01

FACILITY LOCATION: 4275 Okeechobee Blvd
West Palm Beach 33409

RESPONSIBLE OFFICIAL: _____ PHONE NUMBER: _____

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Facility closed	
Out of Business	

RECEIVED
 APR - 6 2001
 Bureau of Air Monitoring & Mobile Sources

COMMENTS:

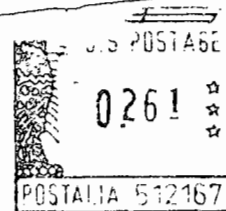
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: _____ (Approximate)

INSPECTION CONDUCTED BY: *W. Liebber*

INSPECTOR'S SIGNATURE: *W. Liebber* (Please Print) PHONE NUMBER: 375 3070

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



MC5521

BAMMS/BCO
JOEY ROBERTS
5510

RECEIVED
DEC 11 2000
Bureau of Air Monitoring
& Mobile Sources

NEWW275 334000035 1A0035 12/11/00
RETURN TO SENDER
: NEW WORLD DRY CLEANERS
MOVED LEFT NO ADDRESS
FORWARD

305542400400



POSTAGE
REQUIRED

TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

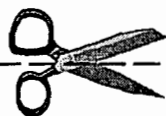
TO: Holder of Title V Air General Permit

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

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

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

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990580
NEW WORLD DRY CLEANERS
MARK HYMAN
4275 A OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

550304
MS5510

CERTIFIED
TALLAHASSEE
Z 210 661 225
APR - 2 01
MAIL

U.S. POSTAGE
374
POSTALIA 510414

RETURNED TO SENDER
 INSUFFICIENT ADDRESS
 NO SUCH NUMBER
 UNCLAIMED REFUSED
 ATTEMPTED NOT KNOWN
 NO SUCH STREET
 VACANT
 NO RECEIPTABLE
 NOT DELIVERABLE
 ADDRESS TO ADDRESS

RETURNED TO SENDER
 INSUFFICIENT ADDRESS
 NO SUCH NUMBER
 UNCLAIMED REFUSED
 ATTEMPTED NOT KNOWN
 NO SUCH STREET
 VACANT
 NOT RECEIPTABLE
 NOT DELIVERABLE
 ADDRESS TO FORWARD UNABLE
 ROUTE NO. CANNOT BE FORWARDED
DATE 4/9/01
CAR/INITIALS

AIRS ID # 0990580
NEW WORLD DRY CLEANERS
MARK HYMAN
4275 A OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

33409-3292-32

Bureau of Air Monitoring
& Mobile Sources

APR - 9 2001

RECEIVED

Vertical text on the right edge of the document, likely a scanning artifact or a reference number.

SENDER COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 0990580

NEW WORLD DRY CLEANERS
 MARK HYMAN
 4275 A OKEECHOBEE BLVD
 WEST PALM BEACH FL 33409

2. Article Number (Copy from service label)

720 661 225

PS Form 3811, July 1990

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

- Agent
- Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

Z 210 661 225

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0990580

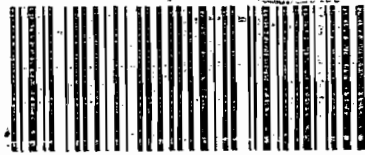
NEW WORLD DRY CLEANERS
 MARK HYMAN
 4275 A OKEECHOBEE BLVD
 WEST PALM BEACH FL 33409

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

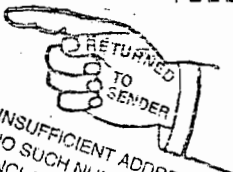
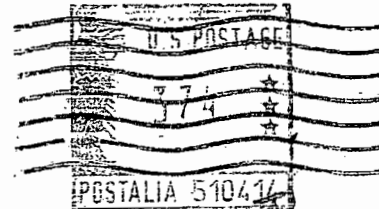
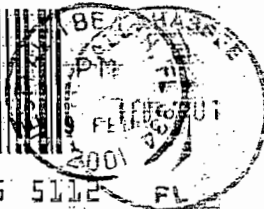
PS Form 3800, April 1995

CERTIFIED MAIL

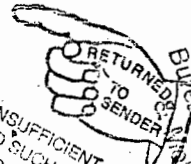
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7000 0600 0026 7825 5112



- RETURNED TO SENDER
- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED
- ATTEMPTED
- NO SUCH STREET



- RETURNED TO SENDER
- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED
- ATTEMPTED
- NO SUCH STREET
- NO RECEPTACLE
- NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
- REFUSED
- UNKNOWN

RECEIVED
FEB 29 2000
BUREAU OF AIR MAILING
SCITCOS

AIRS ID # 0990580
NEW WORLD DRY CLEANERS
MARK HYMAN
4275 A OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

DATE: 2/29
INITIALS: [Handwritten]

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

550304
MS5510

- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED
- ATTEMPTED
- NO SUCH STREET
- VACANT
- NOT RECEIPTABLE
- ADDRESS NOT KNOWN
- ADDRESS UNABLE
- ROUTE NO. CARRIERS

AIRS ID # 0990580

NEW WORLD DRY CLEANERS
MARK HYMAN
4275 A OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

CERTIFIED MAIL



7000 0100 0026 4125 0788

TALLAHASSEE, FLORIDA

U.S. POSTAGE 374
SAVE YOUR VISION WEEK

POSTALIA

MAR - 7 1988

- INSUFFICIENT ADDRESS
 - NO SUCH NUMBER
 - UNCLAIMED
 - ATTEMPTED
 - NO SUCH STREET
 - VACANT
 - NOT RECEIPTABLE
 - ADDRESS NOT KNOWN
 - ADDRESS UNABLE
 - ROUTE NO. CARRIERS
- DATE 3/5

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

1. Article Addressed to:

AIRS ID # 0990580

NEW WORLD DRY CLEANERS
 MARK HYMAN
 4275 A OKEECHOBEE BLVD
 WEST PALM BEACH FL 33409

2. Article Number (Copy from service label)

7000 0600 0026 4126 0778

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

PRINT THIS SECTION ON DELIVERY

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

C. Signature

X

Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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

7000 0600 0026 4126 0778

[Empty box for recipient name and address]

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

Postmark
Here

AIRS ID # 0990580

NEW WORLD DRY CLEANERS
 MARK HYMAN
 4275 A OKEECHOBEE BLVD
 WEST PALM BEACH FL 33409

PS Form 3800, February 2000

See Reverse for Instructions

Z 333 667 032

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to AIRS ID # 0990580

NEW WORLD DRY CLEANERS
MARK HYMAN
4275 A OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

PS Form 3800, April 1995

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

Z 210 662 396

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to AIRS ID # 0990580

NEW WORLD DRY CLEANERS
MARK HYMAN
4275 A OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

PS Form 3800, April 1995

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 0990580
NEW WORLD DRY CLEANERS
MARK HYMAN
4275 A OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

2. Article Number (Copy from service label)

Z 333 667 032

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Joseph* Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-99-M-1789