



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"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
<i>C.R. Hunter</i>
2. Site Name (For example, plant name or number):
<i>FIFTH AVENUE CLEANERS + SHIRT LAUNDRY</i>
3. Hazardous Waste Generator Identification Number:
<i>FLD 032-453-961</i>
4. Facility Location:
Street Address: FIFTH AVENUE CLEANERS, INC.
City: 211 FIFTH AVENUE County: Zip Code:
INDIALANTIC, FL 32903
5. Facility Identification Number (DEP Use):
<i>0090147</i>

Responsible Official

6. Name and Title of Responsible Official:
<i>C.R. Hunter Pres.</i>
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: FIFTH AVENUE CLEANERS, INC.
City: 211 FIFTH AVENUE County: Zip Code:
INDIALANTIC, FL 32903
8. Responsible Official Telephone Number:
Telephone: <i>(407) 723-7581</i> Fax: <i>(407) 723-6065</i>

Facility Contact (If different from Responsible Official)

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

RECEIVED

AUG 30 1996

Facility Information

2(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.

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									
(1) w/ ref. condenser		1 08 Dec 91							
(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

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

8/27/96
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.

[illegible]

- (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?
[52] 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 [X]

New small area source []

Existing large area source []

New large area source []

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) _____

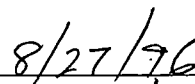
☒ No air permits currently exist for the operation of the facility indicated in this notification form.

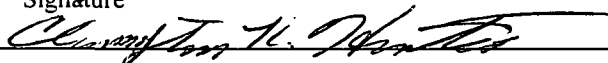
Responsible Official Certification

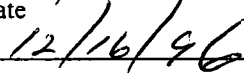
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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


Date





Corrections
made 12/16/96

Perchloroethylene Dry Cleaning Facility Notification

CD

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
<i>C.R. Hunter</i>
2. Site Name (For example, plant name or number):
<i>Fifth Avenue Cleaners + Shirt Laundry</i>
3. Hazardous Waste Generator Identification Number:
<i>FLD 032-453-961</i>
4. Facility Location: Street Address: FIFTH AVENUE CLEANERS, INC. City: 211 FIFTH AVENUE County: Zip Code: INDIALANTIC, FL 32903
5. Facility Identification Number (DEP Use):
<i>0090147</i>

Responsible Official

6. Name and Title of Responsible Official:
<i>C.R. Hunter Pres.</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: FIFTH AVENUE CLEANERS, INC. City: 211 FIFTH AVENUE County: Zip Code: INDIALANTIC, FL 32903
8. Responsible Official Telephone Number: Telephone: <i>(407) 723-7581</i> Fax: <i>(407) 723-6065</i>

Facility Contact (If different from Responsible Official)

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

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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 ☒

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0090147 DATE: 12/16/96 TIME IN: 10:15 TIME OUT: 10:50

FACILITY NAME: Fifth Avenue Cleaners

FACILITY LOCATION: 211 Fifth Avenue
Indianapolis IN 46203

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96 ☒
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use general permit ☐

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
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)

2. New small area source ☐
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)

3. Existing large area source ☐
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed before 12/9/91)

4. New large area source ☐
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed on or after 12/9/91)

This is a correct facility classification ☒ Y ☐ N

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 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? ☒ Y ☐ N
2. Examining the containers for leakage? ☒ Y ☐ N
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 basis? ☐ Y ☐ N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? ☐ Y ☐ N
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?
Is the temperature differential equal to or greater than 20° F? ☐ Y ☐ N
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?
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
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 averages 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
 - 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
4. Maintained calibration data? (for direct reading instruments only) ☐ 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? *No problems* ☒ Y ☐ N
Problem corrected? ☐ Y ☐ N
8. Maintained compliance plan, if applicable? ☐ Y ☐ N ☒ N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? ☒ Y ☐ N

2. 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)

☐

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

3. Has the facility maintained a leak log?

☐Y ☐N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings,
couplings, and valves

☒Y ☐N

Muck cookers

☒Y ☐N

Door gaskets and seating

☒Y ☐N

Still

☒Y ☐N

Filter gaskets and seating

☒Y ☐N

Exhaust dampers

☒Y ☐N

Pumps

☒Y ☐N

Diverter valves

☒Y ☐N

Solvent tanks and containers

☒Y ☐N

Cartridge filter housings

☒Y ☐N

Water separators

☒Y ☐N

C. R. Hunter

Name of Responsible Official

Sheila Schneider

Inspector's Name (Please Print)

Sheila E. Schneider

Inspector's Signature

12/16/96

Date of Inspection

12/97

Approximate Date of Next Inspection

all ✓ 303136
DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources
FEB 24 1998
FEB 20 98
RECEIVED
MAIL ROOM

AIRS ID#0090147

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

Do NOT Remove Label

Annual Reporting Period: 12/31/1996 TO 12/31/1997

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: Clay Hunter
Name (Please Print)

Clay Hunter 2/16/98
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.

acc

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

<div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;">AIRS ID#0090149 KHANH THI NGUYEN KHANH THI NGUYEN 971 E EAU GALLIE BLVD MELBOURNE FL 32937</div>	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-weight: bold; margin-bottom: 10px;">JAN 27 1998</div> <div>Bureau of Air Monitoring & Mobile Sources</div>
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Do NOT Remove Label

Annual Reporting Period: Jan. 1998 TO 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. ☒ 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: KHANH THI NGUYEN [Signature] 1/19/98
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS
1123198
SQ

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 009047 DATE: 1/20/98 TIME IN: 12:15 TIME OUT: 1:15
FACILITY NAME: Fifth Avenue Cleaners
FACILITY LOCATION: 211 5th Avenue
Indian Atlantic, FL.
RESPONSIBLE OFFICIAL: Earl Leopold PHONE: 723-0231
CONTACT NAME: Klay Hunter (owner) 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
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)

☐

multimatco
10 yrs old

3. Existing large area source ☐
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)

4. New large area source ☐
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification



☐ 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 120 gallons.

RECEIVED

FEB 4 1998

Bureau of Air Monitoring
& Mobile Sources

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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> 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
No leaks
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?
Problem corrected? ☒ Y ☐ N ☐ N/A
8. Maintained compliance plan, if applicable? ☐ Y ☐ N ☒ N/A

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

☒ Y ☐ N ☐ N/A

Muck cookers

☐ Y ☐ N ☐ N/A

Door gaskets and seating

☐ Y ☐ N ☐ N/A

Still

☐ Y ☐ N ☐ N/A

Filter gaskets and seating

☐ Y ☐ N ☐ N/A

Exhaust dampers

☐ Y ☐ N ☐ N/A

Pumps

☐ Y ☐ N ☐ N/A

Diverter valves

☐ Y ☐ N ☐ N/A

Solvent tanks and containers

☐ Y ☐ N ☐ N/A

Cartridge filter housings

☐ Y ☐ N ☐ N/A

Water separators

☐ Y ☐ N ☐ 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)

☐

Halogen leak detector

☒

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?

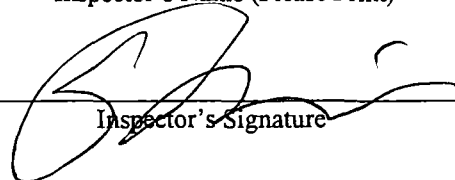
☐ Y ☐ N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

☐ Y ☐ N

SAADIA Qureshi

Inspector's Name (Please Print)



Inspector's Signature

11/20/98

Date of Inspection

11/99

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

multimetric - 10 years old
MCF \Rightarrow hazardous waste

IN COMPLIANCE.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ RE-INSPECTION ☐

COMPLAINT/DISCOVERY ☐ BY RL

ARMS UPDATED

DATE 7-21

BY RL

6:30-1

AIRS ID#: 0090147 DATE: 7-22-99 TIME IN: 9:30 TIME OUT: 10:00

FACILITY NAME: Fifth Avenue Cleaners

FACILITY LOCATION: 211 5th Ave

Dade County, FL

RESPONSIBLE OFFICIAL: Carl Leopold PHONE: 723-7581

CONTACT NAME: Clay Hunter (owner) PHONE: _____

RECEIVED
AUG - 2 1999
Bureau of Air Monitoring
C. Mobile Sources

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.

- | | |
|--|--|
| <p>1. Existing small area source <input checked="" type="checkbox"/></p> <p>dry-to-dry only, $x < 140$ gal/yr</p> <p>transfer only, $x < 200$ gal/yr</p> <p>both types, $x < 140$ gal/yr</p> <p>(constructed before 12/9/91)</p> | <p>2. New small area source <input type="checkbox"/></p> <p>dry-to-dry only, $x < 140$ gal/yr</p> <p>transfer only, $x < 200$ gal/yr</p> <p>both types, $x < 140$ gal/yr</p> <p>(constructed on or after 12/9/91)</p> |
| <p>3. Existing large area source <input type="checkbox"/></p> <p>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr</p> <p>transfer only, $200 \leq x \leq 1,800$ gal/yr</p> <p>both types, $140 \leq x \leq 1,800$ gal/yr</p> <p>(constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/></p> <p>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr</p> <p>transfer only, $200 \leq x \leq 1,800$ gal/yr</p> <p>both types, $140 \leq x \leq 1,800$ gal/yr</p> <p>(constructed on or after 12/9/91)</p> |

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 1335 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> 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 averages 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

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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stillls	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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)	<input type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input type="checkbox"/>
Odor (noticeable perc odor)	<input checked="" type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input type="checkbox"/>
Halogen leak detector	<input type="checkbox"/>

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	<input type="checkbox"/> Y <input type="checkbox"/> N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	<input type="checkbox"/> Y <input type="checkbox"/> N
d. Kept in a clean and secure area when not in use?	<input type="checkbox"/> Y <input type="checkbox"/> N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	<input type="checkbox"/> Y <input type="checkbox"/> N

Randall Cunningham
Inspector's Name (Please Print)

[Signature]
Inspector's Signature

7-21-99
Date of Inspection

7-2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

HCC

FACILITY NAME: Fifth Avenue Cleaners DATE: 7-27-99
FACILITY LOCATION: 211 5th Ave.
Indian Atlantic, FL

Annual Reporting Period: July 1998 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. ☒ 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: Clay Hunter Clay Hunter 7/21/99
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: <u>9:30</u>	TIME OUT: <u>10:00</u>	AIRS ID#: <u>0090147</u>
TYPE OF FACILITY: <u>Dry cleaner</u>		
FACILITY NAME: <u>Fifth Ave Cleaners</u>		DATE: <u>7-22-99</u>
FACILITY LOCATION: <u>211 5th Ave.</u>		
<u>Indian Atlantic, FL</u>		
RESPONSIBLE OFFICIAL: <u>Carl Leopold (Klay Hunter)</u>		PHONE NUMBER: <u>723-7581</u>

- ☒ 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

COMMENTS:

In Compliance (Thinking about new machine)

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

DATE OF NEXT INSPECTION: 7-2000

(Approximate)

INSPECTION CONDUCTED BY: Randall Cunningham

(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 407-893-3333

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED

DATE 3-27-00

BY RL

TYPE OF INSPECTION: ANNUAL



COMPLAINT/DISCOVERY

RE-INSPECTION



AIRS ID#: 0090147 DATE: 3-27-00 TIME IN: 11:00 TIME OUT: 11:30

FACILITY NAME: Fifth Avenue Cleaners

FACILITY LOCATION: 211 5th Ave.

Indialantic, FL 32903

RESPONSIBLE OFFICIAL: Karl Leopold

PHONE: 407-723-7581

CONTACT NAME: Clay Hunter

PHONE: 407-723-7581

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
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)



2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)



3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ 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
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



☐ 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 58 gallons.

Bureau of Air Monitoring
& Mobile Sources

APR - 4 2000

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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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> 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 averages 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

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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stillls	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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)	<input checked="" type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input type="checkbox"/>
Odor (noticeable perc odor)	<input checked="" type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input type="checkbox"/>
Halogen leak detector	<input type="checkbox"/>

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	<input type="checkbox"/> Y <input type="checkbox"/> N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	<input type="checkbox"/> Y <input type="checkbox"/> N
d. Kept in a clean and secure area when not in use?	<input type="checkbox"/> Y <input type="checkbox"/> N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	<input type="checkbox"/> Y <input type="checkbox"/> N

Randall Cunningham
Inspector's Name (Please Print)

Rdall
Inspector's Signature

3-27-00
Date of Inspection

3-2001
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

AIRS ID#: 0090147

All

Revised 01/18/00

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

FACILITY NAME: Fifth Avenue Cleaners DATE: 3-27-00
FACILITY LOCATION: 211 5th Ave.
Indianapolis, FL 32905

Annual Reporting Period: ~~December 2000~~ March 1994 TO March 20 00

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: Chay Hunter [Signature] 3/27/00
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: <u>11:00</u>	TIME OUT: <u>11:30</u>	AIRS ID#: <u>0090147</u>
TYPE OF FACILITY: <u>Dry Clean</u>		
FACILITY NAME: <u>Fifth Ave. Cleaners</u>		DATE: <u>3-27-00</u>
FACILITY LOCATION: <u>211 5th Ave</u> <u>Indianapolis, IN 46205</u>		
RESPONSIBLE OFFICIAL: <u>May Hunter</u>		PHONE NUMBER: <u>407-723-7581</u>

- ☒ 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

COMMENTS:

In Compliance

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

DATE OF NEXT INSPECTION: 3-2001 (Approximate)

INSPECTION CONDUCTED BY: Randall Cunningham (Please Print)

INSPECTOR'S SIGNATURE: Randall Cunningham PHONE NUMBER: 407-843-3333

the right

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

● Print your name, address, and ZIP Code in this box ●

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

51



Is your RETURN ADDRESS completed on 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.

3. Article Addressed to:

AIRS ID # 0090147

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

4a. Article Number

2333613568

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5. Received By: (Print Name)

021399W

6. Signature: (Addressee or Agent)

X A Cornell 03001

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

Z 333 613 568

1999

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

Postage	\$
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

7 333 613 196

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

	✓
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

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

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



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.

3. Article Addressed to:

AIRS ID 0090147

C.R. HUNTER

C R HUNTER

211 FIFTH AVENUE

INDIALANTIC FL 32903

4a. Article Number

7333613196

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery**5. Received By: (Print Name)****6. Signature: (Addressee or Agent)**

X

021498003001

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4128 4422

--

Postage

\$

Certified Fee

Postmark
Here

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

AIRS ID # 0090147

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

Cit

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 9510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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 # 0090147

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

2. Article Number (Copy from service label)

PS Form 3811, July 1999

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

020901 ~~for~~ 03001

3. Service Type

☒ Certified Mail

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

8856 8214 9200 0090 0000

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Postmark
Here

AIRS ID # 0090147001AG

C R HUNTER

FIFTH AVENUE CLEANERS & SHIRT
LAUNDRY

211 FIFTH AVENUE

INDIALANTIC FL 32903



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405571 FEB16 2001

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

2/16/01 PD

Do **NOT** Remove Label

AIRS ID # 0090147

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

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303136

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#0090147

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

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258553

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

RECEIVED
MAIL ROOM

JAN 21 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

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

AIRS ID# 0090147

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360938

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 # 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

RECEIVED
MAIL ROOM
FEB 18 98

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391451

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 # 0090147

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

RECEIVED
MAIL ROOM
JAN 25 08
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273