

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 22, 1997

Mr. Khanh Thi Nguyen Ocean Springs Cleaners 971 E. Eau Gallie Boulevard Melbourne, Florida 32937

Facility I.D. No. 0090149

Dear Mr. Nguyen:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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

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

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 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"

20149 Operations

| | #0090149 |
|------|---|
| | Ocean Springs Cleaners |
| | |
| P.14 | 1.(a) if control device installed, add date control device |
| | installed |
| , | 1 (b) mark out "X" and initial |
| p./5 | 5. (c) required |
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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| _ | | | | | | | | |
|------|---|--------|--|--|--|--|--|--|
| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): | | | | | | | |
| | KHANH THI NGUYEN | | | | | | | |
| 2. | (| | | | | | | |
| | OCEAN SPRINGS CLEANERS | | | | | | | |
| 3. | Hazardous Waste Generator Identification Number: | | | | | | | |
| | | | | | | | | |
| 4. | Facility Location: | | | | | | | |
| | Street Address: 971 E. EAU GALLIE BLYD. | | | | | | | |
| | City: MELBOURNE County: BREVARD Zip Code: 32937 | | | | | | | |
| S-11 | Facility Identification Number (DEP Use): | | | | | | | |
| | | | | | | | | |
| | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | | | | | |
| | Responsible Official | | | | | | | |
| | • | | | | | | | |
| 6. | Name and Title of Responsible Official: | _ | | | | | | |
| | KHANH THI NGUYEN , OWNER OPERATOR | | | | | | | |
| 7. | 1 | | | | | | | |
| | Organization/Firm: Street Address: 971 E. EAU GALLIE BLVD. | | | | | | | |
| | City: MELBOURNE County: BREVARD Zip Code: 329 | 137 | | | | | | |
| | City PALLEDON, ICE | - 1 | | | | | | |
| 8. | · | | | | | | | |
| | Telephone: (407) 777 - 9146 Fax: () - | | | | | | | |
| | | | | | | | | |
| | Facility Contact (If different from Responsible Official) | | | | | | | |
| 9. | Name and Title of Facility Contact (For example, plant manager): | | | | | | | |
| | | | | | | | | |
| 10. | . Facility Contact Address: | | | | | | | |
| | | | | | | | | |
| | Street Address: | | | | | | | |
| | City: County: Zip Code: | | | | | | | |
| 11. | . Facility Contact Telephone Number: | | | | | | | |
| | Telephone: () - Fax: () - | | | | | | | |
| | | | | | | | | |
| | | 11 = 1 | | | | | | |

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

Page 13 of 16

Facility Information

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

| Type of Machine Example Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls © Control devices are (c) No control devices are | #/ #/ | Machine Initially Purchased 03-OCT-93 | Control Device Installed 12-NOV-93 | #2 | Machine Initially Purchased 08-DEC-91 | Control Device Installed | #3 | Machine Initially Purchased 02-MAR-92 | Control Device Installed 02-MAR- |
|---|----------------|---|-------------------------------------|--------|--|--------------------------|-------|--|-----------------------------------|
| Example Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls | #1 | Purchased 03-OCT-93 | Installed | | Purchased | | | Purchased | Installed |
| Example Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls | #1 | 03-OCT-93 | ı | | | Installed | | | 1 |
| Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls | | | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR- |
| (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls | #1 | 17-MAY-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 | #1 | i7-MAY-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 | | | | | | | | | |
| 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 | | | | | | | | | |
| (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 | | | | | | | | | |
| (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 | | | | | | | | .: | |
| (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 | | | | | | | | | |
| 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 | | | | | | | | .: | |
| (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 | | | | | | | | | |
| (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 | | | | | | | | | |
| (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are | | | | | | | | | |
| Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are | | | | | | | | | |
| (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are | | | | | | | | | |
| (11) w/carbon adsorber (12) w/ no controls (b) Control devices are | | | | | | | | _ | |
| (12) w/ no controls (b) Control devices are | | | | | | | | _ | |
| (b) Control devices are | | | | | | | | | |
| - | | | | 1 | 1 | | | | |
| 2.(a) What was the total q | uanti gallo | equired to be ity of perchlo ons ow many? [_ | installed [_oroethylene (| (perc) | purchased in | | | | |
| 3. What is the facility's sou (Indicate with an "X". S Existing small are Existing large are | Selec | t one classifi | cation only. |) | nitions found | | 3) of | Part II? | |

DEP Form No. 62-213.900(2)

| What control technology is required on machines pursuant to se (Indicate with an "X".) | ection (5) of Part II of this notification form? | | | | | | |
|---|--|--|--|--|--|--|--|
| Existing large area source Carbon adsorber [] Refrigerated | condenser [X] | | | | | | |
| 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 Recordke | eeping 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 | X | | | | | | |
| (b) Leak detection inspection and repair | (<u>*</u>) | | | | | | |
| Refrigerated condenser temperature monitoring | | | | | | | |
| (d) Carbon adsorber exhaust perc concentration monitoring | N/ A | | | | | | |
| (e) Instrument calibration | | | | | | | |
| (f) Start-up, shutdown, malfunction plan | [X] | | | | | | |

DEP Form No. 62-213.900(2)

Surrender of Existing Air Permit(s)

| Please indicat | te 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) |
| [X] | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| this notifi statement 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 its 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. |
| I will pro | imptly notify the Department of any changes to the information contained in this notification. 28 Aug. 96 |

#0090149 BEST AVAILABLE COPY

| | | Ocean Springs Cleaners | |
|----------------------|---------------------|--|-----------|
| 1. | Facili | p. 14 1. (a) if control device installed, add date control device | |
| 2. | Site N | installed | |
| | d | and | _ |
| 3. | Hazar | 1.(b) mark out "X" and invital D. 15 5.(c) required | |
| 4. | Facili | p. 15 s. Corequie | |
| | Stree City: | | - _937 |
| 15.1 11.1 11.1 | Facili | | |
| , | and the second of | $\bigcap_{i \in \mathcal{A}_i} \bigcap_{i \in \mathcal{A}_i} \bigcap_{i$ | |
| 6. | Name | | |
| | KHA | | , |
| 7. | Respo Organ | | |
| | Street | | |
| | City: | | 32937 |
| 8. | Respo | Made | |
| | Teleph | Carections 12/16/96 55 | |
| | | | - |
| 9. | Name . | and Thie of Pacinty Confact (For example, plant manager): | |
| 10. | Facility | Contact Address: | |
| | Street A | Address: | |
| | City: | County: Zip Code: | |
| 11. | Facility Telepho | Contact Telephone Number: one: () - Fax: () - | |
| | | nne: () - Fax: () - | |

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Bureau of Air Michitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): | | | | | | | |
|-----|---|--|--|--|--|--|--|--|
| | KHANH THI NGUYEN | | | | | | | |
| 2. | Site Name (For example, plant name or number): | | | | | | | |
| | OCEAN SPRINGS CLEANERS | | | | | | | |
| 3. | Hazardous Waste Generator Identification Number: | | | | | | | |
| | , <u> </u> | | | | | | | |
| 4. | Facility Location: | | | | | | | |
| | Street Address: 971 E. EAU GALLIE BLYD. | | | | | | | |
| | City: MELBOURNE County: BREVARD Zip Code: 32937 | | | | | | | |
| 5. | Facility Identification Number (DEP Use): | | | | | | | |
| | 0090/49 | | | | | | | |
| | Responsible Official | | | | | | | |
| 6 | Name and Title of Responsible Official: | | | | | | | |
| ο. | KHANH THI NGUYEN , OWNER OPERATOR | | | | | | | |
| 7. | Responsible Official Mailing Address: | | | | | | | |
| | Organization/Firm: Street Address: 971 E. EAU GALLIE BLVD. | | | | | | | |
| | City: MELBOURNE County: BREVARD Zip Code: 32937 | | | | | | | |
| | City. MELDOURIOE County. DREVARD Zip couc. 32 12 1 | | | | | | | |
| 8. | · | | | | | | | |
| | Telephone: (407) 777 - 9146 Fax: () - | | | | | | | |
| | Facility Contact (If different from Responsible Official) | | | | | | | |
| 9. | Name and Title of Facility Contact (For example, plant manager): | | | | | | | |
| | | | | | | | | |
| 10. | Facility Contact Address: | | | | | | | |
| | | | | | | | | |
| | Street Address: City: County: | | | | | | | |
| | City: Zip Code: | | | | | | | |
| 11. | Facility Contact Telephone Number: | | | | | | | |
| | Telephone: () - Fax: () - | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | |

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SEP 3 BY

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Michitoring & Mobile Sources

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 | | Date | Date | | Date | Date |
|---|--------------------------|---------------------------------|--------------|-------|----------------|-----------------|-------|--------------|-----------|
| | | Machine | Control | | Machine | Control | | Machine | Control |
| | ŀ | Initially | Device | | Initially | Device | | Initially | Device |
| Type of Machine | lD | Purchased | Installed | lD | Purchased | Installed | ID | Purchased | lnstalled |
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-9 |
| Dry-to-Dry Unit | | | | Kh | . 12-16. | -96. | - | | |
| (1) w/ ref. condenser | #1 | 17-MAY-91 | 12-300 | | | | - | | |
| (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 | | | | | | | | | |
| | are re quant gallo | equired to be ity of perchlo | installed [_ | perc) | _] | n the latest 12 | mor | nths? | |
| (b) If less than 12 mont Check why it is less | | | | | _] New store | : [] Did | not k | eep records: | [] |
| 3. What is the facility's so (Indicate with an "X". | | | | | nitions found | d in section (3 | 3) of | Part II? | |
| Existing small ar | ea so | urce [] | Ne | w sm | nall area sour | rce [] | | • | |
| Existing large are | ea soi | urce 🔀 | Ne | w lai | ge area sour | ce [] | | | |

DEP Form No. 62-213.900(2)

| What control technology is required on machines (Indicate with an "X".) | pursuant to section (5) of F | art 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 [] | | |
| | | |
| | | |
| 5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam ar exemption criteria or that no such units exist on-site | d hot water generating unit | |
| All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by a during which propane or fuel oil containing no more | natural gas except for period | ds of natural gas curtailment |
| All steam and hot water generating units exempt No such units on-site | <u> </u> | |
| | ١ | |
| | | |
| Equipment Monitoring | and Recordkeeping Inform | nation |
| Check all logs which are required to be kept on-site | in accordance with the requ | uirements of this general permit: |
| (a) Purchase receipts and solvent purchases | | [<u>X</u>] |
| (b) Leak detection inspection and repair | | [*] |
| (c) Refrigerated condenser temperature monitoring | | [X] KH 12.16.96 |
| (d) Carbon adsorber exhaust perc concentration mo | nitoring | X KH 12.16.96. |
| (e) Instrument calibration | | |
| (f) Start-up, shutdown, malfunction plan | | [<u>X</u>] |

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) |
| ίΧJ | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| this notific statement 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 s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. |
| I will proi | riptly notify the Department of any changes to the information contained in this notification. |
| Signature | Date 12-16-96 |



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| | | į | • | | | |
|--|--|--|--|----------|----------|--|
| TYPE OF INSPECTION: | ANNUAL | X | COMPLAINT/DISC | OVERY | | |
| | RE-INSPECTION | п | | | | |
| | TEL ENDIZOTION | _ | | | | |
| | in ly las | | 4 | * 4 | | |
| AIRS 1D#: <u>0090149</u> p | ate: <u>12/16/96</u> | TIME | IN: <u> </u> | E OUT: 🏒 | 40p | |
| FACILITY NAME: | 500 | 100 S | Cleaners | | ' | |
| | | | | | | |
| FACILITY LOCATION:9 | 71 E EAU | u GALL | IE BIVA. | | | |
| Γ | Nelhourne | F) | 32937 | | | |
| | _/GDOURICE. | | ا کا اعتمال | | | |
| | | | | | | |
| PART I: NOTIFICATION | | | <u>.</u> | - | | |
| (check appropriate box) | | | | | <u> </u> | |
| 1. Existing facility notified DAR | M by 9/1/96 | | | | | |
| 2. New facility notified DARM 3 | 0 days prior to startur |) | | | | |
| 3. Facility failed to notify DARM | | | • | | | |
| J. Tuesting failed to monthly 2012. | | | | · | | |
| | | | | | | |
| PART II: CLASSIFICATION | | | | | | |
| Facility indicated on notification | n form that it is: | | | | | |
| (check appropriate box) | - | | | | | |
| A. | | | | | | |
| | | | | | | |
| 1. Existing small area sourc | | New small | · · | | | |
| dry-to-dry only, x<140 gal/yr | dı | ry-to-dry only | /, x<140 gal/yr | | | |
| dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr | dı tr | ry-to-dry only ansfer only, > | /, x<140 gal/yr x<200 gal/yr | | | |
| dry-to-dry only, x<140 gal/yr | dı tr bo | ry-to-dry only ansfer only, > oth types, x<1 | /, x<140 gal/yr x<200 gal/yr | | | |
| 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) | di tr bo (c | ry-to-dry only ansfer only, > oth types, x<1 constructed or | v, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) | | | |
| dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source | di tr bo (c | ry-to-dry only ansfer only, > oth types, x <br constructed or . New large | y, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source | | | |
| dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100<="" td=""><td>di tr bo (c e 4.) gal/yr</td><td>ry-to-dry only ansfer only, > oth types, x<1 constructed or . New large ry-to-dry only</td><td>y, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140<x<2, 100="" gal="" td="" yr<=""><td></td><td></td></x<2,></td></x<2,> | di tr bo (c e 4.) gal/yr | ry-to-dry only ansfer only, > oth types, x<1 constructed or . New large ry-to-dry only | y, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140 <x<2, 100="" gal="" td="" yr<=""><td></td><td></td></x<2,> | | | |
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| dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100<="" td=""><td>di tr bo (co e 4. gal/yr di al/yr tr</td><td>ry-to-dry only ansfer only, > oth types, x<1 constructed or . New large ry-to-dry only ansfer only, 2 oth types, 140</td><td>y, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140<x<2, 100="" gal="" td="" yr<=""><td></td><td></td></x<2,></td></x<2,> | di tr bo (co e 4. gal/yr di al/yr tr | ry-to-dry only ansfer only, > oth types, x<1 constructed or . New large ry-to-dry only ansfer only, 2 oth types, 140 | y, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140 <x<2, 100="" gal="" td="" yr<=""><td></td><td></td></x<2,> | | | |
| dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" before="" gal="" only,="" td="" transfer="" y=""><td>di tr bo (c gal/yr dr di/yr tr vr bo</td><td>ry-to-dry only ansfer only, ansfer only, ansfer only, ansfer on New large ry-to-dry only ansfer only, and ansfer only, and ansfer only, and ansfer only, and ansf</td><td>x, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<1,800></x<2,></td></x<2,> | di tr bo (c gal/yr dr di/yr tr vr bo | ry-to-dry only ansfer only, ansfer only, ansfer only, ansfer on New large ry-to-dry only ansfer only, and ansfer only, and ansfer only, and ansfer only, and ansf | x, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<1,800></x<2,> | | | |
| dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (source)="" 100="" 140<x<1,800="" 140<x<2,="" 200<x<1,800="" area="" both="" dry-to-dry="" dry-to-dry-<="" for="" gal="" only,="" source="" td="" the="" transfer="" types,="" yr=""><td>di tr bo (c gal/yr dr di/yr tr vr bo</td><td>ry-to-dry only ansfer only, > oth types, x<1 constructed or . New large ry-to-dry only ansfer only, 2 oth types, 140</td><td>x, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<1,800></x<2,></td></x<2,> | di tr bo (c gal/yr dr di/yr tr vr bo | ry-to-dry only ansfer only, > oth types, x<1 constructed or . New large ry-to-dry only ansfer only, 2 oth types, 140 | x, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<1,800></x<2,> | | | |
| dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" before="" gal="" only,="" td="" transfer="" y=""><td>ditr be (continued by the continued by t</td><td>ry-to-dry only ansfer only, ansfer only, ansfer only, ansfer on New large ry-to-dry only ansfer only, and ansfer only, and ansfer only, and ansfer only, and ansf</td><td>x, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<1,800></x<2,></td></x<2,> | ditr be (continued by the continued by t | ry-to-dry only ansfer only, ansfer only, ansfer only, ansfer on New large ry-to-dry only ansfer only, and ansfer only, and ansfer only, and ansfer only, and ansf | x, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<1,800></x<2,> | | | |
| dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91)="" a="" appropriations="" before="" check="" classific.="" correct="" facility="" gal="" if="" is="" no,="" of="" only,="" please="" so<="" source="" td="" the="" this="" transfer="" yr=""><td>ditr bo (continue) gal/yr dividityr tr (continue) ation te classification:</td><td>ry-to-dry only ansfer only, ansfer only, ansfer only, anstructed or new large ry-to-dry only ansfer only, and answering only.</td><td>y, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,> | ditr bo (continue) gal/yr dividityr tr (continue) ation te classification: | ry-to-dry only ansfer only, ansfer only, ansfer only, anstructed or new large ry-to-dry only ansfer only, and answering only. | y, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,> | | | |
| dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91)="" a="" appropria<="" before="" check="" classific="" correct="" facility="" gal="" if="" is="" no,="" only,="" please="" td="" the="" this="" transfer="" y=""><td>ditr be (continued by the continued by t</td><td>ry-to-dry only ansfer only, ansfer only, ansfer only, anstructed or . New large ry-to-dry only ansfer only, anstructed or .</td><td>y, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140<x<2, 0<x<1,800="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" n="" or="" td="" yr=""><td></td><td></td></x<2,></td></x<2,> | ditr be (continued by the continued by t | ry-to-dry only ansfer only, ansfer only, ansfer only, anstructed or . New large ry-to-dry only ansfer only, anstructed or . | y, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140 <x<2, 0<x<1,800="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" n="" or="" td="" yr=""><td></td><td></td></x<2,> | | | |
| dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91)="" a="" appropria<="" before="" check="" classific="" correct="" facility="" gal="" if="" is="" no,="" only,="" please="" td="" the="" this="" transfer="" y=""><td>ditr bo (contact of the second of the second</td><td>ry-to-dry only ansfer only, > oth types, x<1 constructed or . New large ry-to-dry only ansfer only, 2 oth types, 140 constructed or . Y \bigcup N</td><td>y, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140<x<2, 0<x<1,800="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" n="" or="" td="" yr=""><td></td><td>cleaning</td></x<2,></td></x<2,> | ditr bo (contact of the second | ry-to-dry only ansfer only, > oth types, x<1 constructed or . New large ry-to-dry only ansfer only, 2 oth types, 140 constructed or . Y \bigcup N | y, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140 <x<2, 0<x<1,800="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" n="" or="" td="" yr=""><td></td><td>cleaning</td></x<2,> | | 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? 2. Examining the containers for leakage? 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

(check appropriate boxes) IN PROCESS 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 □Y □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN 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?

A. Has the responsible official of all new sources and existing large area sources:

(complete A and B below).

| : | |
|--|---------------|
| 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? | □У □И |
| 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? | OY ON |
| 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? | lped R.O. |
| Is the perc concentration equal to or less than 100 ppm? | OY ON |
| 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 |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ם אועם אם אוע |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | DY DN ZN/A |
| | |
| PART V: RECORDKEEPING REQUIREMENTS | |
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | MD AE |
| 2. Maintained rolling monthly averages of perc consumption? | XY ON |
| 3. Maintained leak detection inspection and repair reports for the following: | 12 |
| a. documentation of leaks repaired w/in 24 hrs? or; No Leaks | NO AM |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | □У □И |
| 4. Maintained calibration data? (for direct reading instruments only) | DY DN MYNA |
| 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? | OY ON |
| 6. Maintained startup/shutdown/malfunction plan? | □Y X N |

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly leak detection and repair inspection? AY DN

7. Maintained deviation reports?

Problem corrected?

8. Maintained compliance plan, if applicable?

OY ON

 \square Y \square N

DY DN DN/A

| 2. | 2. Which method of detection is used by the responsible official? | , | |
|----|---|----------|----|
| | Visual examination (condensed solvent on exterior surfaces) | 8 | |
| | Physical detection (airflow felt through gaskets) | Ø | |
| | Odor (noticeable perc odor) | 9 | |
| | 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? | ΠY | חח |
| | b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | ΠY | □и |
| | c. Inspected for leaks and obvious signs of wear on a weekly basis? | ΠY | □И |
| | d. Kept in a clean and secure area when not in use? | ΠY | חח |
| | e. Verified for accuracy by use of duplicate samples (calorimetric only)? | ΠY | □и |
| 3. | 3. Has the facility maintained a leak log? | ΠY | □и |
| 4. | 4. Does the responsible official check the following areas for leaks? Us N + 1/ | | |
| | Hose connections, fittings, couplings, and valves OY N Muck cookers | ΠY | ПN |
| | Door gaskets and seating | ΠY | □и |
| | Filter gaskets and seating | ΠY | □N |
| | Pumps | ПY | □и |
| | Solvent tanks and containers | ПY | ПИ |
| | Water separators | | |
| | Khanh Thi Nguyen | | |

| KHANH Thi Naugen | |
|---------------------------------|-------------------------------------|
| Name of Responsible Official | |
| Shoila Schweider | 12/16/96 |
| Inspector's Name (Please Print) | Date of Inspection |
| Shola E. Schreiden | 12/97 |
| Inspector's Signature | Approximate Date of Next Inspection |
| | |

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|--|--|
| . T I | OETHYLENE DRY CLEANERS ITLE V GENERAL PERMIT LANCE INSPECTION CHECKLIST |
| TYPE OF INSPECTION: ANNUA | / |
| AIRS ID#: 0090149 DATE: 3 FACILITY NAME: 0 CEC FACILITY LOCATION: 471 Ind | |
| PART I: NOTIFICATION | |
| (check appropriate box) | |
| 1. Existing facility notified DARM by 9/1/ | 96 |
| 2. New facility notified DARM 30 days pri | |
| | |
| 3. Facility failed to notify DARM to use ge | herar permit 2 |
| PART II: CLASSIFICATION | |
| Facility indicated on notification form th (check appropriate box) | at it is: |
| 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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,> | 4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,> |
| This is a correct facility classification | r da |
| If no, please check the appropriate classific | cation: |
| facility qualified for a genute of the facility exceeds above liπ | neral permit as number above nits and is not eligible for a general permit |
| B. The total quantity of perchloroethylene facility was 170 gallons. | (perc) purchased within the preceding 12 months by this dry cleaning |

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

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser

prior to September 22, 1993

A. Has the responsible official of all new sources and existing large area sources:

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

installed

(check appropriate boxes)

(complete A and B below).

condenser upon opening the door?

condenser on a weekly basis?

condenser exceeded 45°F?

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

 $\frac{1}{1}$ on on/a

| 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? 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? 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? 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? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 6. Routed airflow to the carbon adsorber (if used) at all times? | В. | Has the responsible official of an existing large or new large area source also: | |
|--|----|---|-------------|
| Is the temperature differential equal to or greater than 20° F? 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? 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? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | 1. | | |
| 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? QY QN 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? S Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | 2. | | AY ON |
| 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? 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? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | | Is the temperature differential equal to or greater than 20° F? | □Y □N |
| 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? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | 3. | at the end of the final drying cycle while the machine is venting to the adsorber, | OY ON TAVA |
| 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? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | | Is the perc concentration equal to or less than 100 ppm? | □Y □N |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | 4. | perc concentrations is at least 8 duct diameters downstream of any bend, contraction, | A |
| l . | | or expansion; and downstream from no other inlet? | |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | 5. | | |
| | 6. | Routed airflow to the carbon adsorber (if used) at all times? | DY ON MON/A |

| PART V: RECORDKEEPING REQUIREMENTS | | | | | | |
|---|-------------|--|--|--|--|--|
| Has the responsible official: (check appropriate boxes) | | | | | | |
| 1. Maintained receipts for perc purchased? | AY ON | | | | | |
| 2. Maintained rolling monthly averages of perc consumption? | AA ON | | | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | / | | | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | ATY ON | | | | | |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | A ON | | | | | |
| 4. Maintained calibration data? (for direct reading instruments only) | OY ON DIN/A | | | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | AZY ON | | | | | |
| 6. Maintained startup/shutdown/malfunction plan? | AYY ON | | | | | |
| 7. Maintained deviation reports? | ZY ON | | | | | |
| Problem corrected? | ØYY □N | | | | | |
| 8. Maintained compliance plan, if applicable? | AND NO YE | | | | | |

| PART VI: LEAK DETECTION AND REPAIRS | | |
|---|---------------|--|
| 1. Does the responsible official conduct a weekly leak detection and repair inspection? | A Y □N | |

| 2. | Which method of detection is used by the | ne respon | nsible offic | ial? | 1 | |
|----|---|--------------|--------------|---------------------------------|------------|----|
| | Visual examination (condensed so | ø, | | | | |
| | Physical detection (airflow felt thi | ₫/ | | | | |
| | Odor (noticeable perc odor) | Ø | | | | |
| | Use of direct-reading instrumenta | | | | | |
| | If using direct-reading instrume | entation, | is the equ | ipment: | | |
| | a. Capable of detecting p | perc vapo | or concent | ations in a range of 0-500 ppm? | | N |
| | b. Calibrated against a s (PID/FID only)? | tandard | gas prior to | and after each use | | IN |
| | c. Inspected for leaks an | d obviou | s signs of | wear on a weekly basis? | OY ON | |
| | d. Kept in a clean and so | ecure are | a when no | t in use? | ND YD | |
| | e. Verified for accuracy | by use of | f duplicate | samples (calorimetric only)? | OY ON | |
| 3. | Has the facility maintained a leak log? | | | | WY C | lN |
| 4. | Does the responsible official check the | followin | g areas for | leaks? | | |
| | Hose connections, fittings, couplings, and valves | Y | □и | Muck cookers | W Y | □N |
| | Door gaskets and seating | Z Y | ΠN | Stills | XX | □и |
| | Filter gaskets and seating | ∆ YY | ПΝ | | | |
| | Pumps | □ Y Y | □и | | | |
| | Solvent tanks and containers | Y | ПИ | | | |
| | Water separators | A Y | ПП | | | |

KHANH NGUTENName of Responsible Official

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

NO CARN

Buwe Permac R 312 E unit will be replaced by mew machine

left permit application & record keeping document and fully explained

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: ANNUAL RE-INSPECTION | ON DO |
|--|--|
| AIRS ID#: 0090149 DATE: 6/24 | 198 time in: 10, 45 time out: 11,55 |
| ı | ing Cleaners |
| FACILITY LOCATION: 971 E. E | Euc Gallie Bh |
| Mel Down | ue Fr. 32937 |
| RESPONSIBLE OFFICIAL: MV. MAR | Phu PHONE: 467-777-9146 |
| CONTACT NAME: | PHONE: |
| PART 1: NOTIFICATION | P |
| (check appropriate box) | ` ` |
| 1. New facility notified DARM 30 days prior to sta | artup /// VD |
| 2. Facility failed to notify DARM to use general pe | |
| | Mobile Sour Original Property of the Control of the |
| DADTH. CLASSICATION | |
| PART II: CLASSIFICATION | Sour |
| Facility indicated on notification form that it is: | ☐ No notification form |
| | □ No notification form □ Drop store/out of business/petroleum |
| Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source | Drop store/out of business/petroleum 2. New small area source |
| Facility indicated on notification form that it is: (check appropriate box) A. | ☐ Drop store/out of business/petroleum |
| Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr |
| Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) |
| Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source |
| 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) | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) |
| Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr |
| Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr |
| Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr |
| Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ 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) 5. This is a correct facility classification If no, please check the appropriate classific | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ Y □ N □ Can not determine cation: |
| Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification If no, please check the appropriate classification | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ Y □ N □ Can not determine |

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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

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)

- Equipped all machines with the appropriate vent controls?
- 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?
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated 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?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

מאבשי מם צם

DY ON ON/A

OY XN EXPLAINED

DY ON/A

MEG YO

| В. | Has the responsible official of an existing large or new large area source also: | 7 | | |
|----|---|----|----|-------------------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ΠY | □N | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΠY | □N | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | ΠY | □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? | υY | ПN | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΠY | □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? | ΟY | ПN | □N/A _. |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΠY | ПN | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | ПN | □N/A |

| PART V: RECORDKEEPING REQUIREMENTS | | | | | |
|---|--------------|--|--|--|--|
| Has the responsible official: | | | | | |
| (check appropriate boxes) | | | | | |
| 1. Maintained receipts for perc purchased? | UZY ON | | | | |
| 2. Maintained rolling monthly total of perc consumption? | 12Y □N | | | | |
| 3. Maintained leak detection inspection and repair reports for the following. | | | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | DY DN DYN/A | | | | |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) | S OY ON WN/A | | | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | "OY ON MIN/A | | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | DY DN XIN/A | | | | |
| 6. Maintained startup/shutdown/malfunction plan? | ND PAD | | | | |
| 7. Maintained deviation reports? | OY ON MIN/A | | | | |
| Problem corrected? | OY ON MIN/A | | | | |
| 8. Maintained compliance plan, if applicable? | OY ON XIVA | | | | |

| PA | PART VI: LEAK DETECTION AND REPAIRS | | | | | | |
|--|---|---------------|-------------------|---------------------------|-------------------|--|--|
| 1. | Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | | |
| | inspection? | | | \ | MO Y | | |
| 2. | Has the facility maintained a leak log? EX | RAIN | ED | | DY LOW | | |
| 3. | Does the responsible official check the fol | lowing a | reas for leaks? | | | | |
| | Hose connections, fittings, | NO Y | □N/A | Muck cookers | ארם אם צ <u>ו</u> | | |
| | | | | INTUCK COOKELS | | | |
| | Door gaskets and seating | DY ON | □N/A | Stills | DY ON ON/A | | |
| | Filter gaskets and seating | HY ON | □N/A | Exhaust dampers | אום אם או | | |
| | Pumps | dy □N | □N/A | Diverter valves | DY ON ON/A | | |
| | Solvent tanks and containers | אם אם | □N/A | Cartridge filter housings | אואם אם צם | | |
| | Water separators | PA ON | □N/A | | | | |
| 4. | Which method of detection is used by the | responsil | ole official? | | | | |
| | Visual examination (condensed solv | ent on ex | terior surfaces) | | VZ | | |
| | Physical detection (airflow felt throu | ıgh gaske | ets) | | 12 | | |
| | Odor (noticeable perc odor) | | | | | | |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | | | | | | | |
| l | Halogen leak detector | | | | | | |
| If using direct-reading instrumentation, is the equipment: | | | | | □N/A | | |
| | a. Capable of detecting per | c vapor o | concentrations in | a range of 0-500 ppm? | OY ON | | |
| | b. Calibrated against a stan | ıdard gas | prior to and afte | er each use | | | |
| | (PID/FID only)? | | | | OY ON | | |
| | c. Inspected for leaks and c | | | a weekly basis? | | | |
| | d. Kept in a clean and secu | | | | OY ON | | |
| | e. Verified for accuracy by | use of d | uplicate samples | s (calorimetric only)? | OY ON | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | SAADIA YURESH | 1 | | 62493 | | | |
| | Inspector's Name (Please Print) | | | Date of Inspection | | | |
| | m : | | | B 6169 | Condina 1. | | |
| _ | Inspector's Signature | . | | Approximate Date of | Next Inspection | | |

Aerotek M40

Pan? Yes

epoxy?465, But needs to be
resurfaced.

Advised him to get a ordany pan for hazardous waste + reepsky the floor.

talked to the owner (usually the rule is there) explained a asked him to fax calendar pages in a month to venty that he's doing it.

MINOR- OUT (pending until fax)

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | X , | COMPLAINT/DISCOVE | ERY 🗆 |
|--|--|---|---|-----------------|
| AIRS ID#: <u>00</u> 90149 | DATE: 21298 | TIME | IN: 10: 46 TIME C | DUT: 11. 30 |
| FACILITY NAME: | ceanside Cl | eaners | | |
| FACILITY LOCATION: | | | | |
| | Melbourne | ,FL. i | 32937 | |
| RESPONSIBLE OFFICIAL CONTACT NAME: | : Khanh N | gyven | _ PHONE: _ 407 - 7 | 77-9146 |
| CONTACT NAME: | Same | | _PHONE:San | re |
| | | | | |
| PART I: NOTIFICATION | | | | |
| (check appropriate box) | | | | |
| New facility notified DARN | 1 30 days prior to start | up | | <u> </u> |
| 2. Facility failed to notify DAI | RM to use general peri | mit | | a |
| | | | | |
| PART II: CLASSIFICATIO | N | | - | |
| Facility indicated on notifica | tion form that it is: | | ☐ No notification form | |
| (check appropriate box) | | | ☐ Drop store/out of busing | iness/petroleum |
| 1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91 | l/yr r | transfer only, a both types, x < | /, x < 140 gal/yr x < 200 gal/yr | 1996 Aerokic |
| 3. Existing large area soundry-to-dry only, $140 \le x \le 1$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$ | 2,100 gal/yr 300 gal/yr) gal/yr .) | transfer only, 2 both types, 140 (constructed o | y, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ n or after $12/9/91$) | 1 |
| 5. This is a correct facility | classification | MY ON | □Can not determine | |

If no, please check the appropriate classification:

facility was 120 gallons.

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

1 of 5

all :

| 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 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 ref (complete A and B below). | rigerated condenser | | | | |
| 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? | ÒX Y □N | | | | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | XIY □N □N/A | | | | |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | XY □N □N/A | | | | |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Expland | A VA | | | | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | □Y ¤ N □N/A | | | | |

□Y ØN

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

| 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 | ΠИ | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser | | | 53. 7 |
| | inlet and outlet weekly? | ЦY | UN | □N/A |
| 1 | Is the temperature differential equal to or greater than 20° F? | ПY | □и | □N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly | | | |
| | at the end of the final drying cycle while the machine is venting to the adsorber, | | | |
| | if machines are equipped with a carbon adsorber? | ΠY | ПИ | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΩY | 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 | ПN | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΠV | □Nī | □N/A |
| | CONDUISCE CONS: | u i | UN | LIVA |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΩY | ПN | □N/A |

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair XY $\square N$ inspection? explained , gave calendar 2. Has the facility maintained a leak log? $\Box Y$ ŻΩ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A DY ON ON/A Muck cookers couplings, and valves DY DN DN/A Stills Y ON ON/A Door gaskets and seating CY ON ON/A ØY □N □N/A Filter gaskets and seating Exhaust dampers ON ON ON/A ФY □N □N/A Diverter valves Pumps ON ON ON/A Solvent tanks and containers Cartridge filter housings DY DN DN/A DY DN DN/A Water separators 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? \Box Y \Box N b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? \Box Y \Box N d. Kept in a clean and secure area when not in use? \Box Y \Box N e. Verified for accuracy by use of duplicate samples (calorimetric only)? UY UN

| SARDIA GLEESHI | 2/18/97 |
|---------------------------------|-------------------------------------|
| Inspector's Name (Please Print) | Date of Inspection |
| Som: | 5/98 |
| Inspector's Signature | Approximate Date of Next Inspection |

Acrotek USA MHO pan? yes epoxy? yes

MCF-natardouse, waste pick UP Seperator enstalled in machine new machine, well maintained

BEST AVAILABLE INSPECTION SUMMARY REPORT ANNUAL M COMPLAINT/DISCOVERY RE-INSPECTION ? TYPE OF INSPECTION: TIME IN: 10:40 0090149 AIRS ID#: TIME OUT: TYPE OF FACILITY: Meaners FACILITY NAME: FACILITY LOCATION: Melbourne Pr. 32937 PHONE NUMBER: 407-7-77 - 9146 RESPONSIBLE OFFICIAL: 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.). X Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED NO RECORD KEEPING LEAK, TEMPERATURE, ROLLING PERC NO FERC RECEMPTS. 1996- Anoth machini; relatively new (no looks as of yet) MCF - hazardors warte pirk-up. minor-out-of compliance mailed W/ invoice YES NOK The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION:_ (Approximate) JAADIA WRESHI INSPECTION CONDUCTED BY: (Please Print) _phone number:_ 407 *893-3333* INSPECTOR'S SIGNATURE:

Page of

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

| TYPE | OF | INSPE | CTION |
|-------------|----|-------|-------|
|-------------|----|-------|-------|

ANNUAL

ø

COMPLAINT/DISCOVERY

RE-INSPECTION □

| AIRS ID#: 0090149 DATE: 8-6-0 | 79 TIME IN: 10!45 TIME OUT: 10115 | | | |
|---|--|--------|--|--|
| FACILITY NAME: OceAN Springs Cleaners | | | | |
| FACILITY LOCATION: 171 E, Ear Gallse Blvd. | | | | |
| melburrne | FL 3293-7 % | _ | | |
| RESPONSIBLE OFFICIAL: | Noyven PHONE: 407-527-9146 | , _ | | |
| CONTACT NAME: | PHONE: 3 | _ | | |
| | 8 | | | |
| PART I: NOTIFICATION | | | | |
| (check appropriate box) | | | | |
| 1. New facility notified DARM 30 days prior to sta | rtup | | | |
| 2. Facility failed to notify DARM to use general pe | rmit \square | | | |
| | | | | |
| PART II: CLASSIFICATION | | | | |
| Facility indicated on notification form that it is: | | | | |
| | ☐ No notification form | | | |
| (check appropriate box) | ☐ No notification form☐ Drop store/out of business/petroleum | | | |
| | | | | |
| (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr | | | |
| (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr | | | |
| A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ge | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) \square Y \square N \square Can not determine | | | |

| 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? | OY ON EANA | | | |
| 2. Examining the containers for leakage? | OY ON DANA | | | |
| 3. Closing and securing machine doors except during loading/unloading? | AY ON | | | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | ∯AY □N □N/A | | | |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | OY ON DINA | | | |
| | | | | |
| 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 refrience (complete A below). | gerated condenser | | | |
| 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? | x ∆y □n | | | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | X 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 ON ON/A | | | |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | Mary □n | | | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | אואם אם צ אל | | | |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | pa a on | | | |

| B. Has the responsible official of an existing large or new large area source also: | |
|--|------------|
| Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | OY ON |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | OY OŅ ON/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? | DY DN DN/A |
| Is the perc concentration equal to or less than 100 ppm? | OY ON ON/A |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | OY ON ON/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON ON/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | OY ON ON/A |

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: onlyget perc 60 every 2 years (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; AVAR NO YO 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 DN DY/A DY DN DRNA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DONA 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? MO YES DY ON ON/A 7. Maintained deviation reports? OY ON BN/A Problem corrected? DY DN DANA 8. Maintained compliance.plan, if applicable?

| P. | PART VI: LEAK DETECTION AND REPAIRS | | | | | |
|---|---|--------------|-------------------|---------------------------|------------|---------|
| 1. | . Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | |
| | inspection? | | | | M Y | ПN |
| 2. | Has the facility maintained a leak log? | | | - | E Y | ПΝ |
| 3. | 3. Does the responsible official check the following areas for leaks? | | | | | |
| | Hose connections, fittings, couplings, and valves | MO N | | Muck cookers | A Y | □N □N/A |
| | Door gaskets and seating | QY ON | □N/A | Stills | ₫Y. | □N □N/A |
| | Filter gaskets and seating | MD AM | □N/A | Exhaust dampers | ďΥ | □N □N/A |
| | Pumps | MY ON | □N/A | Diverter valves | ЩY | □N □N/A |
| | Solvent tanks and containers | RY ON | □N/A | Cartridge filter housings | t Y | □N □N/A |
| | Water separators | MY ON | □N/A | * . | | |
| 4. | Which method of detection is used by the | ie responsil | ole official? | | | |
| Visual examination (condensed solvent on exterior surfaces) | | | | | D | |
| Physical detection (airflow felt through gaskets) | | | | | ر ۵ | |
| | Odor (noticeable perc odor) | | | | Ø | |
| | Use of direct-reading instrumentat | ion (FID/P | ID/calorimetric | tubes) | | |
| Halogen leak detector | | | | | | |
| If using direct-reading instrumentation, is the equipment: | | | | | □N/ | A |
| | a. Capable of detecting p | erc vapor c | concentrations in | a range of 0-500 ppm? | ΩΥ | □и |
| | b. Calibrated against a standard gas prior to and after each use (PID/FID only)? □N | | | | | □и |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | | | | | ПY | ΠN |

| andall Cinningham | 8-6-99 |
|---------------------------------|-------------------------------------|
| Inspector's Name (Please Print) | Date of Inspection |
| Sall Com | 6-2000 |
| Inspector's Signature | Approximate Date of Next Inspection |

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

d. Kept in a clean and secure area when not in use?

DY DN

 \Box Y \Box N

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



| FACILITY NAME: Octun Springs (1 | eaners | DATE: | 6-6-99 |
|--|---------------------------|-------------------------------|------------------|
| FACILITY LOCATION: 471 E, Eau C | | | - 1 |
| Melbourne, F. | | | |
| | | | |
| Annual Reporting Period: Hugust | 19 98 TO | August | 19 <u>99</u> |
| Based on each term or condition of the Title V general air pe 62-213.300, Florida Administrative Code (F.A.C.), during the | | <u></u> / | P Rule |
| If NO, complete the following: | | | |
| #1. Term or condition of the general permit that has not bee | n in continuous complianc | æ during the reporting perio | d stated above: |
| Exact period of non-compliance: from | t | 0 | |
| Action(s) taken to achieve compliance: | | | |
| Method used to demonstrate compliance: | _ | | |
| #2. Term or condition of the general permit that has not bee | n in continuous complianc | te during the reporting perio | od 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 inform made in this notification are true, accurate and complete. I upon purchase receipts, does not exceed 2,100 gallons per y combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print | urther, my annual consum | aption of perchloroethylene | solvent, based |

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 COM | PLAINT/DISCOVERY | RE-INSPECTION |
|--------------------------------|---|---------------------------------------|-----------------------|
| TIME IN: 4 /0:45 | TIME OUT:)) (| 15AIRS ID#: | 70144 |
| TYPE OF FACILITY: | Cleaning | | |
| FACILITY NAME: DCZAN | Springs Cleaners | | DATE: 8-6-89 |
| FACILITY LOCATION: 97 | E. Equ Gallie B | lvd, | <u> </u> |
| | Plbourne, FL 32 | 93.7 | |
| RESPONSIBLE OFFICIAL: | Thanh Ngygen | PHONE NUMBER:_ | 407-777-9146 |
| LZ | he compliance requirements evalua ule 62-213.300, Florida Administra | | ity is found to be in |
| Based on the results of t | he compliance requirements evaluade: | ted during this inspection, the follo | wing compliance |
| COMPLIANCE REQU | JIREMENT/PROBLEM | FOLLOW-UP ACTION | ON REQUIRED |
| · . | | | |
| | | · · · · · · · · · · · · · · · · · · · | • |
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| , | | | |
| COMMENTS: | | | |
| In Co. | npliance |) — | |
| The Annual Compliance Certific | ation form has been properly certific | ed and submitted to the inspector. | YES NO |
| DATE OF NEXT INSPECTIO | N: 6-2000 | | r |
| INSPECTION CONDUCTED | BY: Randall | Crnninghan case Print) | 1 |
| INSPECTOR'S SIGNATURE: | Radll Co | PHONE NUMBER: | 407-843-3333 |
| | Page | of | Revised 10/96 |

TITLE V GENERAL PERMIT

| | COMPLIANCE I | INSPECTION (| CHECKLIST | ' * |
|---|-----------------------|----------------------------------|--|---------------------------|
| TYPE OF INSPECTION: | ANNUAL | | COMPLAINT/DISCO | OVERY - |
| | RE-INSPECTIO | ON ID | | |
| | <u> </u> | ,,, p a | | |
| AIRS ID#: 0090149 | DATE: 694 | 198 TIME | in: <u>10, 45</u> time | соит: <u>//<i>:5</i>5</u> |
| FACILITY NAME: | (can Spic | ng Clea | wers | |
| FACILITY LOCATION: | 971 8.8 | we Gall | Lie Blv | |
| | Mel Down | ee Fl | 32937 | |
| RESPONSIBLE OFFICIAL | : Mr. Mag | Phu Phu | PHONE: 437 ~ | 77-7-9146 |
| CONTACT NAME: | <i></i> |) | PHONE: | |
| | | | 6 3 W | |
| DADEL NOTIFICATION | r | | 5. C. | |
| PART I: NOTIFICATION | | | | <u> </u> |
| (check appropriate box) | | | Monitoring Sources | |
| New facility notified DARI | | _ | oring | |
| 2. Facility failed to notify DA | RM to use general per | rmit | <u>, </u> | |
| | | · , | | |
| PART II: CLASSIFICATIO |)N | | | |
| Facility indicated on notifica | tion form that it is: | | □ No notification for | |
| (check appropriate box) A. | | | ☐ Drop store/out of b | ousiness/petroleum |
| 1. Existing small area sou | | 2. New small | ··· ··· - · · · · | ব |
| dry-to-dry only, $x < 140$ gatransfer only, $x < 200$ gal/y | | dry-to-dry only transfer only, > | y, x < 140 gal/yr x < 200 gal/yr | · ~ ~ @ |
| both types, $x < 140 \text{ gal/yr}$ | • | both types, x < | | 1440 |
| (constructed before 12/9/9) | 1) | (constructed or | n or after 12/9/91) | |
| 3. Existing large area sou | irce 🗆 | 4. New large | area source | |
| dry-to-dry only, $140 \le x \le 100$ | | | y, $140 \le x \le 2,100 \text{ gal/yr}$ | |
| transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$ | | | 200 ≤ x ≤ 1,800 gal/yr 0 ≤ x ≤ 1,800 gal/yr | • |
| (constructed before 12/9/9 | | | n or after 12/9/91) | |
| 5. This is a correct facility | classification | OY ON | □Can not determine | |

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

facility qualified for a general permit as number _____ above

facility exceeds above limits and is not eligible for a general permit

If no, please check the appropriate classification:

facility was 52 gallons.

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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

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)

- Equipped all machines with the appropriate vent controls?
 Equipped dry-to-dry machines with a closed-loop vapor venting system?
 Equipped the condenser with a diverter valve so airflow will be directed away from the 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?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

MZ YO

| B. Has the responsible official of an existing large or new large area source also: | |
|---|------------|
| Measured and recorded the exhaust temperature on the outlet side of the condenser on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | located |
| 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? | DY DN DN/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? | OY ON ON/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, | 1, |
| 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? | OY ON ON/A |

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; A/MA NO YO b. documentation of parts ordered to repair leak and leak repaired w/in 2 days NEW MACHINE 4. Maintained calibration data? (for applicable direct reading instruments) □N XIN/A 5. Maintained exhaust duct monitoring data on perc concentrations? ND YOM 6. Maintained startup/shutdown/malfunction plan? □Y □N ¤N/A 7. Maintained deviation reports? NO YO Problem corrected? DY DN XV/A 8. Maintained compliance plan, if applicable?

| | | •. | | |
|----|---|-----------------------------|---------------------------------|-------------|
| PA | RT VI: LEAK DETECTION AND | REPAIRS | | |
| 1. | Does the responsible official conduct | a weekly (for small source | s, bi-weekly) leak detection ar | id repair |
| | inspection? | | \ | MD N |
| 2. | Has the facility maintained a leak log | EXPLAINED | | DY VEN |
| 3. | Does the responsible official check th | e following areas for leaks | ? | |
| | Hose connections, fittings, couplings, and valves | OY ON ON/A | Muck cookers | PY ON ON/A |
| | Door gaskets and seating | DY ON ON/A | Stills | DY ON ON/A |
| | Filter gaskets and seating | DY ON ON/A | Exhaust dampers | אועם אם אוע |
| | Pumps | AVO NO YA | Diverter valves | DY ON ON/A |
| | Solvent tanks and containers | DY ON ON/A | Cartridge filter housings | DY DN DN/A |
| | Water separators | DY ON ON/A | | |
| 4. | Which method of detection is used by | the responsible official? | | |
| | Visual examination (condensed | solvent on exterior surface | s) | VZ |
| | Physical detection (airflow felt | through gaskets) | | 12 |
| | Odor (noticeable perc odor) | | | |
| | Use of direct-reading instrumen | tation (FID/PID/calorimetr | ic tubes) | |
| | Halogen leak detector | | · | |
| | If using direct-reading ins | trumentation, is the equip | oment: | □N/A |
| | a. Capable of detectin | g perc vapor concentrations | s in a range of 0-500 ppm? | DY DN |
| | b. Calibrated against a (PID/FID only)? | standard gas prior to and a | after each use | □Y □N |
| | c. Inspected for leaks | and obvious signs of wear | on a weekly basis? | DY DN |
| | d. Kept in a clean and | secure area when not in us | e? | □Y □N |
| | e. Verified for accurac | cy by use of duplicate samp | oles (calorimetric only)? | □Y □N |
| | | | | |
| | | | | |
| | ^ | | | |
| | Sana Wille | - | 6/21/00 | |

SAADIA YULESHI
Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

Aerotek M40

Pun? yes epoxy? yes, But needs to be resurfaced.

Advised him to get a Irday Fan for hazardors waste + reepoxy the floor.

talked to the owner (usually the wife is there) explained a asked him to fax calendar pages in a month to venty that he's doing it.

MINOR- OUT (pending until fax)

Attn: Saadia Quresh:
407 - 973 - 3333
CONDENSER TEMPLOG

| DATE | TEMP | Is temp less than or equal to 45° F (7.2° C)? |
|------|------|---|
| 6/29 | 45°F | Y N |
| 7.6 | 457 | Ø N |
| 7/13 | 45°F | N W |
| | | A M |
| | | YN |

OCEAN SPRINGS CLEANERS
971 E. EAU GALLIE BLW.
MELBOURN, FL 32937
PROPERC PURCHASES
PROPER 407-777-9146

| TOTAL FR MOI | | 0 |
|--------------------------------|---------|------------------------------|
| SUBTRACT PURCHAS MONTH L | ED SAME | ЖS |
| DATE | AMOUNT | 12 MONTH RUNNING TOTAL |
| | | |
| | · | |
| | | 0 |

| 77- 9146 NOTES | |
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INSPECTIONS

2216 RAB CPT 1

| | LE | AK | IN | G? | | | | | | | · | | |
|------------------|-----|-----|-----|-----|----|-----|---|---|---|---|------------|------------|----------|
| INSPECTED | | 4 | | | _ | TAC | E | | | | DATE PARTS | DATE PARTS | DATE |
| | | 29 | | 16 | 3 | 113 | | | | | ORDERED | RECEIVED | REPAIRED |
| HOSES | N |) Y | (| Y | (| Y | N | Y | N | Y | | | |
| DOOR | N | Y | (1) | Υ | 10 |) Y | א | Y | N | Y | | | |
| PUMP · | N | Y | (Ñ | Y | 0 | Y | N | Y | N | Y | | | |
| SOLVENT TANK | N | Y | N |) Y | C |) Y | N | Y | N | Y | | | |
| WATER SEPARATOR | 1 | Y | N |) Y | C | Y | N | Y | N | Y | | | |
| MUCK COOKER | N | Y | N |) Ý | 0 | Y | N | Y | N | Y | | | |
| STILL | Ø | γ | Ñ |) Y | C |) Y | N | Y | N | Y | | | |
| EXHAUST DAMPER | N | Y | N | Y | O |) Y | N | Y | N | Y | | | |
| DIVERTER VALVE | (N) | Y | (N | γ (| |) y | N | Y | N | Y | | | |
| FILTER GASKET | | Y | R |) Y | N | ŽΥ | N | Y | N | Y | | | |
| CARTRIDGE FILTER | N | Y | N | Y | | JΥ | N | Y | N | Υ | · | | |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

| ARMS | UPDATED |
|------|---------|
| DATE | 4-6-06 |
| ВУ | Re |

TYPE OF INSPECTION:

ANNUAL

X

COMPLAINT/DISCOVERY

| Monday Hum/bring 4 | |
|--|--|
| AIRS ID#: 0090149 DATE: 4-6-0 | TIME IN: 2100 TIME OUT: 3'00 |
| FACILITY NAME: Degan Springs | Cleaners |
| FACILITY LOCATION: 471 E. Equ | Gallie Blud, |
| melbourne, f | CL 32937 |
| RESPONSIBLE OFFICIAL: Khanh (Hai) | Ngyven PHONE: 42-777-9146 |
| CONTACT NAME: | PHONE: ON CONTRACTOR OF THE PROPERTY OF THE PR |
| | 8 97 |
| PART I: NOTIFICATION | <u> </u> |
| (check appropriate box) | |
| New facility notified DARM 30 days prior to sta | artup \square |
| 2. Facility failed to notify DARM to use general pe | ermit |
| | |
| | |
| PART II: CLASSIFICATION | |
| Facility indicated on notification form that it is: | |
| Facility indicated on notification form that it is: (check appropriate box) | ☐ No notification form ☐ Drop store/out of business/petroleum |
| Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source | ☐ Drop store/out of business/petroleum 2. New small area source |
| 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 | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr |
| Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr |
| Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr | 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 |
| 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) | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr |
| Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yr | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr |
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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? DY DN ANA DY DN EAN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at 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) 1. Equipped all machines with the appropriate vent controls? 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

ON DN/A

ZY ON ON/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

| B. | Has the responsible official of an existing large or new large area source also: | | | |
|----|---|----|----|------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ΔY | אם | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΟY | ПN | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | UУ | ÜΝ | □N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, | | | |
| | if machines are equipped with a carbon adsorber? | ΠY | ΠN | □N/A |
| | 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? | ΟY | ΠN | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΠY | ПN | □N/A |
| 6. | Bouted airflow to the carbon adsorber (if used) at all times? | ΟY | N | □N/A |

| PART V: RECORDKEEPING REQUIREMENTS | | | | |
|---|-------------|--|--|--|
| Has the responsible official: (check appropriate boxes) | | | | |
| 1. Maintained receipts for perc purchased? | MA ON | | | |
| 2. Maintained rolling monthly averages of perc consumption? only one puchase | #Y ON | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | , | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | AY 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 CONIA | | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | OY ON MNA | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | OY ON MANA | | | |
| 6. Maintained startup/shutdown/malfunction plan? | AY ON | | | |
| 7. Maintained deviation reports? | DY DN XXVA | | | |
| Problem corrected? | DY DN DONA | | | |
| 8. Maintained compliance plan, if applicable? | AMA NO YO | | | |

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? ΠN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A couplings, and valves Muck cookers DY ON ONA AND NO YE Door gaskets and seating Stills DY ON ON/A Filter gaskets and seating DY DN DN/A DY ON ON/A Exhaust dampers Pumps DY ON ONA Diverter valves ФY ON ON/A Solvent tanks and containers DY ON ON/A Cartridge filter housings DY ON ON/A DY ON ONA Water separators 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 ZN/A If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? UA UN

Randall (unningham.
Inspector's Name (Please Print)

4-2001

Approximate Date of Next Inspection

| ADDITIONAL SITE I | NFORMATION: | | |
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Revised 01/18/00

AIRS'ID#: 0690149

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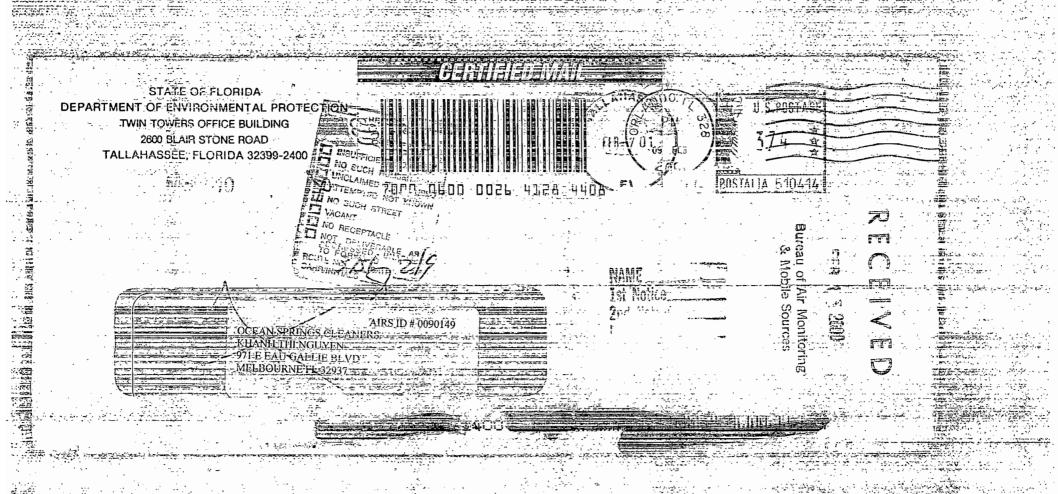
DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: Ocean Springs Cl | euni/S | DAT | E: 4-6-60 |
|--|-----------------------------------|------------------------------|------------------|
| FACILITY LOCATION: 971 E, Equ | Gallie Blvd. | | |
| Melbourne, | | | |
| | 1999 | 1 - 1 | |
| Annual Reporting Period: | | April | 2000 |
| Based on each term or condition of the Title V general | air permit, my facility has rema | ined in compliance with D | EP Rule |
| 62-213.300, Florida Administrative Code (F.A.C.), du | ring the period covered by this s | tatement. TES | □NO |
| If NO, complete the following: | | | |
| #1. Term or condition of the general permit that has n | ot been in continuous complianc | ce during the reporting peri | od 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 n | ot been in continuous complianc | ce during the reporting peri | od stated above: |
| Exact period of non-compliance: from | t | o | |
| Action(s) taken to achieve compliance: | | | |
| Method used to demonstrate compliance: | | | |
| | | • | |
| As the responsible official, I hereby certify, based on in this notification are true, accurate and complete. Fourthase receipts, does not exceed 2,100 gallons pery combination facilities. | urther, my annual consumption | of perchloroethylene solve | nt, based upon |
| RESPONSIBLE OFFICIAL: Name (Please | Print) | Signature I | Date |
| | | _ <i>U</i> | |

^{*}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: 2100 m | TIME OUT: 3 !00 / | AIRS ID#: | 90 149 |
| TIPE OF PACILITY. | Clean | | 4-7-04 |
| FACILITY NAME: | springs leaners | | _DATE: |
| FACILITY LOCATION: 97 | E. Eau Gallie Blud, | | · · · · · · · · · · · · · · · · · · · |
| | Thournty FC 32937 | | 407-777-9146 |
| RESPONSIBLE OFFICIAL: | Khanh Ngyaen | PHONE NUMBER | |
| | the compliance requirements evaluated the compliance requirements evaluated the compliance requirements and compliance requirements evaluated the | nated during this inspection, the factrative Code (F.A.C.). | ility is found to be in |
| Based on the results of discrepancies were note | | uated during this inspection, the fol | lowing compliance |
| COMPLIANCE REQ | UIREMENT/PROBLEM | FOLLOW-UP ACT | ION REQUIRED |
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| COMMENTS: | | | |
| In Compli | ance | ·. | |
| The Annual Compliance Certific DATE OF NEXT INSPECTIO | 14-0001 | ified and submitted to the inspector | . YES NO |
| INSPECTION CONDUCTED | Rundall Cunn | pproximate) Ingham | |
| INSPECTOR'S SIGNATURE | | Please Print) PHONE NUMBER | 407-813-3333 |
| | Page | 1 of 1. | Revised 10/96 |



| | -SENDER-GOMPLETE-THIS SECTION- | COMPLETE THIS SECTION ON DECIVERY |
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| | 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 concreturn the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. AIRS ID # 0090149 OCEAN SPRINGS CLEANERS | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: |
| | KHANH THI NGUYEN 971 E EAU GALLIE BLVD MELBOURNE FL 32937 | 3. Service Type 2. Certified Mail |
| 700 | OOGOOOGO 41394408 2. Article Number (Copy from service label) | 4. Restricted Delivery? (Extra Fee) |
| r | PS Form 3811, July 1999 Domestic, Ret | urn Receipt 102595-99-M-1789 |

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| | U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | | | | |
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| 1 | PS.Form:3800, February. | 2000 | See Reverse for Instructions | | | |



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| | | So that we can return the card to you. | - |
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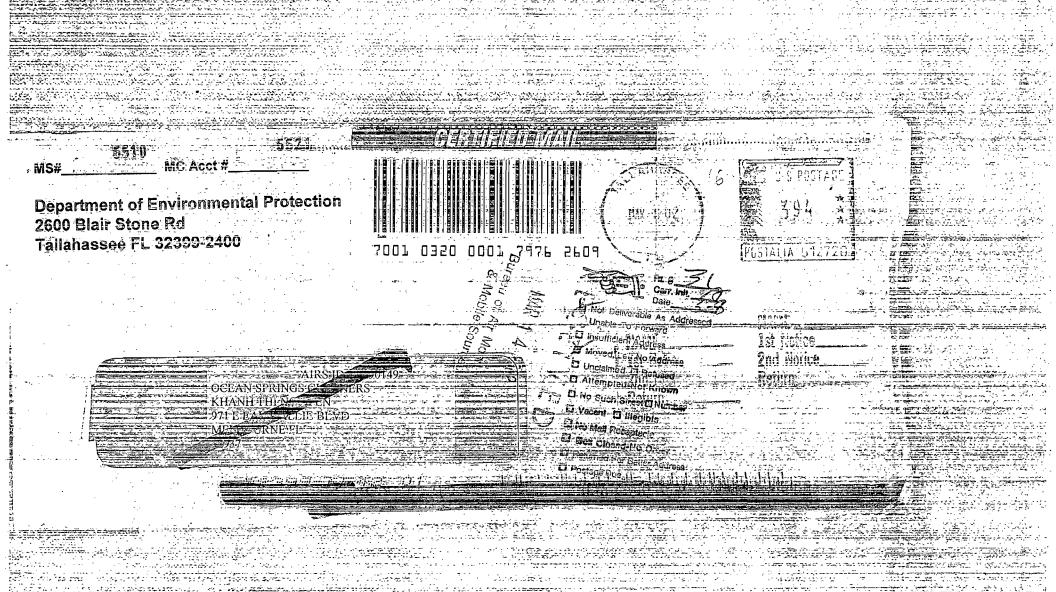
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| Article Addressed to: | D. Is delivery address different from item 1? If YES, enter delivery address below: No |
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CERTIFICATION

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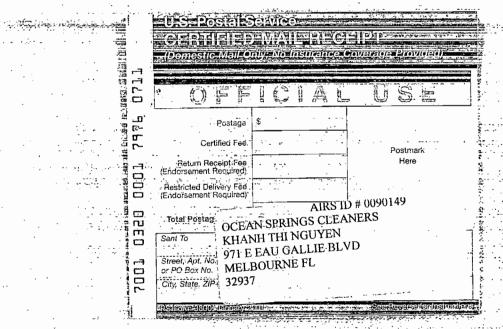


| . (St. | US_Postal Service CERTIFIED MAIL REGEIPT (buildestic lital Only: No linearance Coverage Provided) |
|------------|--|
| 2609 | OFFICIAL USE |
| 0000171716 | Postage Certified Fee: Postmark Return.Recoipt Fee Here (Endorsement Required) Restricted Delivery Fee (Endorsement Required) |
| 7001, 0320 | AIRS ID # 0090149 OCEAN SPRINGS CLEANERS Sent To KHANH THI NGUYEN Street, Ap 971 E EAU GALLIE BLVD or PO 60 MELBOURNE FL Oity, State 32937 |

COMPLETE THIS SECTION 6

Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400 Not Deliverable As Add Unable To Forward ☐ Insufficient Actives Moved Left No Aug G Unclaimed D Refused D Attempted-Not Known No Such Street Mumber Vacant Illegible AIRS ID # 0090149 No Mail Receptacle D Box Closed-No Orger O'Feluried For Better Address

Complete items 1, 2, and 3. Also complete_item 4 if Restricted Delivery is desired. A. Received by (Please Print Clearly) B. Date of Delivery - B-Print your-name and address on the reverse so that we can return the card to you. Agent ■ Attach this card to the back of the mailpiece, ☐ Addressee for on the front if space permits. D. Is delivery address different from item 1? ☐.Yes 1. Article Addressed to: If YES, enter delivery address below: AIRS ID # 0090149 OCEAN SPRINGS CLEANERS KHANH THI NGUYEN 971 E EAU GALLIE BLVD 3.-Service Type MELBOURNE FL 32937 Certified Mail Express Mail Registered ☐ Return Receipt for Merchandise Insured Mail . E.C.O.D ... 4. Restricted Delivery? (Extra Fee) 7001 0320 0001 7976 0711 PS Form 3811, July 1999 Domestic Return Receipt



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261126

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

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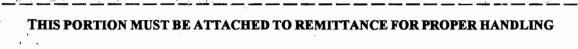
Do NOT Remove Label

AIRS ID#: 0090149 KHANH THI NGUYEN KHANH THI NGUYEN 971 E EAU GALLIE BLVD MELBOURNE FL 32937

FOR GOVERNMENT USE ONLY

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

Оы.: 002273



300794_v

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

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

AIRS ID#0090149

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EQ: B1 Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 364013

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 # 0090149

OCEAN SPRINGS CLEANERS KHANH THI NGUYEN 971 E EAU GALLIE BLVD MELBOURNE FL 32937

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

| 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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. | e can return this ce does not le number. | raiso wish to rectiful following service extra fee): 1. | ee's Address |
|----------------------|---|--|--|-------------------|
| ADDRESS completed | AIRS ID # 0090149 OCEAN SPRINGS CLEANERS KHANH THI NGUYEN 971 E EAU GALLIE BLVD MELBOURNE FL 32937 | 4b. Service Registere Express Retum Ret | Type od Mail ceipt for Merchandise | Certified Insured |
| Is your RETURN | 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 | 8. Addressee's Address (Only if requeste and fee is paid) Domestic Return Rec | | if requested |

P 174 052 648 **US Postal Service** Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse) Sent to AIRS ID # 0090149 OCEAN SPRINGS CLEANERS KHANH THI NGUYEN 971 E EAU GALLIE BLVD MELBOURNE FL 32937 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

| 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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. | e can return this se does not e number. | i also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. | eipt Service. |
|--|---|--|--|---------------------------|
| | AIRS ID#: 0090149 KHANH THI NGUYEN KHANH THI NGUYEN KHANH THI NGUYEN 971 E EAU GALLIE BLVD MELBOURNE FL 32937 | 4a. Article Number 116-303-334 4b. Service Type Registered Express Mail Return Receipt for Merchandise 7. Date of Delivery | | you for using Return Rece |
| | Received By: (Print Name) Signature: (Addressee or Agent) X | 8. Addressee's Address (Only if requested and fee is paid) | | Thank |
| 7 | PS Form 3811 , December 1994 | | Domestic Return Receipt | |

P 265 302 334 **US Postal Service** Receipt for Certified Mail
No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID#: 0090149 KHANH THI NGUYEN KHANH THI NGUYEN 971 E EAU GALLIE BLVD **MELBOURNE FL 32937** CEIMIEN LAA Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

of envelope to

| card to you. A stack this form to the front of the mailpiece, or on the back if space permit. B write 'Return Receipt Requested' on the mailpiece below the article. | ■ 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 | | eive the s (for an ee's Address d Delivery ter for fee. |
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| AIRS ID # 0090149 OCEAN SPRINGS CLEANERS KHANH THI NGUYEN 7.1 E EAU GALLIE BLVD LBOURNE FL 32937 | Z 33 4b. Service 1 ☐ Registere ☐ Express I ☐ Return Rec | a. Article Number 23336/3 4/2 b. Service Type Registered Certif Express Mail Insural Return Receipt for Merchandise COD Date of Delivery | |
| 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) | Addressee's Address (Only if requested and fee is paid) | | Than |
| PS Form 3811 , December 1994 102 | 2595-97-B-0179 | Domestic Retu | ırn Heceipt |

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| Return Receipt Date, & Address TOTAL Post Postmark or | age & Fees | \$ | |
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

392962

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

Do NOT Remove Label

OCEAN SPRINGS CLEANERS KHANH THI NGUYEN 971 E EAU GALLIE BLVD MELBOURNE FL 32937

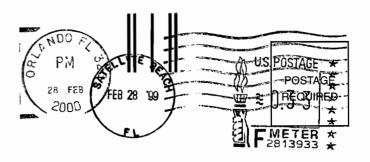
TOTAL AMOUNT DUE: \$50.00

& Mobile Sources

AIRS ID # 0090149

CLEANERS
YEN
E BLVD FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2035001 Obj.: 002273

KHANH THI NGUYEN
PHU HONG NGUYEN
3119 INDIAN R:VE DR.
COCOA, FL 32922



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

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| 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. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? | | | |
| 1. Article Addressed to: AIRS ID # 6090 19 OCEAN SPRINGS CLEANERS KHANH THI NGUYEN | If YES, enter delivery address below: | | | |
| E EAU GALLIE BLVD BOURNE FL 32937 | 8. Service Type Certified Mail | | | |
| 2. Article Number (Copy from service label) Z 333 667 015 | | | | |
| PS Form 3811, July 1999 Domestic Retr | urn Receipt 102595-99-M-1789 | | | |

2 333, 667 015

US Postal Service Process of Certified Mail

AIRS ID # 0090149

OCEAN SPRINGS CLEANERS KHANH THI NGUYEN 971 E EAU GALLIE BLVD MELBOURNE FL 32937

| , | | |
|----------------------------------|--|----|
| | Postage | \$ |
| | Certified Fee | |
| | Special Delivery Fee | |
| | Restricted Delivery Fee | |
| PS Form 3800 , April 1995 | Return Receipt Showing to Whom & Date Delivered | |
| | Return Receipt Showing to Whom, Date, & Addressee's Address | |
| | TOTAL Postage & Fees | \$ |
| om 3 | Postmark or Date | |
| PSF | | |



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| Return Receipt Showing to Whom & Date Delivered | | | | |
| Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address |), | | | |
| Whom & Date Delivered | \$ | | | |

STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7000 0520 0020 9372 7435







NAME

1st Notice

2nd Notice

Return

111/2 301-04/1 11/2 3 9MM

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | |
|---|--|--|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery | | |
| 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. | C. Signature X | | |
| Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No | | |
| 10 AIRS ID # 0090149001AG KHANH THI NGUYEN | | | |
| OCEAN SPRINGS CLEANERS 971 E EAU GALLIE BLVD MELBOURNE FL 32937 | 3. Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. | | |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes | | |
| 2. Article Number (Copy from service label) 7000 0520 0020 9372 | 7435 | | |
| PS Form 3811, July 1999 Domestic Ret | um Receipt 102595-99-M-1789 | | |

| | U.S. Postal Servic CERTIFIED M (Domestic Mail C | ce AIL RECEIPT Only; No Insurance | e Coverage Provic | ded) |
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