

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

July 21, 1997

Mr. Richard Whitten Vice President Comet Dry Cleaners 115 Tamiami Trail, Unite 4117 Punta Gorda, Florida 33950

Re: Facility No.: 0150067

Dear Mr. Whitten:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 26, 1997.

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

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

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, 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. Sherrill Culliver, South District

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



This portion must be attached to remittance for proper handling $\sqrt{301283}$

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

RECEIVED MAIL ROOM

JAN 29 98

Ø,

Do NOT Remove Label

AIRS ID#0150067

COMET DRYCLEANERS INC RICHARD WHITTEN 115 TAMIAMI TRAIL UNIT 4117 PUNTA GORDA FL 33950

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RECEIVED

COMPLIAN	CE INSPECTION CHECKLIST	AUG 4 1997
TYPE OF INSPECTION: ANNUAL RE-INSPEC	COMPLAINT/DISCOVERY	eau of Air Monitoring Mobile Sources
	30-97 TIME IN: 2:45 TIME OUT:	3:25
FACILITY NAME: ComeT	Dry CLEANES	
FACILITY LOCATION:	AMIAMI TrAIL UNIT 4117	
_ PUNTA GO	OF OR FL 33950	
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·	
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96	I contrated wim	
2. New facility notified DARM 30 days prior to	startup	€
3. Facility failed to notify DARM to use genera	l permit	
PART II: CLASSIFICATION		
Facility indicated on notification form that it (check appropriate box)	is:	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	dy on	
If no, please check the appropriate classification	on:	
facility qualified for a general facility exceeds above limits a	l permit as number above and is not eligible for a general permit	
B. The total quantity of perchloroethylene (per facility was 115 gallons.	c) purchased within the preceding 12 months by this	dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN • 2. Examining the containers for leakage? OY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ody □n least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN WNA 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) BY DN 1. Equipped all machines with the appropriate vent controls? A/NO NO. Y 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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? OY ON 🗸 6. Conducted all temperature monitoring after an appropriate cooldown period and after ND N 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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПП	
	Is the temperature differential equal to or greater than 20° F?	QY	ПИ	
3.	<u> </u>			□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	
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	ПΝ	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩΥ	ПИ	□N/A
PA	ART V: RECORDKEEPING REQUIREMENTS			
II .	as the responsible official:			
11	heck appropriate boxes)			
11	Maintained receipts for perc purchased?		□и	!
11	Maintained receipts for perc purchased?			<u> </u>
11				:
11	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? CALANDEL IN MONTH'S BUT Maintained leak detection inspection and repair reports for the following:	⊠ Y 8	ΠN	!
11	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? CALANDE! WA MONTH'S BUT Maintained leak detection inspection and repair reports for the following:	⊠ Y ∄ □Y	ΠN	
2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? CALANDE! WA MONTH'S BUT 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	⊠ Y		
 3. 4. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? CALANDE! 12 MONTH'S BUT 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?	2		ØN/A
 2. 3. 4. 5. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? CHANDEL IN MONTH'S BUT 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)	2 Y 3 	□N □N □N	ØN/A
 2. 3. 4. 6. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? CALANDEL: W. MONTH'S BUT 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?	SY G DY DY DY DY	0 N 0 N 0 N 0 N 0 N 0 N 0 N 0 N 0 N 0 N	SN/A
 2. 3. 4. 6. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? CHANDEL WA MONTH'S BUT 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?	SY S DY DY DY DY DY		MN/A
 2. 3. 4. 6. 7. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Chianger in monthly averages of perc consumption? Chianger in monthly averages of perc consumption? Chianger in monthly But 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?			MN/A /
 2. 3. 4. 6. 7. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Calander Wa month's But 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? Gor direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?			MN/A
2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Calander Wa month's But 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? Gor direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?			MN/A /

2.	2. Which method of detection is used by the responsible official?							
	Visual examination (condensed s	⊴′						
	Physical detection (airflow felt th	Q'						
	Odor (noticeable perc odor)				\square'			
	Use of direct-reading instrument	ation (FII	D/PID/calo	orimetric tubes)				
	If using direct-reading instrum	entation,	is the equ	uipment:				
	a. Capable of detecting	perc vapo	or concent	rations in a range of 0-500 ppm?	ПY	ПИ	'	
	b. Calibrated against a (PID/FID only)?	standard	gas prior t	to and after each use	ΟY	ОИ		
	c. Inspected for leaks a	nd obviou	s signs of	wear on a weekly basis?	ΟY.	ЙO		
	d. Kept in a clean and	secure are	a when no	ot in use?	ΩY	ПΝ		
	e. Verified for accuracy	by use o	f duplicate	e samples (calorimetric only)?	ΠY	ΠN		
3.	Has the facility maintained a leak log?	,			\mathbf{q}^{Y}	ПΝ	-	
4.	Does the responsible official check the	followin	g areas for	r leaks?				
	Hose connections, fittings, couplings, and valves	₫Y	ΩΝ	Muck cookers	ď	ПП		
	Door gaskets and seating	⊴ Y	ПN	Stills	r Y	ПN		
	Filter gaskets and seating	₫Y .	□И	Exhaust dampers	œY.	ΩΝ		
	Pumps	⊡ Y	, □N	Diverter valves	GY,	ПN		
	Solvent tanks and containers	ĽΥ	N	Cartridge filter housings	⊡ Y	ΩΝ		
	Water separators	₫Y	ПИ				!	
_								
	RICHARD WHITTEN							
	Name of Responsible Offic	ial						
	Warne Lewis			7-30-	97			
	Inspector's Name (Please Pr	int)		Date of Inspe			-	
	Warre Lewis			7- 9	78			
	Inspector's Signature			Approximate Date of l	Next 1	Inspection	-	

	#0150067
	p 13 7. Fill in or use "Some as above" if applicable.
•	1/4 (a) Odd date control clevice installed
	1.6) Should not be marked Marks
	4. New Small drea Source should
	be marked.
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Perchloroethylene Dry Cleaning Facility Notification

JUN 2 6 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	COMET DRYCHEANERS INC.						
2.							
	COMET DEVCUEANERS						
3.							
	FLD 981023559						
4.	Facility Location: Street Address: 115 TAMIAMI TRAIL UNIT 4117						
	City: PUNTA GORDA COUNTY: CHARLOTTE Zip Code: 33950						
5.	Facility Identification Number (DEP Use):						
	0150067						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	RICHARD WHITTEN , VICE PRESIDENT.						
7.							
	Street Address:						
	City: County: Zip Code:						
8.	Responsible Official Telephone Number:						
	Telephone: (941) 639 - 5277 Fax: (941) 639 - 9116						
	Facility Contact (If different from Responsible Official)						
_							
9.	Name and Title of Facility Contact (For example, plant manager):						
10	Facility Control Address						
10.	Facility Contact Address:						
	Street Address: City: County: Zip Code:						
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -						
	Totophono. ()						

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

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID.	Date Machine Initially Purchased	Date Control Device Installed	ID.	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	•	12-NOV-93		08-DEC-91	*	#3	02-MAR-92	
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	Ø2 Jug5			٠.				
(2) w/ carbon adsorber									
(3) w/ no controls			1			1			
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber								·	
(6) w/ no controls								•	
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber			-						
(9) w/ no controls		· ·				-			
Reclaimer Unit									
(10) w/ ref. condenser									:
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X".					nitions found	l in section (3) of	Part II?	ÿ
Existing small ar	ea so	urce []	Ner	w sm	all area sour	œ · [<u>X</u>]	₋ .	•	-
Existing large area source [] New large area source []									

	pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)	
Existing large area source	
Carbon adsorber []	Refrigerated condenser []
New small area source	
Refrigerated condenser []	,
New large area source	•
Refrigerated condenser []	
	•
5. A facility which contains non-exempt emissions	units shall not be eligible to use the general permit
pursuant to Rule 62-213.300, F.A.C. Verify that all	steam and hot water generating units on-site meet the
following exemption criteria or that no such units ex	cist on-site:
All steam and hot water generating units on-site (1)	have a total heat input of 10 million BTU/hr or less (298
boiler HP or less), and (2) are fired exclusively by n during which propane or fuel oil containing no more	atural gas except for periods of natural gas curtailment
during which propane or just out containing no more	e inan one perceni suijur is jirea.
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 permit:	in accordance with the requirements of this general
(a) Purchase receipts and solvent purchases	(X)
(b) Leak detection inspection and repair	(X)
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	(X)
(f) Start-up, shutdown, malfunction plan	ĽŽ.

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
ι Χ η	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will prom	aptly notify the Department of any changes to the information contained in this notification. 24 Juni 97 Date						

	#01500c7		
P13 7 E	STOT SVEIL ADI E COP	Y	ECENEY E D
1. Facility (a) Add 2. Site N (c) Sha 3. Hazar P/5	applicable. Id date control der Tould not be mark ond initial on Small drea Source marked.	ice installed ed. Marls	eau of Air Monitoring & Mobile Sources
5. Faci			
6. Nau C1 7. Re Or			
Sti Ci	en e	ode:	
8. R T	· · · · · · · · · · · · · · · · · · ·		
Karanacana ya walionga amana ana ana ana ana ana ana ana ana		-	—
9. Name and Title of Facility Conta	act (For example, plant manager):	and a state of the	
10. Facility Contact Address:			
Street Address: City:	County:	Zip Code:	
11. Facility Contact Telephone Num Telephone: () -	ber: Fax: () -	

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

JUN 2 6 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
(COMET DRYCHEANERS INC.						
2.	2. Site Name (For example, plant name or number):						
	COMET DEVCLEANERS						
3.	Hazardous Waste Generator Identification Number:						
	FLD 981023559						
4.							
ļ	Street Address: 115 TAMIAMI TO ALL UNIT HIT						
	City: PUNTA GOLDA County: CHARLOTTC Zip Code: 33950						
5.	Facility Identification Number (DEP Use):						
	0150061						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	RICHARD WHITTEN, VICE PRESIDENT.						
7.	Responsible Official Mailing Address:						
	Organization/Firm: Street Address:						
	City: SA A S A County: Zip Code:						
8.	Organization/Firm: Street Address: City: SAME AS ABOVE County: Zip Code: Responsible Official Telephone Number:						
0.	Telephone: (941) 634-52:77 Fax: (941) 639-6116						
	1116						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
10.	Facility Contact Address:						
	Street Address:						
	City: County: Zip Code:						
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -						

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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 Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	m	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									
(1) w/ ref. condenser	1	Ø2 Jun 95	\$2 DN95		_ ·				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls				-	,				
Drver Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser					-			,	
(11) w/carbon adsorber									
(12) w/ no controls									
(c) No control devices	(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed []								
2.(a) What was the total of [124]			proethylene (perc)	purchased u	i the latest 1	2 mo	eths?	
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records:									
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)									
Existing small ar	ea so	urce []	Nev	w sma	all area sour	ж <u>[X</u>]			
Existing large are	a sou	ırce []	Nev	w larg	ge area sourc	e []			

4. What control technology is required on machines pursu (Indicate with an "X".)	nant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber Refr	igerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	· .
5. A facility which contains non-exempt emissions units a pursuant to Rule 62-213.300, F.A.C. Verify that all steam following exemption criteria or that no such units exist on All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more than All steam and hot water generating units exempt No such units on-site	a and hot water generating units on-site meet the -site: a total heat input of 10 million BTU/hr or less (298 l gas except for periods of natural gas curtailment
Equipment Monitoring and Re	cordkeeping Information
Check all logs which are required to be kept on-site in accepermit:	ordance with the requirements of this general
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	g
(e) Instrument calibration	· [X]
f) Start-up, shutdown, malfunction plan	[X]

Surrender of Existing Air Permit(s)

•
e with an "X" the appropriate selection:
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
No air permits currently exist for the operation of the facility indicated in this notification form.
•
Responsible Official Certification
· · · · · · · · · · · · · · · · · · ·
ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
nptly notify the Department of any changes to the information contained in this notification. 24 1.01 97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0150067 COMET DRYCLEANERS INC

RICHARD WHITTEN 115 TAMIAMI TRAIL UNIT 4117 PUNTA GORDA FL 33950 Bureau of Air Monitoring & Mobile Sources

D 3 1770

Do NOT Remove Label

Annual Reporting Period:				
	July I	19_ 98 то _	Jan	1998
Based on each term or condition of the Ti 62-213.300, Florida Administrative Code				ith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general perm	nit that has not been i	in continuous complian	ce during the reporting	g period stated above:
Exact period of non-compliance: from			to	·
Action(s) taken to achieve compliance:	· · ·			
Method used to demonstrate compliance:				
				•
#2. Term or condition of the general perr	nit that has not been i	n continuous complian	ce during the reporting	period stated above:
	nit that has not been i		ce during the reporting	period stated above:
Exact period of non-compliance: from	nit that has not been i			period stated above:
#2. Term or condition of the general perr Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:	nit that has not been i			period stated above:

^{*}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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355560

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

MAIL ROOM DEC 29 98

Do NOT Remove Label

AIRS ID # 0150067

COMET DRYCLEANERS RICHARD WHITTEN 115 TAMIAMI TRAIL UNIT 4117 PUNTA GORDA FL 33950

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
AIRS ID#: <u>015'006'7</u> DATE: <u>01/15</u> /	75 TIME IN: TIME OUT:
FACILITY NAME:	ory Ciec, Ners
FACILITY LOCATION: 115 TAMIAM	11 Tente UniT 4117
PUNTA	Gonta 33750
RESPONSIBLE OFFICIAL: Richard	()4: Tien PHONE: 941 639-5277
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	RECEIVED
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	DFC 1 7 1999
2. Facility failed to notify DARM to use general pe	
	Sureau of Air Worltoring
PART II: CLASSIFICATION	ti meshe esarets
Facility indicated on notification form that it is:	
(check appropriate box)	□ No notification form□ Drop store/out of business/petroleum
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
(check appropriate box) A. 1. Existing small area source □ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source □ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification □ 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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine

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

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	d OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	DY DN DN/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□У □Й □М/А
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

0

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	QA DN			
2. Maintained rolling monthly averages of perc consumption?	DY QN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON EN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ONA			
5. Maintained exhaust duct monitoring data on perc concentrations?				
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?				
Problem corrected?				
8. Maintained compliance plan, if applicable?	DY ON ØN/A			

PA	ART VI: LEAK DETECTION AND	REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	• .		QA DN		
2.	Has the facility maintained a leak log?	,	,	at on		
3.	Does the responsible official check the	following areas for leak	s?			
	Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	dy on ona	Sülls	DY ON ON/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	AA ON ONA		
	Pumps	DY ON ONA	Diverter valves	Y ON ON/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	EY ON ON/A		
	Water separators	MY ON ON/A	•			
4.	Which method of detection is used by	the responsible official?		. ,		
	Visual examination (condensed	solvent on exterior surfac	es)	œ',		
	Physical detection (airflow felt the	rrough gaskets)		d ,		
Odor (noticeable perc odor)				œ⁄		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				٥		
	Halogen leak detector					
l	If using direct-reading inst	□N/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	•	nd obvious signs of wear	on a weekly basis?	OY ON		
	-	secure area when not in u	•	ОУ ОИ		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			□У □И		
	2. Condition of the state of th					
-						
	·					
	WAYNE Levis		01/15/9	75		
	Inspector's Name (Please Pri	int)	Date of Inspe	ction		
	() P.		/ 2			
_	Inspector's Signature		Approximate Date of 1	Next Inspection		
	Anapotor a Digitature		1 spp. Gamaic Date Of 1	mapecuon		

PERCHLOROETHYLENE DRY CLEANERS



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Ø	COMPLAI	NT/DISCO	VERY		ı
	RE-INSPECTION	1 🗆					,
				 			
AIRS ID#: <u>0150067</u> I)ATE: <u>02/24</u>	TIMI	E IN: <u>14:42</u>	TIME	OUT: _	15%	25
FACILITY NAME:	Come T Tou	יינאה מי מי מי	<u>^</u>				
ll .							
FACILITY LOCATION:	115 TAMIAMI	TRAIL	UNIT	4//7			
	PLINTA	Gorda, F	<u> 233</u>	150			
RESPONSIBLE OFFICIAL :	RICHAREL	WHITTEN	PHONE: _	941 (539- <u>5</u>	277	
CONTACT NAME:	Same	·	PHONE: _				
DADT L. NOTIFICATION	·						
PART I: NOTIFICATION							
(check appropriate box)				•			
1. New facility notified DARM	30 days prior to start	up					
2. Facility failed to notify DARN	√1 to use general perm	nit					
PART II: CLASSIFICATION							
			D No modif				===
Facility indicated on notificatio (check appropriate box)	n form that it is:			fication form ore/out of bu		etroleu	m
A.		t	Ca Drop sic	nerout or be	(3H1C33/ p	cuoicu	"
1. Existing small area source	e 🗆	2. New sma	ll area source	!	র্ভ্র		
dry-to-dry only, x < 140 gal/y	/ r	dry-to-dry or	nly, x < 140 gal/	ýг			70
transfer only, x < 200 gal/yr			, x < 200 gal/yr		$\boldsymbol{\varpi}$	•	·
both types, x < 140 gal/yr		both types, x	< 140 gal/yr		~ ure		
(constructed before 12/9/91)		(constructed	on or after 12/9/	91)	Bureau of Air Monitoring & Mobile Sources	MAR	
3. Existing large area sourc	e 🗆	4 Now larg	e area source		율.		
dry-to-dry only, $140 \le x \le 2$,		_	aly, $140 \le x \le 2$,	100 001/20	વે ₹	4	
transfer only, $200 \le x \le 1,800$			$119, 140 \le x \le 2,$ $1200 \le x \le 1,80$	n callar	<u>ŏ</u> . ≷	2000	
both types, $140 \le x \le 1,800$ g			, 200 ≤ x ≤ 1,800 40 ≤ x ≤ 1,800 g	o gallyr	rc	S	المقتعة
(constructed before 12/9/91)	avyı		on or after $12/9$	/91)	;orir es		IVED
					ā		
考. This is a correct facility cla	ssification	ØY □N	□Can not	determine			i
If no, please check the a	ppropriate classifica	tion:					
🗅 facilit	y qualified for a gene	eral permit as	number	above			
facility exceeds above limits and is not eligible for a general permit							
B. The total quantity of perchlor	oethylene (perc) pur	chased within	the preceding	12 months b	y this dr	y clean	ing
facility was 65 gallons.			-				



(complete A and B below).

1. Equipped all machines with the appropriate vent controls?

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

(check appropriate boxes)

PART III: GENERAL CONTROL REQUIREMENTS	,		
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON MIN/A		
2. Examining the containers for leakage?	OY ON MYA		
3. Closing and securing machine doors except during loading/unloading?	ØY □N		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	QY QN Øn/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Par	rt V.		
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete $\bf A$ 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 r	efrigerated condenser		

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? □Y □N ☑N/A

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

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

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

EY ON

MY 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?	ÖΥ	ПN	:
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	∤□Y	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	□N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	□и	□N/A
ļ	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	□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?	DY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ח□	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			Ody □n			
2. Has the facility maintained a leak log?			ØY □N			
3. Does the responsible official check the f	following areas for leaks?					
Hose connections, fittings, couplings, and valves	GY ON ON/A	Muck cookers	dy on on/a			
Door gaskets and seating	DY ON ON/A	Stills	ØY □N □N/A			
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DAY ON ON/A			
Pumps ·	CY ON ON/A	Diverter valves	MY ON ON/A			
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	OY ON ØN/A			
Water separators	dy on on/a		•			
4. Which method of detection is used by the	e responsible official?					
Visual examination (condensed so	lvent on exterior surfaces)	•	⊡ ′			
Physical detection (airflow felt thr	ਰ					
Odor (noticeable perc odor)	₫					
Use of direct-reading instrumentat	tubes)					
Halogen leak detector			o ·			
If using direct-reading instru	□N/A					
a. Capable of detecting p	□Y □N					
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
c. Inspected for leaks and	OY ON					
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)?			□Y □N			
WAYNE LEWIS	WAYNE LEWIS 02-24-00					
Inspector's Name (Please Prin	t)	Date of Inspection				
Lewis 92-15-01						
Inspector's Signature						



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RICHARD WHITTEN
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PUNTA GORDA FL

33950

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Obj.: 002273

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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 # 0150067 COMET DRYCLEANERS RICHARD WHITTEN 115 TAMIAMI TRAIL UNIT 4117 PUNTA GORDA FL 33950 AIRS ID # 0150067 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
PUNTA GORDA FL 33950 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Copy from service label)	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 # 0150067 COMET DRYCLEANERS RICHARD WHITTEN	C. Signature Agent Addressee Addressee Addressee Addressee Addressee Yes If YES, enter delivery address below:
Article Number (Copy from service label)	PUNTA GORDA FL 33950	Certified Mail
		4. Restricted Delivery? (Extra Fee) ☐ Yes
_ 1000 0000 0026 10 ac 6812	2. Article Number (Copy from service label) 7000 0600 0026 78 25	6812
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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6812			
7825	Postage Certified Fee	\$	Postmark
0026	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
7000 0600	AIRS ID # COMET DRYCLEANERS RICHARD WHITTEN 115 TAMIAMI TRAIL UNIT 4117 SI PUNTA GORDA FL 33950		# 0150067
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