## PERCHLOROETHYLENE DRY CLEANERSO TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION:  | ANNUAL  | ¥ <b>ĕ</b>  | COMPLAINTIN  | COVERY -                      |
|--|---|---|--|-------------------------------|
|  | RE-INSPECTIO  | п п   | \$ 12 Oct 12   |                               |
| AIRS ID#: <u>0350015</u>   | · ·   |   | N: 11:30 T   | AREOUT: 1015                  |
| facility name: <u>All</u>  |   |   |  |                               |
| FACILITY LOCATION:   | •   |   |  |                               |
| i  | Palm Coast  |   |  |                               |
| RESPONSIBLE OFFICIAL   | : Tom Desin   | none  | _ PHONE: <u>904- 4</u>   | 39-1800                       |
| CONTACT NAME:  |   |   | PHONE:   |                               |
| Dinny yommyo myoy  |   |   |  |                               |
| PART I: NOTIFICATION   |   |   |  |                               |
| (check appropriate box)  1. New facility notified DARA   | 430 days prior to star  | dun.  |  |                               |
| 2. Facility failed to notify DA  |   | •   |  |                               |
|  |   |   |  |                               |
| PART II: CLASSIFICATIO   |   |   |  | <del></del>                   |
|  | N   |   |  |                               |
| Facility indicated on notifica (check appropriate box)   |   |   | ☐ No notification ☐ Drop store/out o   | form of business/petroleum    |
| -  | tion form that it is:  urce   Vyr  'r                                       | 2. New small a dry-to-dry only, x transfer only, x both types, x < (constructed on  | Drop store/out of trea source  x < 140 gal/yr < 200 gal/yr   | · · · ·                       |
| (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr  | tion form that it is:  Uyr  T  1  1  1  1  1  1  1  1  1  1  1  1           | dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140              | Drop store/out of Drop store/out of area source  x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  | of business/petroleum         |
| (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soudry-to-dry only, 140 \le x \le 1,800 both types, 140 \le x \le 1,800 both types, 140 \le x \le 1,800               | tion form that it is:  Uyr  T  2,100 gal/yr  300 gal/yr  ) gal/yr  ) gal/yr | dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140              | Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ ) area source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$  | of business/petroleum         |
| (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facility facility. | tion form that it is:  Uyr  (r  )  arce                                     | dry-to-dry only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140 (constructed on Y \bigcup N | Drop store/out of area source $x < 140$ gal/yr $< 200$ gal/yr $140$ gal/yr or after $12/9/91$ )  Area source $140 \le x \le 2,100$ gal/yr $\le x \le 1,800$ gal/yr or after $12/9/91$ )  Can not determine | of business/petroleum  A  /yr |

## 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? MY DN DN/A MY ON ONA 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 scaled containers for at least 24 hours prior to disposal? AMO NO YOU 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? אם צם PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ANG NO YED 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ANG DIVIDINA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

| В. | Has the responsible official of an existing large or new large area source also:  |          |     |       |
|----|---|----------|-----|-------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | ПΥ       | ПN  |       |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | ΟY       | ПN  | □N/A  |
|    | Is the temperature differential equal to or greater than 20° F?   | ΩΥ       | 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?   | ΠV       | חאי | -DN/A |
|    | Is the perc concentration equal to or less than 100 ppm?  |          |     |       |
| 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? | <b>-</b> | -   |       |
| 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?   | ΩY       | אם  | □N/A  |

| PART V: RECORDKEEPING REQUIREMENTS  |                     |  |  |  |
|---|---------------------|--|--|--|
| Has the responsible official: (check appropriate boxes)   |                     |  |  |  |
| 1. Maintained receipts for perc purchased?  | My on               |  |  |  |
| 2. Maintained rolling monthly averages of perc consumption?   | Y DN                |  |  |  |
| 3. Maintained leak detection inspection and repair reports for the following:   |                     |  |  |  |
| a. documentation of leaks repaired w/in 24 hrs? or;   | AND NO Y            |  |  |  |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days<br>and parts installed w/in 5 days of receipt? | AVO NO YE           |  |  |  |
| 4. Maintained calibration data? (for applicable direct reading instruments)   | אומ <b>של</b> אם עם |  |  |  |
| 5. Maintained exhaust duct menitoring data on perc concentrations?  | אואלם אם עם         |  |  |  |
| 6. Maintained startup/shutdown/malfunction plan?  | \$ <b>\$</b> Y □N   |  |  |  |
| 7. Maintained deviation reports?  | אאם אם אם           |  |  |  |
| Problem corrected?  | אאם אם אם           |  |  |  |
| S. Maintained compliance plan, if applicable?   | OY ON <b>Q</b> N/A  |  |  |  |

| 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?  |                           |                            | A ON            |
| 2.                                  | Has the facility maintained a leak log   | ?                         |                            | MA DM           |
| 3.                                  | Does the responsible official check th   | e following areas for lea | ks?                        |                 |
|                                     | Hose connections, fittings, couplings, and valves  | אואם אם צם                | Muck cookers               | אואם אם אוא     |
|                                     | Door gaskets and scating   | ANO NO YOU                | Stills                     | אומם מם ציש     |
|                                     | Filter gaskets and seating   | AND NO YO                 | Exhaust dampers            | אואם אם צק      |
|                                     | Pumps  | AND NO Y                  | Diverter valves            | אואם אם צום     |
|                                     | Solvent tanks and containers   | AND NO YO                 | Cartridge filter housings  | אואם אם צעל     |
|                                     | Water separators   | AND NO YOU                |                            |                 |
| 4.                                  | Which method of detection is used by   | the responsible official  | ?                          |                 |
|                                     | Visual examination (condensed  | solvent on exterior surf  | aces)                      | ф               |
|                                     | Physical detection (airflow felt   | through gaskets)          | •                          | ø               |
|                                     | Odor (noticeable perc odor)  |                           |                            | 40              |
|                                     | 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?                                 |                           |                            | מם עם           |
|                                     | b. Calibrated against (PID/FID only)?  | a standard gas prior to a | nd after each use          | OY ON           |
|                                     | •  | and obvious signs of we   | ar on a weekly basis?      | מם עם           |
|                                     | d. Kept in a clean and   | secure area when not is   | n use?                     | מס עם           |
|                                     | e. Verified for accura   | cy by use of duplicate sa | mples (calorimetric only)? | מם עם           |
|                                     |  |                           |                            |                 |
| 1                                   | · · · · · · · · · · · · · · · · · · ·  |                           |                            |                 |
|                                     |  |                           |                            | •               |
|                                     | $\Omega$ 12 $<$ $+$  |                           |                            |                 |
|                                     | Inspector's Name (Please Print)  October 5 (5) (9)  Date of Inspection                                     |                           |                            |                 |
|                                     |  |                           |                            |                 |
|                                     | Chat Late - 2000   |                           |                            |                 |
|                                     | Inspector's Signature  |                           | Approximate Date of        | Next Inspection |

| ADDITIONAL SITE INFORMATION: |   |   |
|------------------------------|---|---|
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## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL (  | COM            | PLAINT/DISCOVERY                        | RE-INSPECTION     |
|---|----------------|---|-------------------|
| TIME IN: 1/30 TIME OUT:   | 12:15          | AIRS ID#: 0350                          | 015               |
| TYPE OF FACILITY: Dry Cleaner   |                |   | ·                 |
| FACILITY NAME: All Star Dry CL  | eaners         | D                                       | ATE: 6-28-99      |
| FACILITY LOCATION: 126 Flagler  | Plaza          | Dr.                                     |                   |
|   | FL 32          | 137                                     |                   |
| RESPONSIBLE OFFICIAL: 70m Desim   |                | PHONE NUMBER: 90                        | 4-439-1800        |
| Based on the results of the compliance requir compliance with DEP Rule 62-213.300, Florida. |                |   | is found to be in |
| Based on the results of the compliance required discrepancies were noted:                   | ements evalu   | ated during this inspection, the follow | ing compliance    |
| COMPLIANCE REQUIREMENT/PRO  | BLEM           | FOLLOW-UP ACTION                        | REQUIRED          |
|   |                |   |                   |
|   |                |   | ·                 |
|   |                |   |                   |
|   |                |   |                   |
|   |                |   |                   |
|   |                |   |                   |
| COMMENTS:   |                |   |                   |
|   |                | • .                                     |                   |
|   |                |   | · · ·             |
| The Annual Compliance Certification form has been p   |                | - ,                                     | YES NO            |
| DATE OF NEXT INSPECTION:  | 2 - 700<br>(An | O proximate)                            |                   |
| INSPECTION CONDUCTED BY: Chris  | topher         | L. Scott  ease Print)                   |                   |
| INSPECTOR'S SIGNATURE:  | l. L           |   | 4-448-41310 X 240 |

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

Revised 10/96

AIRS ID#: 0350015

DOD

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| PACH TEX NAME: MI STAR DPU 01 = 1.1505  |
|---|
| FACILITY NAME: ALL STAR DRY CLEANERS DATE: 6-28-99  |
| FACILITY LOCATION: 126 Flagles Plaza Dr   |
| Palm Coast, FL 32137  |
|   |
| Annual Reporting Period: June 1998 TO June 1999   |
| Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule   |
| 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  |
| If NO, complete the following:  |
| #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  |
| Exact period of non-compliance: from  |
| Action(s) taken to achieve compliance:  |
| Method used to demonstrate compliance:  |
| #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  |
| Exact period of non-compliance: from  |
| Action(s) taken to achieve compliance:  |
| Method used to demonstrate compliance:  |
| As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: 10m Desimore Name (Please Print) Signature Date |

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