

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 22, 1997

Mr. Buford E. Long, Jr. Long's Dry Cleaners 2115-A North Citrus Boulevard Leesburg, Florida 34748

Re: Facility I.D. No. 0694814

Dear Mr. Long:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL

Date:

13-Oct-2000 10:41am

From:

Randall Cunningham ORL 407/894

CUNNINGHAM_R@a1.deporl.dep.state.fl.us

Dept: Tel No:

To:

Sandy Bowman TAL

(BOWMAN_S@A1)

To: Rick Butler TAL

(BUTLER R@A1)

Subject: DryClean Info & Good-bye

Hello Rick and Sandy,

1. Long's Cleaners (0694814) is out of business.

2. I have received a promotion to an Engineer I position in Solid Waste Section in the Central District. My last day in Air Section will be October 26. I would like to thank you for all your help in getting me up to speed on my position when I started. You have both been a great deal of help with my continued questions. I will miss contacting you guys, thanks again.

--Randall Cunningham Central District

#0694814

:	
	Long's Dry Cleaners
,	- /
D.14	1.(a) add date control device in stalled, it, any 5.(t) required
	in stalled if any
D.15	5/F) required
	2.(1)1.9101.00
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Perchloroethylene Dry Cleaning Facility Notification

4.245.1

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Butord E: Long, Jr Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	1 To. Charles
1 3	Long's Dry Cleavers Hazardous Waste Generator Identification Number:
).	Trazardous Waste Ocherator Identification Number.
}	
4.	Facility Location: Street Address: 2115 - A N. Citrus Block.
	Street Address: 2115 - A N. Citrus Blad. City: Leesburg County: Lake Zip Code: 34748
5.	Facility Identification Number (DEP Use):
	0694814
	UO1TO1T
	Responsible Official
	Acsponsible Official
6.	Name and Title of Responsible Official:
	But of F. LONG JR - OWNER
7.	Buford E. Long, JR - Owner Responsible Official Mailing Address:
<i>'</i> .	Organization/Firm
	Street Address: 2115 - A N. Citrus Bird.
	City: Leesburg County: CAKE Zip Code: 34748
8.	Responsible Official Telephone Number:
	Telephone: (352) 767-2017 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	•
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED SEP 3 1496

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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.

T. 014 1:	to	Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit			4					1.0	1 (1)
(1) w/ ref. condenser	#1	03-MAR.88	†						1
(2) w/ carbon adsorber		77							
(3) w/ no controls						1		· · · · · · · · · · · · · · · · · · ·	
Washer Unit					1			<u> </u>	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	٠.	i ja			•	* .	. :-		The Ten
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit						•			
(10) w/ ref. condenser									
(11) w/carbon adsorber					İ				
(12) w/ no controls					<u> </u>	<u> </u>			
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 montrol Check why it is less	are re quant gallo	equired to be ity of perchlo ons ow many? [_	installed [Xperc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classifi	cation only.)	ew sn	initions found nall 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 (Indicate with an "X".)	pursuant to section (5) of Part 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 []	
	•
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following :
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
	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 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 indicate	with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ĺ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 the terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	house Lora grande 3-23-96

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

0644814

1.		Dry Cleaners Late centrol of Lest, it, any	leviče	
2.	D. 15 5 (4) reg	uired uny		
3.	11	.,		
3.	The state of the s			
4.	F. S C			34748
5.	E.			./4
<u></u>				
6.	Correcti	ons made 12/2/26		
7.	R O	Samihols	***************************************	
	C			le: 34748
8.	R T	•		
9.	Name and Title of Facility Contact (Fo	or example, plant manager):		
10.	Facility Contact Address:			
	Street Address: City:	County:	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

Eureau of Air Monitoring & Mobile Sources

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Butord E. Long, Jr. Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Long's DRy Cleavers Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: Street Address: 2115 - A N. Citrus Blyt.
	Street Address: 2115 - A N. Citrus Block. City: Leesbors County: Lake Zip Code: 34748
÷5.	Facility Identification Number (DEP Use):
	0694814
	Responsible Official
	·
6.	Name and Title of Responsible Official:
	Buford E. LONG, JR - OWNER
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 2/15 - A N. Cittas Bivel.
	Street Address: 2115-9 N. Cittes Birch. City: Leesburg County: CAKE Zip Code: 34748
8.	Responsible Official Telephone Number:
	Telephone: (35-2) 787 - 2017 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

Durcau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

Facility Information

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

								,	,
		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dec to Dec Heit			. 4	م م المارة أ	<u>φ</u>				
Dry-to-Dry Unit	4 1) 	100	1	· 1	_		· · · · · · · · · · · · · · · · · · ·
(1) w/ ref. condenser	#1	03-MAR.SS	109 Mar. 88						
(2) w/ carbon adsorber							.		ļ-
(3) w/ no controls									
Washer Unit		·		т	1	1		1	1
(4) w/ ref. condenser						<u> </u>			
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			· -			•		•	
(7) w/ ref. condenser			_						
(8) w/ carbon adsorber							· ·		_
(9) w/ no controls				ļ					
Reclaimer Unit								I P	
(10) w/ ref. condenser							<u> </u>		
(11) w/carbon adsorber			1						
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchlo ons ow many? [_	installed [X	_] purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sn	nitions found nall area sour rge area sour	rce [(3) of	Part II?	

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

(Indicate with an "X".)	pursuant to section (5) of Part 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 []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following.
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
·	
Equipment Monitoring a	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 mon	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 indicat	te with an "X" the appropriate selection:	
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)	
آ ک	No air permits currently exist for the operation of the facility indicated in this notification form.	
	Responsible Official Certification	
,		
this notifi statement 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 its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.	
I will pro	mptly notify the Department of any changes to the information contained in this notification. 12-3-96 3-23-96	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	<i>,</i> ,	COMPLAINT/DISCO	OVERY 🗆
AIRS ID#: <u>0694874</u> FACILITY NAME: FACILITY LOCATION:	DATE: 12/3/ LONGS DRY 2115-A N. LEESBURG Fr.	96 TIME IN: CLEANERS CITRUS BLVI 34748	// 55 TIMI	E OUT: 2130
PART I: NOTIFICATION				
(check appropriate box)				
Existing facility notified Date	ARM by 9/1/96			
2. New facility notified DARN	A 30 days prior to star	tup		
3. Facility failed to notify DA	RM to use general per	mit		
PART II: CLASSIFICATIO				
Facility indicated on notifica (check appropriate box)	tion form that it is:			
A. 1. Existing small area soudry-to-dry only, x<140 gal/transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91	yr /\	2. New small area dry-to-dry only, x< transfer only, x<20 both types, x<140 g (constructed on or	140 gal/yr 0 gal/yr gal/yr	
3. Existing large area soundry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gray="" only,="" td="" transfer="" types,=""><td>100 gal/yr) gal/yr al/yr</td><td>4. New large area dry-to-dry only, 14 transfer only, 200 both types, 140<x </x (constructed on or</td><td>0<x<2, 100="" gal="" yr<br="">x<1,800 gal/yr :1,800 gal/yr</x<2,></td><td></td></x<2,>	100 gal/yr) gal/yr al/yr	4. New large area dry-to-dry only, 14 transfer only, 200 both types, 140 <x </x (constructed on or	0 <x<2, 100="" gal="" yr<br="">x<1,800 gal/yr :1,800 gal/yr</x<2,>	
This is a correct facility classi	fication	XY □N		
If no, please check the approp	riate classification:	`		
	fied for a general perreds above limits and is			
B. The total quantity of perch facility was <u>B0</u> gallon		rchased within the p	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? NONE STORES - WILLIAM Recombining the containers for leakage? MACHINE AS NELOGO DY DN DY DN ZY □N 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 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) \Box Y \Box N 1. Equipped all machines with the appropriate vent controls? □Y □N □N/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 OY 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 basis? DY DN 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 OY ON verifying that the coolant had been completely charged?

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?	מם עם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY DN
	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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	Пу Пи
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?	□Y □N □N/A
_		
PA	ART V: RECORDKEEPING REQUIREMENTS	
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
H (c)	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	MY ON
H (c)	as the responsible official: heck appropriate boxes)	MY ON MY YO
(c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	и у п м У п
(c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? DISCUSSID REDULT FORM	и Ж ч С
(c) 1. 2.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? DISCUSSID REMAI FURM Maintained leak detection inspection and repair reports for the following:	N Y CO N Y YO OY YO OY YO
H (c' 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? DISCUSSIN REMAI FIRM 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	DA XIM
H. (c) 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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?	OY YN
H. (c) 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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)	OY XIN OY XIN OY ON ON/A
H. (c) 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? DISCUSSIO READLY FURM 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?	OY AN OY ON ON/A OY ON
H. (c) 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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?	OY AN OY AN OY ON ON/A OY ON
H: (c) 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? DISCUSSID REMAINT FORM 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? Maintained deviation reports?	OY AN OY AN OY ON ON/A OY ON OY ON OY ON
H: (c) 1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? DISCUSSIN REMAI FORM 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? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?	
H: (c) 1. 2. 3. 4. 5. 6. 7. 8.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained deviation reports? Problem corrected?	

2.	Which method of detection is used by	the respon	nsible official	1?				
Visual examination (condensed solvent on exterior surfaces)								
	Physical detection (airflow felt the	A A	•					
	Odor (noticeable perc odor)	X		ı				
	Use of direct-reading instrument	<u> </u>		ı				
	If using direct-reading instrum	entation,	is the equip	ment:			ı	
	a. Capable of detecting	perc vapo	or concentrat	ions in a range of 0-500 ppm?	ΠY	OY ON		
	b. Calibrated against a (PID/FID only)?	standard	gas prior to a	and after each use	□Y □N			
	c. Inspected for leaks a	nd obviou	s signs of we	ear on a weekly basis?	□Y □N			
	d. Kept in a clean and	secure are	a when not i	n use?	□Y □N		ı	
	e. Verified for accuracy	by use of	f duplicate sa	imples (calorimetric only)?	ΠY	□Y □N		
3.	Has the facility maintained a leak log?)			ΠY	À N		
4.	Does the responsible official check the	following	g areas for le	aks?		1		
	Hose connections, fittings, couplings, and valves	Y	□и	Muck cookers/HAS	Ϋ́Y	□и 💢	,	
	♥ Door gaskets and seating	XY	□N	Stills / WEITHER	Ź _Y		∙∦	
	Filter gaskets and seating	ÞΥ	□N	Exhaust dampers	Y	□N	۱	
	Pumps	XY	□N	Diverter valves	YY	□N	١	
	Solvent tanks and containers	A Y	□N	Cartridge filter housing	s X Y	□N		
	Water separators	μY	ΠN				i	

<u>KUFORD</u> <u>E</u>, <u>LONG</u> VR Name of Responsible Official

Inspector's Name (Please Print)

Vouis Michels

Inspector's Signature

12/3/96 Date of Inspection

12/3/96
Approximate Date of Next Inspection

NO CARD

ADDITIONAL SITE INFORMATION:

- OBATER 10 LB MACHINE COM-PAC CCAGBI SALIES
- CC9GBI SELIES CONTAINMENT PAN TO BE INSTALLED SHORTLY
- · VERY SMALL OPERATOR

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	AL COMPI	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 130 TI	ME OUT: 2'. 20	airs id#: \mathcal{D}	94814
TYPE OF FACILITY: My Clea	ning		
FACILITY NAME: Long D	nulcaning		DATE: 1/2/198
FACILITY LOCATION: 2115-1	A Cotrus Bl	vd	
1 se	shura iPL.		
RESPONSIBLE OFFICIAL: Bufor	d Kong	PHONE NUMBER:	787-2017
Based on the results of the compliance with DEP Rule 62-213			ity is found to be in
Based on the results of the compli- discrepancies were noted:	ance requirements evaluate	ed during this inspection, the follo	wing compliance
COMPLIANCE REQUIREME	ENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
		·	
		ì	
		D.E.	CEIVED
		KE	
		F	EB 1998
COMMENTS:		Burea	u of Air Monitoring
a for also as all facility	T ₁		Mobile Sources
extremely small facil	ay .		
The Annual Compliance Certification for	m has been properly certific	mailed www.	YES NOV
·	,100		
DATE OF NEXT INSPECTION:	(App	proximate)	
INSPECTION CONDUCTED BY:	SAADIA C	WIPESHI	
more entitled to the constitution of the constitution constitution of the constitution		ase Print)	
INSPECTOR'S SIGNATURE:			893-3333
	Pageo	of	Revised 10/96

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

ARULS (12362) SQ

FEB

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of the OF INSPECTION:
Ø Monie

ANNUAL

X

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#:								
FACILITY NAME:	FACILITY NAME: Donnéis Dy deane							
FACILITY LOCATION: 1421 W.	J I							
	sburg, FL.							
DECRONSING POPULATION AND HE	Man PHONE: 1-352-787-6170							
CONTACT NAME:	PHONE:							
PART I: NOTIFICATION								
(check appropriate box)								
1. New facility notified DARM 30 days prior to sta	rtup							
2. Facility failed to notify DARM to use general pe	rmit 🔲							
PART II: CLASSIFICATION								
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum							
A.	a prop store out of ourness, peutoteam							
1. Existing small area source ☐ dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr							
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr							
both types, x < 140 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 transfer only, $200 \le x \le 1,800$ gal/yr	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)	(constructed on or after 12/9/91)							
5. This is a correct facility classification	Y ON Can not determine							
If no, please check the appropriate classific								
facility qualified for a ge	neral permit as number above nits 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 5 gallons.								
ganons.								

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?
- 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? soin diste
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

XY	□N	□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 refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

- A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)
- 1. Equipped all machines with the appropriate vent controls?
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- 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 condenser on a weekly/bi-weekly basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

X ON ON/A

XIY ON ON/A

XY ON ON/A

ΛΩΥ □N

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?	□Y □N
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?	□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?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction.	
or expansion; and downstream from no other inlet?	□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?	□Y □N □N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for perc purchased? Explused	oy X n						
2. Maintained rolling monthly total of perc consumption?	φ. ον						
	X						
 Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; 	/ DAYY 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?	YZYY □N □N/A						
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DAVA						
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DON						
6. Maintained startup/shutdown/malfunction plan?	MO PO						
7. Maintained deviation reports?	XY ON ON/A						
Problem corrected?	OY ON MANA						
8. Maintained compliance plan, if applicable?	AVA ON PO						

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, ☐Y □N □N/A ФY □N □N/A Muck cookers couplings, and valves Y ON ON/A Stills DY □N □N/A Door gaskets and seating **Ф**Y □N □N/A Filter gaskets and seating Exhaust dampers Y ON ON/A DY ON ON/A Diverter valves **Pumps** DY DN DN/A Solvent tanks and containers Cartridge filter housings □Y □N □N/A DY DN DN/A Water separators 1) min net 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? \Box Y \Box N b. Calibrated against a standard gas prior to and after each use \Box Y \Box N (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? \Box Y \Box N e. Verified for accuracy by use of duplicate samples (calorimetric only)? \Box Y \Box N

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

5/98

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

mcf.
no spotting board

New madrine, no publics

minor ont

(no perc receipts look or

kmp logs)

DRY CLEANER AIR QUALITY GENERAL PERMIT Bureau of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM & Mobile Sources AIRS ID 0694814 BUFORD E LONG JR BUFORD E LONG 2115-A N CITRUS BLVD LEESBURG FL 34748 Do NOT Remove Label 19 **9**7 Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ∐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 Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this

notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

^{*}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

7/23/53 8)

& Moone Soul.

TYPE OF INSPECTION:

ANNUAL

1

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS 10#: 069 4814 DATE: 172119	₹8 _ TIME IN: <u>1:30 _</u> TIME OUT: 2: 20
FACILITY NAME: LONG'S D	Ry Cleaning
FACILITY LOCATION: 2115-A C	Thrus Blvd.
lcesk	ourg, PL.
	ly Buftra HONE: 787 - 2017
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup \square
2. Facility failed to notify DARM to use general per	mit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ 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	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 before 12/9/91)	(constructed on or after 12/9/91)
	(constructed on or after 12/9/91) YY □N □Can not determine
(constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ger	MY □N □Can not determine

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ÒXÝ □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/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 ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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 squrces and existing large area sources: (check appropriate boxes) QY QN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? QY QN QN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? QY QN QN/A 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 QY QN QN/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? \Box Y \Box 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?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ΠN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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,			
Ì	if machines are equipped with a carbon adsorber?	ПY	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ПY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)						
Maintained receipts for perc purchased?	XY ON					
2. Maintained rolling monthly total of perc consumption?	X Y □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)	OY ON XXVA					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ANIA					
6. Maintained startup/shutdown/malfunction plan?	XQA ON					
7. Maintained deviation reports?	XY ON ON/A					
Problem corrected?	OY ON ANA					
8. Maintained compliance plan, if applicable?	DY DN DW/A					

PART VI: LEAK DETECTION AND REPAIRS

_									
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?					XΥ		JN	
2.	Has the facility maintained a leak log?	EY	cpli	ained		ПY	1	I N	
	Does the responsible official check the following areas for leaks?								
	Hose connections, fittings,								
	couplings, and valves	ÞΥ	□N	□N/A	Muck cookers	βY	ΠN	□N/A	
	Door gaskets and seating	ÞΥ	□N	□N/A	Stills	Y	□N	□N/A	
	Filter gaskets and seating	þУ	□N	□N/A	Exhaust dampers	dY	ΠN	□N/A	
	Pumps	фY	□N	□N/A	Diverter valves	þΥ	ΠN	□N/A	
	Solvent tanks and containers	фY	ΠN	□N/A	Cartridge filter housings	фУ	□N	□N/A	
	Water separators	ф	□N	□N/A					
4.	Which method of detection is used by the	ne resp	ponsib	le official?			1		
	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									
	If using direct-reading instru	umen	tation	, 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)?						_	□N		
	c. Inspected for leaks an				-		ΠN		
	d. Kept in a clean and se						ΠN		
	e. Verified for accuracy	by use	of du	plicate samples	(calorimetric only)?	ПY	ΠN		

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

AIRS ID#:

pec

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: <u>LONG'S</u>	0 0 0	<u> </u>
	DRY CLEANERS	DATE: 12-10-98
FACILITY LOCATION: 2/15	-A N. Citrus Blud.	/
Lessb	arg. FL 34748	
Annual Reporting Period:	ec. 19 <u>97</u> TO	Dec 1998
	Title V general air permit, my facility has rema $(F.A.C.)$, during the period covered by this s	*, <i>*</i>
If NO, complete the following:		·
#1. Term or condition of the general pe	ermit that has not been in continuous compliance	te during the reporting period stated above:
Exact period of non-compliance: from	1	.o
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance	o: 	
#2. Term or condition of the general po	ermit that has not been in continuous complian	ce during the reporting period stated above:
Exact period of non-compliance: from	t	0
-		
Action(s) taken to achieve compliance:		
Action(s) taken to achieve compliance: Method used to demonstrate compliance		

*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: A	NNUAL T	СОМГ	LAINT/DISCOVE	RY 🗌	RE-INSPECTION
TIME IN: 12:45	TIME OUT:/_	:15	AIF	RS ID#: 06	94814
TYPE OF FACILITY: DYMC	Faring				
FACILITY NAME: LOY	45 dean	eks			DATE: 12/10/98
FACILITY LOCATION:	2115A 1		mis Blva.	•	1-1-1-1-1
TACIBITY BOCATION.	Toe object	E	· · · ·		
RESPONSIBLE OFFICIAL:	M-Lory		PHON	E NUMBER:_	352-787-2015
Based on the results of the co	•			ction, the facili	ty is found to be in
Based on the results of the co	ompliance requiremen	nts evaluate	ed during this inspe	ction, the follo	wing compliance
COMPLIANCE REQUIRI	EMENT/PROBL	EM	FOLLOW	-UP ACTIO	N REQUIRED
<u></u>				-	
	•				
_	· 				
COMMENTS:				.,	
Keeping	Calenda		venj sma	U faci	Let 3
The Annual Compliance Certification	form has been prope	rly certifie	/ /	7	YES NO
DATE OF NEXT INSPECTION:_	<u>)</u> 99	Rdea	(Vu reshi		11/99
INSPECTION CONDUCTED BY:		ДАРР		<u>/</u>	·
		(Plea	ise Print)		(1) - 0
INSPECTOR'S SIGNATURE:		V	PHONE	E NUMBER:	47-893:3333

Page___of___.

Revised 10/96

IN AKING

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIANCE	EINSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL RE-INSPECTI	COMPLAINT/DISCOVERY D
·- <u>-</u>	
	198 time in: 14345 time out: 1.15
FACILITY NAME: Longs C	earers
FACILITY LOCATION: 2115 A	N. Citrus Blvol.
<u>les</u>	slain 34748
RESPONSIBLE OFFICIAL: M. Buefo	rd hong PHONE: 352 - 787-2015
CONTACT NAME:	PHONE:
	· · · · · · · · · · · · · · · · · · ·
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to st	artup . 🗅
2. Facility failed to notify DARM to use general p	ermit \square
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ 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 ·
· · · · · · · · · · · · · · · · · · ·	ication: general permit as number above imits 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 \[\int D \] gallons.

Is the responsible official of the dry cleaning facility: Storing perchloroethylene in tightly sealed and impervious containers? 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 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-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 ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated UY UN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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 locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis? 	ed □Y □N
2. Measured and recorded the washer exhaust temperature at the condenser	_
inlet and outlet weekly?	OY ON ON/A
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?	□Y □N □N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	□Y □N □N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A

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

PART VI: LEAK DETECTION AND R	EPAIRS		
1. Does the responsible official conduct a	weekly (for small sources, b	i-weekly) leak detection ar	d repair
inspection?			→ □N
2. Has the facility maintained a leak log?			AA ON
3. Does the responsible official check the	following areas for leaks?		1
Hose connections, fittings, couplings, and valves	GY ON ON/A	Muck cookers	AND NO ANA
Door gaskets and seating	DY ON ON/A	Stills	אותם אם צף
Filter gaskets and seating	DY DN DN/A	Exhaust dampers	CY CN CN/A
Pumps	DY DN DN/A	Diverter valves	DY DN DN/A
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A
Water separators	Y ON ON/A		
4. Which method of detection is used by the	ne responsible official?		
Visual examination (condensed so	lvent on exterior surfaces)		/d
Physical detection (airflow felt the	ough gaskets)		ø
Odor (noticeable perc odor)		(ø
Use of direct-reading instrumenta	tion (FID/PID/calorimetric t	rubes)	
Halogen leak detector			<u> </u>
If using direct-reading instru	imentation, is the equipme	ent:	□N/A
a. Capable of detecting p	perc vapor concentrations in	a range of 0-500 ppm?	DY DN
b. Calibrated against a st (PID/FID only)?	andard gas prior to and afte	r each use	□Y □N
c. Inspected for leaks and obvious signs of wear on a weekly basis?			□Y □N
d. Kept in a clean and se	cure area when not in use?		UY UN
e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	DY DN

Jaadia Chreshi	12/10/58
Inspector's Name (Please Print)	Date of Inspection
	11/59
Inspector's Signature	Approximate Date of Next Inspection

Desoter old, small machine S105. haspan. Safety Kleen. Pan for burrels.

Condensate >> haz waste.

Using calendar /leak cheeks/ perc cog.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPÉ	OF	INSPE	CTIO	N:

ANNUAL

#

COMPLAINT/DISCOVER

RE-INSPECTION

AIRS ID#: 0694814 DATE: 11-22-90 FACILITY NAME: Long'S Cleaner	
FACILITY LOCATION: 2115 A N. C	
Less burg, FL RESPONSIBLE OFFICIAL: Mr. Bue ford CONTACT NAME:	J. P. (2)
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to state 2. Facility failed to notify DARM to use general per	_ ·
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (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)	☐ No notification form ☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	☐Y □N □Can not determine
	ation: neral permit as number above uits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 100 gallons.	rchased within the preceding 12 months by this dry cleaning

(check appropriate boxes) DY DN 500/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ZN/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 least 24 hours prior to disposal? A'NO NO Y 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) 1. Equipped all machines with the appropriate vent controls? DY DN 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 condenser upon opening the door? DY DN DN/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 OY ON ON/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

Is the responsible official of the dry cleaning facility:

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AY ON
2. Maintained rolling monthly averages of perc consumption?	NO YES
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	AVA NO YER
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 ANA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON X VA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON BASIA
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	OY ON X N/A
Problem corrected?	OY ON SAN/A
8. Maintained compliance plan, if applicable?	DY DN S N/A

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AY ON ON/A Muck cookers AVAD NO VER couplings, and valves AND NO YES Door gaskets and seating Stills AY ON ON/A AVA UN UNIA AY ON ON/A Filter gaskets and seating Exhaust dampers AVA ON ON/A AY ON ON/A Diverter valves Pumps A/NO NO YQ Cartridge filter housings XY DN DN/A Solvent tanks and containers AVAD AD AXX 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)

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?

b. Calibrated against a standard gas prior to and after each use

c. Inspected for leaks and obvious signs of wear on a weekly basis?

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

If using direct-reading instrumentation, is the equipment:

d. Kept in a clean and secure area when not in use?

Randa (Uningham
Inspector's Name (Please Privit)

Inspector's Signature

(PID/FID only)?

Halogen leak detector

11-22-99
Date of Inspection

11-2000

Approximate Date of Next Inspection

NIA

NO YO

DY DN

DY DN

DY DN

DY DN

ADDITIONAL SITE INFORMATION:				
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BEST AVAILABLE COPY

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Long's	cleaners			D.A	TE: 11-22-9
FACILITY LOCATION: 21	5 A N. Ci	trus Blv.	d,		
	eesburg, Fo	4 34746	3		
Annual Reporting Period:	ovember	19	98 TO _	Wovember	1999
Based on each term or condition of 62-213.300, Florida Administrativ If NO, complete the following:				<u>-</u>	h DEP Rule □NO
#1. Term or condition of the gene	ral permit that has n	not been in contin	uous complian	ce during the reporting	period stated above:
Exact period of non-compliance: 1	rom			to	
Action(s) taken to achieve complia	ince:	· .			
Method used to demonstrate comp	liance:			<u>.</u>	
#2. Term or condition of the gene	ral permit that has r	not been in contin	uous complian	ce during the reporting	period stated above:
Exact period of non-compliance:	from		to)	·
Action(s) taken to achieve complia	ance:				
Method used to demonstrate comp	liance:				
As the responsible official, I hereb made in this notification are true, upon purchase receipts, does not a combination facilities. RESPONSIBLE OFFICIAL:	accurate and complexceed 2,100 gallons	lete. Further, my s per year for dry	annual consum	nption of perchloroethy	lene solvent, based

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

Page _____ of ____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:30	TIME OUT: // ?	00AIRS ID#:_06	94814
TYPE OF FACILITY: Dr	y Cleaning		
FACILITY NAME: Lon	g's Cleaners		DATE: 11-22-89
FACILITY LOCATION:	2115 A N. Citius	Blud,	
	Leesburg, FL 34	743	· .
RESPONSIBLE OFFICIAL:	Mr. Long	PHONE NUMBER:	352-787-2015
المبارا	of the compliance requirements of Rule 62-213.300, Florida Adm	evaluated during this inspection, the fac- inistrative Code (F.A.C.).	ility is found to be in
Based on the results of discrepancies were no		evaluated during this inspection, the foll	owing compliance
COMPLIANCE REC	QUIREMENT/PROBLEM	M FOLLOW-UP ACTI	ON REQUIRED
	•		
·			
-			
-			
•			
COMMENTS:			•
In	om plia	nce	
The Annual Compliance Cost	fication form has been properly	contified and submitted to the increator	YES NO
•	11 2 50 6	certified and submitted to the inspector.	110
DATE OF NEXT INSPECT	ION: 11 - 2000	(Approximate)	-
INSPECTION CONDUCTE	DBY: Kandall	(Please Print)	<u>)</u>
INSPECTOR'S SIGNATUR	E: Mall C	PHONE NUMBER:	<u>(407)893-333</u>
	Pa	igeof	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
	10-13-00
BY 5	RC

TYPE OF INSPECTION:

ANNUAL (INS1, INS2)

COMPLAINT/DISCOVERY (CI) --

RE-INSPECTION (FUI) □

AIRS ID#: 0644814 DATE: 10-12	1-00 T	IME IN	;	гіме о	UT:		10
FACILITY NAME: LOAGS CLE	aners			· ·			
FACILITY LOCATION: 2115			Blvd.				
Leesburg			,	•			
RESPONSIBLE OFFICIAL: By Ford				2 - 2	787	- 20	15
•					. <u></u>		<u> </u>
CONTACT NAME:		·	PHONE:		<u> </u>		
PART I: NOTIFICATION							
(check appropriate box)		·Fac	ility Compliance	Status:	IN	X	-
1. New facility notified DARM 30 days prior to sta	rtup ((ARMS Data)		MNC		
2. Facility failed to notify DARM to use general pe	rmit (<u> </u>			SNC		
PART II: CLASSIFICATION					•		
TAKT II. CLASSIFICATION							
Facility indicated an natification form that it is:			□ No notificatio	n form			
Facility indicated on notification form that it is: (check appropriate box)			☐ No notificatio ☐ Drop store out		nesspeti	oleum	
(check appropriate box) A.		,	Drop store ou		ness peti	oleum	
(check appropriate box) A. 1. Existing small area source □	2. New s	mall ar	Drop store out		ness peti	roleum	
(check appropriate box) A.	dry-to-dry	mall are	Drop store ou		nesspeti	roleum	R
(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	dry-to-dry transfer o both type	mall are y only, x only, x < s, x < 14	Ea source < 140 gal/yr 200 gal/yr 0 gal/yr	of busi		roleum	RE
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry transfer o both type	mall are y only, x only, x < s, x < 14	Ea source < 140 gal/yr 200 gal/yr	of busi			REC
(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	dry-to-dry transfer o both type	mall are y only, x only, x < s, x < 14 ted on o	ea source < 140 gal/yr 200 gal/yr 0 gal/yr r after 12/9/91)	of busi		130	RECE
(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	dry-to-dry transfer o both type (construct 4. New land dry-to-dry	mall are y only, x only, x < s, x < 14 ted on o arge are	Prop store out ea source x < 140 gal/yr x < 200 gal/yr x < 200 gal/yr x < 30 gal/yr	of busing of bus	Bureau of Air		RECEI
(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	dry-to-dry transfer o both type (construct 4. New I: dry-to-dry transfer o	mall are y only, x only, x < s, x < 14 ted on on arge are y only, 1	Example 2 Prop store out the source $x < 140 \text{ gal/yr}$ 200 gal/yr $x = 200 \text{ gal/yr}$ $x = 200 \text{ gal/y}$ $x = 200 \text{ gal/y}$	of busing of bus	Bureau of Air Mo	OCT 27	RECEIV
(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	dry-to-dry transfer o both type (construct 4. New lad dry-to-dry transfer o both type	mall are y only, x < s, x < 14 ted on o arge are y only, 1 nly, 200 s, 140 ≤	Prop store out ea source x < 140 gal/yr x < 200 gal/yr x < 200 gal/yr x < 30 gal/yr	of busing of bus	Bureau of Air Mo	130	RECLIVE
(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	dry-to-dry transfer o both type (construct 4. New It dry-to-dry transfer o both type (construct	mall are y only, x only, x < s, x < 14 ted on on arge are y only, 1 only, 200 s, 140 < ted on on	Prop store out ea source x < 140 gal/yr x < 140 gal/yr x < 120 gal/yr x < 120 gal/yr x < 120 gal/yr x < 1300 gal/yr x < 1300 gal/yr	of busing of the state of the s	Bureau of Air Mo	OCT 27	RECLIVED
(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)	dry-to-dry transfer o both type (construct 4. New ladry-to-dry transfer o both type (construct	mall are y only, x only, x < s, x < 14 ted on on arge are y only, 1 only, 200 s, 140 < ted on on	Prop store out ea source x < 140 gal/yr 200 gal/yr 200 gal/yr or after $12/9/91$) ea source $40 \le x \le 2,100 \text{ gal/y}$ $x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	of busing of the state of the s	Bureau of Air Mo	OCT 27	RECLIVED
 (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 content of the /li>	dry-to-dry transfer o both type (construct 4. New It dry-to-dry transfer o both type (construct TY cation: neral permit	mall are y only, x only, x < s, x < 14 ted on on arge are y only, 1 only, 200 s, 140 < ted on on TN t as num	ea source $x < 140 \text{ gal/yr}$ 200 gal/yr 200 gal/yr after 12/9/91) ea source $40 \le x \le 2,100 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ after 12/9/91) Can not determ	al/yr	Bureau of Air Mo	OCT 27	RECEIVED
 (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 classific 	dry-to-dry transfer o both type (construct 4. New It dry-to-dry transfer o both type (construct TY cation: neral permit	mall are y only, x only, x < s, x < 14 ted on on arge are y only, 1 only, 200 s, 140 < ted on on TN t as num	ea source $x < 140 \text{ gal/yr}$ 200 gal/yr 200 gal/yr after 12/9/91) ea source $40 \le x \le 2,100 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ after 12/9/91) Can not determ	al/yr	Bureau of Air Mo	OCT 27	RECEIVED

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 ON ON/A		
2. Examining the containers for leakage?	OY ON ON/A		
3. Closing and securing machine doors except during loading/unloading?	OY ON		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY 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 refrig (complete A below).	erated 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).	erated condenser		
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
Equipped all machines with the appropriate vent controls?	OY ON		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/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?	מם, גם		

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	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	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ŪΥ	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПΝ	∵. □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A
				·

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	□Y □N
2. Maintained rolling monthly total of perc consumption?	□Y □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/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 ON/A
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY, ON ON/A

PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	□Y □N				
2.	Has the facility maintained a leak log?	DY DN				
3.	Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves	OY ON ON/A				
	Door gaskets and seating	□Y □N □N/A				
	Filter gaskets and seating	OY ON ON/A				
	Pumps	□Y □N □N/A				
 	Solvent tanks and containers	□Y □N □N/A				
	Water separators					
4.	Which method of detection is used by the responsible official?					
ĺ	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					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	□Y □N				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	Y □N				
	□Y □N					
	d. Kept in a clean and secure area when not in use?	□Y □N				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	מם עם				

Inspector's Signature

10-12-00 Date of Inspection

Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:			DATE:
FACILITY LOCATION:	· · · · · · · · · · · · · · · · · · ·		·
Annual Reporting Period:	20	ТО	20
Based on each term or condition of the Title V	V general air permit, my facility	has remained in complianc	e with DEP Rule
52-213.300, Florida Administrative Code (F.A	A.C.), during the period covered	by this statement. \square Y	es 🔲 no
If NO, complete the following:			
1. Term or condition of the general permit th	hat has not been in continuous c	ompliance during the repor	ting 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 th	hat has not been in continuous c	ompliance during the repor	ting 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, banthis notification are true, accurate and compurchase receipts, does not exceed 2,100 gallocombination facilities.	plete. Further, my annual cons	umption of perchloroethyles	ne solvent, based upon
RESPONSIBLE OFFICIAL:	a (Planca Print)	Simplim	Data
Name	e (Please Print)	Signature	Date

Page _____ of ____.

^{*}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.

P33	U.S. Postal Servi CERTIFIED M (Domestic Mail (AIL RECEIPT	e Coverage Provided)	4 hEhb	(Domestic Mail O	MAIL REC	EIPT Coverage Provided)
372	Postage	\$	N.C.	47.74	Postage Certified Fee	\$	
20 9	Certified Fee Return Receipt Fee (Endorsement Required)		Postmark Here	n 920	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee		Postmark Here
	Restricted Delivery Fee (Endorsement Required) Total ' 1()	A IDG ID # 0 50 1	l 2		(Endorsement Required)		
0.56	Recip BUFORD E LONG'S DR	Y CLEANERS	814001AG	ב ב		EANERS	
2000	City, s	TRUS BLVD FL 34748		ב	LEESBURG FL	STREET 34748-3907	- September 1916 In State of the
	PS Form 3800 Februa	TRY ZUUU	Seerreversenoins fructions	 		and grant to grant address to his time to be to	

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: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
10 AIRS ID # 0694814001AG BUFORD E LONG LONG'S DRY CLEANERS 2115-A N CITRUS BLVD LEESBURG FL 34748	3. Service Type Certified Mail
2. Article Number (Copy from service label) 7090 0520 0030 9372 69	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 1999 Domestic Re	

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400





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RETURN TO SENDER

BECEINED

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US Postal Service Receipt for Certified Mail

AIRS ID # 0694814

LONG'S DRY CLEANERS BUFORD E LONG 2115-A N CITRUS BLVD LEESBURG FL 34748

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

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Article Addressed to:	D. Is delivery address different from item 1. Yes If YES, enter delivery address below: □ No
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US Postal Service Receipt for Certified Mail AIRS ID 0694814

BUFORD E LONG JR BUFORD E LONG 2115-A N CITRUS BLVD LEESBURG FL 34748

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	Certified Fee	
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1999	Return Receipt Showing to Whom & Date Delivered	_
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800	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

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Attach this form to the front of the mailpiece, or on the back if space does not permit.		1. Addressee's Address	Service
Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date.		2. Restricted Delivery	Se
delivered.		Consult postmaster for fee.	ceipt
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5. Received By: (Print Name)	8. Addresse	e's Address (Only if requested	Thank yo
6. Signature (Addressee or Agent) PS Form 3811, December 1994	_	Domestic Return Receipt	4
	■ 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 0694814 BUFORD ELONG JR BUFORD ELONG JR BUFORD ELONG JR CITRUS BLVD LEESBURG FL 34748 5. Received By: (Print Name)	■ 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 can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID 0694814 BUFORD ELONG JR BUFORD JR BUFORD ELONG JR BUFORD JR	■ 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 can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID 0694814 BUFORD E LONG IR BUFORD E LONG 2115-A N CITRUS BLVD LEESBURG FL 34748 AIRS ID 0694814 Express Mail Return Receipt for Merchandise □ COD 7. Date of Delivery 1. □ Addressee's Address 2. □ Restricted Delivery Consult postmaster for fee. 4a. Article Number 7 3 3 3 6 6 9 8 9 4b. Service Type □ Registered □ □ Express Mail □ Insured □ Return Receipt for Merchandise □ COD 7. Date of Delivery 1 - 18 - 7 3 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid)

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AIRS ID 0694814

BUFORD E LONG JR BUFORD E LONG 2115-A N CITRUS BLVD LEESBURG FL 34748 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

265 302 204 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. -E--- Mail (Soe reverse) AIRS ID#: 0694814 BUFORD E LONG JR **BUFORD E LONG** 2115-A N CITRUS BLVD LEESBURG FL 34748 rusiayo Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address 3800. TOTAL Postage & Fees Postmark or Date

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■Print your name and address on the reverse of this form so that we can return this following services (for an card to you.

Attach this form to the front of the mailpiece, or on the back if space does not Return Receipt Service 1. Addressee's Address permit.
■Write "Return Receipt Requested" on the mailpiece below the article number. 2. A Restricted Delivery ■ The Return Receipt will show to whom the article was delivered and the date delivered. Consult postmaster for fee. Ē 4a. Article Number 3. Article Addressed to: P265 4b. Service Type ☐ Registered Certified using [AIR\$ ID#: 0694814 ☐ Insured ☐ Express Mail **BUFORD E LONG JR BUFORD E LONG** ☐ Return Receipt for Merchandise
☐ COD ģ 2115-A'N CITRUS BLVD 7. Date of Delivery you **LEESBURG FL 34748** RETURN Thank y 5. Received By: (Print Name) 8. Add/essee's Address (Only if requested and fee is paid) Domestic Return Receipt PS Form 3811, December 1994

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TOTAL AMOUNT DUE: \$50.00

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LONG'S DRY CLEANERS BUFORD E LONG 2115-A N CITRUS BLVD LEESBURG FL 34748 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0694814

LONG'S DRY CLEANERS BUFORD E LONG 2115-A N CITRUS BLVD LEESBURG FL 34748

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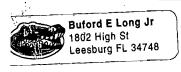
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No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID # 0694814 LONG'S DRY CLEANERS BUFORD E LONG 2115-A N CITRUS BLVD LEESBURG FL 34748 Certified res Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

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

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LONG'S DRY CLEANERS
BUFORD E LONG
2115-A N CITRUS BLVD
LEESBURG FL 34748

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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Attach this card to the back of the mailpiece, or on the front if space permits.	X PAU Addressee
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
)# 0694814001 DRY CLEANERS RKINS STREET RG FL 34749-3907	I. Service Type X Certified Mail
	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number (Copy from service label) 700 0,060000000000000000000000000000000	
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