

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 9, 1996

Mr. C. R. Hunter President Fifth Avenue Cleaners, Inc. 211 Fifth Avenue Indialantic, Florida 32903

Re: Facility I.D. No. 0090147

Dear Mr. Rydlam:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

"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):					
	Site Name (For example, plant name or number):						
2.	Site Name (For example, plant name or number):						
1 5	Sich Amon alman						
3.	Hazardous Waste Generator Identification Number:	Shint KHUAKINY					
	- 1	•					
	FLD 032-453-961						
4)	Facility Location: Street Address: FIFTH AVENUE CLEANERS, INC.						
	City: 211 FIFTH AVENUE NDIALANTIC, FL 32903 County:	Zip Code:					
	INDIALANTIC, FL 32903						
5.	Facility Identification Number (DEP Use):						
		0090147					
	P						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	C. R. Hunten Pres. Responsible Official Mailing Address:						
7.							
	Organization/Firm: Street Address: FIFTH AVENUE CLEAMERS, INC						
	City: 211 FIFTH AVENUE County;	Zip Code:					
	INDIALANTIC, FL 32903						
8.		Fam. (447) 722 1 215					
	Telephone: (497) 723 - 7581	Fax: (407)723-6065					
	Facility Contact (If different fro	m Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant r	manager):					
	Samo						
10.	Facility Contact Address:						
	Senset Address.						
	Street Address: City: SAME County:	Zip Code:					
	county.	Elp Code.					
11.	Facility Contact Telephone Number:						
	Telephone: () -	Fax: () -					
	SAME						

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Sureau of Air Monitoring & Mobile Sources

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.

Example Dry-to-Dry Unit (1) w/ ref. conden (2) w/ carbon ads (3) w/ no controls Washer Unit (4) w/ ref. conden (5) w/ carbon ads (6) w/ no controls Dryer Unit (7) w/ ref. conden (8) w/ carbon ads (9) w/ no controls Reclaimer Unit (10) w/ ref. conden (11) w/carbon ads (12) w/ no control (b) Control device (c) No control de	orber siser orber siser orber siser orber siser orber	03-OCT-93		#2	08-DEC-91	72	#3	02-MAR-92	
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(12) w/ no control (b) Control device	1				1				
(b) Control device	ls								
		1						<u> </u>	_
2.(a) What was the 52 (b) If less than 12 Check why it	total quant] gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (perc)] purchased in				
3. What is the facilit (Indicate with an Existing sm	-		cation only.))	nitions found) of l	Part II?	

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 What control technology is required on machines [(Indicate with an "X".) 	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	ĽΧ
(b) Leak detection inspection and repair	LX
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	LX

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e 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)
ιXı	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	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 smade 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
<u>Ulang</u> Signature	Ton 11. 12/7/96 Date

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date	1	Date	Date		Date	Date
		Machine	Control	1	Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		<u> </u>	-						· · · · ·
(1) w/ ref. condenser	1	00 Acc 9	(8.0ce9	1		T	· · · · ·	1]
(2) w/ carbon adsorber		108 WER-1			11				
(3) w/ no controls			11/2	121	11-14				
Washer Unit		<u> </u>		1	DI PO	<u> </u>		<u>*</u>	t
(4) w/ ref. condenser			1		<u> </u>				1
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser		Ţ.	T		1				T
(8) w/ carbon adsorber		 	1						
(9) w/ no controls		f	f ·			Ť		<u></u>	
Reclaimer Unit		<u> </u>	_L					·- · -	'
(10) w/ ref. condenser		T	T			T		1	
(11) w/carbon adsorber		 				 			
(12) w/ no controls	-		 					 	
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlons ow many? [e installed [_ oroethylene (perc)	purchased i				·
3. What is the facility's son (Indicate with an "X". S Existing small are	Selec	t one classif	ication only.))	nitions foun		3) of	Part II?	
Existing large are	ea sou	irce []	Ne	w lai	ge area sour	rce []		

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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)				
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.				
this notij statemen maintain comply v	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that th ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to				

DEP Form No. 62-213.900(2) Effective: 6-25-96 corrections which &

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

CD

1. Facility Owner/Company Name (Name of corporatio	on, agency, or individual owner):						
C. R. Hunter							
2. Site Name (For example, plant hame or number):							
FIFTH PUENUE Chenners 3. Hazardous Waste Generator Identification Number:	+Shint LAWARAY						
FLD 032-453-961							
4. Facility Location: Street Address: FIFTH AVENUE CLEANERS, INC. City: 211 FIFTH AVENUE UNDIALANTIC, FL 32903 County:	Zip Code:						
5. Facility Identification Number (DEP Use):	0090147						
Responsible Official							
6. Name and Title of Responsible Official:							
C. R. Hunten Pres. 7. Responsible Official Mailing Address:							
7. Responsible Official Mailing Address: Organization/Firm:							
Street Address: FIFTH AVENUE CLEANERS, INC. City: 211 FIFTH AVENUE County: INDIALANTIC, FL 32903	Zip Code:						
8. Responsible Official Telephone Number: Telephone: (49)723-7581	Fax: (401)723-6065						
Facility Contact (If different f	from Responsible Official)						
9. Name and Title of Facility Contact (For example, plan	nt manager):						
Same	·						
10. Facility Contact Address:							
Street Address: City: SAME County:	Zip Code:						
11. Facility Contact Telephone Number: Telephone: () - 54200	Fax: () -						

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Sureau of Air Monitoring & Mobile Sources

(Indicate with an "X".)	pursuant to section (3) of Part II of this notification form:
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Fauinment Monitoring	and Recordkeeping Information
	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	. ————————————————————————————————————
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	LXJ

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Effective: 6-25-96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE	INSPEC	TION (CHECKLIST		
TYPE OF INSPECTION:	ANNUAL		2	COMPLAINT/DISC	COVERY	
	RE-INSPECTION	NC.				
AIRS 10#: 0090147 1	DATE: 12/16/9	6	TIME	in: <u>/0://5</u> tin	ME OUT: /	0:50
FACILITY NAME: Fif	, ,	_	امما			
FACILITY LOCATION: 21	_	Jenus				_
II.	ndialantic	. F)	ξ.	32803		
PART I: NOTIFICATION						
(check appropriate box)						
Existing facility notified DAR	M by 9/1/96					X
2. New facility notified DARM 3	30 days prior to sta	rtup				
3. Facility failed to notify DARN	I to use general pe	rmit				
PART II: CLASSIFICATION						
Facility indicated on notification (check appropriate box)	n form that it is:		-			
A.						
1. Existing small area source	e .			area source		
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr				r, x<140 gal/yr x<200 gal/yr		
both types, x<140 gal/yr		both typ	es, x<1	140 gal/ут		
(constructed before 12/9/91)		(constri	icted or	or after 12/9/91)		
3. Existing large area sourc				area source		
dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" g<="" only,="" td="" transfer=""><td></td><td>•</td><td></td><td>r, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<2,></td></x<2,>		•		r, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<2,>		
both types, 140 <x<1,800 <="" gal="" td=""><td></td><td></td><td>• •</td><td>><x<1,800 gal="" td="" ут<=""><td></td><td></td></x<1,800></td></x<1,800>			• •	> <x<1,800 gal="" td="" ут<=""><td></td><td></td></x<1,800>		
(constructed before 12/9/91)		(constr	icted or	n or after 12/9/91)		
This is a correct facility classific	ation	84	□и			
If no, please check the appropria	ite classification:					
ı	d for a general per above limits and i			above a general permit		
B. The total quantity of perchlor	oethylene (perc) p	urchased	within :	the preceding 12 month	hs by this dry	cleaning

facility was 50 gallons.

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? 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 $\Box Y \Box N(XYY)$ least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON 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 prior to September 22, 1993 installed 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 DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated $\square Y \square N$ condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° E? \Box Y \Box N 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? \Box Y \Box N

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?	DY DN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	DY DN
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ONA
	Is the perc concentration equal to or less than 100 ppm?	DY DN
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?	QY QN
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ONA
<u></u>		1
PA	ART V: RECORDKEEPING REQUIREMENTS	
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes)	
H (c	as the responsible official:	MY ON
H (c	as the responsible official: neck appropriate boxes)	MY ON
H (c 1. 2.	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased?	NO YES
H (c 1. 2.	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	NO YE
H (c 1. 2.	As the responsible official: An eck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	70 Y Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
H (c: 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DY ON DYNA
H (c) 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON DY DY ON DY DY ON D
H. (cc 1. 2. 3. 4. 5.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	DY ON DY ON OY ON DYN/A OY ON M/A OY ON M/A
H. (c: 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Monitained deviation reports?	
H. (c: 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	
H. (c: 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Monitained deviation reports?	
H. (c: 1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?	
H. (c: 1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	

2. Which method of detection is used by the responsible official?									
Visual examination (condensed s	rfaces)	A.							
Physical detection (airflow felt th	Physical detection (airflow felt through gaskets)								
Odor (noticeable perc odor)				×					
Use of direct-reading instrument	ation (FID	/PID/calor	imetric tubes)	ū					
If using direct-reading instrum	•								
a. Capable of detecting	ΠY	□N							
b. Calibrated against a (PID/FID only)?	ΠY	□N							
c. Inspected for leaks a	QY	□N							
d. Kept in a clean and s	QΥ	□N .							
e. Verified for accuracy	ΩY	N							
3. Has the facility maintained a leak log?	$\Box Y$	□N							
4. Does the responsible official check the									
Hose connections, fittings, couplings, and valves	MY	□N	Muck cookers	XY	ПN				
Door gaskets and seating	AA	□N	Stills	Ø Y	□N				
Filter gaskets and seating	Y	□N	Exhaust dampers	½ Y	□N				
Pumps	ZY	□N	Diverter valves	ΣY	ΠN				
Solvent tanks and containers	YY	□N	Cartridge filter housings	Y	ΠN				
Water separators	YY	□N		·					

C. R. Huster	
Name of Responsible Official	•
Sheila Schneider	12/16/96
Inspector's Name (Please Print)	Date of Inspection
Shela E Schreide	12/97
Inspector's Signature	Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMET ANNUAL COMPLIANCE CERTIFICATION FORM ATRS ID#0090147 C.R. HUNTER C R HUNTER 211 FIFTH AVENUE INDIALANTIC FL 32903 Do NOT Remove Label <u> 13/1996</u> Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule ⊔no 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from 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: Of A Hunter Name (Please Print)

^{*}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: 12:15TIME OUT: 1:1	5 AIRS ID#: 0996147
TYPE OF FACILITY: Dri Cleaning	
FACILITY NAME: Fulth Avenue	Scaners. DATE: 1/20/98
FACILITY LOCATION: QU 5th Auch	hue
Indian &	Hantiz , Fc,
RESPONSIBLE OFFICIAL: Karl despold / Pla	my Honter PHONE NUMBER: 893-3333
Based on the results of the compliance requirements e compliance with DEP Rule 62-213.300, Florida Admi	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements e discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
,	
	,
	PECEIVED
	FEB a 1998
COMMENTS:	Bureau of Air Monitoring
	& Mobile Sources
	•
The Annual Compliance Certification form has been properly	already mallal increasing and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	99
	(Approximate)
INSPECTION CONDUCTED BY:	(Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 893-3333
Page	of Revised 10/96

aco

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0090149

KHANH THI NGUYEN
KHANH THI NGUYEN
971 E EAU GALLIE BLVD
MELBOURNE FL 32937

Do NOT Remove Label

AIRS ID#0090149

R F C F

V E D

Bureau of Air Monitoring
A Mobile Sources

Annual Reporting Period:	Jan.	19 <u>98</u>	то		19 <u>9</u> 9
Based on each term or condition 62-213.300, Florida Administrat				—	EP Rule
If NO, complete the following:	ive code (F.A.C.), during	g the period covered	by uns stateme	m. 4 1123	1 110
#1. Term or condition of the ger	neral permit that has not b	een in continuous c	compliance duri	ing the reporting perio	od stated above:
Exact period of non-compliance:	from		to		
Action(s) taken to achieve compl	iance:				
Method used to demonstrate com	pliance:				
#2. Term or condition of the gen	eral permit that has not b	een in continuous c	ompliance duri	ng the reporting perio	od stated above:
Exact period of non-compliance:	from		to		
Action(s) taken to achieve compl	iance:	·			
Method used to demonstrate com	pliance:		· · · · · · · · · · · · · · · · · · ·		.,
As the responsible official, I hereby notification are true, accurate and does not exceed 2,100 gallons per your part of the property of the p	complete. Further, my ann ear for dry-to dry facilities	ual consumption of p or 1,800 gallons per	perchloroethylen year for transfer	e solvent, based upon p or combination faciliti	ourchase receipts,
_	Name (Please Prin	nt) (Sign	ature	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

ALUS (123198 50

TYPE OF INSPECTION:

(check appropriate box)

facility was 120 gallons.

1. New facility notified DARM 30 days prior to startup

ANNUAL

K

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS 10#: 069 0147 DATE: 1/20/98 TIME IN: 12.5 TIME OUT: 1.75
FACILITY NAME: Fifth Avenue Cleanors
FACILITY LOCATION: 211 5th Avenue
Indian Affantiz, FL.
RESPONSIBLE OFFICIAL: Ray 1 Leopold PHONE: 723-0231
CONTACT NAME: Klay Hunter (Owner) PHONE:
DART I. NOTIFICATION

2. Facility failed to notify DARM to use general per	0	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of busing	ess/petroleum
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)	metimatic 1945 old
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 $12/9/91$)	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 $12/9/91$)	RECEIVE
5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ger facility exceeds above lin		FEB 4 1998 Bureau of Air Monitori & Mobile Sources

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DWA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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 DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? □Y □N □N/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? \Box Y \Box N

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	MAX ON			
2. Maintained rolling monthly total of perc consumption?	X Y □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	XY 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 MINA			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DEN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DWA			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?				
Problem corrected?	AMPLE NO YOU			
8. Maintained compliance plan, if applicable?	OY ON ØN/A			

PA	ART VI: LEAK DETECTION AND RI	PAIRS	8		
1.	Does the responsible official conduct a w	eekly (f	for small sources, b	i-weekly) leak detection a	nd repair
	inspection?				Y DN
2.	Has the facility maintained a leak log?				M□ M
3.	Does the responsible official check the fo	llowing	g areas for leaks?		(*
	Hose connections, fittings, couplings, and valves	/ DY 0	IN □N/A	Muck cookers	TY ON ON/A
	Door gaskets and seating	by o	IN □N/A	Stills	Y ON ON/A
	Filter gaskets and seating	by o	IN □N/A	Exhaust dampers	DY ON ON/A
	Pumps	py o	IN □N/A	Diverter valves	OY ON ON/A
	Solvent tanks and containers	фу 🗆	IN □N/A	Cartridge filter housings	OY ON ON/A
	Water separators	фх□	N □N/A		
4.	Which method of detection is used by the	respon	sible official?		_
	Visual examination (condensed sol	vent on	exterior surfaces)		
	Physical detection (airflow felt thro				
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentati				
	Halogen leak detector				
	If using direct-reading instru	□N/A			
	a. Capable of detecting pe	□Y □N			
	b. Calibrated against a sta (PID/FID only)?	ındard g	gas prior to and afte	er each use	□Y □N
	c. Inspected for leaks and	obviou	s signs of wear on a	weekly basis?	OY ON
	d. Kept in a clean and sec	ure area	a when not in use?		□Y □N
	e. Verified for accuracy by	y use of	duplicate samples	(calorimetric only)?	QY QN
تصح					
	SAADIA QUEST	ı		1120	19,8
	Inspector's Name (Please Print	_ \)		Date of Inspe	ection

Approximate Date of Next Inspection

multimatie - Wyais old MCF => hazardons waste

IN COMPLANCE

PERCHLOROETHYLENE DRY CLEANER ARMS UPDATED 🖟 TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST ANNUAL Q TYPE OF INSPECTION: COMPLAINT/DIS RE-INSPECTION 6:30-AIRS ID#: 0090147 DATE: 7-23-99 TIME IN: 9,30 FACILITY NAME: FIFTH AVENUE Cleaners FACILITY LOCATION: 211 Ladian Atlantic, FC RESPONSIBLE OFFICIAL: Carl Leg pold PHONE: 72 CONTACT NAME: Blay Henter (UWAR) 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 ☐ No notification form Facility indicated on notification form that it is: ☐ Drop store/out of business/petroleum (check appropriate box) A. 2. New small area source 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/vrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yrboth types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, 140 < x < 2,100 gal/yrtransfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91) (constructed on or after 12/9/91) \square N □Can not determine 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number 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 133.5 gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DY ON QN/A אם עפו 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? DY DN DINIA 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 DN DN/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 DY DN 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 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	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	$\Box Y$	ΠN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ח□	□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?	ПΥ	מם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΩY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	DИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩΥ	ΠN	□N/A

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

			~	 				
PA	RT VI: LEAK	DETECTION AND R	EPAIRS	- -				
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?	굨.			HY/	ПN		
2.	Has the facility r	maintained a leak log?			t Y	ΠN		
3.	Does the respons	sible official check the fe	ollowing areas for leaks?					
		ections, fittings, s, and valves	מ/אם אם עם Y	Muck cookers	dy D	N DN/A		
	Door gaske	ets and seating	מאס מס אס	Stills	AY O	N □N/A		
	Filter gask	ets and seating	באם אם צם	Exhaust dampers	YY D	N □N/A		
	Pumps		KY ON ON/A	Diverter valves	dy or	A'ND N		
	Solvent tan	nks and containers	אומם מם עם	Cartridge filter housings	מא מו	A/ND N		
	Water sepa	arators	DY DN DN/A					
4.	Which method o	of detection is used by th	e responsible official?		. /			
	Visual exa	mination (condensed so	lvent on exterior surfaces)					
	Physical de	etection (airflow felt thro	ough gaskets)	•				
	Odor (notic	ceable perc odor)			1			
	Use of dire	ct-reading instrumentat	ion (FID/PID/calorimetric	tubes)				
	Halogen le	ak detector						
	If using	g direct-reading instru	mentation, is the equipme	ent:	DN/A			
	a.	Capable of detecting pe	erc vapor concentrations in	a range of 0-500 ppm?	OY O	N		
	ъ.	Calibrated against a sta (PID/FID only)?	andard gas prior to and aft	er each use		N		
	c.	Inspected for leaks and	obvious signs of wear on a	a weekly basis?		N		
	d.	Kept in a clean and sec	cure area when not in use?	•		N		
	e.	Verified for accuracy b	y use of duplicate samples	(calorimetric only)?		И		

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

7-2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATIO	N:				
	•				
				•	
					}
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Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Fifth Avenue Cleuners DATE: 7-27-99
FACILITY NAME: Fifth Avenue Cleuners DATE: 7-27-29 FACILITY LOCATION: 211 5Th Ave.
Indian Atlantic, FL
Annual Reporting Period: Tolly 1994 TO July 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
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: Name (Please Print) Signature Date

Page _____ of ____.

^{*}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 🗘 CON	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 4:30	TIME OUT: 10:00	AIRS ID#: 00	990147
TYPE OF FACILITY: Dry	Llegate		
FACILITY NAME: FIX	th Ave Cleaners	<u> </u>	DATE: 7-21-99
FACILITY LOCATION: 21	15th Ave.		
1	ndian Atlantic, 1	=	
RESPONSIBLE OFFICIAL:	Lar Leopold (Klay)	tunt // PHONE NUMBER:	723-7581
	the compliance requirements evaluately Rule 62-213.300, Florida Administr	_ ·	lity is found to be in
Based on the results of discrepancies were not	the compliance requirements evalued:	ated during this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
COMMENTS:		I	
Inla	ompliance	(Thinking about r	nen machine)
The Annual Compliance Certifi	cation form has been properly certif	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	on: 7-2000		
	// / // /	proximate)	
INSPECTION CONDUCTED	BY: Kundall Cu	ase Print)	
INSPECTOR'S SIGNATURE	10 11 1 -1	PHONE NUMBER:	407-893-3333
	Page_	_of	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE_	3-27-00

TYPE OF INSPECTION:

ANNUAL

×

COMPLAINT/DISCOVERY RE

RE-INSPECTION

AIRS ID#: 0090147 DATE: 3-27-00 TIM	e in: <u> </u>	TIME OUT:
FACILITY NAME: Fifh Avenue Cleaners	S	
FACILITY LOCATION: 21/ 5th Ave.		
Indialantic, FL	32903	
RESPONSIBLE OFFICIAL: K411 Leopold		407-723-758
CONTACT NAME: () Gy Hunter	PHONE: _	407-723-7581

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	۵
2. Facility failed to notify DARM to use general permit	0

PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	O No notification form O 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	NEC
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$)	both types, x < 140 gal/yr (constructed on or after 12/9/91) your constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$)	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 $12/9/91$)	
5. This is a correct facility classification	□Y □N □Can not determine	
If no, please check the appropriate classification of acility qualified for a genuing facility exceeds above lim		
B. The total quantity of perchloroethylene (perc) pu facility was	rrchased within the preceding 12 months by this dry cleaning	;

(check appropriate boxes) DY ON DINA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN PANA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? XY DN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DANA 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) אם עם 1. Equipped all machines with the appropriate vent controls? AVAC NO YO Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AVAD AD YD condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? OY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON OWA
	Is the temperature differential equal to or greater than 20° F?	OY ON OWA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ONA
	Is the perc concentration equal to or less than 100 ppm?	OY ON ONA
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?	אותם אם עם
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON OWA

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	MO YE			
2. Maintained rolling monthly averages of perc consumption?	XY DN			
3. Maintained leak detection inspection and repair reports for the following:	-			
a. documentation of leaks repaired w/in 24 hrs? or;	JAY ON ONA			
 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 ØNA			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN E NVA			
5. Maintained exhaust duct monitoring data on perc concentrations?	AVA Z NO YO			
6. Maintained startup/shutdown/malfunction plan?	AY ON			
7. Maintained deviation reports?	AVA Ç O NO YO			
Problem corrected?	DY DN SENVA			
8. Maintained compliance plan, if applicable?	DY ON DN/A			

P/	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			MY ON	
2.	Has the facility maintained a leak log?	?		AY DN	
3.	Does the responsible official check the	following areas for lea	ıks?		
	Hose connections, fittings, couplings, and valves	אואם אם צי	Muck cookers	בארם מם צם A	
í	Door gaskets and seating	AMO NO TA	Stills	DY ON ON/A	
ı 1	Filter gaskets and seating	ANO NO Y	Exhaust dampers	ANO NO YO	
I	Pumps	DY ON ON/A	Diverter valves	אורם אם עם	
ı	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אואם אם צף	
	Water separators	אואם אם צף			
4.	Which method of detection is used by	the responsible official?	?		
	Visual examination (condensed s	solvent on exterior surfa	aces)	X	
	Physical detection (airflow felt through gaskets)			X	
	Odor (noticeable perc odor)			Br	
	Use of direct-reading instruments	ation (FID/PID/calorim	etric tubes)	<u> </u>	
	Halogen leak detector				
	If using direct-reading instrumentation, is the equipment:			A/MA	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			מם צם		
 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 			OY ON		
	c. Inspected for leaks ar	מם צם			
	d. Kept in a clean and s	ecure area when not in	use?	DY DN	
	e. Verified for accuracy	by use of duplicate san	nples (calorimetric only)?	OY ON	

Randall Cunningham
Inspector's Name (Please Print)

Page 1

Inspector's Signature

3-27-00
Date of Inspection

7 7041

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
\$6.1	
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)
	. •
·	

Revised 01/18/00

AIRS ID#: 0090147

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Annual Reporting Period: Find Talun Fic. FL 32905 Find Talun Fic. Fl	
Annual Reporting Period: Part Pa	FACILITY NAME: FIFTH AVENUE Cleaners DATE: 3-27-0
Annual Reporting Period: Part Pa	FACILITY LOCATION: 211 5th Ave.
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: #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: #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 reporting period stated above: Method used to demonstrate compliance: Method used to demonstrate compliance: Method used t	Indialuntic, FL 32905
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: #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: #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 reporting period stated above: Method used to demonstrate compliance: Method used to demonstrate compliance: Method used t	
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES	Annual Reporting Period: March 1994 TO March 20 00
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	Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
#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	62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
Exact period of non-compliance: from	If NO, complete the following:
Action(s) taken to achieve 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	#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
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	Exact period of non-compliance: from
#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	Action(s) taken to achieve compliance:
Exact period of non-compliance: from	Method used to demonstrate compliance:
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:	#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
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:	Exact period of non-compliance: from
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Náme (Please Print) // Signature Date	RESPONSIBLE OFFICIAL: Chay Hunter Chay 2/27/00
	Náme (Please Print) // Signature Daté

^{*}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 🛛 CO	MPLAINT/DISCOVERY	RE-INSPECTION	
TIME IN: 11:00	TIME OUT:	AIRS ID#: 00	090147	
TYPE OF FACILITY: Dry	Uran			
FACILITY NAME: FIFT	Ave. Cleaners		DATE: 3-27-00	
FACILITY LOCATION: 211	5th Ave			
inc	dialantic, FL 32	905		
RESPONSIBLE OFFICIAL:_}	21	PHONE NUMBER:	407 - 723-7581	
<i>F</i> \	the compliance requirements evaluate 62-213.300, Florida Administ	uated during this inspection, the facil trative Code (F.A.C.).	ity is found to be in	
Based on the results of t discrepancies were note	•	uated during this inspection, the follo	wing compliance	
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED	
		,		
	·			
			•	
COMMENTS:	**************************************	·!		
In Con	npliance	· .		
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION: 3-200 /				
INSPECTION CONDUCTED BY: [and Lonningham (Please Print)				
INSPECTOR'S SIGNATURE:	Wall C	PHONE NUMBER:_	407-843-3333	
	Page_		Revised 10/96	

UNITED STATES POSTAL SERVICE



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DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAMASSEE, FLORIDA 32399-2400

n the reverse side?			I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
your RETURN ADDRESS completed or	3. Article Addressed to: AIRS ID # 0 09 0147 FIFTH AVE CLEANERS & SHIRT LAUNDRY C R HUNTER 211 FIFTH AVENUE INDIALANTIC FL 32903	4b. Service T ☐ Registere ☐ Express M	ype d
	5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	and fee is	o's Address (Only if requested paid) Domestic Return Receipt
	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Fictum Ficocipi

Z 333 6I3 568 χ

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID # 0090147

FIFTH AVE CLEANERS & SHIRT LAUNDRY C R HUNTER 211 FIFTH AVENUE INDIALANTIC FL 32903

ertified Fee		
pedal Delivery Fee		
estricted Delivery Fee		
etum Receipt Showing to hom & Date Delivered		
etum Receipt Showing to Whom, tte, & Addressee's Address	,	
OTAL Postage & Fees	\$	
ostmark or Date		
2	secial Delivery Fee esturn Receipt Showing to norn & Date Delivered turn Receipt Showing to Whom te, & Addressee's Address DTAL Postage & Fees	ecial Delivery Fee stricted Delivery Fee sturn Receipt Showing to nom & Date Delivered turn Receipt Showing to Whom, te, & Addressee's Address DTAL Postage & Fees \$

Z 333 PJ3 J4P

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID 0090147

C.R. HUNTER C R HUNTER 211 FIFTH AVENUE INDIALANTIC FL 32903

PS Form 3800, April 1995

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

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DEPT OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510,
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
ADDRESS completed on	AIRS ID 0090147 C.R. HUNTER CR HUNTER 211 FIFTH AVENUE INDIALANTIC FL 32903	4a. Article No. 4b. Service 1 Registere Express No. Return Rec. 7. Date of Dec.	ype d Wail Depit for Merchandise
s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	and fee is	· ·
<u>-</u>	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Hetani Heceipt

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) \$ Postage Certified Fee Postmark Return Receipt Fee Here (Endorsement Required) Restricted Delivery Fee (Endorsement Required) AIRS ID # 0090147 R FIFTH AVENUE CLEANERS & SHIRT LAUNDRY C R HUNTER Su 211 FIFTH AVENUE INDIALANTIC FL 32903 Cit PS Form 3800. February 2000 See Reverse for Instructions

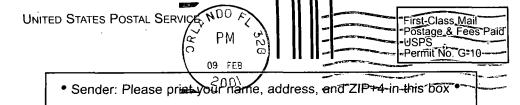
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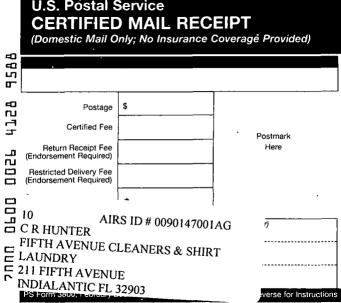
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BUR. OF AIR MONITCRING & MOBILE SOURCES DEFT. OF ENVIRONMENTAL PROTECTION MAIL STATIC 9 5010 2600 BLAIR SYCHE ROAD TALLAHASSEE, FLORIDA 32399-2400

SENDER: COMPLETE THIS SECTION	COMPLETE 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature
Attach this card to the back of the mailpiece, or on the front if space permits.	X Agent Address
Article Addressed to:	D. Verdelivery address different from item 1? Yes If YES, enter delivery address below: No
AIRS ID # 0090147 FIFTH AVENUE CLEANERS & SHIRT LAUNDRY C R HUNTER 211 FIFTH AVENUE	020901 JA 03001
ALANTIC FL 32903	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
000 0600 OD 26 412 9 4422	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789



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

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C R HUNTER
211 FIFTH AVENUE
INDIALANTIC FL 32903

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C.R. HUNTER
C R HUNTER
211 FIFTH AVENUE
INDIALANTIC FL 32903

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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

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AIRS ID # 0090147
FIFTH AVE CLEANERS & SHIRT LAUNDRY
C R HUNTER
211 FIFTH AVENUE
INDIALANTIC FL 32903

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

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 # 0090147
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LAUNDRY
C R HUNTER
211 FIFTH AVENUE
INDIALANTIC FL 32903

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Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273