

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 6, 1997

Mr. Dale Bell Rosedale Ent. 1498 Hernando West Plaza Spring Hill, Florida 34606

Re: Facility No. 0530349

Dear Mr. Bell:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 27, 1997.

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

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

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

# D.E.P. OCT 2 3 1997 SOUTHWEST DISTRICT TAMPA

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

	7 11 0 (0 N			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
	Facility Owner/Company Name (Name	•		_	<b>.</b> .
DBA	THE WASHING	WELL	_	ROSEDALE	ENT.
2.	Site Name (For example, plant name or	number):			
			4		
3.	Hazardous Waste Generator Identificat	ion Number:			
	FIN 12223065	a			
4.	FLIS 12223065  Facility Location: 1498 HE I  Street Address:	ENANDO	WEST	PLAZA	
	City: SPRING HILL	County:	ERNANL	O Zip Code: 346	06
5.	Facility Identification Number (DEP-U	se):	DA	530349	
			$\nu$ $\circ$	10001.1	
		Responsible	Official		
6.	Name and Title of Responsible Official	l:			
	DALE BELL	1 own	ER		
	DALE BELL Responsible Official Mailing Address! Organization/Firm: ROSED Street Address: 1498 HERWA City: SPRING HILL	ANDO W	NT. EST PLA HERNA		4606
	Responsible Official Telephone Number Telephone: (64) - 352 683 -9		Fax: (	) -	
	Facility Contact	(If different fi	rom Responsib	le Official)	
9.	Name and Title of Facility Contact (Fo	r example, plan	t manager):		
10.	Facility Contact Address:				·
	Street Address:				
	City:	County:		Zip Code:	·
I1.	Facility Contact Telephone Number:				
	Telephone: ( ) -		Fax: (	) -	
				Drcr	

RECEIVED

OCT 27 1997

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Bureau of Air Monitoring & Mobile Sources

#### **BEST AVAILABLE COPY**

#### **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	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-9
Dry-to-Dry Unit						1 = 14 -			
(I) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls	<b>判</b> 1	1086							
Washer Unit	<u> </u>								`
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls						,			
Dryer Unit						100 Ai .			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									*
Reclaimer Unit			1, 21 - 1, 215	, S	4.	Quelligists.			N. S. S.
(10) w/ ref. condenser					·				
(11) w/carbon adsorber						·			
(12) w/ no controls									
(c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 mon Check why it is less	quant   gallo ths, h s thar	ity of perchloons ow many? [_ n 12 months:	oroethylene (] months New owner:	perc)	) purchased i _] New store	e: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".	Selec	ct one classif	ication only.)	)			3) of	Part II?	
Existing small a	rea so	ource [	Ne	ew sr	nall area sou	rce [	]		
Existing large ar	ea so	urce []	Ne	ew la	rge area sour	ce [	]		
1661 5 130									

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4 What are the last is a solid as well in a solid as for the form 2
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source  Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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#### Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
×	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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	omptly notify the Department of any changes to the information contained in this notification.

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## ace

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

FACILITY NAME: Rosedale En-	DBA Th	e Washing U	Jeil	DATE: 10/23/97
FACILITY LOCATION: 1498	Hernando	West Pla	20	
Spring L	ill FL	34606		
Annual Reporting Period: Scot	- (	_19 <u>96</u> то	<u>Oct</u> .	23, 197
Based on each term or condition of the Title	V general air permit,	my facility has remained	l in compliance	with DEP Rule
62-213.300, Florida Administrative Code (F.				<u> </u>
If NO, complete the following:				
#1. Term or condition of the general permit		ontinuous compliance du	iring the report	ting period stated above:
No general air pern	ut.			
,		96to	10/	23/97
Action(s) taken to achieve compliance:	Jotificatio	n filed		<u> </u>
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	hat has not been in co	ontinuous compliance de	uring the report	ing period stated above:
Exact period of non-compliance: from			ECEL	VED
Action(s) taken to achieve compliance:			001 27	1997
Method used to demonstrate compliance:		Ві	ureau of Air M	
			& Mobile Sc	Durces
As the responsible official, I hereby certify, b made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities.	nd complete. Further	, my annual consumptio	n of perchloroe	ethylene solvent, based
RESPONSIBLE OFFICIAL: Dale	Bell	Cell	1300	10/23/97
Nam	e (Please Print)	Si	gnature	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.

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST COMPLAINTIDISCOVER TYPE OF INSPECTION: ANNUAL **RE-INSPECTION** AIRS ID#: 053034 DATE: 10/23/97 TIME IN: 10:35 TIME OUT: 11:25 FACILITY NAME: FACILITY LOCATION: PHONE: 352-683-9551) RESPONSIBLE OFFICIAL: DA CONTACT NAME: PHONE: 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 PART II: CLASSIFICATION Facility indicated on notification form that it is: No notification form (check appropriate box). Drop store/out of business/petroleum 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 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,  $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only,  $200 \le x \le 1,800$  gal/yr transfer only, 200 < x < 1,800 gal/yrboth types,  $140 \le x \le 1,800$  gal/yr both types, 140 < x < 1,800 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification YD`  $\square N$ □Can not determine 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 100 gallons.

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly scaled and impervious containers?	OY ON SALA				
2. Examining the containers for leakage?	OY ON YOU'A				
3. Closing and securing machine doors except during loading/unloading?	DN DASK				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	אוחם חם צאל				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אומב מם 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 refrig (complete A below).	gerated condenser.				
	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 refrig (complete A and B below).	gerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	□Y □N				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

B.	Has the responsible official of an existing large or new large area source also:	*		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		<b></b>	
	or expansion; and downstream from no other inlet?	ЦY	UN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

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

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΠN inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, XY ON ON/A Muck cookers DXY DN DN/A couplings, and valves XY ON ON/A Stills XY ON ON/A Door gaskets and seating XY ON ON/A ZÓY ON ON/A Filter gaskets and seating Exhaust dampers MY ON ON/A XY ON ON/A Pumps Diverter valves DAY ON ON/A Solvent tanks and containers Cartridge filter housings QY ON ON/A MY ON ONA Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN DY DN d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

MARGARET (ANGRE)

Inspector's Name (Please Print)

Date of Inspection

10 98

Approximate Date of Next Inspection

Valore Mixie V.300, CIS. STEAM

H 30-1086-2683

Acid /

AIRS ID#: 0530349

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

FACILITY NAME: The Washing Well	DATE: 9-22-98
FACILITY LOCATION: 1498 Hernando We	
Spring Hill, Pa 346	1/
Annual Reporting Period: 10-24-	19 <u>97</u> to <u>9~22.1998</u>
Based on each term or condition of the Title V general air permit, m 62-213,300, Florida Administrative Code (F.A.C.), during the period	
If NO, complete the following:	· · · · · · · · · · · · · · · · · · ·
#1. Term or condition of the general permit that has not been in con	tinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general permit that has not been in con	tinuous compliance during the reporting period stated above:
· _	i.
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	RECEIVE
Method used to demonstrate compliance:	SEP 2 5 1998
	Bureau of Air Monitori
As the responsible official, I hereby certify, based on information and made in this notification are true, accurate and complete. Further, mapon rolling averages of purchase receipts, does not exceed 2,100 gavers for transfer or combination facilities.	ry annual consumption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: DALE BELL	Seller 9-22 98
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.

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

AIRS ID#0530349

ROSEDAL ENT DALE BELL 1498 HERNANDO WEST PLAZA SPRING HILL FL 34606

			le so
	Do <u>NO</u>	T Remove Label	3 1998 3 1998 14 Monitoring 1e Sources
Annual Reporting Period:		19 TO	
Based on each term or condition of the Ti 62-213.300, Florida Administrative Code If NO, complete the following:  #1. Term or condition of the general perm	(F.A.C.), during the peri	od covered by this statement.	☐YES □NO
Exact period of non-compliance: from			
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			<u> </u>
#2. Term or condition of the general perm	nit that has not been in co	ontinuous compliance during t	he reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	<u>·</u>	· · · · · · · · · · · · · · · · · · ·	
As the responsible official, I hereby certify, be notification are true, accurate and complete. does not exceed 2,100 gallons per year for dr	Further, my annual consi	imption of perchloroethylene so	lvent, based upon purchase receipts,
RESPONSIBLE OFFICIAL:	Vame (Please Print)	Signatur	e 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.

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION		COMPLAINT/DIS	COVERY	
AIRS ID#: 0530349 DATE FACILITY NAME: 7/Le FACILITY LOCATION: 5	Washing l 198 Hernan Dring Kill	velo do W	rest Playa		
RESPONSIBLE OFFICIAL:	Dale Bell			683-99	<u>SS 0</u>
PART I: NOTIFICATION					
(check appropriate box)  1. New facility notified DARM 30 of the control of the c	•				0
PART II: CLASSIFICATION		•	· · · · · · · · · · · · · · · · · · ·		
Facility indicated on notification f (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. N dry-trans both	to-dry only, sfer only, x types, x <	□ No notification for Drop store/out of Drop store/out of the source   x < 140 gal/yr < 200 gal/yr   140 gal/yr or after 12/9/91)		roleum
<ul> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gally (constructed before 12/9/91)</li> <li>5. This is a correct facility classi</li> </ul>	gal/yr dry- il/yr trans /r both (con	to-dry only, sfer only, 20 types, 140	rea source , $140 \le x \le 2,100 \text{ gal/}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	Bureau of Air Monitoring Bureau of Air Sources Mobile Sources	ECEIVE SEP 2 5 1998
1	ualified for a general paceds above limits an	d is not elig	gible for a general per	mit	

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON WNA 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? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? A'MO MO Y**X** 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 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) SETY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DNA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	May A □ M
2. Maintained rolling monthly total of perc consumption?	<b>P</b> Ý □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ØY ON ON∕A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON <b>M</b> NA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN STNA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ANA
6. Maintained startup/shutdown/malfunction plan?	AY IN
7. Maintained deviation reports?	dy dn <b>z</b> aka
Problem corrected?	OY ON <b>Z</b> (NA
8. Maintained compliance plan, if applicable?	dy dy <b>A</b> na

Bureau or Air Monitoring

PA	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?			ØÝY □N	
2.	Has the facility maintained a leak log?			ØY □N	
3.	Does the responsible official check the f	ollowing areas for leaks?			
	Hose connections, fittings, couplings, and valves	AY ON ON/A	Muck cookers	ØY □N □N/A	
	Door gaskets and seating	ØY □N □N/A	Stills	XY ON ON/A	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	ÆÝY □N.□N/A	
	Pumps	KY ON ON/A	Diverter valves	OY ON OON/A	
	Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	MY ON ON/A	
	Water separators	XY ON ON/A			
4.	Which method of detection is used by th	e responsible official?			
	Visual examination (condensed so	æ			
	Physical detection (airflow felt thro	Æ			
	Odor (noticeable perc odor)			Ą	
	Use of direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)		
	Halogen leak detector				
	If using direct-reading instru	mentation, is the equipm	ent:	ØN/A	
	a. Capable of detecting p	erc vapor concentrations in	n a range of 0-500 ppm?	OY ON	
	<ul><li>b. Calibrated against a state (PID/FID only)?</li></ul>	andard gas prior to and afte	er each use	OY ON	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				
	d. Kept in a clean and sec	cure area when not in use?		DY DN	
	e. Verified for accuracy t	by use of duplicate samples	s (calorimetric only)?	OY ON	

MARGARET LANGRO	9-22-98
Inspector's Name (Please Print)	Date of Inspection
Margaret Slangro	Sept 1999
/ Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#: 0530349

All

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

FACILITY NAME: The Wash	ing Well		DATE: 9/22/99
		Vest Plana	P
Shija	Lilo Fi	24606	
	, , ,	<u> </u>	OF OF The
Annual Reporting Period:	9-23-	19 <u>98</u> то	4 3 4 - 2 2 - 499
Based on each term or condition of the Title	V general air permit, my	facility has remained in com	pliance with DEP Rule
62-213.300, Florida Administrative Code (F	A.C.), during the period	covered by this statement.	XYES % 2 NO
If NO, complete the following:		•	
#1. Term or condition of the general permit	that has not been in con	tinuous compliance during the	e reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit	that has not been in con	tinuous compliance during the	e reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:		·	
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, i	ny annual consumption of per	chloroethylene solvent, based
Nai	ne (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.

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

AIRS ID#: 0530349 D FACILITY NAME:/		99 TIME IN Well	Vest Playe	ERY C C C C C C C C C C C C C C C C C C C
RESPONSIBLE OFFICIAL: _	Spring H Dale Bel		3 4606 phone: 352-68 phone:	73-9550
PART I: NOTIFICATION				
(check appropriate box)	·			
1. New facility notified DARM 3	0 days prior to startup			
2. Facility failed to notify DARM	to use general permit			
PART II: CLASSIFICATION			· · · · · · · · · · · · · · · · · · ·	
Facility indicated on notification (check appropriate box)  A.	form that it is:		☐ No notification form☐ Drop store/out of busi	iness/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	dry tra bo	New small are y-to-dry only, x < only, x < oth types, x < 14 onstructed on o	x < 140 gal/yr 200 gal/yr	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$ )	00 gal/yr dry gal/yr tra ıl/yr bo	ansfer only, 200 oth types, 140 \le	ea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	·
5. This is a correct facility clas	sification	(Y DN	□Can not determine	
II -	qualified for a genera	al permit as nun	nber above ble for a general permit	
B. The total quantity of perchloro facility was 105 gallons.	ethylene (perc) purcha	ased within the	preceding 12 months by	this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN MEN/A
2. Examining the containers for leakage?	DY DN EM/A
3. Closing and securing machine doors except during loading/unloading?	SY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ∕⊠N/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 ref (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	es:
1. Equipped all machines with the appropriate vent controls?	מם עם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□Y □N □N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	חם אם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	מארם אם אם ארם אם אורם אם ארם אם ארם א
6. Conducted all temperature monitoring after an appropriate cooldown period and after	OY ON

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	ПΝ	$\square N/A$
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

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

PART VI:	PART VI: LEAK DETECTION AND REPAIRS				
1. Does th	he responsible official conduct a w	eekly (for s	small sources, b	i-weekly) leak detection an	d repair
inspect	tion?				Ø(Ý □N
2. Has the	e facility maintained a leak log?				MY □N
3. Does th	ne responsible official check the fo	ollowing are	eas for leaks?		
	Hose connections, fittings, couplings, and valves	DY ON I	□N/A	Muck cookers	אים אם אצל
D	Door gaskets and seating	DA ON I	□N/A	Stills	AND NO PA
Fi	ilter gaskets and seating	A DN I	□N/A	Exhaust dampers	ØY □N □N/A
Pı	Pumps	<sup>©</sup> ΩN □N I	□N/A	Diverter valves	OY ON ®X'A
Se	Solvent tanks and containers	MA ON I	□N/A	Cartridge filter housings	MY ON ON'A
W	Water separators	DY ON I	□N/A		
4. Which	method of detection is used by the	e responsibl	le official?		
v	Visual examination (condensed solvent on exterior surfaces)				<b>ය</b> න්
Pl	Physical detection (airflow felt thro	ough gaskets	s)		Ø.
0	Odor (noticeable perc odor)				<u>A</u>
U	Jse of direct-reading instrumentati	on (FID/PII	D/calorimetric to	ubes)	
н	Halogen leak detector				
	-If using direct-reading instru	mentation,	is the equipme	nt:	<b>5</b> X1/A
	a. Capable of detecting pe	erc vapor co	oncentrations in	a range of 0-500 ppm?	אם צם
	b. Calibrated against a sta (PID/FID only)?	ndard gas p	orior to and after	r each use	חם אם אם
	c. Inspected for leaks and	obvious sig	gns of wear on a	weekly basis?	מם צם
	d. Kept in a clean and sec	ure area wh	en not in use?		מם צם
	e. Verified for accuracy b	y use of du	plicate samples	(calorimetric only)?	אם צם

MARGARET CANGRO
Inspector's Name (Please Print)

Margaret Canara

Inspector's Signature

9-22-99
Date of Inspection

	7 777 1	10 001
	८ प्यम् (	75 937
	US Postal Service Receipt for Cer No Insurance Coverage	tified Mail Provided.
	ROSEDAL ENT DALE BELL 1498 HERNANDO WES SPRING HILL FL 34606	
	Certified Fee	
	Special Delivery Fee	
'n	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
, April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	
PS		

Your RETURN ADDRESS completed on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  AIRS ID 0580349  FB  ONE BELL  1498 HERNANDO WEST PLAZA  SPRING HILL FL 34606  5. Received By: (Print Name)	4a. Article No. 34b. Service Registere Express Return Rec	Type ed A Certified Mail Insured ceipt for Merchandise COD edivery	Thank you for using Return Receipt Service.
ls your F	6. Signature: (Addressee.or Agent)  Nowa 1994  PS Form 3811, December 1994		Domestic Return Receipt	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

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

Do NOT Remove Label

AIRS ID # 0530349

THE WASHING WELL DALE BELL 1498 HERNANDO WEST PLAZA SPRING HILL FL 34606

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

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

#### **BEST AVAILABLE COPY**

0358005

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

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

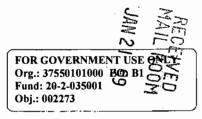
AIRS ID # 0530349

Do NOT Remove Label

THE WASHING WELL

DALE BELL 1498 HERNANDO WEST PLAZA

SPRING HILL FL 34606



V 303926

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

RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

FEB 27 98

Do NOT Remove Label

AIRS ID#0530349

ROSEDAL ENT

DALE BELL

1498 HERNANDO WEST PLAZA

SPRING HILL FL 34606

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

		U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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	3108	Postage Certified Fee	\$	Filistriback
	E T D D	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Pastron de la companya de la company
	2000 1670	DALE BELL THE WASHING	O WEST PLAZA	01AG
K AL TOP OF ENVELO	J.C.	PS Form:3800; May:2000 3 3H1-O1		Seel Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE STICKER AT TOP OF ENVELOPE STICKER AT TOP OF ENVELOPE STICKER AT TOP OF RETURN ADDRESS:	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Addressee  D. Is delivery address different from item 12  Yes			
. Article Addressed to:  0 AIRS ID # 0530349001AG  DALE BELL THE WASHING WELL	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No			
1498 HERNANDO WEST PLAZA	3. Service Type			
SPRING HILL FL 34606	Certified Mail			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Transfer from service label) 7000/67000/33/087226				
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424			



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

413468 JAN24 2882

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



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

#### Do NOT Remove Label

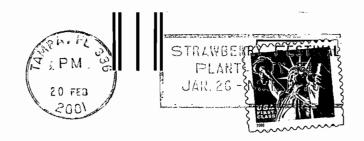
AIRS ID # 0530349

THE WASHING WELL DALE BELL 1498 HERNANDO WEST PLAZA SPRING HILL FL 34606

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 The washing Well 1498 pine hust Spring Hill Fl. 34606



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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0530349

THE WASHING WELL DALE BELL 1498 HERNANDO WEST PLAZA SPRING HILL FL 34606

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
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0090	Total F	THE WAR		AIR	S ID # 0530349	
10	Recipie DALE BELL					
	Street, 1498 HERNANDO WEST PLAZA SPRING HILL FL 34606					
7000	City, Ste		22 1 2 34000			
	PS Form	3800, February	2000	,	See Heverse for	instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0530349  THE WASHING WELL	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X			
DALE BELL 1498 HERNANDO WEST PLAZA	3. Service Type			
SPRING HILL FL 34606	Certified Mail  Registered  Insured Mail  C.O.D.			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Copy from service label) 7/000 0600 0026 4127 4058				
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789			
\				