

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

August 27, 1997

Mr. Prakash Patel Advance Dry Cleaners US 90 West, Gleason Mall, Box 2-E Lake City, Florida 32056

Re: Facility No. 0230028

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 25, 1997.

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

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

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 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/iw

cc: Mr. Rick Banks, Northeast District

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

#0230038

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Advantage	Dry	Cleaners
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		AUG 21 1997
9. Name	and Title of Facility Contact (For example, plant manager): SAME	DEPT. OF ENV. PROTECTIO NORTHEAST DISTRICT - JAX
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 9. Name and Title of Facility (SAME	PROTECT - OF ENV. PROTECT	
10. Facility Contact Address:		
Street Address: City:	County:	Zip Code:
11. Facility Contact Telephone 1 Telephone: (204) 75	Number: 5-557/ Fax:	-

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JUL 2 1 1997

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	PRAKASH PATEL
2.	
	ADVANTAGE DRY CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 984208868
4.	9
	Street Address:
	City: LAKE CITY COLUMBIA Zip Code: 32056 PP
5.	Facility Identification Number (DEP Use):
	0230028
	Responsible Official
-	Niema and Tiele of Possessible Officials
6.	Name and Title of Responsible Official:
	PRAKASH PATEL - OWNER
7.	Responsible Official Mailing Address: Organization/Firm: A DVANCE DRY CLEANERS Street Address: US 90 WEST; GLEASON MALL, BOX 2-E City: LAKE CITY COLUMBIA 32506 32055
	Organization/Firm: ADVANCE DRY CLEANERS
	City: 1 21 Code: OF County: 12 Code: OF CODE CODE: OF COD
	LAKE CITY COLUMBIA 32506 32055
8.	Responsible Official Telephone Number:
	Telephone: $(904)755-5571$ Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAME
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
	, alp 6000.
11.	Facility Contact Telephone Number:
	Telephone: (94) 755-557/ Fax: () -

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JUL 2 1 1997

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Bureau of Air Menitoring & Mebile Sources

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit						_			
(1) w/ ref. condenser	/	30 JUN 90	30JUN90						
(2) w/ carbon adsorber									
(3) w/ no controls								_	
Washer Unit						-			
(4) w/ ref. condenser									
(5) w/ carbon adsorber	_								
(6) w/ no controls									
Dryer Unit	_		•			•			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									1
(10) w/ ref. condenser							T		
(11) w/carbon adsorber					l		T		
(12) w/ no controls	_					1			
(b) Control devices are (c) No control devices 2.(a) What was the total q [204] (b) If less than 12 montl Check why it is less	uant gallo	equired to be ity of perchlo ons ow many? [installed [_ oroethylene (perc)	purchased in				
3. What is the facility's sou (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sn	initions foun nall area sour	rce [3) of]]	Part II?	

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(Indicate with an "X".)	Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated condenser	
New small area Lource	
Refrigerated condenser []	
New large area source	
Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unexemption 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 boiler HP or less), and (2) are fired exclusively by natural gas except for per during which propane or fuel oil containing no more than one percent sulfur	iods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Info	rmation
Check all logs which are required to be kept on-site in accordance with the re	equirements 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	

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

Surrender of Existing Air Permit(s)

Please indica	ate 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 notij statemer maintair	ndersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ints made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
-	omptly notify the Department of any changes to the information contained in this notification.
	fer 6-30-97 Date
Signatur	e Date

	#0230038
	advance
	Howantage Dry Cleaners
P.13	4. add location address -
	Zip codes in 4. + 7. are
9/2/97	
1/0/9/	me of the insert name for this
CfB	facility. It is advance Dry Cleoner. I shonged the name in ARMS to the correct name (Advance Bry Cleone).
	I monget the work and and so
	the wriet name (advance by Cleans)
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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):
PRAKASH PATEL
2. Site Name (For example, plant name or number):
ADVANTAGE DRY CLEANERS
3. Hazardous Waste Generator Identification Number:
FLD 984208868
(4) Facility Location: (Street Address:)
City: LAKE CITY COLUMBIA Zip Code: 32056
5. Facility Identification Number (DEP Use):
0230038
Responsible Official
6. Name and Title of Responsible Official:
PRAKASH PATEL - OWNER
7. Responsible Official Mailing Address:
Street Address: PS 90 WEST ALENSON MOUL BOX 2-E
Organization/Firm: A DVANCE DRY CLEANERS Street Address: US 90 WEST, GLEASON MALL, BOX 2-E City: LAKE CITY COLUMBIA 32506
8. Responsible Official Telephone Number:
Telephone: (904) 755 - 5571 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SAME
10. Facility Contact Address:
Street Address:
City: Zip Code:
11. Facility Contact Telephone Number:
Telephone: (94) 755-557/ Fax: () -

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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.

- 0		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	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	÷	#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	30 JUN 90	30JUN90						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			•					_	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls	-								
Dryer Unit			ı			1		<u>.</u>	<u> </u>
(7) w/ ref. condenser									
(8) w/ carbon adsorber	-	_							1
(9) w/ no controls		1						1	-
Reclaimer Unit		1	I	1		1		.1	
(10) w/ ref. condenser	-							T	
(11) w/carbon adsorber								1	
(12) w/ no controls	_							<u> </u>	· .
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [
3. What is the facility's so (Indicate with an "X".	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
	ea soi	urce [1	/ Ne	w lai	rge area sour	ce ſ	}		
Existing large are	_ 55				5- a.va 30ui		1		

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4. What control technology is required on machines pursuant to section (5) (Indicate with an "X".)	of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated conden	ser 🔟
New small area cource Refrigerated condenser []	
New large area source Refrigerated condenser []	
	·
5. A facility which contains non-exempt emissions units shall not be eligit to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat inpu boiler HP or less), and (2) are fired exclusively by natural gas except for p during which propane or fuel oil containing no more than one percent sulp	periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping In	nformation
Check all logs which are required to be kept on-site in accordance with the	e 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	

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

Surrender of Existing Air Permit(s)

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 notification form.	
Responsible Official Certification	
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addresse this notification. I hereby certify, based on information and belief formed after reasonable inquiry, tha statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification for	the
I will promptly notify the Department of any changes to the information contained in this notification.	
Signature 6-30-97	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:30TIME OUT: //. Z o	_airs id#: <u>0230038</u>
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Advance Dry Cleaners	DATE: 9-25-97
	on Mall, Box E-Z
Lake City, FL 3	32056
RESPONSIBLE OFFICIAL: Prakash Patel	PHONE NUMBER: 904 - 755 - 5571
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not MAINTAINING Proper leak detection log	Maintain leak log
Not Maintaining rolling monthly average of perc consumption	Maintain Perc Log
- <u></u>	
 	
	·
COMMENTS:	
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO NO
DATE OF NEXT INSPECTION: 9-25-97	·
INSPECTION CONDUCTED BY: Christopher L.	pproximate) Scott Jease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 448-4310

Page___of__

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	. 🛄	COMPLAINT/DISC	OVERY	
	RE-INSPECTION				
7.	1.012011011	_			
	· · · · · · · · · · · · · · · · · · ·		ψ.		
AIRS 10#: 023 0038	DATE: 9-25-97	7 TIME I	N: <u>/0.'30</u> TIM	ie out: <u>/</u>	1.20
FACILITY NAME: Adva	ince Dry Clea	ners			
FACILITY LOCATION:	1.5. 90 West	, Gleas	on Mall, Bo	x E-2	· · ·
	Lake City,				
RESPONSIBLE OFFICIAL:	Prakash Pat	el	_ PHONE : <u>904-7</u>	55-5	57/-
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to startup)			
2. Facility failed to notify DAR	M to use general permi	t	·		
			,		
PART II: CLASSIFICATION	<u>N</u>				
	•		☐ No notification fo	orm	
Facility indicated on notificati (check appropriate box)	•		☐ No notification fo☐ Drop store/out of		roleum
Facility indicated on notificati (check appropriate box) A.	ion form that it is:		☐ Drop store/out of		roleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour	ion form that it is:	New small a	☐ Drop store/out of rea source		roleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/	ion form that it is: rce	y-to-dry only,	☐ Drop store/out of rea source x < 140 gal/yr	business/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	ion form that it is: rce	ry-to-dry only, ansfer only, x	☐ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr	business/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: ree	ry-to-dry only, ansfer only, x oth types, $x < 1$	☐ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	business/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	ion form that it is: ree	ry-to-dry only, ansfer only, x oth types, $x < 1$	☐ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr	business/pet	roleum
Facility indicated on notification (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: ree	ry-to-dry only, ansfer only, x oth types, $x < 1$	☐ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	business/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 < x < 2,	ion form that it is: ree	y-to-dry only, ansfer only, x oth types, x < i onstructed on New large a y-to-dry only,	☐ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr	business/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	ion form that it is: rce	y-to-dry only, ansfer only, x oth types, x < 1 onstructed on New large a y-to-dry only, ansfer only, 20	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	business/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound 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 sound dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr	ion form that it is: ree	y-to-dry only, ansfer only, x oth types, x < 1 onstructed on New large a y-to-dry only, ansfer only, 20 oth types, 140	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	business/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	ion form that it is: ree	ry-to-dry only, ansfer only, x oth types, x < 1 onstructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	business/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound 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 sound dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr	ion form that it is: rce	ry-to-dry only, ansfer only, x oth types, x < 1 onstructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	business/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility classified in the constructed before 12/9/91)	ion form that it is: rce	y-to-dry only, ansfer only, x oth types, x < 1 onstructed on New large a y-to-dry only, ansfer only, 20 oth types, 140 onstructed on New large a y-to-dry only, ansfer only, 20 oth types, 140 onstructed on	□ Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine	business/pet	roleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN DN/A
2. Examining the containers for leakage?	DY DN DYN/A
3. Closing and securing machine doors except during loading/unloading?	DYT ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	N/N□ N□ \$1
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	MY ON ON/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 refrige (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refrigered (complete A and B below).	gerated 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?	ey on
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Y ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	eg on on/a
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ZÝ ON

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

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

PART VI: LEAK DETECTION AND REPAIRS

1	Doe	s the responsible official conduct a v	weekly (for small sources, b	i-weekly) leak detection at	nd repair
		ection?	, , , , , , , , , , , , , , , , , , ,		ZIY. ON.
2	•	the facility maintained a leak log?			DY ZN
		s the responsible official check the fo	ollowing areas for leaks?	•	
		Hose connections, fittings,	2	Ų.	
		couplings, and valves	MY ON ON/A	Muck cookers	OY ON ON/A
		Door gaskets and seating	MY ON ON/A	Stills	DY DN DN/A
-		Filter gaskets and seating	MY ON ON/A	Exhaust dampers	OY ON ON/A
		Pumps	DY ON ON/A	Diverter valves	OY ON ØŃ/A
		Solvent tanks and containers	ØY □N □N/A	Cartridge filter housings	DY ON ON/A
		Water separators	ØÝ □N □N/A		
4.	Whi	ch method of detection is used by the	e responsible official?		·
		Visual examination (condensed sol	lvent on exterior surfaces)		
		Physical detection (airflow felt thro	ough gaskets)	•	2
		Odor (noticeable perc odor)			8
		Use of direct-reading instrumentati	ion (FID/PID/calorimetric	tubes)	
		Halogen leak detector			
		If using direct-reading instru	mentation, is the equipme	ent:	□N/A
		a. Capable of detecting po	erc vapor concentrations in	a range of 0-500 ppm?	OY ON
			andard gas prior to and afte	er each use	
		(PID/FID only)?			DY DN
		c. Inspected for leaks and	l obvious signs of wear on a	a weekly basis?	DY DN
* 18	1	d. Kept in a clean and sec	cure area when not in use?		ПА ПИ
		e. Verified for accuracy b	y use of duplicate samples	(calorimetric only)?	DY DN

Christopher L. Scott	9-25-97
Inspector's Name (Please Print)	Date of Inspection
ALL CA	9-98
Inspector's Signature	Approximate Date of Next Inspection

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Acc

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Advance	Dry Clea	ners	D	ATE: <u>9-25-97</u>
FACILITY LOCATION: U.S. 9			1, Box E-2	<u> </u>
Lake Citi			<u>.</u>	
Annual Reporting Period: 9-25	<u>. </u>	19 <u>96</u> то	9-25	1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F				th DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been i	n continuous complia	nce during the reporting	period stated above:
Not Maintaining Pra	per leate o	beleation log	·	
Exact period of non-compliance: from	9-75	-96	10 9-25-97 RECE	
Action(s) taken to achieve compliance:	Maintain	leck log	RECE	IVED
Method used to demonstrate compliance:	Annual	Inspection	OCT	3 1997
#2. Term or condition of the general permit Not maintaining To				
-	_	•	10 9.25-97	
Action(s) taken to achieve compliance:	Maintain	Perc Log		
Method used to demonstrate compliance:	Annual	Inspection		
As the responsible official, I hereby certify, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: PLAKA.	and complete. Furndoes not exceed 2,.	ther, my annual consu 100 gallons per year f	mption of perchloroethy or dry-to dry facilities o	vlene solvent, based
· · · · · · · · · · · · · · · · · · ·			-	

^{*}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
	98 time in: 10,00 time out/0.'40
FACILITY NAME: Advance Dry (
FACILITY LOCATION: U.S. 90 W	lest, Glegson MAII Box E-Z
LAKE City	FC. 32056
	Atel PHONE: 904-755-5571
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	пир
2. Facility failed to notify DARM to use general pe	rmit ve a de la companya de la compa
	es or in
PART II: CLASSIFICATION	62
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	2. New small area source
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$
both types, x < 140 gal/yr	both types, $x < 140 \text{ gal/yr}$
(constructed before 12/9/91)	(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 classific facility qualified for a ge	cation:

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 20 gallons.

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? 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

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

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:
(ch	eck appropriate boxes)

(0)	icek appropriate boxes)			
1.	Equipped all machines with the appropriate vent controls?	$\not\!$	ПИ	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	$\not P^{\Lambda}$	ПΝ	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	₽ Y	ИП	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Y	ВИ	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?)QY	□N	□N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	₩	□и	

AIM NO YO

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?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□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?	ΟY	□N	□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?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

P.	ART V: RECORDKEEPING REQUIREMENTS			
	Has the responsible official: (check appropriate boxes)			
1.	Maintained receipts for perc purchased?	ADY ON		
2.	Maintained rolling monthly averages of perc consumption?	ADY ON		
3.	Maintained leak detection inspection and repair reports for the following:	,		
	a. documentation of leaks repaired w/in 24 lirs? or;	ava n ej ya		
	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 BONA		
4.	Maintained calibration data? (for applicable direct reading instruments)	AVA \$ NO YO		
5.	Maintained exhaust duct menitoring data on perc concentrations?	AVA je NO YO		
6.	Maintained startup/shutdown/malfunction plan?	ИО У Ф У		
7.	Maintained deviation reports?	A'NO NO YO		
	Problem corrected?	A'NO NO YE		
8.	Maintained compliance plan, if applicable?	AVA ON ON/A		

P.	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	□y g N				
2.	. Has the facility maintained a leak log?	≱ ØY □N				
3.	. Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves PY ON ON/A Muck cookers	My on on/a				
!	Door gaskets and seating Y ON ON/A Stills	AND NO YES				
	Filter gaskets and seating Y N N/A Exhaust dampers	Y ON ON/A				
	Pumps	YY ON ON/A				
	Solvent tanks and containers $\mathbf{\Phi}_{\mathbf{Y}} \mathbf{D} \mathbf{N} \mathbf{D} \mathbf{N} \mathbf{A}$ Cartridge filter housing	ngs SPY ON ON/A				
	Water separators Q Y □N □N/A					
4.	. Which method of detection is used by the responsible official?	,				
	Visual examination (condensed solvent on exterior surfaces)	A				
	Physical detection (airflow felt through gaskets)	₽ .				
	Odor (noticeable perc odor)	y				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<u> </u>				
-	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:	□N/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm	? DY DN				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	מם עם				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	NO YO				
	d. Kept in a clean and secure area when not in use?	מם עם				
,	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	NO YO				
		٠.				
	÷					

Christopher L. Scott	9/22/98
Inspector's Name (Please Print)	Date of Inspection
CA 11	9/99
Inspector's Signature	Approximate Date of Next Inspection

OITIONAL SITE INFORMATION:				
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May Class				
LIHX OEDV		. .		
MAX Clean EX 316L		į		
EX SIGH		•		
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 TIME OUT: 10:40	AIRS ID#: 0230038
TYPE OF FACILITY: DRY CLEANER	C.S.
FACILITY NAME: Advance Dry Cleaners	DATE: 9/8/98
	eason MAIL, ROX E-Z
RESPONSIBLE OFFICIAL: Propost Partel	PHONE NUMBER: 904-755-5571
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
Not Maintaining LeAk inspection Log	MAINTAIN LOG
	•
	•
COMMENTS:	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $\frac{9}{9}$	proximate)
INSPECTION CONDUCTED BY: Christopher L. S	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904-448-4310 4255

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Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Advance Dry Cleaners	DATE: 9/22/98
FACILITY LOCATION: U.S. 90 West, Glegson MALL, Box E	- 2
Lake City FC, 3205C	•
Annual Reporting Period: Sept 97 19 TO Sept	98 19
Based on each term or condition of the Title V general air permit, my facility has remained in complia 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 re	porting period stated above:
Leak Detection + Inspection log not up to date	
Exact period of non-compliance: from Sept 97 to Sept	98
Action(s) taken to achieve compliance: MAINTAIN Log	
Method used to demonstrate compliance: Annual Inspection / Follow	up Inspection
#2. Term or condition of the general permit that has not been in continuous compliance during the re	porting period stated above:
Exact period of non-compliance: from to	CEIVED
	CT 0 7 1998
Burea	u of Air Monitoring Mobile Sources
As the responsible official, I hereby certify, based on information and belief formed after reasonable made in this notification are true, accurate and complete. Further, my annual consumption of perchl upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for ary-to dry fact year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Prakash Probel	inquiry, that the statements oroethylene solvent, based
Name (Please Print) Signature	Date

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301721

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

RECEIVED

MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0230038

PRAKASH PATEL PRAKASH PATEL US 90 WEST GLEASON MALL BOX 2-E LAKE CITY FL 32056

FOR GOVERNMENT USE ONLY Org.: 37550101000 POOD1 Fund: 20-2-035001 Pood 1 Fund: 20-2-035001 Pood 1 Po

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	ON C
ll l	99 TIME IN: 9/30 TIME OUT: 10:05
FACILITY NAME: Advance Dry C	leaners
FACILITY LOCATION: US 90 West	Glesson mall Box E-Z
_ Cake CHy	, FL 37056
RESPONSIBLE OFFICIAL: Prakash	Patel PHONE: 904-755-5571
CONTACT NAME:	PHONE:
	RECEIVED
	CEIVED
PART I: NOTIFICATION	
(check appropriate box)	SEP - 2 1999
1. New facility notified DARM 30 days prior to sta	rtup Bureau of Air Monitoring mit Bureau of Air Monitoring
2. Facility failed to notify DARM to use general pe	* Mobile Sources
PART II: CLASSIFICATION	
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, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)
5. This is a correct facility classification	Can not determine
	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was ZO gallons.	urchased within the preceding 12 months by this dry cleaning

BEST AVAILABLE COPY

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?	DY DN BONA
2. Examining the containers for leakage?	אואום אם צם
3. Closing and securing machine doors except during loading/unloading?	gay on
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	AVU UU VØ
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	AINS NO YO
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 refri (complete A below).	gerated condenser
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 mutinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated 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?	gar on
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVAC NO YØ
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AND NO YA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ZY DN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אואם אם עקב
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Dr on

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΠY	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,		5	
	if machines are equipped with a carbon adsorber?	UY	ИN	-DN/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	\square N	□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	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	N	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	AD AR			
2. Maintained rolling monthly averages of perc consumption?	YO YEE			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN BANA			
 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 BONA			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON SC VA			
5. Maintained exhaust duct menitoring data on perc concentrations?	איא צל אם עם			
6. Maintained startup/shutdown/malfunction plan?	257 . 0%			
7. Maintained deviation reports?	איאפל אם אם			
Problem corrected?	ANAST NO YO			
S. Maintained compliance plan, if applicable?	A/MS NO YO			

PART VI:	LEAK DETECTION AND R	EPAI	RS					
1. Does th	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?					ZY	(אכ	
2. Has the facility maintained a leak log?					BY	[אכ	
3. Does th	e responsible official check the f	followi	ng ar	cas for leaks?		•		
I)	ose connections, fittings, couplings, and valves	By	DN	□N/A	Muck cookers	BY	מם	□N/A
D	oor gaskets and scating	SEX	מם	□N/A	Stills	Z X	ПΝ	□N/A
Fi	ilter gaskets and seating	XX	אם	□N/A	Exhaust dampers	DY	ПN	□N/A
Pı	umps	ZZY	ΩN	□N/A	Divener valves	AR.	ΩN	□N/A
So	olvent tanks and containers	BY	ΠN	□N/A	Cartridge filter housings	BY	ПΝ	□N/A
. W	ater separators	BY	ΠN	□N/A				
4. Which	method of detection is used by th	ne resp	onsib	ole official?				
V	isual examination (condensed so	lvent	on ex	terior surfaces)		-E		
Physical detection (airflow felt through gaskets)				-8 -				
Odor (noticeable perc odor)					20			
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)								
Halogen leak detector								
If using direct-reading instrumentation, is the equipment:				ON.	/A			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				ΩY	ΩN			
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				ΩY	N			
c. Inspected for leaks and obvious signs of wear on a weekly basis?				ΩY	ПN			
d. Kept in a clean and secure area when not in use?				ΠY	ΠN			
	c. Verified for accuracy	by use	of du	plicate samples	(calorimetric only)?	ΠY	מם	
()				,				
α	11154				8-25-9	9		
-Cpt	Stophe(L.) to 11 Inspector's Name (Please Prin	11)			Date of Insp	cction		
	and AA				Date of map			
.//	MIL THE				Aug 700	٥		
	Inspector's Signature				Approximate Date of		Inspe	ction

DDITIONAL SITE INFORMATION:		
		•
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ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Advance Dry Cleaners	DATE: 8 -25-99
FACILITY LOCATION: U.S. West 90 West, Gle	
	20.0 1.4(1)
Lake City, FL 32056	
Annual Reporting Period: 1998 19 T	ro Aug 1999 19_
Based on each term or condition of the Title V general air permit, my facility has 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by	-
If NO, complete the following:	•
#1. Term or condition of the general permit that has not been in continuous cor	npliance during the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	**************************************
Method used to demonstrate compliance:	Mobile Sources Oring
#2. Term or condition of the general permit that has not been in continuous con	
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 for made in this notification are true, accurate and complete. Further, my annual upon rolling averages of purchase receipts, does not exceed 2,100 gallons per y year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Prakas Patel Name (Please Print)	consumption of perchloroethylene solvent, based

^{*}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 📈 COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9/30	TIME OUT: 10.05	AIRS ID#: O2	30038
TYPE OF FACILITY: Dry	Jeaner		
FACILITY NAME: Advan	ce Dry Geoner	.	DATE: 8-25-99
FACILITY LOCATION: (), \(\leq \)	. 90 West Gle	ason Mall Box	5-3
Lake(ity, FL 32054	-	
RESPONSIBLE OFFICIAL:	akash Patel	PHONE NUMBER:	104-455-5571
	he compliance requirements evaluule 62-213.300, Florida Administr	ated during this inspection, the facil rative Code (F.A.C.).	ity is found to be in
Based on the results of t discrepancies were noted		ated during this inspection, the follo	owing compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
			PF
		Sur.	SE CAL
		14	Coling Solling
			Tees O'Ino
COMMENTS:		1	
	· · · · · · · · · · · · · · · · · · ·		·
The Annual Compliance Certific	ation form has been properly certi	fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	N: Aug 2000	pproximate)	
INSPECTION CONDUCTED	BY: Christopher L.	ease Print)	· · · · · · · · · · · · · · · · · · ·
INSPECTOR'S SIGNATURE	MALA		904-448-4310 VD

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Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Advance]	Dry Cleaners		DATE: 8/22/00
FACILITY LOCATION: US 90	West-Gleason 1	Tall Box E-	2
Lake Cita	1, Florida 32	•	
Annual Reporting Period: AUGUST	1999 19	TO Aliquet	2000 19
Based on each term or condition of the Title	V general air permit, my facility	has remained in compliance	e with DEP Rule
62-213.300, Florida Administrative Code (F.	A.C.), during the period covered	by this statement. QYF	es 🗆 no
If NO, complete the following: #1. Term or condition of the general permit		The Soul Control of the So	
#1. Term or condition of the general permit	that has not been in continuous c	compliance during the repo	rting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit	that has not been in continuous of	compliance during the repo	rting period 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, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Proximation Nation	and complete. Further, my annu	al consumption of perchlor	oethylene solvent, based
	· · · · · · · · · · · · · · · · · · ·		

^{*}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

aller	
V	

TYPE OF INSPECTION:

ANNUAL

2. Facility failed to notify DARM to use general permit

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS 1D#: 0230038 DATE: 8 22 (1) T	TIME IN: 11:40 TIME OUT: 11:40				
FACILITY NAME: Advance Dry Clean	erd				
FACILITY LOCATION: US 90 WOSE - GLOSSON MOLL-BUXE-2					
Lake City, Flo	nda 32056				
RESPONSIBLE OFFICIAL: Prakash Pate	DPHONE: <u>(904)755-557/</u>				
CONTACT NAME:	PHONE:				
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days prior to startup					

Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	☐Y ☐N ☐Can not determine
· · · · · · · · · · · · · · · · · · ·	ation: neral permit as number above nits 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) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? CORY ON CON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? WY ON 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 beds according to the manufacturer's specifications? DY ON ON/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) DA DN 1. Equipped all machines with the appropriate vent controls? DY 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 NO 'YO condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON PN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after 42Y DN verifying that the coolant had been completely charged?

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

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

PA	ART VI: LEAK DETECTION AND R	REPAIRS		
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection ar	nd repair
	inspection?			DY ON
2.	Has the facility maintained a leak log?			N□ YE
3.	Does the responsible official check the	following areas for leaks	5?	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ON ON/A
	Door gaskets and seating	QY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	DA ON ON/Y	Exhaust dampers	OY ON ON/A
	Pumps	QY ON ON/A	Diverter valves	OY ON ON/A
	Solvent tanks and containers	OX ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	DY ON ON/A		•
4.	Which method of detection is used by the	he responsible official?		
	Visual examination (condensed so	olvent on exterior surfac	es)	
	Physical detection (airflow felt the	rough gaskets)		
	Odor (noticeable perc odor)			9
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)	-
	Halogen leak detector	•		
	If using direct-reading instr	umentation, is the equi	pment:	□N/A
	a. Capable of detecting I	perc vapor concentration	s in a range of 0-500 ppm?	OY ON
	b. Calibrated against a si (PID/FID only)?	OY ON		
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON .
	d. Kept in a clean and se	cure area when not in u	se?	OY ON
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON

Hoother Wynn	8/22/00
Inspector's Name (Please Print)	Date of Inspection
April 1 Ulna	August 2001
Inspector's Signature	Approximate Date of Next Inspection
	U

Max clean Dx3162

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1.20	TIME OUT:	AIRS ID#: (0230038
TYPE OF FACILITY: DYU	Cleaner		
FACILITY NAME:	Advance bry U	laners	DATE: 8/22/00
FACILITY LOCATION: (1)	5,90 West, Glea	800 Mall Box A	<u> </u>
- AUKE	City Florida &	32054	- (901) 755 5571
RESPONSIBLE OFFICIAL:	MARKON FALLE	PHONE NUMBE	R: <u>C104) 705-35 11</u>
	the compliance requirements evalu Rule 62-213.300, Florida Administr		facility is found to be in
Based on the results of discrepancies were note	the compliance requirements evalud:	ated during this inspection, the	following compliance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
•		·	
	·		
	· ·		
1	· ·		·
·	·		
COMMENTS:			
		,	
The Annual Compliance Certific	cation form has been properly certi	fied and submitted to the inspe	ctor. YES NO
DATE OF NEXT INSPECTIO	on: Que	A 2001	
INSPECTION CONDUCTED	BY: HONTHON'Y	proximate) VVNN	
INSPECTOR'S SIGNATURE	$\int_{\mathbb{R}^{n}} \int_{\mathbb{R}^{n}} \int_{$	ease Print)PHONE NUMBI	er: (904) 448-4310×254
	Page	of	Perised 10/96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

Obj.: 002273



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Obj.: 002273

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

Fund: 20-2-0350 Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
9319	OFFICIAL USE
7975	Postage \$ Certified Fee
1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
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7007	or PO Box Nc 4265 US 90 WEST City, State, Zi LAKE CITY FL 32055
Ų	PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiec or on the front if space permits. 	C. Signature
1. Article Addressed to: 10 AIRS ID # 0230038 PRAKASH PATEL	If YES, enter delivery address below:
ADVANCE DRY CLEANERS 4265 US 90 WEST	3. Service Type
LAKE CITY FL 32055	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
7001 0320 0001 7975 9	31/4 1/11/11
PS Form 3811, July 1999 Dom	estic Return Receipt 102595-99-M-1789

• Sender: Please print your name, address, and ZIP+4 in this	"horiza
	DOX - 1
DAFM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400	Rureau of Air Morganes & Mobile Sourc

Advance CLEANERS 4265 US 90 WEST LAKE CITY FL 32055



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

32315+3070

Infludadhadhdallaf Salldiadhdahadhadadhahadh

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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

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ADVANCE DRY CLEANERS PRAKASH PATEL US 90 WEST GLEASON MALL BOX 2-E LAKE CITY FL 32056

DEC 15, 99

Bureau of Air Monitoring & Mobile Sources

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

PLEASE NOTE OUR <u>NEW</u> ADDRESS:

ADVANCE CLEANERS 4265 US 90 WEST LAKE CITY, FL 32055