

# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

March 25, 1998

Mr. Monty Lakadawala M-M Cleaners 3540 U.S. #17 South, Suite #109 Green Cove Springs, Florida 32043

Re: Facility No.: 1210025

Dear Mr. Lakadawala:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 13, 1998.

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. Rick Banks, Northeast District

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

3/23/98 Spoke to Monty Labadavala and he stated that he is a Vice president in theoreforation.
Vice president in thetarporation.
Vice president in theorporation.
·

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	MARMAN ENTERPRISE INC
2.	Site Name (For example, plant name or number):
	m-m Cleaner.
3.	Hazardous Waste Generator Identification Number:
	Facility Location: 35 Yo. U S#17 South Street Address: City Green Cove Springs County: CCAY Zip Code: 32043 Facility Identification Number (DEP Use):
4.	Facility Location: 3540.0:1#17 South South #109
	City Green Cove Schrings County: ( [ 2 Zin Code: 220 U ]
	y reen low oping
5.	ging by where a right for the properties of the first form of the properties of the
	394 12 - Addition 12 - 12 - 12 - 12 - 12 - 12 - 12 -
	Responsible Official
6.	^
	MONTY Labordanale (Marger)
7.	Responsible Official Mailing Address: La Kadawala Organization/Firm:
	Street Address:
	City: SPRINGS County: Clay Zip Code: 32043
8.	Responsible Official Telephone Number:
	Telephone: (904) 284 - 3600 Fax: ()
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
10.	Tacinty Contact Address.
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

RECEIVED

MAR 1 3 1998

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Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example .	#]	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	7	01-NOV-81	01- NOV-96	I					
(2) w/ carbon adsorber		1000	13.13						_
(3) w/ no controls							_	1	
Washer Unit			L					<u>,</u>	.1
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser			I						,
(8) w/ carbon adsorber									
(9) w/ no controls							_		-
Reclaimer Unit		ı							
(10) w/ ref. condenser									
(11) w/carbon adsorber							_		
(12) w/ no controls								<del>                                     </del>	
	are ro uant gallo	equired to be ity of perchlo	installed [oroethylene (	perc)		n the latest 12	mor	nths?	
(b) If less than 12 month Check why it is less		, -			_] New store	: [] Did ı	not k	eep records:	<u></u>
3. What is the facility's sou (Indicate with an "X".					nitions found	d in section (3	) of	Part II?	
Existing small are	ea so	urce 🔀	Ne	w sm	nall area sour	ce			
Existing large are	a sou	urce []	Ne	w lar	ge 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 pursuate 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:	ant					
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						
Faultanes Maritania and Bassadharaian Information						
Equipment Monitoring and Recordkeeping Information						
Check all logs which are required to be kept on-site in accordance with the requirements of this general perm	it:					
(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  (c) Start up, abundance and for trian plan.						
(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)
4	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain i comply wi	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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

DRY CLEANER AIR QUALITY ANNUAL COMPLIANCE CERTI	GENERA FICATION	L PERMI	THE T
FACILITY NAME: M-M Cleaners		· · · · · · · · · · · · · · · · · · ·	BATE: 6/12/98
FACILITY LOCATION: 3540 U.S. 17 S.	Suite 1	09	S THE
Green Cove Springs, FL.	32043		· · ·
Annual Reporting Period: June 1997	то	Sure	1998
Based on each term or condition of the Title V general air permit, my facility 62-213.300, Florida Administrative Code (F.A.C.), during the period covered		_	-
If NO, complete the following:		•	
#1. Term or condition of the general permit that has not been in continuous	-	uring the report	ing period stated above:
	-	uring the report	ing period stated above:
#1. Term or condition of the general permit that has not been in continuous  Not Mannataning recipts for Percipulations	· .		ing period stated above:
#1. Term or condition of the general permit that has not been in continuous  Not Mannager (ec. pts for Percipulases)  Exact period of non-compliance: from (6/97)	to	6/98	· · · · · · · · · · · · · · · · · · ·
#1. Term or condition of the general permit that has not been in continuous  Not Mannager (ec. pts for Percipulations)  Exact period of non-compliance: from  (6/97  Action(s) taken to achieve compliance:  Mannaer recipts	, to	6/98	· · · · · · · · · · · · · · · · · · ·
#1. Term or condition of the general permit that has not been in continuous  Not Marintaining /ecipts for Perci purchases  Exact period of non-compliance: from  (c/97  Action(s) taken to achieve compliance: Maintain recipts  Method used to demonstrate compliance: Annual Inspector	to	6/98	
#1. Term or condition of the general permit that has not been in continuous  Not Marintaining /ecipts for Perci purchases  Exact period of non-compliance: from  (c/97  Action(s) taken to achieve compliance: Maintain recipts  Method used to demonstrate compliance: Annual Inspector	toto	6/98	
#1. Term or condition of the general permit that has not been in continuous  Not May intering /ecipts for Perci purchases  Exact period of non-compliance: from  (6/97  Action(s) taken to achieve compliance: Maintain recipts  Method used to demonstrate compliance: Annual Inspector  #2. Term or condition of the general permit that has not been in continuous  Not Maintaining leak delection + Inspector	toto	6/98	
#1. Term or condition of the general permit that has not been in continuous  Not Mannage / ec. pts for Perci purchases  Exact period of non-compliance: from  (6/97  Action(s) taken to achieve compliance: Mannage recipts  Method used to demonstrate compliance: Annual Inspector  #2. Term or condition of the general permit that has not been in continuous  Not Maintaining leak delection + Inspector  Exact period of non-compliance: from  (6/97)	compliance de	6/98	
#1. Term or condition of the general permit that has not been in continuous  Not Mannahaning recipts for Percipurchases  Exact period of non-compliance: from  (e/97  Action(s) taken to achieve compliance: Mainlain recipts  Method used to demonstrate compliance: Annual Inspector  #2. Term or condition of the general permit that has not been in continuous	compliance de	6/98	

year for transfer or combination facilities.

y CAKAdawaca Name (Please Print)

<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.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	OMPLAINT/DISCOVERY	RE-INSPECTION _
TIME IN: 1:00	TIME OUT:		0025
TYPE OF FACILITY: PRY	Cloaner		
FACILITY NAME: M-M		<del> </del>	DATE: 6/12/98
facility location: 35	40 U.S. 17 S	South soute 109	
	een Cove Springs, 1		
RESPONSIBLE OFFICIAL: /	lonly Cakadawala	PHONE NUMBER:	104-284-3600
	the compliance requirements eva Rule 62-213.300, Florida Admini	luated during this inspection, the faci strative Code (F.A.C.).	lity is found to be in
Based on the results of discrepancies were not		luated during this inspection, the foll	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
Not MAINTAINING	ecipts for parc	MAINTAIN recipts	
punchoses		1 0179	
to 1 2 -	<del></del>	14 1/2 1	
Maintaining Cearle de	lection + elapsection	Maintain Cog	JUN 2 3 1948  JUN 2 3 1948  Bureau of Air Monttoring Sources  Bureau Mobile Sources
	-		Nog N
			16 St. 18
			On it
			oring
			<b>3-</b>
		_	
	•	•	
	•		
COMMENTS:			
	<u> </u>	· 	
		rtified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION		Approximate)	
BIODEOTION OOMER	$\alpha$	S.H	•
INSPECTION CONDUCTED		Please Print)	
	(10/11/10)	PHONE NUMBER:	

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Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

V	COMPLIANCE INSP.	ECTION	HECKLIST	Ø. 1/2
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>\$</b>	COMPLAINT/D	ISCOVERY OF THE STATE OF THE ST
AIRS ID#: <u>/210025</u>	DATE: <u>6/12/98</u>	_ TIME I	N//:00	пме оит//:45
facility name: M-M	Cleaners			
facility location: 3				
<u>_</u> C	Green Cove Spr	ings, F	Ĺ. 32043	
RESPONSIBLE OFFICIAL :	: Marty Lakadaw	ala	_phone: <u>904</u> -	284-3600
CONTACT NAME:			_PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
New facility notified DARM	f 30 days prior to startup			
2. Facility failed to notify DAF	RM to use general permit			Q
	·			
PART II: CLASSIFICATION	N		<u> </u>	
Facility indicated on notificat (check appropriate box)			☐ No notification	n form t of business/petroleum
Facility indicated on notificat	ion form that it is:  rce	sfer only, $x$ types, $x < x$	☐ Drop store/out  rea source x < 140 gal/yr < 200 gal/yr	
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	ion form that it is:  rce	to-dry only, sfer only, x a types, x < a structed on New large a to-dry only, sfer only, 20 a types, 140	☐ Drop store/out  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	t of business/petroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gallytransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	ion form that it is:  rce	to-dry only, sfer only, x a types, x < a structed on New large a to-dry only, sfer only, 20 a types, 140	☐ Drop store/out rea source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	t of business/petroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (constructed before 12/9/91)  3. Existing large area sound dry-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 constructed before 12/9/91)	ion form that it is:  rce 2. I /yr dry- tran both (cor rce 4. I ,100 gal/yr dry- 00 gal/yr tran gal/yr both (cor classification appropriate classification ity qualified for a general ity exceeds above limits ar	to-dry only, sfer only, x a types, x < astructed on New large a to-dry only, sfer only, 20 a types, 140 astructed on DN appearant as nud is not eligible.	☐ Drop store/out  Trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  Trea source $140 \le x \le 2,100 \text{ gal/yr}$ or after $12/9/91$ )  ☐ Can not determinable for a general prible for a general prible $12/9/91$	al/yr yr  hine  bove bermit

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN MEN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN WNA 2. Examining the containers for leakage? VZY DN 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? MOY ON ONA 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part Il-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 ON 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 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 **M**Y ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ND Y verifying that the coolant had been completely charged?

□N
□N □N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate bones)	
1. Maintained receipts for perc purchased?	□Y <b>\$</b> N
2. Maintained rolling monthly averages of perc consumption?	$\mathbf{A}_{\lambda}$
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ANO N'A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON <b>Z</b> ÍN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON BANA
5. Maintained exhaust duct monitoring data on perc concentrations?	<b>12</b> Y ON ON/A
6. Maintained startup/shutdown/malfunction plan?	A DN
7. Maintained deviation reports?	<b>Ø</b> Y ON ON/A
Problem corrected?	<b>S</b> Y on on/a
8. Maintained compliance plan, if applicable?	YAY ON ON/A

PAR	I VI: LEAK DETECTION AND I	REPA	IRS_				
1. Do	ses the responsible official conduct a	weekl	y (for	small sou	ces, bi-weckly) leak detection	n and rep	раіг
in	spection?					ΩY	
2. Ha	s the facility maintained a leak log?					₩Y	N
3. Do	oes the responsible official check the	follow	ing a	reas for lea	ıks?	:	
	Hose connections, fittings, couplings, and valves	<b>9</b> %	ПN	□N/A	Muck cookers	ЮY	ON ON/A
	Door gaskets and seating	Y	ПN	□N/A	Stills	<b>Ø</b> Y	ON ON/A
	Filter gaskets and seating	PY	ПN	□N/A	Exhaust dampers	<b>\$</b>	ON ON/A
}	Pumps	<b>P</b> Y	ПN	□N/A	Diverter valves	<b>Ø</b> Y	ON ON/A
	Solvent tanks and containers	<b>A</b> Y	DИ	□N/A	Cartridge filter housing	ıgs <b>Ø</b> Y	□N □N/A
	Water separators	<b>4</b> Y	ΠN	□N/A			
4. W	hich method of detection is used by t	he resp	onsit	ole official	?		
	Visual examination (condensed s	olvent	on ex	terior surf	aces)	$\varphi$	•
	Physical detection (airflow felt th	rough	gaske	ets)		<b>[27</b>	
	Odor (noticeable perc odor)					Ø	
	Use of direct-reading instrumenta	tion (F	ID/P	ID/calorin	netric tubes)		
	Halogen leak detector						
	If using direct-reading instr	ument	ation	, is the cq	uipment:		/A
	a. Capable of detecting	perc va	por c	concentrati	ons in a range of 0-500 ppm	? 🗅Y	□N
	b. Calibrated against a s (PID/FID only)?	tandar	d gas	prior to a	nd after each use	ΩY	ПN
	c. Inspected for leaks ar	d obvi	ous si	igns of wea	ar on a weekly basis?	ΠY	□и
	d. Kept in a clean and s				-	ΠY	□N
	-				nples (calorimetric only)?	ΠY	ПИ
	·					,	
		· · · · · · · · · · · · · · · · · · ·	<del>,                                     </del>				
01	1 1 1 - 4				$\epsilon L a L a$	<i>(1</i> )	
. <u> </u>	Inspector's Name (Please Prin	nt)			6/12/9 Date of Ir	spection	
/		•			<u>-</u>	•	
	H / H				6/99	•	-
La Fl	Inspector's Signature			<del></del>	Approximate Date	of Next I	Inspection -

Multimatic Solo-Plus

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

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Revised 10/96

TYPE OF INSPECTION: A	NNUAL C	OMPLAINT/DISCOVERY	RE-INSPECTION 📈			
TIME IN: <u>9.'00</u>	TIME OUT:_ <i>9:15</i>	AIRS ID#:	210025			
TYPE OF FACILITY: Dry Cle	anew					
FACILITY NAME: M-M D	y Cleaners		_DATE: 6/24/98			
FACILITY LOCATION: 3540			<u>.</u>			
Green	Cone Springs.	,FL 32043_	·			
RESPONSIBLE OFFICIAL:	ty CAKAdawala	PHONE NUMBER:	904-284-3600			
Based on the results of the compliance with DEP Rule of		aluated during this inspection, the fa istrative Code (F.A.C.).	cility is found to be in			
Based on the results of the confidence discrepancies were noted:	ompliance requirements ev	aluated during this inspection, the fo	llowing compliance			
COMPLIANCE REQUIR	EMENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED			
			P			
		¢.	SER CE			
			THE SOLUTION OF THE SOLUTION O			
			ies offing			
COMMENTS:	·					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO						
DATE OF NEXT INSPECTION:_	6/99	Approximate)	· · · · · · · · · · · · · · · · · · ·			
INSPECTION CONDUCTED BY:	Christopher L.	Scott (Please Print)	0 216 11111 117 17 17			
INSPECTOR'S SIGNATURE:	nspector's signature: L. L. Phone number: 904-448-4310 x 255					

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### PERCHLOROETHYLENE DRY CLEANERS



# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	v <b>y</b>	COMPLAIN	T/DISCOVERY	٥
AIRS 10#: 1210025 DA	TE: <u>6/24/93</u>	TIN	1E IN: 9.00	_ TIME OUT:	िल
facility name: <u>M - M</u>				DE SE	
FACILITY LOCATION: 354			th, Suite	109 30	1
<b>K</b>			FC 3004	0.7	199
responsible official : M	onthe LAKAD	Auxia	PHONE: 90	4-284-36 E	į.
	7				NB -
PART I: NOTIFICATION			<del></del>		
(check appropriate box)					
1. New facility notified DARM 30	days prior to start	tup			
2. Facility failed to notify DARM t	to use general peri	mit			
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	form that it is:		□ No notific □ Drop store	ation form e/out of business/pe	etroleum
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)	B	dry-to-dry of transfer only both types,	all area source only, x < 140 gal/yr y, x < 200 gal/yr x < 140 gal/yr d on or after 12/9/9		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gal/ (constructed before $12/9/91$ )	gal/yr	dry-to-dry of transfer on both types,	ege area source only, $140 \le x \le 2.10$ $y$ , $200 \le x \le 1.800$ $140 \le x \le 1.800$ ga d on or after $12/9/9$	gaVyr Vyr	
5. This is a correct facility class	ification	<b>≥</b> Y □	N □Can not de	etermine	
If no, please check the app	propriate classifica	ation:			

Revised 8/11/97

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 35 gallons.

facility qualified for a general permit as number \_\_\_\_\_ above

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

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

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 local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ated OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
ls the temperature differential equal to or greater than 20° F?	DY DN DN/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	DY DN DN/A
Is the perc 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?	DY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN DN/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: a. documentation of leaks repaired w/in 24 hrs? or; BY ON ONA b. documentation of parts ordered to repair leak and leak repaired w/in 2 days AYAD NO YEL and parts installed w/in 5 days of receipt? A/AE NO YO 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DY/A 5. Maintained exhaust duct menitoring data on perc concentrations? KO KE 6. Maintained startup/shutdown/malfunction plan? - DAY ON ON/A 7. Maintained deviation reports? AYNO NO YEE Problem corrected? AVAD NO YES 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAR DETECTION AND	KEPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				SQY	ΩN	Ţ
2.	Has the facility maintained a leak log?				$\cancel{\not}\!$	ΩN	I
3.	Does the responsible official check the	following a	reas for leaks?				
	Hose connections, fittings, couplings, and valves	NO N	□N/A	Muck cookers	<b>₽</b> Y	ם אם	N/A
	Door gaskets and scating	AN DN	□N/A	Stills	<b>EX</b> Y	ם אם	N/A
	Filter gaskets and seating	AND AN	□N/A	Exhaust dampers	<b>₹</b> Y		N/A
	Pumps	<b>BY</b> DN	□N/A	Diverter valves	<b>B</b> Y	ם אם	N/A
	Solvent tanks and containers	ZZY DN	□N/A	Cartridge filter housings	BA		N/A
	Water separators	BY DH	□N/A				
4.	Which method of detection is used by	the responsit	ole official?		•		
	Visual examination (condensed s	solvent on ex	terior surfaces)		Þ		
	Physical detection (airflow felt th	rough gaske	ets)		Ø		
	Odor (noticeable perc odor)				Ø		
	Use of direct-reading instrument	ation (FID/P	ID/calorimetric	tubes)			
	Halogen leak detector						
	If using direct-reading inst	rumentation	, is the equipm	ent:	□N/	Α	
	a. Capable of detecting	perc vapor c	oncentrations in	a range of 0-500 ppm?	ΠY	ΠN	
	b. Calibrated against a (PID/FID only)?	standard gas	prior to and aft	er each use	ΩY	ПN	
	c. Inspected for leaks a	nd obvious si	igns of wear on	a weekly basis?	ΠY	ПΝ	
	d. Kept in a clean and s	secure area w	hen not in use?	· · · · · · · · · · · · · · · · · · ·	ΩY	ПN	
	e. Verified for accuracy	by use of du	plicate samples	(calorimetric only)?	ΩY	ΠN	•
-		, , , , ,					
_	Christopher L. Scott Inspector's Name (Please Pri	~!)		8/24/98			
	Inspector's Name (Please Pri	IIC)		Date of Inspe	cuon		
	CHILL LI	·	•	6/99		•	
_	Inspector's Signature			Approximate Date of	Next I	nspectio	n n

l	ADDIT	ONAL	SITE	<b>INFORM</b>	ATION:

Multivalie Salo Plus

# PERCHLOROETHY LENE DRY CLEANE TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>y</b>	Nor River	DISCOVERY	<u> </u>
AIRS ID#: <u>1210025</u> DA FACILITY NAME: <u>M + M</u>	те: <u>6/2/99</u> Dry Cleaner	TIME II	N: <u>10:00                                </u>	FIME OUT:	10:42
FACILITY LOCATION: 35	40 05 17	Sath			
RESPONSIBLE OFFICIAL:	een Cove =	•			.00
	<u> </u>				
PART I: NOTIFICATION					
(check appropriate box)  1. New facility notified DARM 30  2. Facility failed to notify DARM					0
PART II: CLASSIFICATION	-				
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notificat☐ Drop store/o	ion form out of business/p	etroleum
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)	d tı b	ransfer only, $x$ oth types, $x < 1$	x < 140 gal/yr < 200 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$ )	0 gal/yr d gal/yr ti Vyr b	ransfer only, 20 oth types, 140	rea source $140 \le x \le 2,100$ $00 \le x \le 1,800 \text{ gaV}$ or after $12/9/91$ )	al/yr yr	
5. This is a correct facility clas	sification {	<b>Z</b> ZYYY DN	□Can not dete	ermine	·
	propriate classificati qualified for a gener exceeds above limits	al permit as nu			
B. The total quantity of perchlore facility was 40 gallons.	ethylene (perc) purc	hased within the	he preceding 12 i	months by this c	Iry cleaning

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) AIMED NO YO 1. Storing perchloroethylene in tightly scaled and impervious containers? AIME NO YO Examining the containers for leakage? NO AR 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at BEY ON ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber AVARES NO YO 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 helow). 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? YEN DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? FOX DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AVAC NO YEL condenser upon opening the door?

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

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

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

2 of 5

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

condenser exceeded 45°F?

NO VER

SOLY ON

DY ON DN/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?	ΟY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□N/A
	ls the temperature differential equal to or greater than 20° F?	$\Box Y$	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	אם	□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?	ΠY	Ŋ.	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	<b>⊅</b> Y □N					
2. Maintained rolling monthly averages of perc consumption?	אם עצל					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON <b>S</b> N/A					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN <b>SE</b> V/A					
4. Maintained calibration data? (for applicable direct reading instruments)	oy on <b>∑≈</b> √A					
5. Maintained exhaust duet menitoring data on perc concentrations?	OY ON 🖎 /A					
6. Maintained startup/shutdown/inalfunction plan?	> UN DN					
7. Maintained deviation reports?	AVASE NO YO					
Problem corrected?	DY DN <b>52N</b> /A					
8. Maintained compliance plan, if applicable?	· □Y □N <b>S</b> N/A					

P.	PART VI: LEAK DETECTION AND REPAIRS								
1.	Does the responsible official conduct	a weekly	(for	small sou	rces, bi-	weekly) leak detection a	nd rep	air	
	inspection?						A X	(	אכ
2.	Has the facility maintained a leak log	?					<b>S</b> Y	(	NC
3.	Does the responsible official check th	e follow	ing a	reas for le	aks?		•		
	Hose connections, fittings, couplings, and valves	de la	DИ	□N/A	1	Muck cookers	<b>A</b> Y	ПN	□N/A
	Door gaskets and scatting	Y Z	ПΝ	□N/A	5	Stills	Y	DИ	□N/A
	Filter gaskets and seating	A	ПN	□N/A	I	Exhaust dampers	Y	ΠN	□N/A
	Pumps	<b>D</b> Y	ΠN	□N/A	I	Diverter valves	YY	DИ	□N/A
	Solvent tanks and containers	<b>D</b> Y	ПN	□N/A	(	Cartridge filter housings	X	ПN	□N/A
	Water separators	X	ПN	□N/A					
4.	Which method of detection is used by	the resp	oonsit	ole officia	1?				
	Visual examination (condensed	solvent	on ex	terior sur	faces)		B		
	Physical detection (airflow felt	through	gaske	ts)			B		
	Odor (noticeable perc odor)						* TEX		
	Use of direct-reading instrumer	tation (I	FID/P	ID/calori	metric tu	ibes)	۵`		
	Halogen leak detector								
	If using direct-reading ins	trument	tation	, is the c	quipmer	nt:	□N/	'A	
	a. Capable of detecting	g perc va	apor c	oncentrat	tions in a	range of 0-500 ppm?	ΠY	ΠN	
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	a standar	d gas	prior to	and after	each use	ΠY	מם	
	c. Inspected for leaks	and obvi	ous s	igns of we	ear on a	weekly basis?	ΩY	ΠN	
	d. Kept in a clean and	secure a	arca w	hen not i	n usc?		ΩY	ΩN	
j	c. Verified for accuracy by use of duplicate samples (calorimetric only)?				calorimetric only)?	ΠY	ΩN		
	•								
	Observation Scott					6/2/99			
_	Christopher 5 cott Inspector's Name (Please P	rint)			-	Date of Inspe	ction		
	· Off la	2				6-2000			
	Inspector's Signature					Approximate Date of	Next!	Inspe	ction

ADDITIONAL SITE INFO	MATION:	
· <u>.</u>		
	•	
	•	
·		

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 TIME OUT: 10:4	Z AIRS ID#: 12/0025
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: M+M Dry Cleaner	DATE: (e/z/99
FACILITY LOCATION: 3540 US 175	
RESPONSIBLE OFFICIAL: Monty Cakadanala	FZ 32043
RESPONSIBLE OFFICIAL: Monty Cakadamala	PHONE NUMBER: 90 4-284-3600
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS:	
·	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $6 - 200$	
INSPECTION CONDUCTED BY: Christopher L.	proximate)  Scott
INSPECTOR'S SIGNATURE	ease Print) PHONE NUMBER: 904-448-4310

Page\_\_\_of\_\_\_.

Revised 10/96

AIRS 1D#: 12/0025

KU

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: M+M Dry C	legners	DATI	E: 6/2/99
FACILITY LOCATION: 3540	1.5. 17 South, Su	ite 109	
FACILITY LOCATION: 3540 C	ve Springs 3209	43	·
Annual Reporting Period: June	1995 т	Tune	1999
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.	- · ·	/-L	DEP Rule
If NO, complete the following:		•	
#1. Term or condition of the general permit t	hat has not been in continuous con	npliance during the reporting pe	riod stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit t	hat has not been in continuous con	mpliance during the reporting pe	riod stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:		· 	
As the responsible official, I hereby certify, be made in this notification are true, accurate an upon rolling averages of purchase receipts, d year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	nd complete. Further, my annual c	consumption of perchloroethyler	ie solvent, based

<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

TITLE V	GENERAL PI	ERMIT
COMPLIANCE	INSPECTION	CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>\$</b>	COMPLAINT/DISCOVERY	
AIRS ID#: 1210025 DA		TIME IN	1: <u>/2.'00</u>	12:35
FACILITY LOCATION: 35	40 U.S. 17 Sol	uth		
Grae	in Cone Spring	s FZ	3-2043	
RESPONSIBLE OFFICIAL:	Monty Lakadawa	sla	PHONE: 904-284-360	à
D. D				· · · · · · · · · · · · · · · · · · ·
PART I: NOTIFICATION		· 		
(check appropriate box)	\		•	
New facility notified DARM 30     Facility failed to notify DARM				B
2. Facility failed to notify DARM	to use general permit	· 		
· · · · · · · · · · · · · · · · · · ·				
PART TI- CLASSIFICATION				ĮĮ
PART II: CLASSIFICATION  Facility indicated on potification	form that it is:		□ No polification form	
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification form ☐ Drop store/out of business/	petroleum
Facility indicated on notification	2. I dry- tran both	nsfer only, $x < 1$ h types, $x < 1$	Drop store/out of business/ rea source  x < 140 gal/yr < 200 gal/yr	petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	2. I dry tran both (con dry gal/yr tran both dry gal/yr tran both dry gal/yr both dry both dr	-to-dry only, x -to-dry only, x -to-dry only, x -to-dry only, nsfer only, 20 h types, 140 -to-dry 140 -to-dry 140 -types, 140 -to-dry 140 -types, 140 -to-dry only, as fer only, 20 h types, 140 -to-dry only, 140 -types, 140 -to-dry only, 140 -types, 140 -type	Drop store/out of business/ rea source  x < 140 gal/yr < 200 gal/yr 40 gal/yr	petroleum
Facility indicated on notification (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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr	2. I dry tran both (con 200 gal/yr dry gal/yr tran both (con 200 gal/yr tran both (con 200 gal/yr tran both (con 200 gal/yr both (con 200 gal/yr both (con 200 gal/yr tran 200 gal/yr tran both (con 200 gal/yr both (con 2	-to-dry only, x -to-dry only, x -to-dry only, x -to-dry only, nsfer only, 20 h types, 140 -to-dry 140 -to-dry 140 -types, 140 -to-dry 140 -types, 140 -to-dry only, as fer only, 20 h types, 140 -to-dry only, 140 -types, 140 -to-dry only, 140 -types, 140 -type	Drop store/out of business/ rea source $x < 140 \text{ gal/yr}$ $0 < 200 \text{ gal/yr}$ $0 < x < 140 \text{ gal/yr}$ $0 < x < 2,100 \text{ gal/yr}$ $0 < x < 1,800 \text{ gal/yr}$	petroleum
Facility indicated on notification (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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91)  5. This is a correct facility class  If no, please check the applications of the second constructed before 12/9/91	2. I dry tran both (con 20 gal/yr dry both (con 20 gal/yr both (co	-to-dry only, nesser only, x < h types, x < 1 nstructed on one when large and -to-dry only, nesser only, 20 h types, 140 gratuated on one when the contraction of the	□ Drop store/out of business/ rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)  rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)  □ Can not determine	petroleum

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?	AING NO YO				
2. Examining the containers for leakage?	אוא מט אם אם				
3. Closing and securing machine doors except during loading/unloading?	ZY DN				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ANO NO VE				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אואפראם עם				
	<u> </u>				
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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber minstalled prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	frigerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
Equipped all machines with the appropriate vent controls?	<b>2</b> 8. ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	באיא אוא אליא אוא אליא איי				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	איא <b>ב</b> אם צם				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אסאל וואס				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY ON BAYA				

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

DY DN BNA

DYCDN

В.	Has the responsible official of an existing large or new large area source also:	٠٩٠		
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?	Y	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DΥ	DИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	DΥ	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ПN	-□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	ΠY	N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	N	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	<b>B</b> A DN					
2. Maintained rolling monthly averages of perc consumption?	MO NE					
3. Maintained leak detection inspection and repair reports for the following:	,					
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO WE					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days - and parts installed w/in 5 days of receipt?	ANA NO YÇK					
4. Maintained calibration data? (for applicable direct reading instruments)	אואאפל אם צם					
5. Maintained exhaust duct menitoring data on perc concentrations?	אימפל אם עם					
6. Maintained startup/shutdown/malfunction plan?	<b>20%</b> 0%					
7. Maintained deviation reports?	A/NGENO YO					
Problem corrected?	DY DN SNA					
8. Maintained compliance plan, if applicable?	אואפליאם אם					

PA	RT VI: LEAK DETECTION AND R	EPAIRS					
1.	Does the responsible official conduct a	weekly (for smal	l sources, bi	-weekly) leak detection at	nd rep	air	
	inspection?				<b>D</b> Y		אב
2.	Has the facility maintained a leak log?				QY		מכ
3.	Does the responsible official check the	following areas f	or leaks?				
	Hose connections, fittings, couplings, and valves	AY ON ON	/A	Muck cookers	<b>D</b> Y	ПN	□N/A
	Door gaskets and seating	DY ON ON	/ <u>A</u>	Stills	XX	ПΝ	□N/A
	Filter gaskets and seating	MO NO YES	/A	Exhaust dampers	<b>AS</b> Y	ИO	□N/A
	Pumps	BY ON ON	/A	Divener valves	ZQY	ПN	□N/A
	Solvent tanks and containers	BY ON ON	/A	Cartridge filter housings	XX	NO	□N/A
	Water separators	DY ON ON	/A			•	
4.	Which method of detection is used by the	ne responsible of	Ticial?				
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)				B		
	Odor (noticeable perc odor)				B		
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector						
	If using direct-reading instrumentation, is the equipment:					Α	
	a. Capable of detecting p	erc vapor conce	ntrations in	a range of 0-500 ppm?	ΩY	ΠN	
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard gas prio	r to and afte	r each use	ΩY	ПN	
	c. Inspected for leaks an	d obvious signs (	of wear on a	weekly basis?	$\Box$ Y	ПN	
	d. Kept in a clean and so	cure area when	not in use?		ΩY	ΠN	
	c. Verified for accuracy	by use of duplica	ite samples (	(calorimetric only)?	ΩY	ND	

Christopher L. Scott	4-11-00
Inspector's Name (Please Print)	Date of Inspection
· OH l. LA	June 2001
Inspector's Signature	Approximate Date of Next Inspection

	1	ADDITIONAL SITE INFORMATION:
		i de la companya de l
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# ACC

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

1		
FACILITY NAME: $M + M$	Drycleaner	DATE: <u>4-11-00</u>
FACILITY LOCATION: <u>3548</u>	0 U.S. 17 South	
Green	Cove Springs, FZ 32043	
Annual Reporting Period:	June 19 <u>99</u> TO	Apr. 1 2000 19
Based on each term or condition of the	e Title V general air permit, my facility has remain	ned in compliance with DEP Rule
62-213.300, Florida Administrative C	code (F.A.C.), during the period covered by this sta	tement. PYES DNO
If NO, complete the following:		•.
#1. Term or condition of the general p	permit that has not been in continuous compliance	during the reporting period stated above:
Exact period of non-compliance: from	n to	
Action(s) taken to achieve compliance	e:	
Method used to demonstrate complian	nce:	
#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	mto_	
Action(s) taken to achieve compliance	e;	
Method used to demonstrate complian		
		•
		er reasonable inquiry, that the statements

<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.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COM	PLAINT/DISCOVERY	L RE	-INSPECTION
TIME IN: 12:00	TIME OUT: 16	2:35	AIRS ID	#: <i>1210025</i>	
TYPE OF FACILITY: Dry	Cleaner				
FACILITY NAME: M 7	M Drycleaner			DATE	4-11-00
FACILITY LOCATION: 35	40 U.S. 17	South	· · · · · · · · · · · · · · · · · · ·		
	en Cove Springs	-			
RESPONSIBLE OFFICIAL:	losty LAKadow	ala	PHONE NU	MBER: <u>904-2</u>	184-3600
	the compliance requirementale 62-213.300, Florida A			, the facility is fo	ound to be in
Based on the results of to	the compliance requirement	nts evalua	ted during this inspection	, the following c	ompliance
COMPLIANCE REQU	JIREMENT/PROBL	EM	FOLLOW-UP	ACTION RE	QUIRED
					,
÷	.*			P	
			Bures	MI K.C.	. :
			Mobile So	of Real Country of the Country of th	
				TCes Troume	
					·
COMMENTS:		,			
The Annual Compliance Certific	cation form has been prop	erly certifi	ied and submitted to the i	nspector. Y	es No
DATE OF NEXT INSPECTIO	N:	(Apr	proximate)	7001	
INSPECTION CONDUCTED	BY: Christopher	L. <	Scott ase Print)		
INSPECTOR'S SIGNATURE: (Lift L. PHONE NUMBER: 904-448-4310					

Page\_\_\_of\_\_

Revised 10/96

0391024

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

## **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 1210025

M M CLEANER MONTY LAKADAWALA 3540 US 17 SOUTH SUITE 109 GREEN COVE SPRINGS FL 32043

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

0355720

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

## **TOTAL AMOUNT DUE: \$50.00**

#### Do NOT Remove Label

AIRS ID # 1210025

M M CLEANER MONTY LAKADAWALA 3540 US 17 SOUTH SUITE 109 GREEN COVE SPRINGS FL 32043 FOR GOVERNMENT USE ONL OF Fund: 20-2-035001 Obj.: 002273

434129 DEC11 2003

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

## **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

1210025 MONTY LAKADAWALA M M CLEANER 3540 US 17 SOUTH SUITE 109 GREEN COVE SPRINGS FL 32043

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

421563 JAN10 2003

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

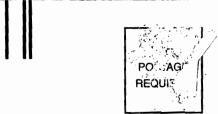
### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#1210025

M M CLEANER MONTY LAKADAWALA 3540 US 17 SOUTH SUITE 109 GREEN COVE SPRINGS FL 32043 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: X1

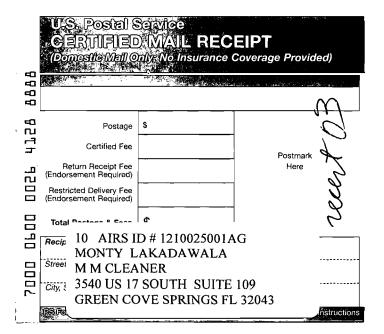
Fund: 20-2-035001 Obj.: 002273 MAGIC ČLEANER 5850 SAN JUAN AVE JACKSON VILLE FL **3221**0 (904) 695-0955



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

29215÷3070 99

#### COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) Date of Delivery item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. □ Agent Attach this card to the back of the mailpiece, ☐ Addressee or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: 10 AIRS ID # 1210025001AG MONTY LAKADAWALA M M CLEANER 3540 US 17 SOUTH SUITE 109 3. Service Type GREEN COVE SPRINGS FL 32043 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) 0600 0026 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952 ;





412929 JAN11 2002



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

## **TOTAL AMOUNT DUE: \$50.00**

#### Do NOT Remove Label

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FOR GOVERNMENT USE ONLY

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Fund: 20-2-035001 Obj.: 002273



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### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

402769

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 1210025

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Obj.: 002273





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