

Department of **Environmental Protection**

Lawton Chiles Governor

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

November 25, 1996

Virginia B. Wetherell Secretary

Mr. Edwin Acosta Acosta Cleaners 2330 North Wickham Road, Suite 4 Melbourne, Florida 32935

Facility I.D. No. 0090155

Dear Mr. Acosta:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

Printed on recycled paper.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	ACOSTO CLEANET
2.	Site Name (For example, plant name or number):
	BARBO P. Wardellow 600 454
3.	Hazardous Waste Generator Identification Number:
	GAB 9812 (909 5
4.	Facility Location: Street Address: 2330 N. Wicklift RD.
	City: Melbodinic County: FC. Zip Code: 32935
5.	Facility Identification Number (DEP Use):
	CONCESSION 059500529 0090155
	Responsible Official
6.	Name and Title of Responsible Official:
	EDWIN ACOSTO OWNER
7.	Responsible Official Mailing Address:
	Organization/Firm: ACUSTA CLEARER Street Address: 2330 N. JUICHAM KO #4
	City: Melbossuce County: Fl. Zip Code: 32-935
	D. T. OCC. LT. L. Maria
8.	Responsible Official Telephone Number: Telephone: (4) つ
	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:
	Facility Courts at Tallambarra Number
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
	, , , , , , , , , , , , , , , , , , ,

RECEIVED

SEP 5 1996

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

Bureau of Air Monitoring & 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 Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID		Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	1	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	*	OC+-93				Ţ			
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		<u> </u>							/
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			·		<u> </u>	·	L	L	
(7) w/ ref. condenser		T					Γ.	T	
(8) w/ carbon adsorber			i ———		<u> </u>			 	
(9) w/ no controls	-				 	<u> </u>		 	
Reclaimer Unit	l	<u> </u>	<u> </u>	1	<u> </u>			L	L
(10) w/ ref. condenser		T	· ·					Γ	Γ
(11) w/carbon adsorber						<u> </u>		-	
(12) w/ no controls	-	 			 			 	
 (b) Control devices are required, but not yet installed [N] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [25									
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's sor (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
Existing small are	Existing small area source [] New small area source []								
Existing large are	a sou	irce []	Ne	w lar	ge area sour	ce []	1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indica	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)
ک	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. Date

,	# 009013 3	
Pe	1.(a) odd date control device installed	
I. Facility Owner/C	`al	
A CO S T 2. Site Name (For expression)	3, new small area source should be	
3. Hazardous Waste	merke a	
4. Facility Location: Street Address: City: Me (60	4. new 5 man ar	935
5. Facility Identifica	(b) should be marked	
	Renzes	~g
6. Name and Title of		ć
7. Responsible Office	n: Acusta Claranea	
Street Address:	· 1220	32-935
	cial Telephone Number:	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Conta	act (For example, plan	it manager):		
10. Facility Contact Address:				
Street Address: City:	County:		Zip Code:	
11. Facility Contact Telephone Num Telephone: () -		Fax: ()	-	

RECEIVED

SEP 5 1996

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	l. Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	ACOSTA CLEANET 2. Site Name (For example, plant name or number):				
2.	Site Name (For example, plant name or number):				
	RAMBIO PO INCLUDED DO HEN				
3.	Hazardous Waste Generator Identification Number:				
	6AB 9892 (9095				
4.	Facility Location: Street Address: 2330 N · Wickliff RD.				
	City: melbodince County: FC. Zip Code: 32935				
	ony. V Crooker County, & Cr				
5.	Facility Identification Number (DEP Use):				
\$.72 3 .3 1 .7 .3	CONCOSO 059500529 0090155				
ــــــــــــــــــــــــــــــــــــــ					
	Responsible Official				
6.	Name and Title of Responsible Official:				
	EDWIN ACOSTA OWNER				
7.	Responsible Official Mailing Address:				
	Organization/Firm: ACUSTU CLATELL Street Address: 200 200 200 200 200 200 200 200 200 20				
	Street Address: 2330 N. Wildettan KO #4 City: Melbourne County: Fl. Zip Code: 32-935				
8.	Responsible Official Telephone Number:				
	Telephone: (407) ASS -4810 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:				
	County. Zip Code.				
11.	Facility Contact Telephone Number:				
	Telephone: () - Fax: () -				

RECEIVED

SEP 5 1996

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

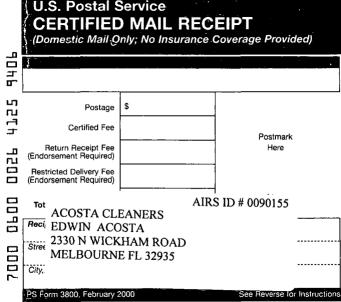
1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
	i	Initially	Device	1	Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			·		16				
(1) w/ ref. condenser	*	Oct.93	04 93	写					Γ
(2) w/ carbon adsorber			(
(3) w/ no controls									
Washer Unit							-	•	
(4) w/ ref. condenser				<u> </u>					
(5) w/ carbon adsorber									
(6) w/ no controls					1				<u> </u>
Dryer Unit		1	·	L	1	<u> </u>		<u> </u>	<u> </u>
(7) w/ ref. condenser		<u> </u>	I .	<u> </u>					Γ
(8) w/ carbon adsorber									<u> </u>
(9) w/ no controls									
Reclaimer Unit		<u> </u>	·	l	<u> </u>	<u> </u>	-	J	<u> </u>
(10) w/ ref. condenser		1						I	
(11) w/carbon adsorber					<u> </u>				
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total q (b) If less than 12 mont Check why it is less	are re luanti gallo	equired to be ity of perchlo ins ow many? [_	installed [perc)	 purchased in				
3. What is the facility's son (Indicate with an "X". S Existing small are	Selec ea so	t one classifi	cation only.) Ne	w sm	iall area sour	ce 🗡		Part II? پر دار ای	
Existing large are	a sou	ırce []	Ne	w lar	ge area sour	ce []			,

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

 What control technology is required on machin (Indicate with an "X".) 	es pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser	/16
New large area source Refrigerated condenser []	
	is units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following te:
	l) have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment ore than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	g and Recordkeeping Information
Check all logs which are required to be kept on-sit	e in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	La Company
(c) Refrigerated condenser temperature monitoring	g (>)
(d) Carbon adsorber exhaust perc concentration m	onitoring
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	·

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



United States Postal Service



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

SENDER: COMPLL . ° 34073AN	PLACE STICKER AT TOP OF E	I DEL	IVERY
 Complete items 1, 2, and 3. Also completitem 4 if Restricted Delivery is desired. Print your name and address on the reveso that we can return the card to you. Attach this card to the back of the mailpor on the front if space permits. 	iece, C. Signature X D. Is delivery ageres	Jeos	_
AIRS ID # 009 ACOSTA CLEANERS EDWIN ACOSTA 2330 N WICKHAM ROAD MELBOURNE FL 32935 ODGOOOQGHJZ5 944 2. Article Number (Copy from service label)	3. Service Type Certified Mail Registered Insured Mail 4. Restricted Delive	☐ Return Reco	eipt for Merchandise
PS Form 3811, July 1999 D	Oomestic Return Receipt		102595-99-M-1789

PLACE STICKER AT TOP OF ENVELOPE ..

Z 333 667 394

US Postal Service

Receipt for Certified Mail

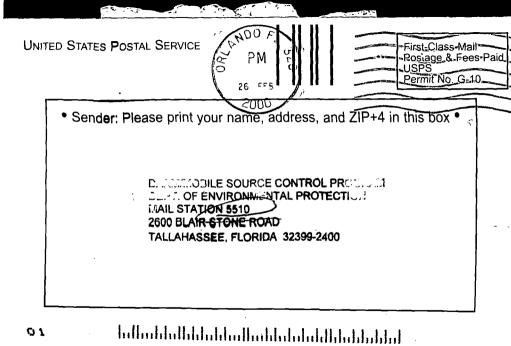
AIRS ID # 0090155

ACOSTA CLEANERS EDWIN ACOSTA 2330 N WICKHAM ROAD MELBOURNE FL 32935

	ı -	
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
10	Restricted Delivery Fee	_
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

ot adojanua jo SENDER: COMPLETE THIS SECTION	pot revo anii Is blod at line over top
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0090155 ACOSTA CLEANERS EDWIN ACOSTA 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
2330 N WICKHAM ROAD MELBOURNE FL 32935 Z 333 667 8 44	3. Service Type The Certified Mail
Article Number (Copy from service label)	<u></u>
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

and the



Z 333 667 D19

2000 US Postal Service **Receipt for Certified Mail**

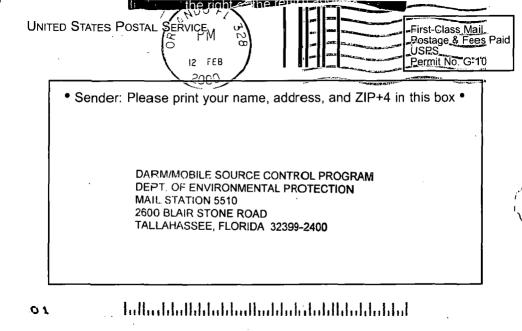
AIRS ID # 0090155

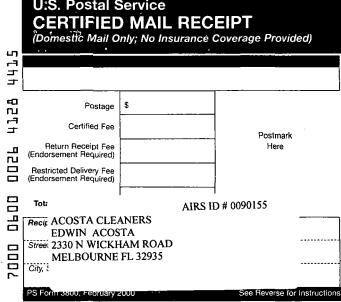
ACOSTA CLEANERS EDWIN ACOSTA 2330 N WICKHAM ROAD MELBOURNE FL 32935

	.	
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
gOC.	TOTAL Postage & Fees	\$
S Form 380U	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, ½, 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 (Pleas Part Charifs 2000 of Delivery C. Signature Agent Addressee
Article Addressed to:	D. Is deliver address (Terra from tem 1? Yes If YES, enter deliver address below: No
AIRS ID # 0090155 COSTA CLEANERS DWIN ACOSTA	
30 N WICKHAM ROAD ELBOURNE FL 32935	3. Service Type Certified Mail Registered Insured Mail C.O.D.
2 333 667 019	4. Restricted Delivery? (Extra Fee)
2. Arti	
PS Fo)2595-99-M-1789

Fold at line over top of envelope to





United States Postal Service



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

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

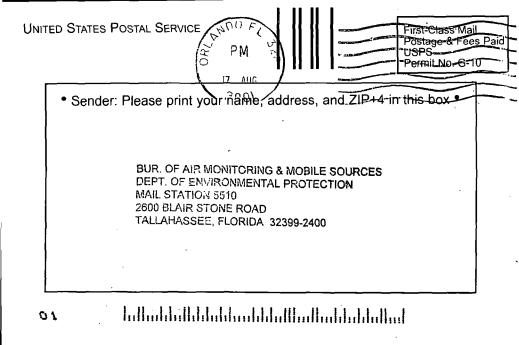
BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATICH 5010 2600 BLAIR 5 (THE ROAD TALLAHASSEE, FLORIDA 32399-2400

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
AIRS ID # 0090155 ACOSTA CLEANERS EDWIN ACOSTA 2330 N WICKHAM ROAD MELBOURNE FL 32935 OGOO OO 26 4128 A415	3. Service Type Certified Mail
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

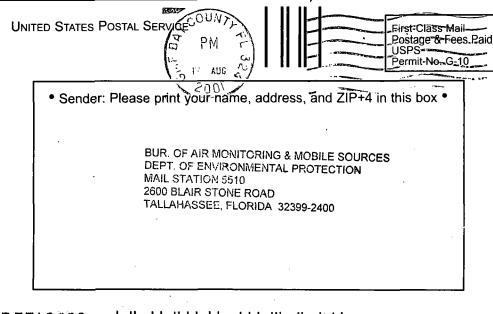
.



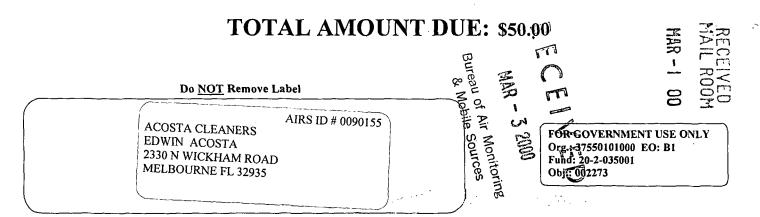
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X	
Article Addressed to: 10 AIRS ID # 0090155001AG EDWIN ACOSTA	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
ACOSTA CLEANERS 2330 N WICKHAM ROAD MELBOURNE FL 32935	3. Service Type Certified Mail	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Copy from service label) 7000 0600 0000 4130	2010111111111	
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-99-M-1789	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 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 Agent Addressee
1. Article Addressed to: 10 AIRS ID # 0050068001AG	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
RUPERT BROWN RUPERTS CLEANERS INC 2320 JENKS AVE PANAMA CITY FL 32403	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 4(30, 20	234
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789



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



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#0090155
EDWIN ACOSTA
EDWIN ACOSTA
2330 N WICKHAM ROAD
MELBOURNE FL 32935

FOR GOVERNMENT DSEONLY Org.: 37550101000 EOFBA Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355260

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 # 0090155 ACOSTA CLEANERS **EDWIN ACOSTA** 2330 N WICKHAM ROAD **MELBOURNE FL 32935**

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

259018

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

RECEIVED MAIL ROOM

JAN 27 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0090155
ACOSTA CLEANERS
EDWIN ACOSTA
2330 N WICKHAM ROAD
MELBOURNE FL 32935

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406983 MAR 72001

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

ACOSTA CLEANERS

EDWIN-AGOSTA OLGA ACOSTA

2330 N WICKHAM ROAD

MELBOURNE FL 32935

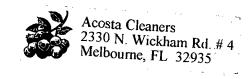
Mobile Sources Only

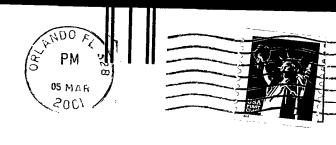
FOR GOVERNMENT USE ONLY

Org.: 375501010000 EO: A1

Fund: 20-2-035001

Obj.: 002273





Tallanda Handida di dinahadika di kadala di

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



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTI	COMPLAINT/DISCOVERY ON
AIRS ID#: 0090/55 DATE: 11/15/ FACILITY NAME: ACOSTA CL FACILITY LOCATION: 2330 N. U Melbourne	mers
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	-
2. New facility notified DARM 30 days prior to st	artup \square
3. Facility failed to notify DARM to use general p	ermit \square
DADTH. GLASSIFICATION	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 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>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, (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,>	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, (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	A DN
	rmit as number above is not eligible for a general permit ourchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

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

1. Equipped all machines with the appropriate vent controls?

(check appropriate boxes)

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?	מם עם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	DA DM
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON OWA
	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?	DY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON!A
_		
_		
PA	ART V: RECORDKEEPING REQUIREMENTS	
H	as the responsible official:	
Н (с		Ду Ои
H (c.	as the responsible official: heck appropriate boxes)	MA ON
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	AY ON
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	DY ON
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	MY ON
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	ATA ON
H (c. 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AY ON
H. (c. 1. 2. 3. 4. 5.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	DY ON OWA
H (c) 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	DY ON DAVA
H (c) 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	AY ON AY ON
H. (c. 1. 2. 3. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	AY ON AY ON AY ON AY ON AY ON AY ON
H. (c. 1. 2. 3. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	AY ON AY ON

1. Does the responsible official conduct a weekly leak detection and repair inspection?

gy □n

2.	Which method of detection is used by	the respon	sible offi	icial?		
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)				X	
	Odor (noticeable perc odor)				X	
	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	□N
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				ΠY	ПИ
	c. Inspected for leaks	and obviou	s signs o	f wear on a weekly basis?	ΠY	ПИ
	d. Kept in a clean and secure area when not in use?				ΠY	□N
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				ΩY	מם
3,	Has the facility maintained a leak log	?			ΠY	□и
4.	Does the responsible official check th	e following	g areas fo	or leaks?		
	Hose connections, fittings, couplings, and valves	ΣÓΥ	□и	Muck cookers	Xy.	□N
	Door gaskets and seating	Y	□N	Stills	XY	□N
	Filter gaskets and seating	MY	ПП	Exhaust dampers	XX	□и
	Pumps	X Y	_ UN	Diverter valves	/ X	□N
	Solvent tanks and containers	AA	ПN	Cartridge filter housing	s P Ý	□и
	Water separators	Ş Z Y	ΠN			
			-			
_	Nome of Bernesikle Off	oio!				
	Name of Responsible Office	CIAI		11/15/96		
_	Inspector's Name (Please Print)			Date of Inspection		

Inspector's Signature

Approximate Date of Next Inspection

			==
	·		
		•	
·			
	•		
		•	
	·		
			•
i			
1			

.

1 t

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM EDWIN ACOSTA E	n	EV CLEANER AIR OU	ALITY GENERAL	PERMIT	<i>-</i> /
Annual Reporting Period: Do NOT Remove Label Do Not Botton Compliance with Department Down Label Do NOT Remove Label Do NOT Remove Label Do Not Botton	Di	ANNUAL COMPLIANC	E CERTIFICATION	FORM	•
Annual Reporting Period: DEC 31 1994 TO DEC 31 1992 Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. PYES DNO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: **Mark Cord But Two Doing Act The Chark Exact period of non-compliance: from Day 96 to DEC 97 Action(s) taken to achieve compliance: **Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: **Exact period of non-compliance: from to Method used to demonstrate compliance: **As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the spatements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. **RESPONSIBLE OFFICIAL:** **EXACT PROSEDED TO		EDWIN ACOSTA 2330 N WICKHAM RO	AD	Sures 1998	EC
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES ANO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of non-compliance: #3. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #4. Term or condition of the general permit that has not b		Do <u>NOT</u> 1	Remove Label	Sources in	B
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: **No NECOLA BUT TWO DOING ALL THE CHOCKETE CHOCKET	Annual Reporting Period:	DEC31	19 <u>96</u> то	EC 3/ 19	52
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: March Ma				—	
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from to Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: EDWIN ACUSOR Method to demonstrate compliance: Action(s) to Dec 97	If NO, complete the following:				
Exact period of non-compliance: from Def 96 to Def 97 Action(s) taken to achieve compliance: Def 97 Method used to demonstrate compliance: Def 97 Method used to demonstrate compliance: Def 98		1			
Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from to Method used to demonstrate compliance: **As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. **RESPONSIBLE OFFICIAL:** **CAAACT **LECOL **LECO		from	= 96 to Z	1EC 97	
Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from to Method used to demonstrate compliance: **As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. **RESPONSIBLE OFFICIAL:** **CAAACT **LECOL **LECO	Action(s) taken to achieve complia	ance:	, 19.98		-
Exact period of non-compliance: from	Method used to demonstrate comp	CACA	nder DE	-oeli	
Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	#2. Term or condition of the gene	ral permit that has not been in cont	inuous compliance during t	he reporting period stated above	e:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: RESPONSIBLE OFFICIAL:	Exact period of non-compliance:	from	to		
does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: RESPONSIBLE OFFICIAL:	Method used to demonstrate comp	liance:			
THE OFFICIAL:	nonfication are true, accurate and co	emplete. Further, my annual consum	ption of perchloroethylene sol	venthased unan nurchase recein	this
TATALL TATALLE	RESPONSIBLE OFFICIAL:		- Simotor	Justo 1/2/	58

^{*}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 GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	CTIO	N:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

RE-INSPECTION G	
AIRS ID#: 0090155 DATE: 1/20198 TIME IN:	11'.00 TIME OUT: 11:45
FACILITY NAME: ACOSTA CREAKENS.	
FACILITY LOCATION: 2330 N. Wikha	m Road.
Melbruna, FL.	32935
RESPONSIBLE OFFICIAL: Edwin Acosta P	HONE: 255-4810
CONTACT NAME:P	HONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	
PART II: CLASSIFICATION	
1	No notification form Drop store/out of business/petroleum
A.	2 Drop store/out of business/penoteum
1. Existing small area source	/ \
transfer only, $x < 200$ gal/yr transfer only, $x < 200$	
both types, $x < 140$ gal/yr both types, $x < 140$ (constructed before 12/9/91) (constructed on or	
,	,
3. Existing large area source 4. New large area dry-to-dry only, 140 < x < 2,100 gal/yr dry-to-dry only, 14	a source \Box $0 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$	< x < 1,800 gal/vr
both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x$ (constructed before $12/9/91$) (constructed on or	
5. This is a correct facility classification	□Can not determine FEB d 1198
If no, please check the appropriate classification: facility qualified for a general permit as numb facility exceeds above limits and is not eligible	
B. The total quantity of perchloroethylene (perc) purchased within the particle facility was gallons.	preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers?
- 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?

JΥ	ΠN	
_ ^		TX* ""











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 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?



OY ON ON/A

ZIY ON ON/A

XY ON ON/A

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ПY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	ΠN	□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?	\square_{Y}	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	Жу □и				
2. Maintained rolling monthly total of perc consumption?	`XY □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	XY ON ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AY ON ON/A				
4. Maintained calibration data? for applicable direct reading instruments)	OY ON SENIA				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DIKVA				
6. Maintained startup/shutdown/malfunction plan?	XIY ON				
7. Maintained deviation reports?	AYO NO YA				
Problem corrected?	ANAK NO YO				
8. Maintained compliance plan, if applicable?	DY DN MN/A				

PART VI: LEAK DETECTION AND REPAIRS

	ACT VI. EEAR DETECTION THAN TO						
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				•	XV	1
2.	Has the facility maintained a leak log?					ПY	X N
3.	Does the responsible official check the fo	ollow	ing aı	eas for leaks?			
	Hose connections, fittings, couplings, and valves	#Y	□N	□N/A	Muck cookers	фy	□N □N/A
	Door gaskets and seating	þy	ΠN	□N/A	Stills	dУ	□N □N/A
	Filter gaskets and seating	ΔY	ΠN	□N/A	Exhaust dampers	dy	□N □N/A
	Pumps	ПY	ΠN	□N/A	Diverter valves	фу	□N □N/A
	Solvent tanks and containers	QY	□N	□Ñ/A	Cartridge filter housings	ПY	□N □N/A
	Water separators	ΩY	□N	□N/A			
4.	Which method of detection is used by the	ė resp	onsib	ole official?			
	Visual examination (condensed sol	lvent	on ex	terior surfaces)			
	Physical detection (airflow felt thro	ough	gaske	ts)			
	Odor (noticeable perc odor)				<i>'</i>	Z	
	Use of direct-reading instrumentation	ion (I	TD/P	ID/calorimetric	tubes)		
	Halogen leak detector				•		
	If using direct-reading instru	ment	ation	, is the equipm	ent:		'A
	a. Capable of detecting po	erc va	por c	oncentrations in	a range of 0-500 ppm?	ΠY	□N
 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 					ПY	□и	
c. Inspected for leaks and obvious signs of wear on a weekly basis?					a weekly basis?	ΠY	□N
	d. Kept in a clean and sec	cure a	ırea w	hen not in use?		ΠY	□N
	e. Verified for accuracy b	y use	of du	plicate samples	(calorimetric only)?	ПY	□N
·							

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	 	
•		
·		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: AN	INUAL X C	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11'00	TIME OUT: [[',/-	5 AIRS ID#: <u>O</u>	10155
FACILITY NAME: A COST OF FACILITY LOCATION: 238	Caning Collanois D. Wideh		DATE: 1/21/98
	Din Frosta	39 935	255-4810
compliance with DEP Rule 62	2-213.300, Florida Admir		•
discrepancies were noted:		valuated during this inspection, the fol	
COMPLIANCE REQUIRE	MENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
No leak log	·	Gave D.C.	Calendar
		1	
		R E C	EIVED
		FE	B 1998
COMMENTS: Kept rol	ling perc	-	of Air Monitoring Mobile Sources
The Annual Compliance Certification DATE OF NEXT INSPECTION:	3/90	3	YES NO
INSPECTION CONDUCTED BY:_	SAADA	(Approximate) (Please Print)	
INSPECTOR'S SIGNATURE:	Show	PHONE NUMBER:	893-3333

Page___of___.

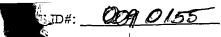
Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVE	
TIME IN: 10:45 TIME OUT: 11:15 AIR	us 10#: 009 0155
TYPE OF FACILITY: Dry (leaners	3.10**. 00 7 0 100
FACILITY NAME: ATOSTA CLEANES	DATE: 6/11/92
FACILITY LOCATION: 2330 N. Wikham Road	· · · · · · · · · · · · · · · · · · ·
Melborne Er. 3285	
RESPONSIBLE OFFICIAL: Edwin E. Acosta PHONI	ENUMBER: 407-255-47/0
Based on the results of the compliance requirements evaluated during this inspectompliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).	ction, the facility is found to be in
Based on the results of the compliance requirements evaluated during this inspection discrepancies were noted:	ction, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW	-UP ACTION REQUIRED
	· · · · · · · · · · · · · · · · · · ·
·	
	·
Conducted Re inspection to cheek to	gs/paperwone
Conducted Re inspection to cheek lo Good & keeping. INCOMPLIANCE	
The Annual Compliance Certification form has been properly certified and submitted to t	he inspector. YES NO
DATE OF NEXT INSPECTION: 6/99	
(Approximate)	
INSPECTION CONDUCTED BY: (Please Print)	3111
	NUMBER: 407-893-3333

Page___of___.

Revised 10/96





DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A COS FACILITY LOCATION: 233	74- CO	EANTH	R.D # 4	ATE: 6/(/
FACILITY LOCATION:		-((() - ()	100	
melbossue	fl.	3293	5	
Annual Reporting Period:	<u>٠</u>	19 _9 S to	JUNE	(/ 19 9 8
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	=			ith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in	continuous complia	unce during the reportin	g period state depose:
Exact period of non-compliance: from		·	to Modification	
Action(s) taken to achieve compliance:			·	S. S. S.
Method used to demonstrate compliance:				Sources Sources
#2. Term or condition of the general permit	that has not been in	continuous complia	ince during the reportin	
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, made in this notification are true, accurate upon purchase receipts, does not exceed 2.1 combination facilities. RESPONSIBLE OFFICIAL:	and complete. Furt	ter, my annual cons	sumption of perchloroes	hylene solvent, based
Na	me (Please Print)	-	Signature	/ Date /

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

Page	of

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

MARM
88

	UAL NSPECTION	U VO	COMPLAINT/DISCOVERY	b ·
AIRS ID#: 1090155 DATE: 1	٠ , (N: 10'45 TIME OUT:	11.12
FACILITY LOCATION:			Road	
			32435	
11				
responsible official: <u>Pdu</u>	hn Ha	sta	PHONE (467) 255-4810	· · · · · ·
CONTACT NAME:		· · · · = · · · · · · · · · · · · · · ·	PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days j	prior to startup			
2. Facility failed to notify DARM to use	general permit			
			· · · · · · · · · · · · · · · · · · ·	
PART II: CLASSIFICATION				
Facility indicated on notification form	that it is:		□ No notification form	
Facility indicated on notification form (check appropriate box)	that it is:		☐ No notification form ☐ Drop store/out of business/	'petroleum
Facility indicated on notification form (check appropriate box) A. 1. Existing small area source		New small a	☐ Drop store/out of business/	petroleum
Facility indicated on notification form (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	□ 2. N	to-dry only,	☐ Drop store/out of business/ rea source x < 140 gal/yr	petroleum
Facility indicated on notification form (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. I dry-trans	to-dry only, sfer only, x <	Drop store/out of business/ rea source x < 140 gal/yr < 200 gal/yr	petroleum G3
Facility indicated on notification form (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. I dry-tran	to-dry only, sfer only, $x < 1$ types, $x < 1$	Drop store/out of business/ rea source x < 140 gal/yr < 200 gal/yr	petroleum
Facility indicated on notification form (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	2. In dry-trans both (con dry-trans both both dry-trans both both dry-trans both	to-dry only, x sfer only, x stypes, x < 1 structed on structed on structed only, after only, 20 types, 140 structed only,	Drop store/out of business/ rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	petroleum G3
Facility indicated on notification form (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	2. In dry-transboth (conditions)	to-dry only, x sfer only, x stypes, x < 1 structed on structed on structed only, after only, 20 types, 140 structed only,	Drop store/out of business/ rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	4.3
Facility indicated on notification form (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 of the properties of the second contracted before 12/9/91)	2. In dry-trans both (con	to-dry only, a sfer only, x < 1 types, x < 1 structed on a structed on a structed only, a sfer only, 20 types, 140 structed on a	Drop store/out of business/ rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 \le x \le 2,100 gal/yr 0 \le x \le 1,800 gal/yr or after 12/9/91) Can not determine CE	4.3
Facility indicated on notification form (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 of the propriation of the properties of the	2. If dry-transboth (constant both (to-dry only, as fer only, x < 1 types, x < 1 structed on a to-dry only, as fer only, 20 types, 140 structed on a large only only, as fer only, 20 types, 140 structed on a large only only only only only only only only	Drop store/out of business/ rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 \le x \le 2,100 gal/yr 0 \le x \le 1,800 gal/yr or after 12/9/91) Can not determine CE	4.3

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? pensed 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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?

PART III: GENERAL CONTROL REQUIREMENTS

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?	ΠY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	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?	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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ZY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired win 2 days and parts installed win 5 days of receipt?	C DY DN DN/A
4. Maintained calibration data? (for applicable direct reading instruments)	A/MS NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XIVA
6. Maintained startup/shutdown/malfunction plan?	XY ON
7. Maintained deviation reports?	YOY ON ON/A
Problem corrected?	(DY DN DN/A
8. Maintained compliance plan, if applicable?	N/A

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A couplings, and valves Muck cookers DY DN DN/A ФY ON ON/A Stills DY ON ON/A Door gaskets and seating DY ON ON/A Filter gaskets and seating Exhaust dampers DY ON ON/A TY ON ON/A Diverter valves אום אם צם Pumps DY DN DN/A Solvent tanks and containers Cartridge filter housings DY DN DN/A TY ON ON/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 □N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN 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? 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)? DY DN

SOADIA QUEESHI	6/11/98
Inspector's Name (Please Print)	Date of Inspection
	6/99
Inspector's Signature	Approximate Date of Next Inspection

Hoffman 2000 panges - hasard. Waste go

lunspectron & Check records

IN COMPLIANCE

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARM! UPDATED
DATE 7-26-49
~ 1

TVDE	OF.	TNCDE	CTION
LIEL	Ur.	TIADLE	CTION:

ANNUAL

RE-INSPECTION

X

COMPLAINT/DISCOV

OVERY POL

AIRS ID#: 109155 DATE: 7-26-99 TIME IN: 1:30 TIME OUT: 1200

FACILITY NAME: A COSTA Cleaners

FACILITY LOCATION: 2330 N. Wickham Rd.

Melbourne, FL 32435

RESPONSIBLE OFFICIAL: Edwin Acosta Phone: 255-9810

CONTACT NAME: PHONE:

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

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	→ □N □Can not determine
	ation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was gallons.	rchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly sealed and impervious containers?

DY DN BANIA

2. Examining the containers for leakage?

ANG NO YO

3. Closing and securing machine doors except during loading/unloading?

MU YE

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?
- אוא**על** אם עם

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?

PA DN

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

- DY ON ON/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- MY ON ON/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
- DY ON
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?
- Y ON ON/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after 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?	ΠY	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QY	ПN	
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	$\square \text{NVA}$
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	\square N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠИ	\square 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?	QY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	- □Y	ΩИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)	. ,		
Maintained receipts for perc purchased?	MY DN		
2. Maintained rolling monthly averages of perc consumption?	מם צם		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON CONIA		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מע אלען אם עם עם בע		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ⊠ N/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DWA		
6. Maintained startup/shutdown/malfunction plan?	DEY □N		
7. Maintained deviation reports?	aly y no yo		
Problem corrected?	אואפט אם צם		
8. Maintained compliance plan, if applicable?	DY ON GIVIA		

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? $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DN DN/A Muck cookers couplings, and valves AVAD ND. Stills DY ON ON/A Door gaskets and seating ŌY, ON ON/A Filter gaskets and seating Exhaust dampers DY, DN DN/A ON ON/A Diverter valves AYAD ND\YÀ Pumps ØN ON/A Solvent tanks and containers MY ON ONA Cartridge filter housings AVAC NO YOU 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 П If using direct-reading instrumentation, is the equipment: DN/A 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)? DY DN

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

7-20010

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
. •••	
	•
	•
	•
•	
·	
	,

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ACOSTG CLEANIT	DATE: 7-26-91
FACILITY LOCATION: 2330 N. Wickham Rd#4	
Melboune, FL 32435	
Annual Reporting Period: July 1998 TO July	19 99
Based on each term or condition of the Title V general air permit, my facility has remained in compliant 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	_
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the report	ting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the repor	ting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable incomade in this notification are true, accurate and complete. Further, my annual consumption of perchlor upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	ethylene 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 COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:30pm TIME OUT: 2:00 pm	AIRS ID#: 0090165
TYPE OF FACILITY: Dry Graner	
FACILITY NAME: Acosta Cleaner	DATE: 7-26-99
FACILITY LOCATION: 2330 N. Wickhan	
Melbourne, FL 324 35	
RESPONSIBLE OFFICIAL: Edwin It CUSTY	PHONE NUMBER: 255-4810
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrati	
Based on the results of the compliance requirements evaluate discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
COMMENTS:	
In Compliance	
The Annual Compliance Certification form has been properly certified	I and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 7-2000	
INSPECTION CONDUCTED BY: Randall Cv	oximate)
INSPECTOR'S SIGNATURE:	phone number: 407 - 893-333
Page L	of Revised 10/96

СО	TITLE V GEI MPLIANCE INS			00
TYPE OF INSPECTION: A	NNUAL		COMPLAINT/DISCOVERY	Ь
R	E-INSPECTION	\র্ঘ		
AIRS ID#: 09055 DAT			N: <u>10'45</u> time out:∐	1.15
FACILITY NAME: 405tz	r Clear	DE VS		
facility location:	30 N. WZ	Kham	Road	
~	Melbour	c FL	- 32435	
responsible official : 🙎	dwin Ac	esta	PHONE: (467) 255-4810	
CONTACT NAME:	·		PHONE:	
			5 0.	
PART I: NOTIFICATION			F	
(check appropriate box)				
1. New facility notified DARM 30 da	ys prior to startup		A SO THE	
2. Facility failed to notify DARM to	use general permit		No. 1	۵
			OLI ON THE PROPERTY OF THE PRO	السفيد في المستوالية
PART II: CLASSIFICATION			te's	
Facility indicated on notification for	rm that it is:		□ No notification form	
(check appropriate box) A.			☐ Drop store/out of business/p	etroleum
1. Existing small area source		New small a	<i>i</i> / (
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr		y-to-dry only, nsfer only, x	x < 140 gal/yr < 200 gal/yr	i 2
both types, x < 140 gal/yr	bo	th types, x < 1	140 gai/yr	
(constructed before 12/9/91)	(co	onstructed on	or after 12/9/91)	
3. Existing large area source		New large a		
dry-to-dry only, $140 \le x \le 2,100 \text{ g}$			$140 \le x \le 2,100 \text{ gal/yr}$:
transfer only, $200 \le x \le 1,800$ gal/both types, $140 \le x \le 1,800$ gal/yr		-	00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	
(constructed before 12/9/91)			or after 12/9/91)	
5. This is a correct facility classific	cation \Box	Y □N	□Can not determine	
If no, please check the appro				
☐ facility qua	alified for a general	l permit as nu		
☐ facility qua	alified for a general seeds above limits	l permit as nu and is not elig	gible for a general permit	

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 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 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?

2 of 5

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?	ΩY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠИ	□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
	ls the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□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?	ΠY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□и	□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? 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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 day and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? NO YO 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? UN UN/A Problem corrected? 8. Maintained compliance plan, if applicable?

							
PA	ART VI: LEAK DETECTION AND R	EPAI	RS				
1.	Does the responsible official conduct a	weekly	(for	small sources, b	i-weekly) leak detection an	id repair	
	inspection?			,		Ø Y	עם ע
2.	Has the facility maintained a leak log?					ÐX	ПN
3.	Does the responsible official check the f	followi	ing ar	eas for leaks?			•
	Hose connections, fittings, couplings, and valves	фY	מם	□N/A	Muck cookers	ם א כ	N □N/A
	Door gaskets and seating	фү	ПN	□N/A	Stills	dy c	IN □N/A
	Filter gaskets and seating	фү	ПN	□N/A	Exhaust dampers	DY C	N □N/A
	Pumps	фу	ПΝ	□N/A	Diverter valves	DY C	N □N/A
	Solvent tanks and containers	фү	ПN	□N/A	Cartridge filter housings	DY C	N □N/A
	Water separators	фУ	ΩΝ	□N/A			
4.	Which method of detection is used by the	ie resp	onsib	le 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:						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					אב	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					אכ	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				אכ		
	d. Kept in a clean and secure area when not in use?			אכ			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				אב		

SAADIA VURBH	6/1/98
Inspector's Name (Please Print)	Date of Inspection
	6/99
 Inspector's Signature	Approximate Date of Next Inspection
	•

Hoffman 2000

pan-eys - hasaid. Naste igs

lunspectron & Check records.

OK

/N COMPLIANCE

Revised 09/15/97

AIRS ID#: 009 0155

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

					
FACILITY NAME: ACOS FACILITY LOCATION: 23	574 CL	EANER		_date:6/	(1)
FACILITY LOCATION: 23	30 2.00	cleitan	RD #	4	
wolbossine	fl.	3293	5		
					
Annual Reporting Period:	4~	19 9 8 to	JUNE	- ((_19_29
Based on each term or condition of the Tit 62-213 300, Fiorida Administrative Code (*	<u> </u>)
If NO, complete the following:					
#1. Term or condition of the general perm	nit that has not been in o	continuous complia	ance during the repo	orting period states	i 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 perm	nit that has not been in	continuous compli	ance during the rep	orting period states	d 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 certimade in this notification are true, accuration purchase receipts, does not exceed combination facilities.	ate and complete. Furth	er, my annual con:	sumption of perchlo	proeshylene solven	, based
RESPONSIBLE OFFICIAL:	FOW/n E Name (Please Print)	ARIM	Signature	Juf 6) 1 / 9 Date
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			

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

Page ____ of ____.

Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 10:45 TIME OUT: 11:15	AIRS ID#: 009 0155			
TYPE OF FACILITY: Dry Cleaners				
FACILITY NAME: Azosta Cleane	DATE: 6/11/92			
FACILITY LOCATION: 2330 N. WICKNA	m Road.			
RESPONSIBLE OFFICIAL: Edwin E. Acosta	PHONE NUMBER: 407-255-4810			
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra				
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
	·			
· · · · · · · · · · · · · · · · · · ·	·			
Conducted Re inspection to cheek logs paper worke Good R. Keeping. INCOMPLIANCE				
Good R. Keeping. INCOMPLIANCE.				
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION: 6/99				
INSPECTION CONDUCTED BY: SAADIA QUESTI				
(Please.Print)				
INSPECTOR'S SIGNATURE: PHONE NUMBER: 407-893-333				

Page___of___.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED DATE 4-10-00

ANNUAL

_

COMPLAINT/DISCOVERY

RP

RE-INSPECTION

_	

AIRS ID#: 0090155 DATE: 4-10	·	
FACILITY NAME: 17 (05tg Cl	laners	
FACILITY LOCATION: 2330 W.	· · · · · · · · · · · · · · · · · · ·	_
	ne, FC 32935 ps = 0	_
RESPONSIBLE OFFICIAL: Edwin	A costa PHONE: 321 255- 4810)
CONTACT NAME:	PHONE: S NO 22	
	ें जि	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	artup	
2. Facility failed to notify DARM to use general pe	ermit O	
PART II: CLASSIFICATION		
TIMET M. CLABOH TCHITOIN		
Facility indicated on notification form that it is:	☐ No notification form	
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 U 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	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 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) 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 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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 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 (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 $12/9/91$) Ar Ar Ar Ar Ar Ar Ar Ar	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON THIA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MINA 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 DY DN (DN/A beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

condenser on a weekly/bi-weekly basis?

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 condenser upon opening the door?

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 condenser exceeded 45°F?

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

AYOU NO YE

NO ON/A

Z ON ON/A

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?	ΟY	אם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	DN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ПΥ	ПN	□n/a
	Is the perc concentration equal to or less than 100 ppm?			□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	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	DИ	□N/A
برج	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	À ATY □N
2. Maintained rolling monthly averages of perc consumption?	QY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	אום אם צפק
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ava a no yo
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ANA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN XXVA
6. Maintained startup/shutdown/malfunction plan?	AY ON
7. Maintained deviation reports?	aved no vo
Problem corrected?	AWA NO YO
8. Maintained compliance plan, if applicable?	OY ON DWA

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ΠN 2. Has the facility maintained a leak log? ΠN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ONA couplings, and valves Muck cookers DY ON ON/A AYNO NO YO Door gaskets and seating Stills DY ON ONA DY DN DN/A Filter gaskets and seating Exhaust dampers . AYMO MO YO DY ON ON/A Pumps Diverter valves OLY ON ON/A DY ON ON/A Solvent tanks and containers Cartridge filter housings ФY ON ON/A Water separators AVACI NO YC 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 \Box If using direct-reading instrumentation, is the equipment: ZN/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN 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

Randal Conningham
Inspector's Name (Please Print)

Inspector's Signature

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

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

Date of Inspection

DY DN

DY DN

Date of hispection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
. %.1	
·	
	·
	·
·	
	-
•	
	·
	·
· · · · · · · · · · · · · · · · · · ·	
•	
	·

AIRS ID#: 0090155

gel

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Acosta [leant/S DATE: 4-10-00]
FACILITY LOCATION: 2330 N. Wickham Rd. #9
melbovine, FL 32935

Annual Reporting Period: April 2000
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. TYES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

^{*}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 D	СОМ	IPLAINT	/DISCOVERY		RE-INSPE	CTION
TIME IN: 10136	TIME OUT:	:00		AIRS	ID#: 009	01559	
TYPE OF FACILITY: DryC	leaning						<u></u>
FACILITY NAME: #1005 to					· · · · · · · · · · · · · · · · · · ·	DATE: 4-	-10-00
FACILITY LOCATION: 23	30 N. WicKhan	<u>n</u>					
mei	160UINE, FL 32	935		<u> </u>	·		
RESPONSIBLE OFFICIAL:	Edwin Acosta			PHONE N	NUMBER:	321-258	5-48110
{ y	ne compliance requiremen ule 62-213.300, Florida A			-	on, the facili	y is found to l	pe in
Based on the results of the discrepancies were noted	ne compliance requiremen d:	its evalua	ited durin	g this inspection	on, the follov	ving complian	c e
COMPLIANCE REQU	IREMENT/PROBL	EM	F	OLLOW-U	P ACTIO	N REQUII	RED
							
				· 			
COMMENTS:	plianc	e					
The Annual Compliance Certifica	tion form has been proper	rly certifi	ed and su	bmitted to the	inspector.	YES	_ NO[]
DATE OF NEXT INSPECTION INSPECTION CONDUCTED B	4: 4-700 P	(App	proximat		 		
INSPECTOR'S SIGNATURE:	Phall C	(Ple	ease Prin	PHONE N		407-89	3-3333
		Page /	_of <u> </u>				Revised 10/96

Surrender of Existing Air Permit(s)

<u></u> ,	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
لٰ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the standard of this notification are true, accurate and complete. Further, I agree to operate and the 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.
his notif statemen naintain comply v	Sication. I hereby certify, based on information and belief formed after reasonable inquiry, that t Its made in this notification are true, accurate and complete. Further, I agree to operate and I the air pollutant emissions units and air pollution control equipment described above so as to

#0090155

P.14 1.(a) odd date control device installed

3, new small area source should be marked

P.15 4. new small area Source

(b) should be marked