

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 27, 1996

Mr. Russell Powell Touch of Quality Cleaners #2 1194 South Broad Street Brooksville, Florida 34601

Re: Facility I.D. No. 0170038

Dear Mr. Powell:

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

Please note that in 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

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

Printed on recycled paper.

# #0170038

	Touch of Quality Cleaners #2
D./3	7. add Airm
D. /4	1.(a) add date control device
— <i>Ţ~;</i> ~/—	installed
	1.(c) mark out "V" and initial
D.15	5.(d) not required, mark out
	"-" and initial
_	5.(f) required
_	
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h	-
<del></del>	i
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	<del>                                     </del>

### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

1	Facility Owner/Common Warns Olomo of compression, according to individual owners.								
1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):								
	Luxell N. Yourl								
	Site Name (For example, plant name or number):								
6	Inch y Guarty Cleaner # 2  Hazardous Waste Generator Identification Number:								
3.	Hazardous Waste Generator Identification Number:								
	710 982 118 788								
4.	Facility Location: Street Address: 130 SE Newy 19								
	City: Cental fur County: Citrus, 44 Zip Code: 34459								
<b>5.</b>	Facility Identification Number (DEP Use) $\mathcal{O} / 70038$								
	Responsible Official								
6.	Name and Title of Responsible Official:								
	Name and Title of Responsible Official:  Survey or Sandra Pourel wefe  Responsible Official Mailing Address:								
7	responsible Stream Maning Heartest								
	Organization/Firm: Street Address: 1194 S. Bulad U.T.								
	City: Bruks Ville County: Nerrando 7/9 Zip Code: 3 460/								
	Responsible Official Telephone Number:								
	Telephone: (311) 796- 7965 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:								
	Facility Contact Telephone Number:								
	Telephone: ( ) - Fax: ( ) -								

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**Facility Information** 

its purchase, and the date the control device was installed, if applicable.

dicate the type of machine. the days Provide the information below for each machine at the facility. Indicate the type of machine, the date of

Type o	of Machine	lD	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
Examp	le	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to	-Dry Unit	*								
7 (1	) w/ ref. condenser	7	09- FeB-9	14						
(2	) w/ carbon adsorber	,								
$\sqrt{3}$	) w/ no controls									
Washe	r Unit			•		•			_	
(4	) w/ ref. condenser									
(5	) w/ carbon adsorber									
(6	) w/ no controls									
Dryer	Unit				<u>'</u>					
(7)	) w/ ref. condenser					1				
(8)	) w/ carbon adsorber									
(9	) w/ no controls									
Reclair	ner Unit		:							
(10	0) w/ ref. condenser									
(1	l) w/carbon adsorber		<del> </del>							
	2) w/ no controls									<del>                                     </del>
(b) Control devices are required, but not yet installed										
(lnd	at is the facility's soilicate with an "X".	Selec	t one classifi	cation only.)	)	nitions found		3) of /	Part II?	
adt Co	Existing large are	ea soi	urce []	Ne	ew las	ge area sour	rce []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)
Existing large area source  Carbon adsorber
New small area source Refrigerated condenser
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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### 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)						
	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will proi	nptly notify the Department of any changes to the information contained in this notification.						
Signature	Date 8/27/96						

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### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):									
Lungeld W Sourell									
2. Site Name (For example, plant name or number):									
Jorich of Guarty Cleaners # 2  3. Hazardous Waste Generator Identification Number:									
3. Hazardous Waste Generator Identification Number:									
71D 982 118 788									
4. Facility Location:									
Street Address: 150 0 E /VIII 17									
4. Facility Location: Street Address: 130 SE Nung 19 City: Central fury County: Citrus 44 Zip Code: 3443 9									
5. Facility Identification Number (DEP Use):									
0/70038									
Responsible Official									
6. Name and Title of Responsible Official:									
6. Name and Title of Responsible Official:  Russell or Sandra Powell ruse									
Organization/Firm: Jouch of Guality Warmana VIIII									
City: Bruks Ville County: Nerrando 7/9 Zip Code: 3 460/									
8. Responsible Official Telephone Number:									
Telephone: $(311) 796 - 796 $ Fax: $()$									
Facility Contact (If different from Responsible Official)									
9. Name and Title of Facility Contact (For example, plant manager):									
10. Facility Contact Address:									
Street Address:									
City: County: Zip Code:									
11. Facility Contact Telephone Number:									
Telephone: ( ) - Fax: ( ) -									

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#### **Facility Information**

What have a further the data of

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
			Initially	Device		Initially	Device		Initially	Device
Тур	e of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Exa	nmple	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry	-to-Dry Unit									
7	(1) w/ ref. condenser	7	19- FeB-5	4 09 FEB 9	7					
/	(2) w/ carbon adsorber		1		_					
	(3) w/ no controls					1			†	1
Wa	sher Unit		<u> </u>			•				-
	(4) w/ ref. condenser									
	(5) w/ carbon adsorber									1
	(6) w/ no controls							ĺ	1	1
Dry	er Unit		: :		٠.	-1				***
	(7) w/ ref. condenser		Τ			Τ΄				Ţ
	(8) w/ carbon adsorber								1	
	(9) w/ no controls				_					
Rec	laimer Unit								<u> </u>	<del></del>
	(10) w/ ref. condenser				Γ		· ·			
	(11) w/carbon adsorber									
	(12) w/ no controls				<del>                                     </del>					
1	<ul><li>c) Control devices are</li><li>d) No control devices</li></ul>	-			A	<del></del> -				
2.(a	What was the total o			oroethylene (	perc)	purchased in	n the latest 12	2 moi	iths?	
(t	o) If less than 12 mont Check why it is less					_] New store	:: [] Did	not k	eep records:	
			i							
	What is the facility's so Indicate with an "X".					nitions foun	d in section (	3) of	Part II?	
	Existing small ar	ea so	urce []	Ne	w sn	nall area sour	rce [	]		
	Existing large are	ea sou	ırce []	Ne	ew la	rge area sour	ce [	]		

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

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#### Surrender of Existing Air Permit(s)

lease indicat	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
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	Date 8/27/96
/5/	

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Effective: 6-25-96

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔯	COM	1PLAINT/DISCOVERY [	RE-	NSPECTION
TIME IN:	TIME OUT:		AIRS ID#	#:_ 01700	038
TYPE OF FACILITY: DC	-		_		
FACILITY NAME: TOUC	Ca OT Qual	Piter	Cleaners 7	2 DATE:	2/10/97
FACILITY LOCATION:	130 SF L	hims	19		<del>-   ·   ·   -   ·   -   ·   ·   ·   ·   </del>
(	sustal Rive	is if	FL 34429	352.	
RESPONSIBLE OFFICIAL:	Russell Pour	ell	PHONE NUM	MBER 3	95-7871
	the compliance requirement tule 62-213.300, Florida A		ated during this inspection,	the facility is four	nd to be in
•	the compliance requiremen		ated during this inspection,	the following con	npliance
COMPLIANCE REQU	UIREMENT/PROBL	EM	FOLLOW-UP	ACTION REC	QUIRED
<u>.                                    </u>		-			
,					
					· .
		·	, ,		
		·			
COMMENTS:		. '			
The Annual Compliance Certifica	Edi	198	P	pector. YE	NO_
INSPECTION CONDUCTED E	BY: Margare	+ (	angro		
INSPECTOR'S SIGNATURE:	Margaret Q	Ple:	ase Print)  PHONE NUM	BER: \$13-74	4-6100 X/25

Revised 10/96

AIRS ID#: 017 0038

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touch of Quality Cleaners #2 DATE: 2/10/9-
FACILITY LOCATION: 130 SE Hwy 19
Crystal River, Fr 34429
Annual Reporting Period: Sept / 1996 TO Feb 10 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of 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:  RESPONSIBLE OFFICIAL:  RESPONSIBLE OFFICIAL:  RESPONSIBLE OFFICIAL:  Output  Date  Name (Please Print)  Signature
Traile (1 10250 1 1111t) Digitative Date

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



### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	NC DN C	COMPLAINT/DISC	COVERY	<u> </u>			
AIRS ID#: 0170038  FACILITY NAME: Touch	of analit	y Dry C	leaners	#2				
FACILITY LOCATION:(	130 SE Irytal K	Hury iver, A	19 - 34429 -					
PART I: NOTIFICATION								
(check appropriate box)								
1. Existing facility notified DAI	RM by 9/1/96				<b>\$</b>			
2. New facility notified DARM	30 days prior to sta	rtup			ا ا			
3. Facility failed to notify DAR	M to use general pe	rmit			۵			
		· · · · · · · · · · · · · · · · · · ·						
PART II: CLASSIFICATION								
Facility indicated on notification (check appropriate box)	on form that it is:							
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		2. New small a dry-to-dry only transfer only, x both types, x<1 (constructed on	, x<140 gal/yr <200 gal/yr	×				
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 140<x<2,="" 200<x<1,800="" 4.="" 9="" 91)="" 91)<="" after="" area="" before="" both="" dry-to-dry="" gal="" large="" new="" on="" only,="" or="" source="" td="" transfer="" types,="" yr=""></x<2,>								
This is a correct facility classific	ation	<b>K</b> Y ON						
If no, please check the appropriate classification:								
☐ facility exceeds	d for a general perras above limits and is	not eligible for	a general permit					
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons.								

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

В	. Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□и
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□N
	Is the temperature differential equal to or greater than 20° F?	ΠY	□и
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?		□N □N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y (	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?	OY (	ח⊏
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		□N □N/A
ļ		<b>u</b> , ,	DIN DIN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY (	□N □N/A
P	ART V: RECORDKEEPING REQUIREMENTS		
н	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)		
<b>H</b> (c	as the responsible official:	Øy (	ДИ
H (c	as the responsible official: heck appropriate boxes)	May 10 May 10 Ma	
H (c 1.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?	·	
H (c 1.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	DECY (	אכ
H (c 1.	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:	XX (	אכ
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	DECT OF	אכ
H (cl. 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?		אכ אכ
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?  Maintained calibration data? (for direct reading instruments only)		NC NC NC NA NC NA
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?		NC NC NC NA NC NA
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?  Maintained deviation reports?		NC NA NA NA NC NC
1. 2. 3. 4. 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?		NC NA NA NA NC NC
1. 2. 3. 4. 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? **Gor direct reading instruments only**)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?		NC NC NC NC NC NC NC NC
H. (c) 1. 2. 3. 4. 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? **Gor direct reading instruments only**)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?		NC NC NC NC NC NC NC NC

_				•		* ;
2.	Which method of detection is used by	the respo	nsible offic	ial?		
	Visual examination (condensed s	olvent o	n exterior s	urfaces)	K	
	Physical detection (airflow felt th	rough ga	askets)		Ø	
	Odor (noticeable perc odor)				<b>1</b> 40 ·	
	Use of direct-reading instrumenta	ation (FI	D/PID/calo	rimetric tubes)	ď	
	If using direct-reading instrum	entation	, is the equ	ipment:		
	a. Capable of detecting	perc vap	or concentr	ations in a range of 0-500 ppm?	. <b>Q</b> Y	□и
	b. Calibrated against a : (PID/FID only)?	standard	gas prior to	and after each use	□Y	□N
	c. Inspected for leaks ar	nd obvio	us signs of v	wear on a weekly basis?	ΠY	ПN
	d. Kept in a clean and s	ecure are	ea when not	t in use?	ΠY	ПN
	e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	ΠY	ПN
3.	Has the facility maintained a leak log?				ΔY.	□N
4.	Does the responsible official check the	followin	g areas for	leaks?	ı	
	Hose connections, fittings, couplings, and valves	XY	ПN	Muck cookers	XX	. ON
	Door gaskets and seating	ÞΥ	ПΝ	Stills	. AY	□N
	Filter gaskets and seating	рλ	ПΝ	Exhaust dampers	þķ	ПN
	Pumps	ÞΥ	ПИ	Diverter valves		□N
	Solvent tanks and containers	þγ	ПΝ	Cartridge filter housings	. <b>Ø</b> Y	□N ,
	Water separators	фУ	ПИ			,
	RUSSell Powell Name of Responsible Officia	al				

Name of Responsible Official

Nurquet Canaro

Inspector's Name (Please Print)

Margaret Canaro

Inspector's Signature

Approximate Date of Next Inspection

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RUSSELL N POWELL
RUSSELL N POWELL
1194 S BROAD STREET
BROOKSVILLE FL 34601

Bureau of Air Monitoring & Mobile Sources

#### Do NOT Remove Label

	20 1.01 101	iove Babei			
Annual Reporting Period:	<b>2</b> N 19	97 to Dec		19 <i>97]</i>	
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F				Rule NO	
If NO, complete the following:	• .				
#1. Term or condition of the general permit	that has not been in continu	ous compliance durir	g the reporting period s	tated above:	
Exact period of non-compliance: from		to	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$		
Action(s) taken to achieve compliance:			one and a	<u></u>	
Method used to demonstrate compliance:			Mon't	\$ \$ <b>\$</b>	
#2. Term or condition of the general permit	that has not been in continu	ous compliance durin	g the reporting period so	tated above	
Exact period of non-compliance: from		to			
Action(s) taken to achieve compliance:	-				
Method used to demonstrate compliance:	·				
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.					
RESPONSIBLE OFFICIAL: Nan	e (Please Print)	Saudio Signa	Journe 3	198 Date	
	•				

<sup>\*</sup>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.

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			<del></del>	
FACILITY NAME: TOUCH OF	Quality	#2	r	DATE: 2/9/98
FACILITY LOCATION: 130	SE Hury l'a	7		1
Chunsa	1 River	34429		
	2 100000			
Annual Reporting Period:	2-1-	_1997 то	2-9	- 1918
Based on each term or condition of the Title	V general air permit,	my facility has rem	ained in compliance w	ith DEP Rule
62-213.300, Florida Administrative Code (F.	A.C.), during the peri	od covered by this	statement. XYES	□NO
If NO, complete the following:			. `	
#1. Term or condition of the general permit	that has not been in c	ontinuous complian		•
Exact period of non-compliance: from _	- <del></del>		to somos al	14 10 452
Action(s) taken to achieve compliance:			aniohnon	(13) 3 A
Method used to demonstrate compliance:			Pipe	1300
#2. Term or condition of the general permit t	hat has not been in co	ntinuous compliand	e during the reporting	period stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				·
s the responsible official, I hereby certify, bande in this notification are true, accurate any pon rolling averages of purchase receipts, do ear for transfer or combination facilities.  ESPONSIBLE OFFICIAL:	d complete. Further,	my annual consump	otion of perchloroethyl	ene solvent, based
Name	(Please Print)		Signature	Date
			<del></del>	

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

### PERCHLOROETHYLENE DRY CLEANERS

Occ.

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	Ø	COMPLAINT/DISCO	OVERY	
	RE-INSPECTION	r 🛈			
AIRS 10#: 0170038	. ,			E OUT:	1:50
FACILITY NAME: 70100	in of Cona	lity # 2		<u> </u>	
FACILITY LOCATION:	1 00 00 140	104/1/			
RESPONSIBLE OFFICIAL :	Crystal K	wer 3	14429	·	
RESPONSIBLE OFFICIAL :	: Kussell Poi	ivell	PHONE: 352-	196-79	765
CONTACT NAME:	•		PHONE:		
PART I: NOTIFICATION	<del></del>				
(check appropriate box)	· ·	<del></del>		<del></del>	
New facility notified DARM	1 30 days prior to starti	ıp			
2. Facility failed to notify DARM to use general permit					
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
[- <del></del>					
DADTH. CLASSICATION	NT .				
PART II: CLASSIFICATION					
Facility indicated on notificat			☐ No notification for ☐ Drop store/out of h		roleum
			☐ No notification for ☐ Drop store/out of b		roleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour	tion form that it is:	2. New small a	☐ Drop store/out of the area source		roleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gal	rce	dry-to-dry only	☐ Drop store/out of barea source x < 140 gal/yr		roleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour	rce   'yr		☐ Drop store/out of barea source (x < 140 gal/yr < 200 gal/yr		roleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	rce D 2	dry-to-dry only, $x$ transfer only, $x$ both types, $x \le x$	☐ Drop store/out of barea source (x < 140 gal/yr < 200 gal/yr		roleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	□ Drop store/out of the area source  x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ousiness/pet	roleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	rce	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop store/out of the area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	ousiness/pet	roleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of the property o	rce	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on \(\text{LY}\) \(\text{LY}\) \(\text{LY}\) \(\text{LY}\) \(\text{LY}\)	□ Drop store/out of the area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  □ Can not determine	ousiness/pet	roleum

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly scaled and impervious containers?	ØY □N □N/A			
2. Examining the containers for leakage?	AN ON ON/A			
3. Closing and securing machine doors except during loading/unloading?	XY ON			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	AND NO YO			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MONA			
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?	gá □n			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVU UN DN/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	By On Onia			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	'≱у́т □и			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	אומם מם אַלֹּלֶ			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	₩YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY			

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 DY DN
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?	OY ON ON/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?	OY ON ON/A
Is the pere concentration equal to or less than 100 ppm?	DY DN DN/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: AND NO YA 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 MY ON ON/A and parts installed w/in 5 days of receipt? DY DN MN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XXIA 5. Maintained exhaust duct monitoring data on perc concentrations? ND YX 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN Z N/A Problem corrected? $\square$ Y $\square$ N S. Maintained compliance plan, if applicable?

				·			
<u>.:</u>	ART VI: LEAK DETECTION AND F	EPAJ	IRS				
l.	Does the responsible official conduct a	weekly	y (for	small sources, t	oi-weekly) leak detection ar	ıd rep	air
	inspection?			V		XY	ПΝ
2.	Has the facility maintained a leak log?					ĎΑ	Й
3.	Does the responsible official check the	follow	ing ar	eas for leaks?		)	
	Hose connections, fittings, couplings, and valves	EY.	ПΝ	□N/A	Muck cookers	Y	□N □N/A
	Door gaskets and seating	中本	ПΝ	□N/A	Stills	фУ	□N □N/A
	Filter gaskets and seating	外	ПN	□N/A	Exhaust dampers	dY	□N □N/A
	Pumps	ďΥ	ПИ	□N/A	Diverter valves	ф	□N □N/A
	Solvent tanks and containers	dy	ПN	□N/A	Cartridge filter housings	þΥ	ON ON/A
	Water separators	фY	ΠN	□N/A	·		
4.	Which method of detection is used by t	he res	onsit	ole official?			
	Visual examination (condensed so	olvent	on ex	terior surfaces)		9	
	Physical detection (airflow felt the	rough	gaske	ts)		D TO BORE	
	Odor (noticeable perc odor)					6	
	Use of direct-reading instrumenta	tion (I	FID/P	ID/calorimetric	tubes)		•
	Halogen leak detector						
	If using direct-reading instr	ument	tation	, is the equipm	ent:	MA	'A
	a. Capable of detecting 1	perc va	apor c	oncentrations is	n a range of 0-500 ppm?	ΠY	ПИ
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandar	rd gas	prior to and aft	er each use	ΟY	□N .
	c. Inspected for leaks an	d obvi	ious si	gns of wear on	a weekly basis?	ΠY	□N
	d. Kept in a clean and se	ecure a	area w	hen not in use?		ПY	□и
	e. Verified for accuracy	by use	of du	plicate samples	(calorimetric only)?	ΠY	ПИ

MARGARET CANGRO	2/9/98
Inspector's Name (Please Print)	Date of Inspection
Margaret Canego () Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#: 0170038

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touch of Quality # 2	
FACILITY LOCATION: 130 SE Hury 19 Cuptal River, Fe 34429	
Annual Reporting Period: 2-10- 1998 TO	2-18- 189
Based on each term or condition of the Title V general air permit, my facility has remained in 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement If NO, complete the following:	N-4/
#1. Term or condition of the general permit that has not been in continuous compliance durin	g the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	300 20
Method used to demonstrate compliance:	THE SELECTION OF THE SE
#2. Term or condition of the general permit that has not been in continuous compliance durin	g 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 reas made in this notification are true, accurate and complete. Further, my annual consumption of upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signa	f perchloroethylene solvent, based dry facilities or 1,800 gallons per

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

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
· · · · · · · · · · · · · · · · · ·	7 TIME IN: 12:05 TIME OUT: 12:35
FACILITY NAME: Touch of Qua	lety #2
	Hwy 19
_ Crystal .	Ruier 34429
RESPONSIBLE OFFICIAL: Rius Pou	rll PHONE: 352/795-7871
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	THE TELL AND THE PERSON OF THE
1. New facility notified DARM 30 days prior to start	up Bo No Co
2. Facility failed to notify DARM to use general perr	nit OF TO
PART II: CLASSIFICATION	5 112
Facility indicated on notification form that it is:  (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ 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	™Y □N □Can not determine
If no, please check the appropriate classifica  facility qualified for a gen	

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ØŸ □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? MY 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 ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/A 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) WD N 1. Equipped all machines with the appropriate vent controls? ØY ON ON/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 MAY ON ON/A 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 DY ON ONIA condenser exceeded 45° F?

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

verifying that the coolant had been completely charged?

n	The shear and the second state of the second s			
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?	ΠY	ΠN	
	on dry-to-dry, rectainer, and dryer machines on a weekly basis?	<u> </u>	ווע	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	$\Box$ Y	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust arream 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?	ЦY	UМ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠV	ΠN	□N/A
	13 the pero concentration equal to of 1033 than 100 ppm;	<u> </u>	<u> </u>	
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 duet diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	$\Box$ Y	ПΝ	□N/A
	a in the same and			
-	Equipmed transfer to skings (drivers realisiners and weekers) with individual			
٦.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	ЦY	UМ	□N/A
			,	
6.	Routed airflow to the carbon adsorber (if used) at all times?	$\Box$ Y	ΠN	□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: DY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN \$7N/A and parts installed w/in 5 days of receipt? DY DN DNA 4. Maintained calibration data? (for applicable direct reading instruments) A/MD NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? NO KA 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? □Y □N ĐN/A 8. Maintained compliance plan, if applicable?

	·			
P	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repair
	inspection?			<b>Ø</b> Y □N
2.	Has the facility maintained a leak log?			<b>⊠</b> Y □N
3.	Does the responsible official check the	following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	₩Y ON ON/A	Muck cookers	AVO NO Y
	Door gaskets and seating	YOY ON ON/A	Stills	AND ND YA
	Filter gaskets and seating	AND NO VE	Exhaust dampers	AND NO Y
	Pumps	MY ON ON/A	Diverter valves	ANO NO YE
	Solvent tanks and containers	Ď(Y □N □N/A	Cartridge filter housings	A/NO NO Y
	Water separators	XY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surface	es)	#
	Physical detection (airflow felt the	arough gaskets)		4
	Odor (noticeable perc odor)			麗
	Use of direct-reading instrument	ation (FID/PID/calorimen	ric tubes)	a
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equip	oment:	N/A
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	□Y □N
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	DY DN
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	מם עם
	d. Kept in a clean and	secure area when not in us	se?	אם עם
	e. Verified for accurac-	y by use of duplicate sam	ples (calorimetric only)?	מם עם

MARBARET CANGRO	2-18-99
Inspector's Name (Please Print)	Date of Inspection
Margaret Canaxa	Feb 2000
(Inspector's Signature (	Approximate Date of Next Inspection

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

<b>TYPE</b>	OF	INSPE	CTI	ON.
1110	Or.	TIASLT	ンしょょ	OI1

ANNUAL

X

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AIRS ID#: 0/70038DATE: 2/28/0		.Z 2
FACILITY NAME: TOUCH of Que	ality #2	
FACILITY LOCATION: 130 St /	Very 19	
Criptal K	Pier, h	
RESPONSIBLE OFFICIAL: <u>Sandra</u>	Powell PHONE: 352/795-78	7/_
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to star	rtup .	
2. Facility failed to notify DARM to use general per	rmit	a
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petro	oleum
(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	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 140 gal/yr both types, x < 140 gal/yr	MAR -
(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)	Drop store/out of business/petro  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  (0)	<b>Х</b>
(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	Drop store/out of business/petro  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	<b>Т</b>
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a ger	Drop store/out of business/petro  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	<b>Т</b>

## 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 N/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MIN/A 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 ON ON/A 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 DY ON WINA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY. ON
2.	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?	OY ON ON/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?	OY ON ON/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?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PART VI: LEAK DETECTION AND I	PART VI: LEAK DETECTION AND REPAIRS							
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
inspection?			<b>®</b> Y □N					
2. Has the facility maintained a leak log?		•	ALA ON					
3. Does the responsible official check the	following areas for leaks	?	,					
Hose connections, fittings, couplings, and valves	VY ON ON/A	Muck cookers	אואם אם עו					
Door gaskets and seating	YOY ON ON/A	Stills	אום אם אלם					
Filter gaskets and seating	XY ON ON/A	Exhaust dampers	AND NO AND					
Pumps	VOY ON ON/A	Diverter valves	BY ON ON/A					
Solvent tanks and containers	AND NO YO	Cartridge filter housings	AVO NO Y					
Water separators	AND NO Y							
4. Which method of detection is used by the responsible official?								
Visual examination (condensed s	es)	pl						
Physical detection (airflow felt th	rough gaskets)		V					
Odor (noticeable perc odor)			<b>X</b>					
Use of direct-reading instrumenta	ric tubes)							
Halogen leak detector								
If using direct-reading instr	umentation, is the equip	pment:	₹N/A					
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	אם צם					
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	אם צם					
c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	אם צם					
d. Kept in a clean and s	ecure area when not in us	se?	אם עם					
e. Verified for accuracy	by use of duplicate samp	ples (calorimetric only)?	אם עם					

MARGARET CANGRO	2-28-00
Inspector's Name (Please Print)	Date of Inspection
Margaret Cargro Inspector's Signature	Feb 2001 Approximate Date of Next Inspection

AIRS 1D#: 0/70038

gci

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touch O	1 Quality	#2	E.C.	DATE: 2/	28/00
FACILITY LOCATION: 130 S	E Hwy	19	MAR 1 4	2000	
Cristal River	, FL	<i>/</i>	SOUTHWEAT	באימידי	
	/		TAGA		
Annual Reporting Period:	2-19	1999 то	<u></u>	2 28	100c
Based on each term or condition of the Title		-	Σ,	<b>'</b> –	_
62-213.300, Florida Administrative Code (F.	A.C.), during the period	d covered by the	nis statement.	YES ∟	NO
If NO, complete the following:				•	
#1. Term or condition of the general permit	that has not been in cor	ntinuous comp	liance during the	reporting period s	tated above:
Every meriad of non-compliance: from				ureal &	<b>35</b>
Exact period of non-compliance: from			to	Mot of	
Action(s) taken to achieve compliance:			·	oile (	<u> </u>
Method used to demonstrate compliance:				Sources	28 €
				ces	
#2. Term or condition of the general permit	that has not been in con	ntinuous comp	liance during the	reporting period \$	tated above:
Exact period of non-compliance: from			to	<u> </u>	
Action(s) taken to achieve compliance:					
•					
Method used to demonstrate compliance:					
As the responsible official, I hereby certify, a made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities	and complete. Further,	my annual cor	sumption of perc	hloroethylene sol	vent, based
RESPONSIBLE OFFICIAL: Sandra	a Powell	Lau	du S	ovell	2/28/00
Nar	ne (Please Print)	-//)	Signature	-	Date

<sup>\*</sup>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.

Touch of Quality Cleaners 1194 S. Broad St. Brooksville, FL 34601

General Permits Section **BAMMS. MS 5510** Department of Environmental Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400

RECEIVED 18 ÉTUDE DE MODILE SOURCES OFINE

February 1, 2000

Re: Change of Responsible Official

Effective immediately, the Responsible Official for the four (4) Touch of Quality Cleaners will no longer be Russell Powell. Please change your records to reflect Sandra S. Powell as the owner of these facilities.

0530052 Touch of Quality #1 0170038 Touch of Quality #2 0170039 Touch of Quality #3 0170354 Touch of Quality #4

Thank you for your prompt attention.

Sincerely,

when forell

#### Z 510 PP5 949

### **US Postal Service** Receipt for Certified Mail AIRS ID # 0170038001AG SANDRA S POWELL **TOUCH OF QUALITY CLEANERS #2** 1194 S BROAD STREET - BROOKSVILLE FL 34601 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**. TOTAL Postage & Fees \$ Postmark or Date

	(Domêstic Mail Only; No Insurance Coverage Provided)					
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27	Return Receipt Fee (Endorsement Required)			Here .		
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70	City, State, ZIP+4					
	DC Form 2900 July 1000			Con Royarea for Instructions		

U.S. Postal Service

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AIRS ID#0170038

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Fund: 20-2-035001 Obj.: 002273

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Fund: 20-2-035001 Obj.: 002273

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# US Postal Service Receipt for Certified Mail AIRS ID 0170038

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	Postage	\$
	Certified Fee	
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	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
PS Form <b>3800</b> , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
300,	TOTAL Postage & Fees	\$
3	Postmark or Date	
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IN ADDRESS completed on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  AIRS ID 0170038  RUSSELL N POWELL  1194 S BROAD STREET  BROOKSVILLE FL 34601	4a. Article N 4b. Service Registere Express I Return Rec	Type  od  Mail  ceipt for Merchandise	certified  COD	you for using Return Receipt Service.
RETUR	5. Received By: (Print Name)	Addressee's Address (Only if requested and fee is paid)		Lhank	
ls your {	6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994		Domestic Retu	ırn Receipt	A

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# **US Postal Service**

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	Certmea ree	<u> </u>
	Special Delivery Fee	
	Restricted Delivery Fee	
Aprii 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
3800	TOTAL Postage & Fees	\$
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SEND  Complete items 1 and/or 2 for auditivitial services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write 'Return Receipt Requested' on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.  3. Article Addressed to:  AIRS ID#: 0170038		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	
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By: (Print Name)  S: (Addressee or Agent)		Addressee's Address (Only if requested and fee is paid)  Domestic Return Recei	
	ms 1 and/or 2 for auditional services. ms 3, 4a, and 4b. me and address on the reverse of this form s mm to the front of the mailpiece, or on the ba  **Receipt Requested** on the mailpiece below  **Receipt will show to whom the article was del  **Idressed to:  **AIRS ID#: 0170038  **N POWELL  **N POWELL  **OAD STREET  **ILLE FL 34601  **By: (Print Name)	ms 1 and/or 2 for auditional services. ms 3, 4a, and 4b. me and address on the reverse of this form so that we can return this arm to the front of the mailpiece, or on the back if space does not receipt Requested* on the mailpiece below the article number. Receipt will show to whom the article was delivered and the date diversed to:  AIRS ID#: 0170038  N POWELL N POWELL OAD STREET PReturn Ref. 7. Date of D.  By: (Print Name)  8. Addressee and fee is	ins 1 and/or 2 for auditional services. Im 3, 4a, and 4b. Im and address on the reverse of this form so that we can return this some and address on the reverse of this form so that we can return this extra fee):  I also Wish to receive the following services (for an extra fee):  I. Addressee's Address 2. Receipt Requested on the mailpiece below the article number. Receipt will show to whom the article was delivered and the date  Idressed to:  AIRS ID#: 0170038  IN POWELL

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