

Department of Environmental Protection

0694808

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

Virginia B. Wetherell Secretary

August 26, 1996

Ms. Nancy A. Ward Pugh's Dry Cleaners, Inc. 215 South Bay Street Eustis, Florida 30726

Dear Ms. Ward:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 7, 1996.

Please note that in November 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 subject to the requirements of the Title V general permit.

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

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

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

Sincerely,

Dotty Diltz, Chief Bureau of Air Monitoring

and Mobile Sources

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/DD

cc: Mr. Louis Nichols, Central District

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Perchloroethylene Dry Cleaning Facility Notification

I delity I table and Docusion	
1. Facility Owner/Company Name (Name of corporation, agency, or individual or	wner):
BUEHS. DRY CLEANERS INC	
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 2/5 Jour / A Akay 4/4	
City: Gos 7 is County: 4 HAG Zip	Code: 30726
5. Facility Identification Number (DEP Use):	Sanday a language subsequent "Get
	2084908
Responsible Official	
6. Name and Title of Responsible Official:	
Nancy Ho Ward manager	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:	Zip Code:
8. Responsible Official Telephone Number: Telephone: (332) ジジフェガラング Fax: ()	
Facility Contact (If different from Responsible Official	3)
9. Name and Title of Facility Contact (For example, plant manager):	
Same of above	
10. Facility Contact Address:	· · · · · · · · · · · · · · · · · · ·
Street Address: City: County: Zip	Code:
11. Facility Contact Telephone Number:	1
Telephone: () - Fax: ()	-
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Bureau of Air Monitoring & Mobile Sources

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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.

			Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device	.//	Date Machine Initially	Date, Control Device
Тур	e of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID.	Purchased	Installed
Exa	mple	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	• • 02-MAR-92	02-MAR-92
Dry	-to-Dry Unit				11. 11.		188	h		
	(1) w/ ref. condenser									
	(2) w/ carbon adsorber									.*
	(3) w/ no controls		-							
Was	sher Unit			•			- (A - E			
	(4) w/ ref. condenser							**		
	(5) w/ carbon adsorber	#/	08 DECTI	WOF-DE	910	4		1, €		
•	(6) w/ no controls				.,					
Dry	er Unit		:			the self.				
`··· ,	(7) w/ ref. condenser					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Ĭ .	
	(8) w/ carbon adsorber					1.1		:		
	(9) w/ no controls						6	:		
Rec	laimer Unit			•		Alt E				
	(10) w/ ref. condenser		i	4						
	(11) w/carbon adsorber	*/	08 DEC910	OF DEC 91	0					
31	(12) w/ no controls						,i			

(b) Control devices are required, but not yet installed

(C	No contro	l devices are	required to	be installed [

2.(a)	What was the total	quantity of	perchioroethylene (perc)) purchased in the latest	12 months?
• •		-	•		1
	· [386	l gallons '			

(b)	If less than 12 months, how many? [] months		 •	5-	
	Check why it is less than 12 months: New owner:	New store:] Did not keep records: [ì

3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Existing small area source []	New small area source [
Evicting large area source [X]	New Jarge area source

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 14 of 16

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or indiv	
PUGHS DRY CLEANERS INC.	
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: スノン いっぱん Bay リチ City: といろでは County: とけんど	Zip Code: ラッファム
5 Facility Identification Number (DEP Use):	
0694808	
Responsible Official	
6. Name and Title of Responsible Official: Nancy A. Ward) ´
7. Responsible Official Mailing Address: Organization/Firm: Street Address:	¥
City: County:	Zip Code:
8. Responsible Official Telephone Number: Telephone: (ふな) マグラーカックサ Fax: ()	
Facility Contact (If different from Responsible	Official)
9. Name and Title of Facility Contact (For example, plant manager):	To protect the second
10. Facility Contact Address:	- .
Street Address: City: County:	Zip Code:
11. Facility Contact Telephone Number: Telephone: () - 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.

Ту	pe of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	lD	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Ex	ample	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dr	y-to-Dry Unit									
	(1) w/ ref. condenser									
	(2) w/ carbon adsorber									-
	(3) w/ no controls									
W	asher Unit		٠							
	(4) w/ ref. condenser									
	(5) w/ carbon adsorber	<u> </u>	0805091							
	(6) w/ no controls									•
Dr	yer Unit									
	(7) w/ ref. condenser									
	(8) w/ carbon adsorber									
	(9) w/ no controls									
Re	claimer Unit	ļ	, .							
	(10) w/ ref. condenser									
	(11) w/carbon adsorber	= 1	er dee 91							
	(12) w/ no controls		,				-			
2.(b) Control devices are c) No control devices a) What was the total of スタック b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchlo ons ow many? [_	installed [_proethylene (perc)	•				
	What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	ication only.) Ne	ew sn	nall area sou	rce [·	(3) of	Part II?	
	Existing large are	ea soi	urce [🔨]	Ne	ew la	rge area sour	rce [1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	pursuant to section (3) of P	art II of this notification form?
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 to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site	d hot water generating unit	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by n during which propane or fuel oil containing no more	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	[
•		
•		
Equipment Monitoring	and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site	in accordance with the requ	nirements 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 mor	nitoring	[]
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

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

Surrender of Existing Air Permit(s)

Please indica	I hereby surrender all existing air permits authorizing operat facility indicated in this notification form; specifically, perm No air permits currently exist for the operation of the facility this notification form. Responsible Official Certification the undersigned, am the responsible official, as defined in Part II of the is notification. I hereby certify, based on information and belief formatements made in this notification are true, accurate and complete. Faintain the air pollutant emissions units and air pollution control equal to mply with all terms and conditions of this general permit as set forth will promptly notify the Department of any changes to the information.	n: (1)	•
X		e operation of the facility indicated in	
	Responsible	Official Certification	
this notif statemen maintain	ication. I hereby certify, based on info ts made in this notification are true, a the air pollutant emissions units and a	ormation and belief formed after reasonable inquiry, ccurate and complete. Further, I agree to operate a air pollution control equipment described above so d	, that the and as to
I will pro	emptly notify the Department of any ch	anges to the information contained in this notification	o n.
na	my a Word	8/2/96	
Signature		Date	

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

는 항공통통한 하는 경우에 전하여 보다는 사람들은 다른 <u>이 사람들은 그는 사람들이 취임을 모두 수입하다.</u>	.,
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
RUCHS DRY CLENNERS INC	
2. Site Name (For example, plant name or number):	10 A 4 A 1
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: Q/S Ocythology V4	
City: Costis County: 4 HAC Zip Code: 30 32 6	
5. Facility Identification Number (DEP Use):	
Responsible Official	CV Riffe-vil
6. Name and Title of Responsible Official:	
Nancy H- Ward Manager	
7: Responsible Official Mailing Address:	
Organization/Firm: Street Address:	
City: Zip Code:	
8 Responsible Official Telephone Number:	
Telephone: (35.2) 37-37-9 Fax: (1)	
	·
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
Same of above	ite.
10. Facility Contact Address:	
Street Address:	
City County: Zip Code:	
	-
11. Facility Contact Telephone Number: Telephone: () Fax: (), -	
	7 6
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Bureau of Air Monitoring & Mobile Sources

REVISED 709/96

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.

Ty	pe of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	lD	Date Machine Initially Purchased	Date: Control Device Installed
Exa	ımple	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	***	#3	· 02-MAR-92	02-MAR-92
Dŋ	-to-Dry Unit				(s)					
	(1) w/ ref. condenser								2	
	(2) w/ carbon adsorber							,	1	
	(3) w/ no controls		,·					5		
Wa	sher Unit						4 1 1	f2		
J.,	(4) w/ ref. condenser	1			';					15
٠, ٠,	(5) w/ carbon adsorber	# 1	08 KL 111				s, -	. 4		
	(6) w/ no controls							, ,	1 1	
Dŋ	ver Unit		1			A. 1		. ::.	76.	
, :	(7) w/ ref. condenser	. :				1				j . '
	(8) w/ carbon adsorber			-				- 3		
,	(9) w/ no controls	7		1 12	·.					
Rec	laimer Unit	1/1	•			4. 连一五		1.		
	(10) w/ ref. condenser		*.	,		1. 1. 1.		,	e in the second	
, [*] (a	(11) w/carbon adsorber	11	98 ALS \$1							1,
1	(12) w/ no controls						, č			

(b) Control devices are required, but not yet installed

(C)	No control d	evices are	required to	be installed	L

2.(a) What was the total	l quantity of	perchioroethylene:	(perc) pur	chased in t	hedatest	12 months?
1 380	l gallone					

(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 source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Existing small area source _____ New small area source _____

Existing large area source [X] New large area source

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
PUGH'S DRY CLEANERS INC.
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
Street Address: 215 South Bay Vt City: Eastis County: LAKE Zip Code: 30726
City: Eastis County: LAKE Zip Code: 30726
5. Facility Identification Number (DEP Use):
0694808
Responsible Official
6. Name and Title of Responsible Official:
1 William /
Nancy A. Ward
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: イカルビ ハラ カバランドビ
City: County: Zip Code:
8. Responsible Official Telephone Number:
Telephone: (ふを) マグラ・ティッグ Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Same ou «bore
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - 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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
••		Initially	Device		Initially	Device		lnitially	Device
Type of Machine	lD	Purchased	Installed	ID	Purchased	Installed	lD	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit						ř.			·
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		,			•			•	•
(4) w/ ref. condenser									
(5) w/ carbon adsorber	1 12	080569/							
(6) w/ no controls	,		-			-			·
Dryer Unit		·	·	<u> </u>	·	I.	'	• .	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		(.	· -					1	<u> </u>
(10) w/ ref. condenser				l					
(11) w/carbon adsorber	2 j.	or Dec 91		`.					
(12) w/ no controls		,							
(b) Control devices are (c) No control devices 2.(a) What was the total q [380] (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchlo ons ow many? [_	installed [oroethylene (] months	perc)					
3. What is the facility's son (Indicate with an "X". Existing small are	Selec	t one classifi	cation only.)		initions found		3) of	Part II?	

DEP Form No. 62-213.900(2)

Existing large area source [X]

Effective: 6-25-96

New large area source

(Indicate with an "X".)	pursuant to section (3) of 1	:
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 to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	d hot water generating unit	s on-site meet the following
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by nuduring which propane or fuel oil containing no more	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring a	nd Recordkeeping Inform	mation
Check all logs which are required to be kept on-site	in accordance with the requ	pirements 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 mon	itoring	[[
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		[1]
•		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

ease indica	te with an "X" the appropriate selection:		<i>i.</i> •
	I hereby surrender all existing air permits facility indicated in this notification form		
(\times)	No air permits currently exist for the ope this notification form.	ration of the facility indicated in	
	Responsible Offic	ial Certification	
this notif statemen maintain	dersigned, am the responsible official, as de fication. I hereby certify, based on informat its made in this notification are true, accura the air pollutant emissions units and air po with all terms and conditions of this general	ion and belief formed after reasonable in te and complete. Further, I agree to ope Ilution control equipment described abo	nquiry, that the erate and ve so as to
I will pro	omptly notify the Department of any changes	to the information contained in this not	ification.
na	my a Ward	8/2/96	
Signatur	· · · · · · · · · · · · · · · · · · ·	Date	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	PUGH'S DRY CLEANERS INC.
2.	
3.	Hazardous Waste Generator Identification Number:
	·
4.	Facility Location: Street Address: 215 South Bay Vt
	Street Address: 215 South Bay 47 City: Eustis County: LARE Zip Code: 32726 FIDRIDA 32726
	FIORIDA 32726
5.	Facility Identification Number (DEP Use):
	0694808
100.783	
	Responsible Official
6.	Name and Title of Responsible Official:
	190
/	, ,
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: SAME AS ABOVE
	City: County: Zip Code:
0	Paragraphia Official Talankana Number
8.	Responsible Official Telephone Number: Telephone: (352) 3ブラー 3 i 0 4 Fax: () -
	relephone. (===) / o / ran. ()
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	vame as abore
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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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.

Type of Machine Example #1 Dry-to-Dry Unit (1) w/ ref. condenser (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 (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required.		Control Device Installed 12-NOV-93	ID #2	Machine Initially Purchased	Control Device Installed	ID	Machine Initially Purchased	Control Device Installed
Example #/ Dry-to-Dry Unit (1) w/ ref. condenser (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 (11) w/carbon adsorber (12) w/ no controls	Purchased	Installed				ID		
Example #/ Dry-to-Dry Unit (1) w/ ref. condenser (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 (11) w/carbon adsorber (12) w/ no controls		I		Purchased	Installed	ID	Purchased	Installed
Dry-to-Dry Unit (1) w/ ref. condenser (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 (11) w/carbon adsorber (12) w/ no controls	03-OCT-93	12-NOV-93	#2				J	
(1) w/ ref. condenser (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 (11) w/carbon adsorber (12) w/ no controls	.:			08-DEC-91		#3	02-MAR-92	02-MAR-9
(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 (11) w/carbon adsorber (12) w/ no controls			·				1,11	
(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 (11) w/carbon adsorber (12) 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 (11) w/carbon adsorber # / (12) w/ no controls								
(4) w/ ref. condenser (5) w/ carbon adsorber 4/ (6) w/ no controls								
(5) w/ carbon adsorber 4/ (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber 2/ (12) w/ no controls			•					
(6) w/ no controls Dryer Unit (7) w/ ref. condenser (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 req								
Dryer Unit (7) w/ ref. condenser (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 req	0805691							
(7) w/ ref. condenser (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 req								
(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 req							The second	
(9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber = // (12) w/ no controls (b) Control devices are req								
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber = // (12) w/ no controls (b) Control devices are req								
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber = // (12) w/ no controls (b) Control devices are req								
(11) w/carbon adsorber 2 f (12) w/ no controls (b) Control devices are req	+1.7				,			
(12) w/ no controls (b) Control devices are req			T					
(12) w/ no controls (b) Control devices are req	OF DEC 91			<u> </u>				
(b) Control devices are req								
(c) No control devices are 2.(a) What was the total quan [3 80] gall (b) If less than 12 months, l Check why it is less tha	required to be tity of perchlolons	installed [_ oroethylene (] months	perc)	purchased in				
3. What is the facility's source (Indicate with an "X". Sele Existing small area s	ource []	cation only.) Ne	ew sn	initions found mall area sour	rce []	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursua (Indicate with an "X".)	ant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber Refri	gerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units sto Rule 62-213.300, F.A.C. Verify that all steam and hot vexemption 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 during which propane or fuel oil containing no more than	gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site]
Equipment Monitoring and Re	ecordkeeping Information
Check all logs which are required to be kept on-site in acco	ordance 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	ي آ
(e) Instrument calibration	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	te with an "X" the appropriate selection:	
	I hereby surrender all existing air permits authorizing or facility indicated in this notification form; specifically, p	
[X.]	No air permits currently exist for the operation of the fathis notification form.	cility indicated in
	Responsible Official Certification	on
this notific statements maintain t comply wi	dersigned, am the responsible official, as defined in Part II ication. I hereby certify, based on information and belief f ts made in this notification are true, accurate and complete the air pollutant emissions units and air pollution control with all terms and conditions of this general permit as set fo	formed after reasonable inquiry, that the e. Further, I agree to operate and equipment described above so as to orth in Part II of this notification form.
I will pron	mptly notify the Department of any changes to the informa	ition contained in this notification.
Mus	my a Word	8/2/96
Signature		Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	X	COMPLAINT/DISC	OVERY
AIRS ID#: <u>//6 94808</u> D FACILITY NAME: <u>Pue</u> FACILITY LOCATION: <u>2</u>		57	IN: <u>/0;40</u> TIM	E OUT: ///35
PART I: NOTIFICATION	1			
(check appropriate box) 1. Existing facility notified DARI 2. New facility notified DARM 30 3. Facility failed to notify DARM	0 days prior to star	_		<u> </u>
-				
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box) A.	n form that it is:			
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)	e . 🗆	2. New small dry-to-dry only transfer only, x both types, x<1 (constructed or	, x<140 gal/yr <200 gal/yr	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr ^ il/yr</td><td>transfer only, 2 both types, 140</td><td>area source , 140<x<2, 100="" gal="" yr<br="">, 00<x<1,800 gal="" yr<br="">, <x<1,800 gal="" yr<br="">, or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>	gal/yr ^ il/yr	transfer only, 2 both types, 140	area source , 140 <x<2, 100="" gal="" yr<br="">, 00<x<1,800 gal="" yr<br="">, <x<1,800 gal="" yr<br="">, or after 12/9/91)</x<1,800></x<1,800></x<2,>	
This is a correct facility classification	ation	□Y □N		
If no, please check the appropriat	te classification:			
facility exceeds B. The total quantity of perchlore	d for a general perm above limits and is oethylene (perc) pu	not eligible for	-	s by this dry cleaning
facility was 390 gallons.	<u>-</u>		_	_

1 of 4

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? 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 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 prior to September 22, 1993 installed 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? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated \Box Y \Box N condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? \Box Y \Box N 6. Conducted all temperature monitoring after an appropriate cooldown period and after \Box Y \Box N 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 located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□У □И
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם צם
Is the temperature differential equal to or greater than 20° F?	OY 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?	YY ON ON/A
Is the perc concentration equal to or less than 100 ppm? 50 PPM HIGHEST READING, USUALLY 10 10 2 4. Assured that the sampling port on the carbon adsorber exhaust for measuring	NO YE
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 A(N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	AVO NO YO
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
	MY □N
(check appropriate boxes)	NG AN
(check appropriate boxes) 1. Maintained receipts for perc purchased?	DA MA
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? WILL START	MY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? will START Maintained leak detection inspection and repair reports for the following: 	
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? will START 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 	AY □N
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? will 57427 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? 	MA ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? will START 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? 	YY ON NOY ON ON/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? will START 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? Maintained calibration data? (for direct reading instruments only) 	AY ON ON/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? will START 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? 	AY ON OY ON ON/A OY ON OY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? will 57427 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? WORKING-ON Maintained deviation reports? 	AY ON AY ON OY ON OY ON OY ON OY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? will 57427 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? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? work in 6 only Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable? 	AY ON AY ON ON/A AY ON AY ON AY ON AY ON AY ON AY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? will 57ART 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? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? WORKING ON Maintained deviation reports? Problem corrected? 	AY ON AY ON ON/A AY ON AY ON AY ON AY ON AY ON AY ON

	2 177: 1 41 4	et -:-10			
2.	2. Which method of detection is used by the responsible			1	
	Visual examination (condensed solvent on extense	,		X.	
	Physical detection (airflow felt through gasket	s)	·	7	
	Odor (noticeable perc odor)			X	
	Use of direct-reading instrumentation (FID/PI	D/calorimetric t	ubes)	à	
	If using direct-reading instrumentation, is the	he equipment:			
	a. Capable of detecting perc vapor co	ncentrations in	a range of 0-500 ppm?	\Box Y	□N
	b. Calibrated against a standard gas	prior to and afte	r each use		
	(PID/FID only)?			\Box Y	□и
	 c. Inspected for leaks and obvious sig 	gns of wear on a	weekly basis?	□Y □N	
	d. Kept in a clean and secure area when	hen not in use?		\Box Y	□N
,	e. Verified for accuracy by use of dup	olicate samples	(calorimetric only)?	ΠY	□N
3.	3. Has the facility maintained a leak log?			YY	□N
4.	4. Does the responsible official check the following are	eas for leaks?		1	
	Hose connections, fittings, couplings, and valves	ìn	Muck cookers	ΆΫ́	ПΝ
	Door gaskets and seating	lN	Stills	Ϋ́Y	□N
	Filter gaskets and seating	lN	Exhaust dampers	ΠY	□N
	Pumps $\hat{\mathcal{P}}$ Y \square	lN	Diverter valves	ΠY	□N
	Solvent tanks and containers	IN .	Cartridge filter housings	Y	□N
	Water separators	lN			

Name of Responsible Official

Lovis A. Nichols

Inspector's Name (Please Print)

Date of Inspection

Now Alichol

Inspector's Signature

Approximate Date of Next Inspection

Nancy Ward (904) 357-3104

Pughs.
Dry Cleaners, Inc.

215 South Bay St. • Eustis, FL 32726

ADDITIONAL SITE INFORMATION:

- OKERPS A SEPARAME LOW ON PURCHASES OF PERC.
- · FILTERS ARE SPARCED AND DICKED UP BY TOWN HOUNTRY
- · MUCK IS PIEKED UP BY MCF SYSTEMS, ON CALL
- ONE INPLACE FOR STILL
 PANS BEING CONSTRUCTED FOR MA-CHINERY & WILL BE
 INSTALLED WK OF DEC 14. EXPORY WILL BE PUT DOWN
 3 AME WEEK.
- ONE EMPLOYEE EXCH MONTH
- · WILLD LIKE SIMPLIFIED SUMMARY OF COMPLIANCE AZQUIRAMENTS,
- · MAINTENANCE MAN ON CALL MR PULL CARCKS PERIODICALLY,
- EQUIPMENT OVER 40 YRS OLD. HOYT RECLAIMEN & DRYEN PANTEY WASHER
- · MAKING GOOD ATTEMPT TO COMPLY WITH INSPECTION AND RECORD KEEPING-REQUIREMENTS.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

oll

AIRS ID#0694808 PUGH'S DRY CLEANERS, INC. NANCY A. WARD 215 S. BAY STREET EUSTIS FL 32726

Do NOT Remove Label

Annual Reporting Period:	/- /	19 <u>_</u> 97 TO	12-31	19 98
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	=		<u> </u>	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in c	ontinuous compli	iance during the reporting pe	riod stated above:
Exact period of non-compliance: from			toto	
Action(s) taken to achieve compliance:		R	ECFIA	
Method used to demonstrate compliance:			JAN 1 5 1998	2
#2. Term or condition of the general permit	that has not been in c	ontinuous compli	ianguthathor the reporting pe	riod stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:		· 		
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, base notification are true, accurate and complete. Fi does not exceed 2,100 gallons per year for dry-to	urther, my annual cons	umption of perchlo	oroethylene solvent, based upo	n purchase receipts,
RESPONSIBLE OFFICIAL: NANCY Nan	A WAR D ne (Please Print)	<u>Non</u>	Signature Overs	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.

Best Available Copy Inspection sum	/
TYPE OF INSPECTION: ANNUAL 🗵 COM	PLAINT/DISCOVERY RE-INSPECTION PLAINT/DISCOVERY
TIME IN: 1'.53 TIME OUT: 2:40	AIRS ID#: 0694808
FACILITY NAME: Du an's Du Cleaner.	DATE: 1/28/98
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Eustr3, PL. 32726
FACILITY LOCATION. OTTS S. TOM STREET E	
RESPONSIBLE OFFICIAL: Nancy Ward	PHONE NUMBER: 352-357 - 3104
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	atted during this inspection, the facility is found to be in ative Code (F.A.C.).
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
. ———	
	RECEIVED
	RECEIVED
	FEB 4 1998
	Bureau of Air Monitoring & Mobile Sources
COMMENTS: Transfer machine - 30 yrs old, 10-20ppm	carbin adsirber, usually
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 1/99	
	pproximate)
INSPECTION CONDUCTED BY: SAADIA	lease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 893-3333
Page	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

A & 8 / 25

TYPE OF INSPECTION:

ANNUAL

×

COMPLAINT/DISCOVERY

RE-INSPECTIO	
	98 TIME IN: 1:55 TIME OUT: 2:40
FACILITY NAME: Lugks Dr	y deaner
FACILITY LOCATION: 215 S.B.	ay St.
	,FC. 30724
RESPONSIBLE OFFICIAL: Nancy L	SARD PHONE: 352-357-3104
CONTACT NAME:	PHONE:
The state of the s	
PART I: NOTIFICATION	
(check appropriate box)	· .
1. New facility notified DARM 30 days prior to star	
2. Facility failed to notify DARM to use general per	rmit
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 transfer only, x < 200 gal/yr	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr 30013
both types, $x < 140 \text{ gal/yr}$	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, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gD/yE CF VF
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ galfyr
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) FFR (QQR)
(Constructed before 12/9/91)	, ILB #1770
5. This is a correct facility classification	□Y □N □Can not determenereau of Air Monitoring & Mobile Sources
If no, please check the appropriate classific	cation:
	eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) per facility was 400 gallons.	ourchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	Y ON ON/A
2. Examining the containers for leakage?	XY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OX ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ØY □N □N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	XY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refri (complete $\bf A$ below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mulinstalled prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls? Carbon and order	Mo YK
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door from Secrember 2005.	OY ON XN/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מן או אם צם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON N

PART III: GENERAL CONTROL REQUIREMENTS

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?	oa ∕ ∕⁄⁄⁄⁄⁄⁄⁄⁄
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DOWN
	Is the temperature differential equal to or greater than 20° F?	A/KKET NO YO
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?	A'NO NO YA
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?	XY ON ON/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?	A/N U U A/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)	<u> </u>				
1. Maintained receipts for perc purchased?	MY □N				
2. Maintained rolling monthly total of perc consumption?	ØY □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	XY 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?	XY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	איאָעל אם צם				
5. Maintained exhaust duct monitoring data on perc concentrations?	A/N UU YY				
6. Maintained startup/shutdown/malfunction plan?	MD Y				
7. Maintained deviation reports?	MAN ON ON/A				
Problem corrected?	DY DN DROVA				
8. Maintained compliance plan, if applicable?	AMA NO YOU				

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				ΣΥΥ		N
2.	Has the facility maintained a leak log	?			Y		N
3.	Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	√DY DN	□N/A	Muck cookers	фY	ו אם	⊃N/A
	Door gaskets and seating	фл ои	□N/A	Stills	Y	□N [⊃N/A
	Filter gaskets and seating	dy on	□N/A	Exhaust dampers	QΥ	□N (⊃N/A
	Pumps	DY DN	□N/A	Diverter valves	dY	ו אם	⊃N/A
	Solvent tanks and containers	dy ON	□N/A	Cartridge filter housings	ďΥ	ו אם	⊃N/A
	Water separators	dy ои	□N/A				
4.	Which method of detection is used by	the responsib	ole official?		,		
	Visual examination (condensed solvent on exterior surfaces)				Ø		
	Physical detection (airflow felt through gaskets)				Ø		
	Odor (noticeable perc odor)				9	•	
	Use of direct-reading instrumen	tation (FID/F	ID/calorimetric	tubes)	ٔ		
	Halogen leak detector						
	If using direct-reading inst	trumentation	ı, is the equipm	ent:		A	
	a. Capable of detecting	g perc vapor o	concentrations in	n a range of 0-500 ppm?	ПY	ПN	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				ΠY	□и	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			ΠY	\square N		
	d. Kept in a clean and secure area when not in use?				ΠY	\square N	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				ΠY	ПN	

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

transfer machine 30yrsold. Containment pan ges epvry (grs)

MCF & ha tardous waste

PERCHLOROETHYLENE DRY CLEANERS

In and

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY
FACILITY NAME: Dugh's Geo FACILITY LOCATION: 215 5 Eustis RESPONSIBLE OFFICIAL Nanay h	TIME IN: 1:05 TIME OUT: 1:45 Nevs Bay St. FL. PHONE: 362-357-3104 PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to s	etartup
2. Facility failed to notify DARM to use general	permit 🗅
PART II: CLASSIFICATION	
Facility indicated on notification form that it is	
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types. $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
1 -	fication: general permit as number above limits and is not eligible for a general permit

transfer moderno

facility was 450 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) XY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? Y ON ON/A 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 □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber YZY ON ON/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) UN UN 1. Equipped all machines with the appropriate vent controls? 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 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? UY UN 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 UY UN verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:	-		
l.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	- אם	*ZW
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	√ □Y	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□и	□N/A
3.	Meas: red 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?	Ж Y	DИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	XX		□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?	₹	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	, 84y	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	≱ \	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
I. Maintained receipts for perc purchased?	ATY ON			
2. Maintained rolling monthly total of perc consumption?	2Φζγ □N			
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 hrs? or;	XY 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?	Y ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DONA			
5. Maintained exhaust duct monitoring data on perc concentrations?	YY ON ON/A			
6. Maintained startup/shutdown/malfunction plan?	XY DN			
7. Maintained deviation reports?	DY DN PANA			
Problem corrected?	DY DN XVIA			
8. Maintained compliance plan, if applicable?	DAY ON ON/A			

PART VI: LEAK DETECTION AND REPAIRS						
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			, ∀ Y □N			
2. Has the facility maintained a leak log?			Ma ⊓N			
3. Does the responsible official check the	following areas for leaks?					
Hose connections, fittings, couplings, and valves	OTY ON ON/A	Muck cookers	JOY ON ON/A			
couplings, and varves	T GN GNA	Muck cookers	THE DIVIDITY A			
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A			
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	אוחם אם עם			
Pumps	DY ON ON/A	Diverter valves	אומם מם אש			
Solvent tanks and containers	אואם אם צם	Cartridge filter housings	אוחם אם אוא			
Water separators	DY ON ON/A					
4. Which method of detection is used by t	he responsible official?					
Visual examination (condensed se	olvent on exterior surfaces)	,	<u>/</u> d			
Physical detection (airflow felt th	rough gaskets)	,	Ø			
Odor (noticeable perc odor)	9					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector	ت ا					
If using direct-reading instr	umentation, is the equipm	ent:	□N/A			
a. Capable of detecting	perc vapor concentrations ir	a range of 0-500 ppm?	OY ON			
	tandard gas prior to and afte	er each use				
(PID/FID only)?						
·	nd obvious signs of wear on	a weekly basis?	OY ON			
•	ecure area when not in use?		OY ON			
e. Verified for accuracy	by use of duplicate samples	s (calorimetric only)?	DY DN			
Saadia Yureshi 12/29/98						
Inspector's Name (Please Prin	nt)	Date of Inspection				
Chris		12199				
Inspector's Signature		Approximate Date of	Next Inspection			

ADDITIONAL SITE INFORMATION:

transfer machine
uses 450 gal/yr.
Very responsible, clear facility
Leeping excellent reends.

MCF hatardors Wastepan-2nday containment - yes

lfory ? yeshaz waste is labelled.
[N compliance]

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISCOVERY [RE-INSPECTION
TIME IN: 1.05	TIME OUT:	45 AIRS ID	4: OG 4808
TYPE OF FACILITY: Dry	Ckaning		
FACILITY NAME: \mathcal{A}	igh's Cleaners		DATE: 1219191
FACILITY LOCATION:	215 S. Bay.	st. gustis 32	724
RESPONSIBLE OFFICIAL:	Wancy Ward.	PHONE NUI	MBER: 352-357-3104
الحكا	the compliance requirements e Rule 62-213.300, Florida Admi	valuated during this inspection, inistrative Code (F.A.C.).	the facility is found to be in
Based on the results of discrepancies were not		valuated during this inspection,	the following compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	follow-up	ACTION REQUIRED
	·		
			-
	·		
			<u> </u>
COMMENTS: Fransfer maes	une - latreme	ly well kept fa	er litz
Fransfer maen verprig a	Uf logs.		
-		certified and submitted to the ins	
DATE OF NEXT INSPECTIO)N:	199 (Approximate)	· · · · · · · · · · · · · · · · · · ·
INSPECTION CONDUCTED	BY: Saac	dia Gurashi (Please Print)	
INSPECTOR'S SIGNATURE	:_/h	PHONE NUM	1BER: 407-893-3333
	Pag	geof	Revised 10/96

0694809 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Annual Reporting Period:	1997 TO	Dec 1998
Based on each term or condition of the Title 62-213.300, Fiorida Administrative Code (F.		
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous complian	ce during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate compliance:		•
ratemod uzen to demouzuate combitance:		
#2. Term or condition of the general permit	t that has not been in continuous complian	ice during the reporting period stated above:
•		o
#2. Term or condition of the general permit		
#2. Term or condition of the general permit		

*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 UPDATED

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST DATE_11-16-41

TYPE OF INSPECTION:

ANNUAL

COMPLAINTIDISCOVERS

RE-INSPECTION

AIRS ID#: 0694408 DATE: 11-16	- 99 TIME IN: 10:00 TIME OUT: 10:3
FACILITY NAME: Pugh's (leaner	~ P
FACILITY LOCATION: 215 5, Ba	
Evst.s, th	32/26
Evst.s, FL RESPONSIBLE OFFICIAL: Nancy Was	rd PHONE: 352357-3465
CONTACT NAME:	PHONE: STATE OF THE PHONE:
	. <u>6</u>
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	urtup \square
2. Facility failed to notify DARM to use general pe	ermit \square
Facility indicated on notification form that it is:	☐ No notification form ☐ Drop store/out of business/petroleur
(check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleur
(check appropriate box) A. 1. Existing small area source	☐ Drop store/out of business/petroleur 2. New small area source ☐
(check appropriate box) A. 1. Existing small area source □ dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of business/petroleur 2. New small area source ☐ dry-to-dry only, x < 140 gal/yr
(check appropriate box) A. 1. Existing small area source	☐ Drop store/out of business/petroleur 2. New small area source ☐
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	☐ Drop store/out of business/petroleur 2. New small area source ☐ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
(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	Drop store/out of business/petroleur 2. New small area source \Box dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleur 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleur 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleur 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleur 2. New small area source dry-to-dry only, x < 1'40 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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 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 general source and the source of the second se	Drop store/out of business/petroleur 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 $12/9/91$) 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 $12/9/91$)

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DAYA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN EN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MO YAY 4. Draining cartridge filters in their housing or in sealed containers for at TRY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber AVA**SS** NO YE 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? DY DN 2. Equipped dry-to-dry machines with a closed-Yoop vapor venting system? DY DN DN/A 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? DY DN 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 verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

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	ON	ÈN A
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠN	□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?	极入	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	(PY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	•		
	or expansion; and downstream from no other inlet?	ZY.	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	1520	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	D A Y	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	₩YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY			
2. Maintained rolling monthly averages of perc consumption?	DAY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	OSY 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 d n/a			
4. Maintained calibration data? (for applicable direct reading instruments)	AVA D A NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	OF Y ON ONA			
6. Maintained startup/shutdown/malfunction plan?	מאַ טא			
7. Maintained deviation reports?	A/M XQ ND YD			
Problem corrected?	OY ON ON			
8. Maintained compliance plan, if applicable?	OY ON JONIA			

PART VI: LEAK DETECTION AND REPAIRS

							
1.	Does the responsible official conduct a	a weekly (f	or small sources, b	oi-weekly) leak detection a	nd rep	air	
	inspection?				XXY	(אב
2.	Has the facility maintained a leak log	?				_ [NC
3.	Does the responsible official check the	e following	areas for leaks?				
	Hose connections, fittings, couplings, and valves	Jer o	N □N/A	Muck cookers	βY	□и	□N/A
	Door gaskets and seating	D YAS,	N □N/A	Stills	XX	ПN	□N/A
	Filter gaskets and seating	DV 0	AVA .	Exhaust dampers	A Y	ПN	□N/A
	Pumps	QA O	AINO N	Diverter valves	YY	ИП	□N/A
	Solvent tanks and containers	Pay D	AVA N	Cartridge filter housings	XIY	ПN	□N/A
	Water separators	DAY D	AVA N	•			
4.	Which method of detection is used by	the respons	sible official?				
	Visual examination (condensed s	solvent on	exterior surfaces)		12		
Physical detection (airflow felt through gaskets)			X				
Odor (noticeable perc odor)			ŻΧ				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector						
	If using direct-reading inst	rumentatio	on, is the equipme	ent:		A	
	a. Capable of detecting	perc vapor	concentrations in	a range of 0-500 ppm?	ΠY	ΠN	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			er each use	ΟY	ΠN		
	c. Inspected for leaks as	nd obvious	signs of wear on a	weekly basis?	ΩY	ΠN	
	d. Kept in a clean and s	secure area	when not in use?		$\Box Y$	ΠN	
	e. Verified for accuracy	by use of o	duplicate samples	(calorimetric only)?	ΩY	ПΝ	
			,				

Inspector's Name (Please Print)

Inspector's Signature

-16-99

Date of Inspection

11-2000

Approximate Date of Next Inspection

Getting New machine

It is on-site not installed

Will be installed Deci-Jan.

Uniono Systems V-2000 L700 (6016s)

Transter machines will be removed from site

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Are.

_	Cleaners		D	ATE: 11-16-99
FACILITY LOCATION: 215				
	15, FC 32726			
Annual Reporting Period: Nover	1ber	19 <u>4%</u> TO	November	19 9 9
Based on each term or condition of the	-	•	<u> </u>	ith DEP Rule
62-213.300, Florida Administrative Co	de (F.A.C.), during the per	iod covered by this	statement. WYES	∪ио
If NO, complete the following:		•		
#1. Term or condition of the general pe	ermit that has not been in o	continuous complia	nce during the reportin	g period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	e:			
#2. Term or condition of the general po	ermit that has not been in o	continuous complia	unce during the reportin	g period stated above:
Exact period of non-compliance: from			to	·
Exact period of non-compliance: from Action(s) taken to achieve compliance:			to	. <u>.</u>
•			to	

*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 COL	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 TIME OUT: 10:30	AIRS ID#: 0694808
TYPE OF FACILITY: $\rho_{r_{\mathcal{Y}}}$ ι l_{can}	<u> </u>
FACILITY NAME: Pugh's Cleaners	DATE: 11-16-84
FACILITY LOCATION: 215 5 Bay St	
Eust.3, FL 32726	
RESPONSIBLE OFFICIAL: Nancy L	PHONE NUMBER: 352-357-3104
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluation of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance with the compliance with the compliance of the compliance with the complian	·
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
	-
COMMENTS:	
In Compliance	
The Annual Compliance Certification form has been properly certing DATE OF NEXT INSPECTION:	fied and submitted to the inspector.
INSPECTION CONDUCTED BY: Randall C	pproximate) Unningham Tease Print)
INSPECTOR'S SIGNATURE: Phall C-	PHONE NUMBER: (407) 443-3333

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED

DATE 10-17-00

TYPE OF INSPECTION:

ANNUAL (INS1, INS2)

COMPLAINT/DISCOVERY

RE-INSPECTION (FUI) □

AIRS ID#: 069 4808 DATE: 10/16/00 TIME IN: 1:00 TIME OUT: 1:38
FACILITY NAME: Pugh's Cleaners
FACILITY LOCATION: 215 S. Bay St.
Eustis, FC 32726
RESPONSIBLE OFFICIAL: Nagey Ward PHONE: 351-357-3104
RESPONSIBLE OFFICIAL: 11/21/24 Y VAIO PHONE: 35 1-357-3109
CONTACT NAME:PHONE:
PART I: NOTIFICATION
(check appropriate box) Facility Compliance Status: IN
1. New facility notified DARM 30 days prior to startup 🔲 (ARMS Data) MNC 🗅
2. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION
Facility indicated on notification form that it is:
(check appropriate box) Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr 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 dry-to-dry only, x < 140 gal/yr 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 $\%$ $\%$ $\%$
both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source 4. New large area source
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, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$
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 $12/9/91$)
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 both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 5. This is a correct facility classification 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 $12/9/91$) 1. 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

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ZY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 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 Y ON XXA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN PN/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) ZY ON 1. Equipped all machines with the appropriate vent controls? Y 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 MY 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 ZY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MY 'UN 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?	ŹY	ПΝ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		□N ØN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ON ON/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	ON DIN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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,		
		ΠY	ON DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ON ØN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ON DAYA

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	MY ON				
2. Maintained rolling monthly total of perc consumption?	ZY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or; No leah 5	OY ON ZN/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 ØN/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON SN/A				
6. Maintained startup/shutdown/malfunction plan?	ØY □N				
7. Maintained deviation reports?	DY DN ØN/A				
Problem corrected?	OY ON ON/A				
8. Maintained compliance plan, if applicable?	DY ON NAVA				

, ,					
PART	VI: LEAK DETECTION AND F	REPAIRS			
1. Doe	s the responsible official conduct a	weekly (for small sources,	, bi-weekly) leak detection a	and repair	
insp	pection?			ZÝ ON	
2. Has	the facility maintained a leak log?			P Y ON	
3. Doe	s the responsible official check the	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	ФУ ОН ОН/А	Muck cookers	TY ON ON/A	
	Door gaskets and seating	UY ON ON/A	Stills	Y ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	HY ON ON/A	
	Water separators	DY ON ON/A			
4. Whi	ch method of detection is used by the	ne responsible official?			
	Visual examination (condensed so	olvent on exterior surfaces))	Ò	
	Physical detection (airflow felt through gaskets)				
	Odor (noticeable perc odor)				
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)		
	Halogen leak detector				
	If using direct-reading instru	imentation, is the equipm	nent:	M/A	
	a. Capable of detecting p	perc vapor concentrations i	n a range of 0-500 ppm?	□Y □N	
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and aft	er each use	□Y □N	
	c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	OY ON	
	d. Kept in a clean and se	cure area when not in use?		□Y □N	

_

10-2006

Date of Inspection

10-2001
Approximate Date of Next Inspection

 $\Box Y \Box N$

e. Verified for accuracy by use of duplicate samples (calorimetric only)?



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Pugh'S Cleaners	DATE: 10-16-00
FACILITY LOCATION: 215 S, Bay 5t,	
FACILITY LOCATION: 215 S, Bay St, Erst.3, FL 327	26
Annual Reporting Period: Uctober	10 Uctober 2000
Based on each term or condition of the Title V general air perm	t, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the p	eriod 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 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	continuous compliance during the reporting period stated above:
	continuous compliance during the reporting period stated above: to
Exact period of non-compliance: from	continuous compliance during the reporting period stated above: to
Exact period of non-compliance: from Action(s) taken to achieve compliance:	continuous compliance during the reporting period stated above: to
#2. Term or condition of the general permit that has not been in Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:	continuous compliance during the reporting period stated above: to
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:	n and belief formed after reasonable inquiry, that the statements move annual consumption of perchloroethylene solvent, based upon by-to dry facilities or 1,800 gallons per year for transfer or

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔂 CO	MPLAINT/DISCOVERY	RE-INSPECTION	
TIME IN: (100	TIME OUT: 1!30	AIRS 10#: 064	4808	
TYPE OF FACILITY: Dry	Llean			
FACILITY NAME: Punk	's cleaners		DATE: 10-16-00	
FACILITY LOCATION: 21	· · · · · · · · · · · · · · · · · · ·			
E	stis, FL 327,26	<u> </u>		
RESPONSIBLE OFFICIAL:	Nancy Ward	PHONE NUMBER:	352-367-3104	
	ne compliance requirements evalule 62-213.300, Florida Adminis	uated during this inspection, the facilit trative Code (F.A.C.).	y is found to be in	
discrepancies were noted	l:	uated during this inspection, the follow		
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED	
			·	
COMMENTS:				
In Co	mpliano	70		
The Annual Compliance Certifica	tion form has been properly cert	ified and submitted to the inspector.	YES NO	
DATE OF NEXT INSPECTION				
INSPECTION CONDUCTED BY: Randall Lunninghan				
INSPECTOR'S SIGNATURE:	raull"	Please Print) PHONE NUMBER:	407 - 893-333	
	Page	1 of (Revised 10/96	

X 570 PP3 573

US Postal Service Receipt for Certified Mail

AIRS ID # 0694808001AG NANCY A. WARD PUGH'S DRY CLEANERS, INC. 215 S. BAY STREET EUSTIS FL 32726

	Postage	\$
PS Form 3800 , April 1995	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
S Form 3	Postmark or Date	
₫.		

Fold at line over top of envelope to	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Aso 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: 	C. Signature A gent Addressee D. Is delivery address different from item 1? If YES, exter delivery address below:
10 AIRS ID # 0694808001AG NANCY A. WARD PUGH'S DRY CLEANERS, INC. 215 S. BAY STREET EUSTIS FL 32726	3. Service Type Certified Mail
2. Article Number (Copy from service label) 2 2 10 166312131 111 11	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

399738

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 # 0694808

PUGH'S DRY CLEANERS, INC. NANCY A. WARD 215 S. BAY STREET

EUSTIS FL 32726

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0694808 PUGH'S DRY CLEANERS, INC.

NANCY A. WARD 215 S. BAY STREET EUSTIS FL 32726

Sources Monitor RECEIRED FOR GOVERNMEN DOSE ONLY Org.: 37550101000 EO: B1 Fund: 2012 634001 99 Оьј.: 002273

, Mobile

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257961.

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JAN 14 97 TOTAL AMOUNT DUE: \$50.00

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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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0354325

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HAIL ROOM RECEIVED TOTAL AMOUNT DUE: \$50.00_{DEC 15 99}

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AIRS ID # 0694808 PUGH'S DRY CLEANERS INC NANCY A. WARD

215 S. BAY STREET EUSTIS FL 32726

DEC 2 1 1998 Bureau of Air Monitoring & Mobile Monito Org.: 37550101000 EO: B1 Fund: 20-2-035001

This portion must be attached to remittance for proper handling $\,\,/\,30004\,$

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

TOTAL AMOUNT DUE: \$50.00 July 15 98

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AIRS ID#0694808

PUGH'S DRY CLEANERS, INC. NANCY A. WARD 215 S. BAY STREET EUSTIS FL 32726

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273

Obj.: 002273