

PERCHLOROETHYLENE DRY CLEANERS



COMPLIANCE INSPECTION CHECKLIST

| INSPECTION TYPE: AN | INUAL (INS1, INS2) | COMPLAINT/DISCOVERY (| CI) | | |
|--|---|---|---------------------------|--|--|
| RE | -INSPECTION (FUI) | ARMS COMPLAINT NO: | | | |
| AIRS ID#: 0730077 DATE: 6/15/2006 ARRIVE: DEPART: | | | | | |
| FACILITY NAME: CAPITOL CLEANERS | | | | | |
| FACILITY LOCATION: | 3813-1 N Monroe Street | | | | |
| | TALLAHASSEE 32303 | | | | |
| RESPONSIBLE OFFICIAL | : ENVER SULOLLARI | PHONE: (850)322-2514 | | | |
| CONTACT NAME: | | PHONE: | | | |
| REMITTANCE YEAR: 200 |)5 ENTITLEM | IENT PERIOD: 4/25/2004 (effective date) | / 4/25/2009 (end date) | | |
| PART I. INSPECTION CO | MPI IANCE STATUS (check | only one boy) | | | |
| PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE | | | | | |
| PART II: FACILITY CLASSIFICATION - Rule 62-213.300 FAC (check ☑ only one box in A) | | | | | |
| A. 1. Existing small are dry-to-dry only, x transfer only, x < both types, x < 14 (constructed before | t < 140 gal/yr 200 gal/yr 40 gal/yr | 2. New small area source dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9) | | | |
| | $40 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ | 4. New large area source dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed on or after $12/9$ | 00 gal/yr gal/yr | | |
| 5. Ineligible for Gen drop store/out of be facility exceeds al | business/petroleum | | | | |
| B . The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 57 gallons. | | | | | |

| PA | RT III: GENERAL CONTROL REQUIREMENTS – Rule 62-213.300 FAC | (check v only one box | | |
|-----------|--|--|--|--|
| Do | es the responsible official of the dry cleaning facility: | for each question) | | |
| 1. | Store perc, and wastes containing perc, in tightly sealed & impervious containers? | ⊠Yes □No □N/A | | |
| 2. | Examine the containers for leakage? | ⊠Yes □ No □ N/A | | |
| 3. | Close and secure machine doors except during loading/unloading? | ⊠ Yes □ No | | |
| 4. | Drain cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | ⊠Yes □ No □ N/A | | |
| | Maintain solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | ⊠Yes □ No □ N/A | | |
| | RT IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC efer to Part II-A.14. Classification: page 1 of 4, this form) | | | |
| | 1. If the facility classification is a Existing small area source, no controls are requi | ired. Proceed to Part V. | | |
| | 2. If the facility classification is a <u>New small area source</u> , the machine should be equipped with a refrigerated condenser. Complete section A. below. | | | |
| | 3. If the facility classification is a Existing large area source , the machine should be equipped with either a refrigerated condenser or a carbon adsorber. Complete both sections A and B below. Carbon adsorber must have been installed prior to September 22, 1993 | | | |
| | 4. If the facility classification is a <u>New large area source</u> , the machine should be econdenser. Complete both sections A and B below. | quipped with a refrigerated | | |
| A. | Has the responsible official of all <u>existing large</u> <u>area & new sources</u> : | (check ☑ only one box for each question) | | |
| 1. | Equipped all machines with the appropriate vent controls? | Yes No | | |
| 2. | Equipped dry-to-dry machines with a closed-loop vapor venting system? | - ⊠Yes □No □N/A | | |
| 3. | Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | - ⊠Yes □No □N/A | | |
| 4. | Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | - ⊠Yes □No | | |
| 5. | Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | - ⊠Yes □No □N/A | | |
| 6. | Conducted all temperature monitoring after an appropriate cool-down period and after verifying that the coolant had been completely charged? | ⊠Yes □No | | |

| PART IV: PROCESS VENT CONTROLS - Rule 62-213.300 FAC (continued) | | | | | |
|--|--|--|--|--|--|
| В. | Does the responsible official of an existing large or new large area source also: | (check ☑ only one box for each question) | | | |
| 1. | Measure and record the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | □Yes □No | | | |
| 2. | Measure and record the washer exhaust temperature at the condenser inlet and outlet weekly? | - Yes No No | | | |
| | a) Is the temperature differential equal to, or greater than $20^{\rm o}$ F? | ☐Yes ☐ No ☐ N/A | | | |
| 3. | Measure and record 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 exclusively with a carbon adsorber? | □Yes □ No □ N/A | | | |
| | a) Is the perc concentration equal to, or less than 100 ppm? | ☐Yes ☐ No ☐ N/A | | | |
| 4. | Assure 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? | □Yes □ No □ N/A | | | |
| 5 | Equip transfer machines (dryers, reclaimers, and washers) with individual | | | | |
| ٦. | condenser coils? | - Yes No N/A | | | |
| 6. | Route airflow to the carbon adsorber (if used) at all times? | ☐Yes ☐ No ☐ N/A | | | |
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| | | | | | |
| PA | ART V: <u>RECORDKEEPING REQUIREMENTS</u> – Rule 62-213.300(3) FAC | (check ☑ only one box for | | | |
| Does the responsible official: | | each question) | | | |
| 1. | Maintain receipts for perc purchased? | Yes No | | | |
| 2. | Maintain rolling monthly total of yearly perc consumption? | ⊠ Yes □ No | | | |
| 3. | Maintain leak detection inspection and repair reports for the following: | | | | |
| | a) documentation of leaks repaired w/in 24 hrs? or; | Yes No 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? | | | | |
| 4. | and parts installed w/iii 3 days of receipt? | | | | |
| | Maintain calibration data? (for applicable direct reading instruments) | ✓ Yes ☐ No ☐ N/A ✓ Yes ☐ No ☐ N/A | | | |
| 5. | | Yes No N/A | | | |
| 6. | Maintain calibration data? (for applicable direct reading instruments) Maintain exhaust duct monitoring data on perc concentrations? Maintain a startup/shutdown/malfunction plan? | Yes □ No □ N/A Yes □ No □ N/A Yes □ No | | | |
| 6. | Maintain calibration data? (for applicable direct reading instruments) Maintain exhaust duct monitoring data on perc concentrations? | Yes □ No □ N/A Yes □ No □ N/A Yes □ No | | | |
| 6. | Maintain calibration data? (for applicable direct reading instruments) Maintain exhaust duct monitoring data on perc concentrations? Maintain a startup/shutdown/malfunction plan? | Yes | | | |

PART VI: <u>LEAK DETECTION AND REPAIRS</u> – Rule 62-213.300 FAC

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak

(check \square only one box for each question)

| detection and repair inspection? | | | | |
|--|---|--|--|--|
| 2. Does the facility maintain a leak log? | Yes No | | | |
| 3. Does the responsible official check the following areas for leaks? a) Hose connections, fittings, couplings, and valves | C cookers Yes No N/A Yes No N/A Ist dampers Yes No N/A Ist dampers Yes No N/A Iter valves Yes No N/A Idge filter housings Yes No N/A | | | |
| 4. Which method(s) of detection (is/are) used by the responsible official? a) Visual examination (condensed solvent on exterior surfaces) | | | | |
| **If using direct-reading instrumentation, is the equipment: | | | | |
| Tracy White 6/15/2006 | | | | |
| Inspector's Name (Please Print) | Date of Inspection | | | |
| 1 | 2 months | | | |
| Inspector's Signature | Approximate Date of Next Inspection | | | |
| COMMENTS: | | | | |