

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 17, 1997

Ms. Cindy Vimont Concord Custom Cleaners Post Office Box 1000 Richmond, Kentucky 40476

Re: Facility I.D. No. 0330234 (#074)

Dear Ms. Vimont:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 13, 1996.

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

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

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

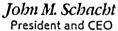
Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

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





January 17, 2001

FDEP Air Resources Management Attn: Charles Norman 160 Governmental Center Pensacola, FL 32501-5794

#6330234 Dear Mr. Norman:

Please accept this letter as notification that Phil Gorgas (Vice President - Facilities & Technical Support) is authorized to serve as our "Responsible Official" for all of our Concord Custom Cleaners locations in the state of Florida (please see attached list of locations). Mr. Gorgas has replaced Cindy Vimont in this capacity.

Please call my office should you have any questions.

Sincerely,

John M. Schacht

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NORTHWEST FLORIDA

BEST AVAILABLE COPY

Concord Custom Cleaners List of Locations

	Location		Facility ID Number
	Concord Custom Cleaners #015 324 N. Monroe St. Tallahassee, FL 32301	0430083	37-9502182
. ✓	Concord Custom Cleaners #018 1703 W. Fairfield Dr. Pensacola, FL 32501	0330232	17-9502176
~	Concord Custom Cleaners #019 2910 Kerry Forest Parkway Tallahassee, FL 32308	0430084	37-9502171
	Concord Custom Cleaners #045 1940-77 North Monroe St. Tallahassee, FL 32303	0730085	37-9502169
/	Concord Custom Cleaners #050 1245 Lafayette St. Tallahassee, FL 32301	0730080	37-9502141
	Concord Custom Cleaners #065 8181-A North Davis Hwy. Pensacola, FL 32514	0330233	17-9502140
1	Concord Custom Cleaners #074 4081 East Olive Pensacola, FL32514	0330234	17-9502138
1	Concord Custom Cleaners #081 400 Capital Circle SE Tallahassee, FL32301	0730087	37-9502137
	Concord Custom Cleaners #201 1413 South Monroe Tallahassee, FL 32301	0730088	37-9502135

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NORTHWEST FLORIDA

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

•		_		
Facility Owner/Company Nat	me (Name of corporation, agen	cy, or individual ov	vner):	
Concord Custom	. Cleaners			
2. Site Name (For example, plan	nt name or number):	<u> </u>	_	_
Concord Custon	· Cleaners #	074	5.	
3. Hazardous Waste Generator I	dentification Number:		· ·	
FLD-981-92	the state of the s		•	
4. Facility Location: Street Address: 4081 City: Pensacola	E. Olive/Lex. Sq. County: P.Scar	nb _l a Zip	Code: 32514	
5. Facility Identification Number	r (DEP Use):		0330	1234
	Responsible Officia			
6. Name and Title of Responsib	le Official:			
Cindy Vimont-	Environmental	manage		Bure
7. Responsible Official Mailing Organization/Firm: Con Street Address: P.O. Bo	cord Custom C	leaners dison	Zip Code: 4	an of Air N
101	,			, god
8. Responsible Official Telepho Telephone: (606)633		x: (606)624	- 9185	torin¤ ;es
Facilit	y Contact (If different from Re			
9. Name and Title of Facility Co	ontact (For example, plant mana	iger):		
10. Facility Contact Address:			, j	
Street Address:				
City:	County:	Zip	Code:	
11 Facility Contact Telephone N				

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

Telephone: ()

Fax: (

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	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit						-		· ·	
(1) w/ ref. condenser	#1	NOV-89	NOV-89						_
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		.:	12.1						
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									1.00
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls			-						1
Reclaimer Unit						•		•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									LI C
(12) w/ no controls									20 €
(11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (c) No control devices are required to be installed									
2.(a) What was the total of 215	gallo	ons			purchased in	n the latest 12	? mor	nths?	
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (3	3) of	Part II?	
Existing small area source [] New small area source []									
Existing large area source [New large area so									

DEP Form No. 62-213.900(2)

(Indicate with an "X".)	is required on machini	es pursuant to section (3) or	rait if of this notification form:
Existing large area	source		
Carbon adsorber	[]	Refrigerated condenser	[<u>X</u> .]
New small area sou	ırce		
Refrigerated conde			
New large area sou			
Refrigerated conde	nser []		į
			·
5 A C 115 1 1 1			
to Rule 62-213.300, F.A.C.	Verify that all steam	and hot water generating uni	o use the general permit pursuant ts on-site meet the following
exemption criteria or that no	such units exist on-si	ite:	
boiler HP or less), and (2) a	are fired exclusively by		10 million BTU/hr or less (298 ods of natural gas curtailment s fired.
All steam and hot water gen No such units on-site	erating units exempt		
		15 11	
£	quipment Monitorin	g and Recordkeeping Infor	mation
Check all logs which are rec	quired to be kept on-si	te in accordance with the req	uirements of this general permit:
(a) Purchase receipts and so	lvent purchases		[<u>X</u>]
(b) Leak detection inspectio	n and repair		
(c) Refrigerated condenser t	emperature monitorin	g	
(d) Carbon adsorber exhaus	t perc concentration m	onitoring	
(e) Instrument calibration			[]
(f) Start-up, shutdown, mal	function plan		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s).

lease indicat	e with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
[گ_]	No air permits currently exist for the or this notification form.	peration of the facility indicated in				
,	Responsible Off	icial Certification				
this notifi statemeni maintain	cation. I hereby certify, based on inform s made in this notification are true, accur the air pollutant emissions units and air p	defined in Part II of this form, of the facility addressed in ation and belief formed after reasonable inquiry, that the rate and complete. Further, I agree to operate and pollution control equipment described above so as to all permit as set forth in Part II of this notification form.				
I will pro	mptly notify the Department of any chang	ges to the information contained in this notification.				
_G	inda limont	7/20/98				

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): CONCORD CUSTON CLEANERS 2. Site Name (For example, plant name or number): CONCORD CUSTON CLEANERS # 07 9 3. Hazardous Waste Generator Identification Number: FUD—981-921-554 4. Facility Location: Street Address: 4081 E. Olive/Lex. Sc. City: Pensacola County: Examble Zip Code: 32514 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Cindy Vimont—Environmental Manager 7. Responsible Official Mailing Address: Organization/Firm: Concord Custon Cleaners Street Address: P.O. Box 1000 City: Hichmond, Ly County: Malson Zip Code: 404725 8. Responsible Official Telephone Number: Telephone: (606)623-2556 Fax: (606)624-9175 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: City: County: Zip Code:		. Londy . Land Location
2. Site Name (For example, plant name or number): Concord Custom Clears # 074 3. Hazardous Waste Generator Identification Number: FLD - 981 - 921 - 554 4. Facility Location: Street Address: 4081 E. Olive/Lex St. City: Penscula County: Estamble Zip Code: 32514 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Cindy Vimont Environmental Manager 7. Responsible Official Mailing Address: Organization/Firm: Concord Custom Cleaners Street Address: p.o. Box 1000 City: Mchmond, Ky County: Madison Zip Code: 404 mode 8. Responsible Official Telephone Number: Telephone: (606) 623 - 2556 Fax: (606) 624 - 9185 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:	1. Facility Owner	/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number): Concord Custom Clears # 074 3. Hazardous Waste Generator Identification Number: FLD - 981 - 921 - 554 4. Facility Location: Street Address: 4081 E. Olive/Lex St. City: Penscula County: Estamble Zip Code: 32514 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Cindy Vimont Environmental Manager 7. Responsible Official Mailing Address: Organization/Firm: Concord Custom Cleaners Street Address: p.o. Box 1000 City: Mchmond, Ky County: Madison Zip Code: 404 mode 8. Responsible Official Telephone Number: Telephone: (606) 623 - 2556 Fax: (606) 624 - 9185 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:	Concord	Custom Cleaners
Conord Custom Clears # 074 3. Hazardous Waste Generator Identification Number: FLD - 981-921-554 4. Facility Location: Street Address: 4081 E. Olive / Lex Se. City: Penseula County: Escanbia Zip Code: 32514 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Cindy Vimont Environmental Manager 7. Responsible Official Mailing Address: Organization/Firm: Concord Custom Cleaners Street Address: P.O. Box 1000 City: Hamond Ky County: Madison Zip Code: 404 Penseuration of the County o	·	
FLD-G81-921-554 4. Facility Location: Street Address: 4081 E. Olive/Lex St. City: Perscula County: Estambia Zip Code: 32514 5. Facility: Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Cindy Vimont Environmental Manager 7. Responsible Official Mailing Address: Organization/Firm: Concord CuStom Claners Street Address: p.o. Box 1000 City: Pichmond, Ky County: Manager 8. Responsible Official Telephone Number: Telephone: (606) 633 - 2556 Fax: (606) 634 - 9185 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:		
4. Facility Location: Street Address: 4081 E. Olive/Lex. Sc. City: Pensaula County: Estamble Zip Code: 32514 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Cindy Vimont—Environmental Manager 7. Responsible Official Mailing Address: Organization/Firm: Concret Custom Cleaners Street Address: P.O. Box 1000 City: Alchmond, Ky County: Manager 8. Responsible Official Telephone Number: Telephone: (606)633-2556 Fax: (606)634-9175 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:		
Street Address: 408 E. Olive / Lex St. City: Penscula County: Estanbia Zip Code: 32514 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Cindy Vimont Environmental Manager 7. Responsible Official Mailing Address: Organization/Firm: Concord Custom Claners Street Address: P.O. Box 1000 City: Pichmond, Ky County: Manager 8. Responsible Official Telephone Number: Telephone: (606) 623 - 2556 Fax: (606) 624 - 9175 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:	FLD-	981-921-554
Responsible Official 6. Name and Title of Responsible Official: CINCLY VINDAT Environmental Manager 7. Responsible Official Mailing Address: Organization/Firm: Concord CuStom Cleaners Street Address: P.O. Box 1000 City: Achmond, Ky County: Malson Zip Code: 4047266 8. Responsible Official Telephone Number: Telephone: (606) 623 - 2556 Fax: (606) 624 - 9195 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:	Street Address	: 4081 E. Olive/Lex. Sq.
6. Name and Title of Responsible Official: CINCLY VIMONT— Environmental Manager 7. Responsible Official Mailing Address: Organization/Firm: Concord CuStom Cleaners Street Address: P.O. Box 1000 City: Hichmond, Ky County: Madeson Zip Code: 40478638 8. Responsible Official Telephone Number: Telephone: (606)633-2556 Fax: (606)644-9175 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:	5. Facility Identif	ication Number (DEP Use):
Cindy Vimont Environmental Manager 7. Responsible Official Mailing Address: Organization/Firm: Concord Custom Cleaners Street Address: p.o. Box 1000 City: Hichmond, Ky County: Madeson Zip Code: 4047838 8. Responsible Official Telephone Number: Telephone: (606)623 - 2556 Fax: (606)624 - 9195 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:		Responsible Official
7. Responsible Official Mailing Address: Organization/Firm: Concord CuStorn Cleaners Street Address: P.O. Box 1000 City: Achmond, Ky County: Madeson Zip Code: 404785 8. Responsible Official Telephone Number: Telephone: (606) 633 - 2556 Fax: (606) 634 - 9185 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:	6. Name and Title	e of Responsible Official:
Organization/Firm: Concord CuSton Cleaners Street Address: P.O. Box 1000 City: Fich mond, Ky County: Madison Zip Code: 404783 8. Responsible Official Telephone Number: Telephone: (606)633 - 2556 Fax: (606)644 - 9195 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:	Cindy V	mont- Environmental Manager B
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:	Organization/F Street Address	im: Concord (ustone (leaners
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:		fficial Telephone Number:
9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:	•	
10. Facility Contact Address: Street Address: City: County: Zip Code:		Facility Contact (If different from Responsible Official)
Street Address: City: County: Zip Code:	9. Name and Title	e of Facility Contact (For example, plant manager):
Street Address: City: County: Zip Code:		
City: County: Zip Code:	10. Facility Contac	et Address:
City: County: Zip Code:	Street Address	
	11. Facility Contac	

DEP Form No. 62-213.900(2)

Telephone: ()

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Fax: (

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Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	i; ID	Date Machine Initially Purchased	Date Control Device 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	NOV-89	NOV-89						
(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			• • •						
(10) w/ ref. condenser						ļ			
(11) w/carbon adsorber	}	1		}			•		Sun .
(12) w/ no controls									eal &
(11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (c) No control devices are required to be installed (d) Will the stall devices are required to be installed (e) No control devices are required to be installed (f) No control devices are required to be installed (g) No control devices are requir									
2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [215] gallons									
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
What is the facility's so (Indicate with an "X".					initions found	d in section (3) of	Part II?	
Existing small ar	Existing small area source [] New small area source []								
Existing large ar	Existing large area source [New large area so								

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

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate sele	ction:
		r permits authorizing operation of the tion form; specifically, permit number(s)
	No air permits currently exist for this notification form.	or the operation of the facility indicated in
	Responsi	ble Official Certification
this notij statemen maintain comply v	fication. I hereby certify, based on its made in this notification are true the air pollutant emissions units a with all terms and conditions of this	ial, as defined in Part II of this form, of the facility addressed in information and belief formed after reasonable inquiry, that the e, accurate and complete. Further, I agree to operate and air pollution control equipment described above so as to general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of an	y changes to the information contained in this notification.
\underline{G}	nd limont	7/20/98
Signatur	e ~	Date

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Concord Custom Cleaners
2.	Site Name (For example, plant name or number):
	Concord Custom Cleaners #074
3.	Hazardous Waste Generator Identification Number:
	FLD-981-921-554
4.	Facility Location:
	Street Address: 4081 E. Olive/Lex. Sq.
	City: Pensacola County: Escambia Zip Code: 32514
5.	Facility Identification Number (DEP Use):
	0330234
Truis Ameri	

Responsible Official

6.	Name and Title of Responsible Official:
	Cindy Vimont - Environmental Manager
7.	Responsible Official Mailing Address: Organization/Firm: Concord Custom Cleaners Street Address: P.O. Box 1000
	City: Richmond, KY County: Madison Zip Code: 40476
8.	Responsible Official Telephone Number:
	Telephone: (606) 623-2550 Fax: 606) 624-9185

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (For example, plant manager):							
10.	10. Facility Contact Address:							
	Street Address: City:	County:	Zip Code:					
11.	Facility Contact Telephone Nun Telephone: ()		ах: () -					

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

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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.

	ľ	Date	Date		Date	Date	1	Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	lnstalled	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									
(1) w/ ref. condenser -	#1	JAN-92	JAN -92						
(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		,	•		•		l .	•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of [123] (b) If less than 12 mont Check why it is less	are requanting gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found	·		Part II?	
Existing large are	ea sou	arce []	Ne	w lai	rge area sour	ce [·			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	te 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)
[_X_]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	de Vimont 9/5/96 Date

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Concord Custom Cleaners
2.	Site Name (For example, plant name or number):
	Concord Custom Cleaners #074
3.	Hazardous Waste Generator Identification Number:
	FLD-981-921-554
4.	· · · · · · · · · · · · · · · · · · ·
	Street Address: 4081 E. Olive/Lex. Sq. City: Pensacola County: Escambia Zip Code: 32514
5.	Facility Identification Number (DEP Use):
	0330234
	Responsible Official
6.	Name and Title of Responsible Official:
į	Cindy Vimont - Environmental Manager
	Responsible Official Mailing Address:
	Organization/Firm: Concord Custom Cleaners Street Address: P.O. Box 1000
	City: Richmond, KY County: Madison Zip Code: 40476
8.	Responsible Official Telephone Number:
	Telephone: (606) 623-2550 Fax: 606) 624-9185
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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SEP 1 3 1996

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

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	lnstalled
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser .	#1	JAN-92	JAN-92						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber	T								
(6) w/ no controls									
Dryer Unit	1	•			•	*	<u> </u>		
(7) w/ ref. condenser	1 -						ľ		
(8) w/ carbon adsorber								-	
(9) w/ no controls									
Reclaimer Unit			•		-				
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices2.(a) What was the total of the control of the control	are requant	equired to be	installed [_			n the latest 12	l mor	nths?	
(b) If less than 12 mont Check why it is less	ths, h	ow many? [_			_] New store	: [] Did	not k	eep records:	<u></u>
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
Existing small ar	ea so	ource []	Ne	w sn	nall area soui	rce [X]		
Existing large ar	ea so	urce []	Ne	w la	rge area sour	ce []		

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(Indicate with an "X".)	
Existing large area source Carbon adsorber	rated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	· ·
5. A facility which contains non-exempt emissions units shall to Rule 62-213.300, F.A.C. Verify that all steam and hot was exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a to boiler HP or less), and (2) are fired exclusively by natural ga during which propane or fuel oil containing no more than on	s except for periods of natural gas curtailment
All steam and hot water generating units exempt	
No such units on-site	
No such units on-site Equipment Monitoring and Reco	rdkeeping Information
Equipment Monitoring and Reco	
Equipment Monitoring and Reco	ance with the requirements of this general permit:
Equipment Monitoring and Reco Check all logs which are required to be kept on-site in accord (a) Purchase receipts and solvent purchases	ance with the requirements of this general permit:
Equipment Monitoring and Reco Check all logs which are required to be kept on-site in accord (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair	ance with the requirements of this general permit:
Equipment Monitoring and Record Check all logs which are required to be kept on-site in accord (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	ance with the requirements of this general permit: [X] [X] [X]

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

No air permits currently exist for the operation of the facility indicated in this notification form. Responsible Official Certification I, the undersigned, am the responsible official, as defined in Part II of this form, of the facilithis notification. I hereby certify, based on information and belief formed after reasonable statements made in this notification are true, accurate and complete. Further, I agree to opmaintain the air pollutant emissions units and air pollution control equipment described ab comply with all terms and conditions of this general permit as set forth in Part II of this not I will promptly notify the Department of any changes to the information contained in this not		I hereby surrender all existing air permits facility indicated in this notification form	
this notification form. Responsible Official Certification I, the undersigned, am the responsible official, as defined in Part II of this form, of the facil this notification. I hereby certify, based on information and belief formed after reasonable statements made in this notification are true, accurate and complete. Further, I agree to opmaintain the air pollutant emissions units and air pollution control equipment described ab comply with all terms and conditions of this general permit as set forth in Part II of this not	ſΧĵ	No air permits currently exist for the ope	ration of the facility indicated in
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facil this notification. I hereby certify, based on information and belief formed after reasonable statements made in this notification are true, accurate and complete. Further, I agree to opmaintain the air pollutant emissions units and air pollution control equipment described ab comply with all terms and conditions of this general permit as set forth in Part II of this not			
this notification. I hereby certify, based on information and belief formed after reasonable statements made in this notification are true, accurate and complete. Further, I agree to op maintain the air pollutant emissions units and air pollution control equipment described ab comply with all terms and conditions of this general permit as set forth in Part II of this not		Responsible Offici	al Certification
this notification. I hereby certify, based on information and belief formed after reasonable statements made in this notification are true, accurate and complete. Further, I agree to op maintain the air pollutant emissions units and air pollution control equipment described ab comply with all terms and conditions of this general permit as set forth in Part II of this not	<u> </u>		
I will promptly notify the Department of any changes to the information contained in this no	this notifi statemeni maintain	cation. I hereby certify, based on informati is made in this notification are true, accurat the air pollutant emissions units and air po	on and belief formed after reasonable inquiry, that the e and complete. Further, I agree to operate and l'ution control equipment described above so as to
	I will pro	mptly notify the Department of any changes	to the information contained in this notification.
9/5/96	C_{I}	d limost	9/5/96

\times

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY	<i>r</i> •
re-inspection \Box	
_1α ι ιφ	
AIRS ID#: 6730234 TIME IN: 1230 TIME OUT: 145	22
FACILITY NAME: Concord Custom Cleaners #074	
FACILITY LOCATION: 4081 & Olive Rd	
Pennanda 32514	
TOWNWAY 3C314	
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/9 (Sept 13, 1796)	4 5
2. New facility notified DARM 30 days prior to startup	
3. Facility failed to notify DARM to use general permit	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
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 transfer only, x<200 gal/yr	
both types, x<140 gal/yr both types, x<140 gal/yr	
(constructed before 12/9/91) (constructed on or after 12/9/91)	
3. Existing large area source 🔲 4. New large area source 🗅	
dry-to-dry only, 140 <x<2, 100="" 140<x<2,="" 200<x<1,800="" dry-to-dry="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td></x<2,>	
both types, 140 <x<1,800 140<x<1,800="" both="" gal="" td="" types,="" yr="" yr<=""><td></td></x<1,800>	
(constructed before 12/9/91) (constructed on or after 12/9/91)	
This is a correct facility classification Water Equip may have	been
If no, please check the appropriate classification: Constructed armon to the constructed armo	2.9.91.
on episting	Terrory S. M. A.
facility qualified for a general permit as number above	'₹^
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this facility was 133 gallons.	
1 of 4 equipment was manuf. There fore it is an existing.	# Shows H.
1 of 4 equipment was B	evised 10/14/96
manuf	arturyl, or Nc.
who park is an efecting !	s mal beach to

(check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? NO YE NO YO 2. Examining the containers for leakage? ру ои 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? DY ON 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? NO YE DY 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? N/A □N/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? NO YE 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? MD AE B. Has the responsible official of an existing large or new large area source also: 1/4 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? \Box Y \Box N

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	M NO YO
Is the temperature differential equal to or greater than 20° F?	DA ON
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 ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY CM
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	\
a decomposition of looks repaired with 24 hrs? or	ABA DM

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	\ □Y ÒN
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 hrs? or;	M□ AE
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 OX
4. Maintained calibration data? (for direct reading instruments only)	DY ON TONA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY" ON NA
6. Maintained startup/shutdown/malfunction plan?	NO AO
7. Maintained deviation reports?	DA DM
Problem corrected? (1\) ()	DY DN(WH)
8. Maintained compliance plan, if applicable?	OA ON ADN'À

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	NO ACC
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	/ β
Physical detection (airflow felt through gaskets)	/p
Odor (noticeable perc odor)	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	

BEST AVAILABLE COPY

If using direct-reading instru	mentation,	, is the equ	ipment:			
a. Capable of detecting	g perc vape	or concent	rations in a range of 0-500 ppm?		אכ	
b. Calibrated against (PID/FID only)?		מכ				
c. Inspected for leaks		מכ				
d. Kept in a clean and	d secure are	ea when no	ot in use?		אכ	
e. Verified for accura	cy by use o	f duplicate	samples (calorimetric only)?		אב	
3. Has the facility maintained a leak log		_			אכ	
4. The following areas should be check	Α		pholody	\		
Hose connections fittings	7 April	Integrated?		Leaf Defected?		
Hose connections, fittings, couplings, and valves	₽¥Y	□N	Muck cookers	DY	□N	
Door gaskets and seating	Z	□N	Stills	AR	□N	
Filter gaskets and seating	ZY	□N	Exhaust dampers	рЛ	□N	
Pumps	βY	□N	Diverter valves	A	□N	
Solvent tanks and containers	\mathbf{P}^{λ}	□N	Cartridge filter housing	s ØY	□N	
Water separators	ΔA	□N				
Name of Responsible Offi	icial					
	mn	\sim	12.9.9.6 Date of Ins			
Inspector's Name (Please F	rint)		Date of Ins	pection		
Jara ///o			Dec 41			
Inspector's Signature			Approximate Date o	f Next Ins	spection	
to change to epiter 5 mall.						
afiler a long consumation w/ ms Viment						
also talked for	eg	nig	many, to I	mac	0_ n = 10!	
	4	of 4	v - We	Revis	ed 10/14/96	

ADDITIONAL SITE INFORMATION:	 <u>-</u>	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

|--|

Revised 10/96

ANNUAL X TYPE OF INSPECTION: COMPLAINT/DISCOVERY RE-INSPECTION AIRS ID#: <u>ク</u>33023 (TIME IN: 2多つ TIME OUT: FACILITY LOCATION: RESPONSIBLE OFFICIAL Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in Xcompliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED mut, Jign wath a turnent The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: or ma

0330 334 AIRS 1D#: 3330 223

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

•			
FACILITY NAME: Concard Con ton		074 DA	те: <u>511/97</u>
FACILITY LOCATION: 4081 E. C	live / Lex. Sq.		
Pensacola, FL	E		
Annual Reporting Period: Sept 3	19 96 то	12/9	19 96
Based on each term or condition of the Title V general a 62-213.300, Florida Administrative Code (F.A.C.), duri	• • •	<u>-</u>	DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that has no	t been in continuous compliance	ce during the reporting p	period stated above:
Exact period of non-compliance: from	t	RE	CEIVED
Action(s) taken to achieve compliance:		M.A	Y 5 199 7
Method used to demonstrate compliance:		•	FALLAHASSEE
#2. Term or condition of the general permit that has no	t been in continuous compliand		NCH OFFICE period stated above:
Exact period of non-compliance: from	to	j (
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, based on in made in this notification are true, accurate and complet upon rolling averages of purchase receipts, does not expear for transfer or combination facilities.	te. Further, my annual consum	ption of perchloroethyle	ene solvent, based
RESPONSIBLE OFFICIAL: CINDY VI mor	OT Cincly	Vimont Signature	5/1/97 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
AIRS ID# 330234 DATE: 6, 30. FACILITY NAME: Corcord auton	98 TIME IN: 1325 TIME OUT: 14/20 Cleanors # 674
FACILITY LOCATION: 408/ E. C	Pline
Venacra :	32514 623-2550
RESPONSIBLE OFFICIAL: Condy Vinder Contact Name: JUN ANKER	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup 📮
2. Facility failed to notify DARM to use general pe	•
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)
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	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)
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	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)
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a get	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) \square

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) A/ME NO YO 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DY DN DN/A NO YE 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? AVAD AD AG 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY. DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) NO YE 1. Equipped all machines with the appropriate vent controls? AVA NO YE 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 DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? NO YO 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YO verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	MO AM
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY QN ON/A
	Is 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? Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON MN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	A/NE NO YO

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	אם צם
2. Maintained rolling monthly averages of perc consumption?	QY DH
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ANO NO YES
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	A/NE NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	A/NØ NO YO
6. Maintained startup/shutdown/malfunction plan?	אם אם
7. Maintained deviation reports?	AVAE NO YO
Problem corrected?	DY DN/A
8. Maintained compliance plan, if applicable?	אמע אם עם

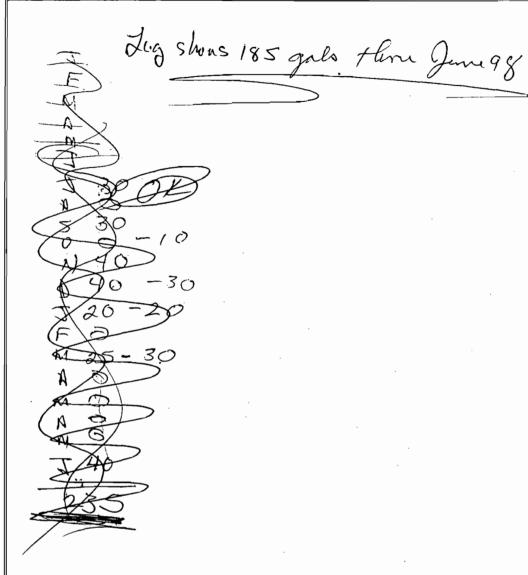
P.	ART VI: LEAK DETECTION AND	REPAIRS		
l.	Does the responsible official conduct a	weekly (for small sourc	es, bi-weekly) leak detection a	and repair
	inspection?			ФУ □И
2.	Has the facility maintained a leak log?	,		ND , AB
3.	Does the responsible official check the	following areas for leak	s?	
	Hose connections, fittings, couplings, and valves	A/NO NO YE	Muck cookers	OY ON ON/A
	Door gaskets and seating	OY ON ON/A	Stills	AMO NO AM
	Filter gaskets and seating	QY ON ON/A	Exhaust dampers	DY ON DINA
	Pumps	A/NO NO YO	Diverter valves	אומלם מם צם
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	AND NO YE
	Water separators	ELY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surfac	ces)	<u>_</u>
	Physical detection (airflow felt the	hrough gaskets)		73
	Odor (noticeable perc odor)			<u> </u>
	Use of direct-reading instrument	ation (FID/PID/calorime	tric tubes)	
	Halogen leak detector		·	
	If using direct-reading inst	rumentation, is the equ	ipment:	DN/A
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	□Y □N
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	OY ON
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and	secure area when not in t	ıse?	OY ON
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON
			•	

Vhales m Non man Inspector's Name (Please Print) Inspector's Signature

6.30.98

Date of Inspection

Approximate Date of Next Inspection



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLAINT/DIS	COVERY	RE-INSPECTION	
TIME IN: 1325	TIME OUT:	1420	AIRS ID#:	330234	_
TYPE OF FACILITY:	1 0 1	\wedge	11	1200	5
	carel (us tom	Cleaners	#074	date: <u>6.30.98</u>	-
FACILITY LOCATION:	isacola FL	32514			-
RESPONSIBLE OFFICIAL:		,	PHONE NUMBER: (606-623-2550	_
	he compliance requiremen ule 62-213.300, Florida A			ity is found to be in	
Based on the results of t discrepancies were noted	he compliance requiremen d:	ts evaluated during thi	s inspection, the follo	wing compliance	
COMPLIANCE REQU	JIREMENT/PROBL	EM FOL	LOW-UP ACTIO	ON REQUIRED	
FACILITY CLASSIFIC	^ '	1 1/23	sed on Da	(2) permit	
Based on pur chas		ls need		e su brutted	
of percuas purc			ming I is an		_
Pur claser for 1997 we	1/	lara	e facilit	<u>/</u>	1 C.
IN 1996 We do	/ // // // // // // // // // // // // /	FORN	was less		
Late of machine	manuf. wa	Per	R.O. to re	submit	•
Nov 89.					
Danual Comple	aire certifi	cation	Form	left at facili	4
needs to be si b	mitted		for N.O. fo	Complete	T
	O. = Respon	1sile 0/	(di cial)		_
COMMENTS:		U			_
Servelabone to	Rensaerla Y	hice.			
The Annual Compliance Certifica	ntion form has been proper	ly certified and submit	ted to the inspector.	YES NO	_
DATE OF NEXT INSPECTION	V: Jan 99	(1	· · ·	Left for least	سادميا
INSPECTION CONDUCTED I	BY: (AA 2 / 05	(Approximate)) ,	opperial.	
INST LCTION CONDUCTED I	The state of the s	(Please Print)	(850)	-n - n n 1 1	-
INSPECTOR'S SIGNATURE:	Mak ////	Comp	HONE NUMBER:_	545-8364	-
		Page of		Revised 10/9	96

AIRS ID#: 6330234

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Concord Cus fam Cleanors #74 DA FACILITY LOCATION: 4081 E. Olive / Lox. Sq.	ATE: 7/20/98
FACILITY LOCATION: 4081 E. Olive / Lox. Sq.	_
Pensacola, FL 32514	
Annual Reporting Period: Feb 25 1998 TO July 20	1998
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	th DEP Rule
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting	period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	FN
Method used to demonstrate compliance: JUL 28 1550 JUL 28 15	998 -
#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	100 A 1984
Action(s) taken to achieve compliance:	No. Monitoria
Method used to demonstrate compliance:	* %
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethy upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities o year for transfer or combination facilities.	vlene solvent, based
RESPONSIBLE OFFICIAL: CINDY VI MONT Curch Vimont Name (Please Print) Signature	7/20/98
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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 💢	СОМР	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1045	TIME OUT: //	0/5	AIRS ID#:	0730234
TYPE OF FACILITY: DC	`			<u> </u>
FACILITY NAME: Corc	and Custom	Clea	news #74	DATE: 6/48/99
FACILITY LOCATION: 40	81 E. Ol	ine R	d. "	· ·
Een	pacula F	<u> </u>	2314	
RESPONSIBLE OFFICIAL:	inde Vimon		PHONE NUMBE	ER: 606 - 624-9185
\boldsymbol{arphi}	the compliance requireme Rule 62-213.300, Florida A		d during this inspection, the ve Code (F.A.C.).	facility is found to be in
Based on the results of discrepancies were note	•	nts evaluate	d during this inspection, the	following compliance
COMPLIANCE REQU	UIREMENT/PROBI	LEM	FOLLOW-UP AC	TION REQUIRED
	· .			
		ENT	ERED	
		JUN 1	8 1999	
				Rr
·			<u> </u>	CELL
			4	RECEIVED Sureau Of Air M
				Sources Sources
COMMENTS: WRITE I	N ACTUAL R.	ef. Cu	ndensor temps	When checked.
COMMENTS: WRITE I	god Sine Ja	N - 19	tab Proviously	Lone So
Dannie	cops temy h	vas <	40°F	
The Annual Compliance Certific	• •			tor. YES NO
DATE OF NEXT INSPECTIO	N: 8-12 MI	25		Left for R.O. to
INSPECTION CONDUCTED	BY: Omales	Nexn	oximate) 2/11/D se Print)	complete,
INSPECTOR'S SIGNATURE	llug m7	<i></i> `	PHONE NUMBE	573 3364 ER: <u>11222</u>
_	,	•		

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

RE-INSPECTION U
AIRS ID#: 0330234 DATE: 6/18/9 TIME IN: 1045 TIME OUT: FACILITY NAME: Concord. Cy fam Cleaners #74 FACILITY LOCATION: 408/6. Ohirl Pd (Lex. Sq.) FACILITY LOCATION: 408/6. Ohirl Pd (Lex. Sq.) RESPONSIBLE OFFICIAL: Cindy Vimins PHONE: 476-2569 CONTACT NAME: 476-2569
PART I: NOTIFICATION
(check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit ENTERED JUN 1 8 1999
PART II: CLASSIFICATION
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source
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 If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON DONA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? NO YØ 4. Draining cartridge filters in their housing or in sealed containers for at A/MO NO YE 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? 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 bas been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY ON 1. Equipped all machines with the appropriate vent controls? Y UN UN/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 N/A DY DN 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? (ONLy che Ked - Listing NO YE record actual Tens. 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after OY ON verifying that the coolant had been completely charged?

	Note: le	1, Can	nd. walk
В.	Has the responsible official of an existing large or new large area source also: 012 1	nuig	inago.
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? Checked but hed not record actual 7		אכ מ
2.	Measured and recorded the washer exhaust temperature at the condenser Spice Jew	eny	<i>></i> ,
	inlet and outlet weekly?	Y DY C	A/NE NC
	Is the temperature differential equal to or greater than 20° F?	^□y c	A/NE NE
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?		אאם אב
	Is the perc concentration equal to or less than 100 ppm?		אום אכ
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?		אום אכ
	Equipped transfer machines (dryers, reclaimers, and washers) with individual		
	condenser coils?		אאלם אנ
6.	Routed airflow to the carbon adsorber (if used) at all times?		אואם אם

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

P	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection	and repair
	inspection?			ND AR
2.	Has the facility maintained a leak log	?		DAY DN
3.	Does the responsible official check th	e following areas for leaks	s?	
	Hose connections, fittings, couplings, and valves	N/A UN UN/A	Muck cookers	DY DN DN/A
	Door gaskets and seating	DY ON ON/A	Stills	אוחם אם צום
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ב/אם אם צם
	Pumps	BY ON ON/A	Diverter valves	באתם אם צם
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אוחם אם עום
	Water separators	DY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surface	es)	_
	Physical detection (airflow felt	through gaskets)		D
	Odor (noticeable perc odor)			Ø
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)	
	Halogen leak detector			
	If using direct-reading ins	trumentation, is the equip	pment:	¹ N/A
	a. Capable of detectin	g perc vapor concentration	as in a range of 0-500 ppm?	DY DN
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	□Y □N
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	□Y □N
	d. Kept in a clean and	secure area when not in us	se?	□Y □N
	e. Verified for accurac	cy by use of duplicate samp	ples (calorimetric only)?	□Y □N
				-

HORLES Norman	6/18/99
Inspector's Name (Please Print)	Date of Inspection
Mark MI Homan	8-12 mos
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Hod net logged artual temp on temp check log-initiall it. lep to Janay here! Pert in artual temp, Daning visip temp I reged to 440 F. Seemed to be working ox AIRS ID#: 0 7 3 0 2 3 4

All

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM VED

	1/ 6 9 5 / -
FACILITY NAME: Concard Cus	Lum Cleaners #74 JUL = 8 198 ATE: 6/28/99
FACILITY LOCATION: 4081 E.	Olive Lex Subject of Air Monitoring 32514
Annual Reporting Period: July 21	1998 to June 18 1999
	general air permit, my facility has remained in compliance with DEP Rule C.), during the period covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit the	at has not been in continuous compliance during the reporting period stated above:
	REVIEWED
Exact period of non-compliance: from	AUL 09 iss
Action(s) taken to achieve compliance:	ENTERED
Method used to demonstrate compliance:	JUL 0 7 1999
#2. Term or condition of the general permit the	at has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	RECEIVED to
-	JUL 0 1 1999
Action(s) taken to achieve compliance: Method used to demonstrate compliance:	NORTHWEST FLORIDA
_	
made in this notification are true, accurate and upon rolling averages of purchase receipts, do year for transfer or combination facilities.	sed on information and belief formed after reasonable inquiry, that the statements d complete. Further, my annual consumption of perchloroethylene solvent, based es not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per VI MONT (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.

Page ____ of _____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1045 TIME OUT: 1100	AIRS ID#: 0330234
TYPE OF FACILITY: DC	
FACILITY NAME: Concord Custam Custam C	have #74 DATE: 3/10/00
FACILITY LOCATION: 408/ 6 Olive RC	<u> </u>
Jansaralae 3 251	4
RESPONSIBLE OFFICIAL Cincle Vinen	PHONE NUMBER:
Based on the results of the compliance requirements evaluate	ed during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Administrati	
Based on the results of the compliance requirements evaluate	d during this inspection, the following compliance
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
·	
	\sim
	Burea &
	AR 1
·	
	Monitoring Sources
· · · · · · · · · · · · · · · · · · ·	oring O
COMMENTS:	
	•
The Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NOX
DATE OF NEXT INSPECTION: 8-12 MOS	Left for De
(Appr	oximate)
INSPECTION CONDUCTED BY: Light a los Nor m	n M
	se Print)
INSPECTOR'S SIGNATURE: Man	PHONE NUMBER: 545-8364 V 1277
Page	of . X / Z Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ANNUAL

TYPE OF INSPECTION:

COMPLAINT/DISCOVERY

RE-INSPECTION	
AIRS ID#: 0330234 DATE: 3/10/00 TIME IN: 1045 TIME OUT: 1100	シ
FACILITY NAME: Con cord Cus hun Cleans # 074	
FACILITY LOCATION: 4681 E. Olivie (Ly Sq)	
Terracolor 325/1/	,144
CONTACT NAME: JIM AKEN PHONE: 606.624 918	25
CONTACT NAME: JIM HAKEN PHONE: 476-2569	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	1
2. Facility failed to notify DARM to use general permit	1
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: On notification form On Draw torseless of hydrogeneous actual actua	
(check appropriate box) \square Drop store/out of business/petroleu A.	
1. Existing small area source dry-to-dry only, x < 140 gal/yr 2. New small area source dry-to-dry only, x < 140 gal/yr	
transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr	
both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before 12/9/91) (constructed on or after 12/9/91)	
(constructed before 1217/71)	
3. Existing large area source 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	
transfer only, $200 \le x \le 1,800$ gallyr transfer only, $200 \le x \le 1,800$ gallyr	
both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) (constructed on or after $12/9/91$)	
5. This is a correct facility classification	
If no, please check the appropriate classification:	
facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perehloroethylene (perc) purchased within the preceding 12 months by this dry clear facility was	ning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DY DN 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 beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been hecked, 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) NO YE 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 EIN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? OY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? MD YO

PART III: GENERAL CONTROL REQUIREMENTS

R	. Has the responsible official of an existing large or new large area source also:		
-	Thus the responsible official of an existing range of 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?	√ BY	ΠN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		A/NE NO
	Is the temperature differential equal to or greater than 20° F?	ΠY	DN ØN/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?		ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ON DWA
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	ON DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ON ØN/A

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

PA	ART VI: LEAK DETECTION AND	REPAIRS			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			NO Y	
2.	Has the facility maintained a leak log	?		אם צום	
3.	Does the responsible official check th	e following areas for leaks	s?		
	Hose connections, fittings, couplings, and valves	AVNO NO VE	Muck cookers	אואם אם צם	
	Door gaskets and seating	DY ON ON/A	Stills	AND NO YES	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	איאם אם אם	
	Pumps	DY ON ON/A	Diverter valves	אואים אם אם	
	Solvent tanks and containers	N/A NO NO YE	Cartridge filter housings	QY ON ON/A	
	Water separators	DY ON ON/A	· ·		
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfac	es)	√q.	
	Physical detection (airflow felt	through gaskets)		¬Q	
	Odor (noticeable perc odor)			\B,	
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)		
	Halogen leak detector			٥	
	If using direct-reading inst	trumentation, is the equi	pment:	∑ © N/A	
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	אם צם	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	אם עם	
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON	
	d. Kept in a clean and	secure area when not in u	se?	אם צם	
	e. Verified for accurac	cy by use of duplicate sam	ples (calorimetric only)?	אם עם	
_					

Inspector's Name (Please Print)

S/10/
Date of Inspection

8-12 mos

Approximate Date of Next Inspection

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DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUALCO	JWIPLIANCE CERTIFICAT	ION FORM	
FACILITY NAME: Corcord (US	ton Ukaners &	DA	TE: 3/10/00
FACILITY LOCATION: 4081 B. O	live / Lixington	B.84052 1	
Pensacola F		Ole San Colo)
		Or Way	
Annual Reporting Period:	1999 то	3 1 18 100	
Based on each term or condition of the Title V ge	eneral air permit, my facility has rem	ained in compliance wit	h DEP Rule
62-213.300, Florida Administrative Code (F.A.C.	.), during the period covered by this	statement. YES	□NO
If NO, complete the following:			,
#1. Term or condition of the general permit that	has not been in continuous compliar	ace during the reporting	period stated above:
· · · · · · · · · · · · · · · · · · ·	<u> </u>		
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 Exact period of non-compliance: from	ENTERED		period stated above:
-	1 1 2000 '	0	
Action(s) taken to achieve compliance:	<i>S</i>		
Method used to demonstrate compliance:	REVIEWED		
	MAY 1 ± 2000		
As the responsible official, I hereby certify, based made in this notification are true, accurate and cupon rolling averages of purchase receipts, does year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	complete. Further, my annual consu	mption of perchloroethy	lene solvent, based
		RECEI	
*This form is made available to you as an aid in	· -	~ [] \	ents. Dis at the
discretion of the responsible official to use this fo	orm.	MAY	•
	n / s1	U 20	

Page _____ of _____.

Northwest Florida D_{EP}

KCP

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 💢 C	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN:	TIME OUT:	
TYPE OF FACILITY: DC	· · · · · · · · · · · · · · · · · · ·	
FACILITY NAME: CON C	COAD CUSTOM CL	EANGERS #074 DATE: 1/17/01
FACILITY LOCATION: 40		Lexinaten Sa.
	onspeala FL	32518
RESPONSIBLE OFFICIAL:	his Gorgas	PHONE NUMBER:
٠	the compliance requirements ev Rule 62-213.300, Florida Admin	aluated during this inspection, the facility is found to be in istrative Code (F.A.C.).
Based on the results of discrepancies were note		aluated during this inspection, the following compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
		. '
<u> </u>		R
		JAN 22
		2 2801 Chile Sources
		oring.
	<u> </u>	
COMMENTS: PERMI	•	20/03
The Annual Compliance Certific	cation form has been properly ce	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTIO		buil ma
INSPECTION CONDUCTED		(Approximate) (Please Print) (850)
INSPECTOR'S SIGNATURE	JUN JOHN	PHONE NUMBER: 595-8364
	Page	\times /22 \times Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL (INSI, (NS2))

COMPLAINT/DISCOVERY (CI) □

RE-INSPECTION (FUI) □

AIRS ID#: 0330234 DATE: 1/17/01 TIME IN: TIME OUT:
FACILITY NAME: Cancard Custam Cleaners
FACILITY LOCATION: 4081 5. Olive Rd
Vensusala 32514
RESPONSIBLE OFFICIAL: Phil Gong AS PHONE:
CONTACT NAME: PHONE:
PART I: NOTIFICATION
(check appropriate box) Facility Compliance Status: IN
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION
TAKT II. CUASSITEATION
Facility indicated on notification form that it is: (check appropriate box) Drop store/out of business/petroleum A.
1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 200 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 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 $12/9/91$) (constructed on or after $12/9/91$)
5. This is a correct facility classification
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit For Amourn Fluctures General permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning

Classific cation as #3 is OK.

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

PART III: GENERAL CONTROL REQUIREMENTS

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 leading on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ocated DY DN
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	באת אם אם אם A
Is the temperature differential equal to or greater than 20° F?	DY DNA
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON BN/A
Is the perc concentration equal to or less than 100 ppm?	DY DW 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?	•
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	בא מא אם אם אם
6. Routed airflow to the carbon adsorber (if used) at all times?	AND NO NO

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

PART VI: LEAK DETECTION AND REPAIRS

					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			NO YES	
2.	Has the facility maintained a leak le	og?		אים אם	
3.	Does the responsible official check				
	Hose connections, fittings.				
	couplings, and valves	AN ON ONIV	Muck cookers	OY ON ÒN/A	
	Door gaskets and seating	AND NO YP	Stills	A/NO NO YO	
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	DY DN BN/A	
	Pumps	Y ON ON/A	Diverter valves	DY DN DN/A	
	Solvent tanks and containers	ANA NO YO	Cartridge filter housings	NA UN UN/A	
	Water separators	QY ON ON/A			
4.	Which method of detection is used	by the responsible official?			
) a				
	Physical detection (airflow fe	Ø			
	Odor (noticeable perc odor)				
	Use of direct-reading instrum				
	Halogen leak detector				
	If using direct-reading i	□N/A			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				OY ON	
	OY ON				
	(PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON	
		OY ON			
	•	nd secure area when not in u			
c. Verified for accuracy by use of duplicate samples (calorimetric only)?					
			•		

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

.

Promit et pines 9/5/61



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