PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

RE

	`\$ <u></u>
AIRS ID#: <u>0190049</u> DATE: 3/10	0/99 TIME IN:1/100 TIME OUT: 11:30
FACILITY NAME: REVE DI	RY CLEANERYED TO
FACILITY NAME: RENCE 101 FACILITY LOCATION: 2710 13	LANDING BLYDMODIFIETHS
minaces	URG FL 32068es 1/2
RESPONSIBLE OFFICIAL: ROBINI C	VALKER PHONE: (904) 282-1397
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200 \text{ gal/yr}$	transfer only, $x < 200$ gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
(constructed before 12/9/91)	(constructed on or after 12/9/31)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	Y ON OCan not determine
If no, please check the appropriate classifie	cation:
	neral permit as number above
facility exceeds above lin	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p	urchased within the preceding 12 months by this dry cleaning
facility was 65 gallons.	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DN DN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? A/N□ NC 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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	חם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DΥ	מם	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΩY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	•		
	if machines are equipped with a carbon adsorber?	ΩY	ΝΩ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	NO	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	אם צם
2. Maintained rolling monthly averages of perc consumption?	אם אַנַ
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	אואם אם עם Ala
5. Maintained exhaust duct menitoring data on perc concentrations?	אואם אם צב.
6. Maintained startup/shutdown/malfunction plan?	אם אַע
7. Maintained deviation reports?	אואם אם אבן
Problem corrected?	DY ON ON/A
8. Maintained compliance plan, if applicable?	AND ND YA

PART VI: LEAK DETECTION AND	REPAIRS				
1. Does the responsible official conduct	a weekly (for small sources,	bi-weekly) leak detection a	nd repair		
inspection?			DÝ DN		
2. Has the facility maintained a leak log	?		אם עש		
3. Does the responsible official check th	e following areas for leaks?	•			
Hose connections, fittings, couplings, and valves	אום אם אם	Muck cookers	DY ON ON/A		
Door gaskets and scating	MY ON ON/A	Stills	DY ON ON/A		
Filter gaskets and seating	AY ON ON/A	Exhaust dampers	ANO NO YES		
Pumps	DY ON ON/A	Diverter valves	MY ON ON/A		
Solvent tanks and containers	AY ON ON/A	Cartridge filter housings	Y ON ON/A		
Water separators	AND ND YA				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed	solvent on exterior surfaces))			
Physical detection (airflow felt	through gaskets)				
Odor (noticeable perc odor)		•			
Use of direct-reading instrumen	tation (FID/PID/calorimetric	tubes)	, o		
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting	g perc vapor concentrations i	n a range of 0-500 ppm?	מם עם		
b. Calibrated against a (PID/FID only)?	a standard gas prior to and af	îter each use	מם עם		
	and abridges signs of wass on	o wooldy boois?	אם עם		
	and obvious signs of wear on secure area when not in use	-	OY ON		
e. Vermed for accurac	ry by use of duplicate sample	s (catorimetric only)?	OY ON		
FRED ALVARI	£2	,	,		
CITUISTOPITA L. SG	2 T	2/11)	199		
Inspector's Name (Please P		Date of Insp	ection		
1-11111	7/	,			
		MAR	2000		
Inspector's Signature		Approximate Date of	Next Inspection		

ADDITIONAL	SITE	INFO	RMATI	ION:
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MATURE 330

AIRS ID#: 0190049

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: RENE	DRY	CLEA	WER		Φ	ATE: _	3/10/99
FACILITY LOCATION: 27	10 31	ANDING	BLV	0 #18			
FACILITY NAME:	DPLES	URG	FL	32068			
	<u></u>	-· · · · · · · · · · · · · · · · · · ·					
Annual Reporting Period:	MAR		19 <i>98</i> T	0 <u>M</u>	AR		1999
Based on each term or condition of th	e Title V gen	eral air permit, n	ny facility has	s remained in	compliance w	ith DEP	Rule
62-213.300, Florida Administrative C	ode (F.A.C.)	, during the perio	d covered by	this statemen	it. YES	(⊐ио́
If NO, complete the following:							
#1. Term or condition of the general	permit that h	as not been in con	ntinuous com	pliance durir	ng the reporting	g period	stated above:
Exact period of non-compliance: from	i			to			
Action(s) taken to achieve compliance	::			· · · · · · · · · · · · · · · · · · ·		·	
Method used to demonstrate complian	œ:			· - ·-· .			
#2. Term or condition of the general p	permit that h	as not been in cor	ntinuous com	ipliance durir	ig the reporting	g period	stated above;
Exact period of non-compliance: from	ı			to			
Action(s) taken to achieve compliance	:						
Method used to demonstrate complian	ce:				- · · · · · · · · · · · · · · · · · · ·		
•	<u></u>						
As the responsible official, I hereby ce made in this notification are true, acc upon rolling averages of purchase rec year for transfer or combination facili	urate and cor eipts, does no	nplete. Further,	my annual c	onsumption o	f perchloroeth	ylene so	lvent, based
responsible official:	DBIN	WALGER		stre (Sall		1/0/99
	Name (Ple	ase Print)		Signa	ture		Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNU.	al 🂢 💢 com	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: //:00	IME OUT: //-3/)	190049
TYPE OF FACILITY: ORY C	LEANER		
TYPE OF FACILITY: DRY C FACILITY NAME: REVE D	RY CLEAR	VERS	DATE: 3//0/99
FACILITY LOCATION: 2710 1	SLANDING A	LYD 418	
MIDDL	EBURG FO	32068	
FACILITY LOCATION: 27/0 1. MIDDLE RESPONSIBLE OFFICIAL: RUBIN	U WALKER	PHONE NUMBER:	(904) 282-1397
Based on the results of the complication compliance with DEP Rule 62-21			cility is found to be in
Based on the results of the complidiscrepancies were noted:	ance requirements evaluate	ated during this inspection, the fo	llowing compliance
COMPLIANCE REQUIREME	ENT/PROBLEM	FOLLOW-UP ACT	ON REQUIRED
	·		
	•		
		·	
COMMENTS:			
The Annual Compliance Certification form	n has been properly certi	fied and submitted to the inspecto	r. YESX NO
DATE OF NEXT INSPECTION:		-	
	MARCI+ (Ap	proximate)	
INSPECTION CONDUCTED BY: C/2			LIANEZ
INSPECTOR'S SIGNATURE:		ease Print) PHONE NUMBER	(goL) 448-4310
LIST DOT OF STORY	//////////////////////////////////////	/	XT 240
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