Department of
Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

March 11, 1999

Ms. Sue Cash
Eagle Cleaners
13251 McGregor Boulevard
Fort Myers, Florida 33919

Re: Facility No.: 0710180

Dear Ms. Cash:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 5, 1999.

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, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, of 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. Sherrill Culliver, South District

EAGLE CLEANERS℠
"THE GREAT AMERICAN WAY"

COPY

June 20, 2000

State of Florida
Dept of Environmental Protection
2295 Victoria Ave, Ste 364
Ft. Myers, FL 33901

Attn: Wayne Lewis

Please upgrade my permit to a large area source. If there is any fee involved or any paperwork I need to complete please let me know.

Thank you.

Sue Cash

Sue Cash
Owner, Eagle Cleaners

0710180

13251 McGregor Boulevard • Fort Myers Florida 33919
(941) 489-4200
INDEPENDENTLY OWNED & OPERATED

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
SARILYN CLEANERS INC DBA EAGLE CLEANERS
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
FLR000052589
4. Facility Location:
Street Address: 13251 McGREGOR BLVD
City: FORT MYERS County: LEE Zip Code: 33919
5. Facility Identification Number (DEP Use): 0710180

RECEIVED
MAR - 5 1997
Bureau of Air Monitoring & Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:
SUE CASH PRESIDENT
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 13251 McGREGOR BLVD
City: FT MYERS FL County: LEE Zip Code: 33919
8. Responsible Official Telephone Number:
Telephone: (941) 489-4200 Fax: (941) 489-4204

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: ( ) -

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser		1-22-99	1-22-99		~~1-22-99~~				
(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, but not yet installed [____]

(c) No control devices are required to be installed [____]

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
[80] gallons ESTIMATE

(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 [X]

Existing large area source [____] New large area source [____]

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source			
Carbon adsorber	[ ]	Refrigerated condenser	[ ]
New small area source			
Refrigerated condenser	[X]		
New large area source			
Refrigerated condenser	[ ]		

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt	[ ]
No such units on-site	[X]

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	[ ]
(e) Instrument calibration	[ ]
(f) Start-up, shutdown, malfunction plan	[X]

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) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Sue Cook
Signature

3/2/99
Date

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☑
RE-INSPECTION ☐

AIRS ID#: 0710180 DATE: 03/02/99 TIME IN: _____ TIME OUT: _____

FACILITY NAME: Eagle Cleaners

FACILITY LOCATION: 13351 McGregor Boulevard
Fort Myers, FL 33919

RESPONSIBLE OFFICIAL: Sue Cash PHONE: 941 489-4200

CONTACT NAME: " " PHONE: " "

RECEIVED
DEC 17 1999
Bureau of Air Monitoring & Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☑

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (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 ≤ 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)

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
(constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☑N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number 2 above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 80 gallons.

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?	☑Y	☐N	☐N/A
2. Examining the containers for leakage?	☑Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☐Y	☑N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y	☐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?	☑Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☐Y	☐N	☑N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☐Y	☑N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	☐Y	☑N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☐Y	☑N	

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?	☐Y ☐N
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?	☐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?	☐Y ☑N
2. Maintained rolling monthly averages 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;	☐Y ☑N ☐N/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 ☐N ☑N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☑N/A
6. Maintained startup/shutdown/malfunction plan?	☐Y ☑N
7. Maintained deviation reports?	☐Y ☐N ☑N/A
Problem corrected?	☐Y ☐N ☑N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☑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? ☐Y ☑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	☐Y ☑N ☐N/A	Muck cookers	☐Y ☑N ☐N/A
Door gaskets and seating	☐Y ☑N ☐N/A	Stills	☐Y ☑N ☐N/A
Filter gaskets and seating	☐Y ☑N ☐N/A	Exhaust dampers	☐Y ☑N ☐N/A
Pumps	☐Y ☑N ☐N/A	Diverter valves	☐Y ☑N ☐N/A
Solvent tanks and containers	☐Y ☑N ☐N/A	Cartridge filter housings	☐Y ☑N ☐N/A
Water separators	☐Y ☑N ☐N/A		

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 ☐
   - **If using direct-reading instrumentation, is the equipment:** ☐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
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Wayne Lewis
Inspector's Name (Please Print)

03/02/99
Date of Inspection

Wayne Lewis
Inspector's Signature

Approximate Date of Next Inspection

COPY

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0710180 DATE: 1-11-01 TIME IN: 11-45 am TIME OUT: 12:30

FACILITY NAME: Eagle Cleaners

FACILITY LOCATION: 13251 McGregor Blvd
Fort Myers 33919

RESPONSIBLE OFFICIAL: Sue Cash PHONE:

CONTACT NAME: Sue Cash PHONE:

PART I: NOTIFICATION

(check appropriate box)	☑ NA
1. New facility notified DARM 30 days prior to startup	☐
2. Facility failed to notify DARM to use general permit	☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

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, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)

4. New large area source ☑
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 165 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

Phenix

1. Storing perchloroethylene in tightly sealed and impervious containers?	☐Y ☐N ☑N/A
2. Examining the containers for leakage?	☐Y ☐N ☑N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y ☐N ☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y ☐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?	☑Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	☐Y ☐N ☑N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y ☐N

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?	☑Y ☐N
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?	☐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?	☑Y ☐N
2. Maintained rolling monthly averages 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;	☐Y ☐N ☑N/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 ☐N ☑N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☑N/A
Problem corrected?	☐Y ☐N ☑N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☑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? ☑Y ☐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	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

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	☐

If using direct-reading instrumentation, is the equipment: ☐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

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

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

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

Wayne Lewis
Inspector's Name (Please Print)

01/11/01
Date of Inspection

Wayne Lewis
Inspector's Signature

01/02
Approximate Date of Next Inspection

Perc. 12 Month Log

January	
Date	Perc.
1/10	20
Totals	

February	
Date	Perc.
2/7	15
Totals	

March	
Date	Perc.
3/20	20
Totals	

April	
Date	Perc.
4/17	15
Totals	

70

May	
Date	Perc.
	0
Totals	

June	
Date	Perc.
6/11	20
Totals	

July	
Date	Perc.
7/10	20
Totals	

August	
Date	Perc.
8/7	15
Totals	

55

September	
Date	Perc.
9/15	10
Totals	

October	
Date	Perc.
10/20	20
Totals	

November	
Date	Perc.
11	10
Totals	

December	
Date	Perc.
	0
Totals	

40

January
February
March
April
May
June

July
August
September
October
November
December

165 ✓

SEN [redacted] Fold at line over top of envelope to the right of the return address TE 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.

A. Received by *(Please Print Clearly)* | B. Date of Delivery 2-26-00

C. Signature
X Sue Cash ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

AIRS ID # 0710180
EAGLE CLEANERS
SUE CASH
13251 MCGREGOR BLVD
FT MYERS FL 33939

Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
Z 210 662 358

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 210 662 358

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*
Sent to

AIRS ID # 0710180
EAGLE CLEANERS
SUE CASH
13251 MCGREGOR BLVD
FT MYERS FL 33939

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	$
Postmark or Date	

PS Form 3800, April 1995

(Y COPY

01/10/01

Donna Brantley
2457 NW 9th Terrace
Cape Coral, Fl. 33993

Department of Environmental protection
Twin Towers Office Building
2600 Blair Stone Rd.
Tallahassee, Fl. 32499-2400

Reference: Title V Air General Permits

TO: Department of Environmental Protection

As of January 12, 2001, I will no longer own and operate Magic Dry Cleaners located at 8750 Gladiolus Dr. Unit 13 Fort Myers, Florida 33908.

I understand that I will be responsible for the Title V Air General Permit fee of $50.00 for the year 2001.

This is a request for my notice of payment be sent to my new mailing address. 2457 NW 9th Terrace Cape Coral, Florida 33993

Thank you,

Donna Brantley

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0710145 DATE: 01/01/01 TIME IN: 9:40 TIME OUT: 10:45

FACILITY NAME: Magic Dry Cleaners

FACILITY LOCATION: 8750 Gladiolus Dr Unit 13

Fort Myers 33908

RESPONSIBLE OFFICIAL: Donna Brantly PHONE: 481-1954

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)	/	NA
1. New facility notified DARM 30 days prior to startup	☐	
2. Facility failed to notify DARM to use general permit	☐	

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

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 ≤ 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)

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
(constructed on or after 12/9/91)

5. This is a correct facility classification ☐Y ☑N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number 2 above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 136.5 gallons.

12 MONTH AVE APRIL - JUNE 165 GAL & SEPT → OCT 175 GAL

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?	☐Y ☐N ☑N/A
2. Examining the containers for leakage?	☐Y ☐N ☑N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y ☐N ☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y ☐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?	☑Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☐Y ☐N ☑N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y ☐N

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?	☑Y ☐N
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?	☐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?	☑Y ☐N
2. Maintained rolling monthly averages 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;	☐Y ☐N ☑N/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 ☐N ☑N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☑N/A
Problem corrected?	☐Y ☐N ☑N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☑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? ☑Y ☐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	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

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 ☐
   - If using direct-reading instrumentation, is the equipment: ☐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
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Wayne Lewis
Inspector's Name (Please Print)

01/11/01
Date of Inspection

Wayne Lewis
Inspector's Signature

01/02
Approximate Date of Next Inspection

Perc. 12 Month Log

January	
Date	Perc.
	0
-	19.2
Totals	47.2

February	
Date	Perc.
2-4	39
Totals	136.2

March	
Date	Perc.
	0
Totals	136.2

April	
Date	Perc.
4-14	39
Totals	175.2 ✓

May	
Date	Perc.
	0
Totals	175.2 ✓

June	
Date	Perc.
	0
Totals	175.2 ✓

July	
Date	Perc.
7-21	19.5
-	39.4
Totals	156.3 ✓

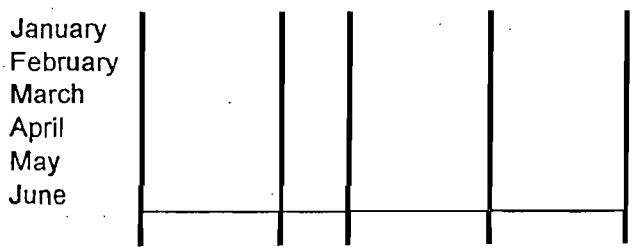
August	
Date	Perc.
	0
Totals	156.3 ✓

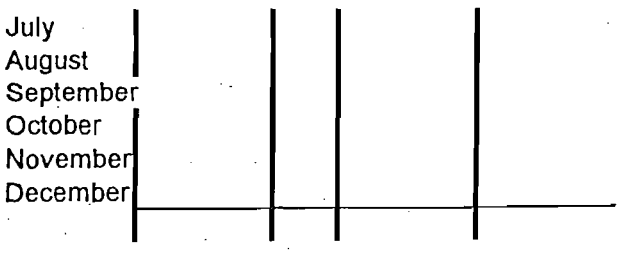
September	
Date	Perc.
9-15	39
Totals	195.3

October	
Date	Perc.
	0
-	19.5
Totals	175.8

November	
Date	Perc.
	0
	19.5
Totals	156.3

December	
Date	Perc.
12-11	15
-	39
Totals	132.3





COPY

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0710166 DATE: 01-09-01 TIME IN: 9:15 TIME OUT: 10:15

FACILITY NAME: Pampers Hi - Tech

FACILITY LOCATION: 4600 Summerlin Rd # A-1
FT Myers 33919

RESPONSIBLE OFFICIAL: Dan Creighton PHONE: 936-3099

CONTACT NAME: Dan Creighton PHONE:

PART I: NOTIFICATION

(check appropriate box)	☑ N/A
1. New facility notified DARM 30 days prior to startup	☐
2. Facility failed to notify DARM to use general permit	☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (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 ≤ 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)

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
(constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 122.5 gallons.

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? ☐Y ☐N ☑N/A
2. Examining the containers for leakage? ☐Y ☐N ☑N/A
3. Closing and securing machine doors except during loading/unloading? ☑Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? constant Distill ☐Y ☐N ☑N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? ☐Y ☐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? ☑Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ☑Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ☑Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? no time Rec ☑Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? ☐Y ☐N ☑N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? ☑Y ☐N

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?	☐Y	☐N	
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?	☐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?	☑Y	☐N	
2. Maintained rolling monthly averages of perc consumption?	☑Y	☐N	
3. Maintained leak detection inspection and repair reports for the following:			no time
a. documentation of leaks repaired w/in 24 hrs? or;	☑Y	☐N	☐N/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	☐N	☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y	☐N	
7. Maintained deviation reports?	☑Y	☐N	☐N/A
Problem corrected?	☐Y	☐N	☑N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☑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? ☑Y ☐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	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

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	☐
If using direct-reading instrumentation, is the equipment:	☐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
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
d. Kept in a clean and secure area when not in use?	☐Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y ☐N

Wayne Lewis
Inspector's Name (Please Print)

01-09-01
Date of Inspection

Wayne Lewis
Inspector's Signature

09-01
Approximate Date of Next Inspection

TAMPA BAY
GARLAND

Perc. 12 Month Log

January	
Date	Perc.
	0
Totals	

February	
Date	Perc.
	0
Totals	

March	
Date	Perc.
3-3	20
Totals	

April	
Date	Perc.
4-12	19.2
Totals	

May	
Date	Perc.
5-22	19.5
Totals	

June	
Date	Perc.
	0
Totals	

July	
Date	Perc.
7-3	19.5
Totals	

August	
Date	Perc.
	0
Totals	

99 September	
Date	Perc.
0	
Totals	

October	
Date	Perc.
10.26	19.5
Totals	

November	
Date	Perc.
	0
Totals	

December	
Date	Perc.
12-16	25
Totals	

January
February
March
April
May
June

July
August
September
October
November
December

COPY

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0710153 DATE: 1-11-01 TIME IN: 10:50 TIME OUT: 11:25

FACILITY NAME: Bauer's 60 MIN Cleaners

FACILITY LOCATION: 16970-1 San Carlos Blvd

Ft Myers 33908

RESPONSIBLE OFFICIAL: Matt Bauer PHONE: 466-5115

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)	☑ NA
1. New facility notified DARM 30 days prior to startup	☐
2. Facility failed to notify DARM to use general permit	☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (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 ≤ 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)

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
(constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☑N ☐Can not determine

If no, please check the appropriate classification:
☑ facility qualified for a general permit as number 4 above
☐ facility exceeds above limits and is not eligible for a general permit

Has Exceeded so stay Large

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 95 gallons.

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?	☑Y ☐N ☑N/A
2. Examining the containers for leakage?	☐Y ☐N ☑N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y ☐N ☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☑Y ☐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?	☑Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	☑Y ☐N ☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y ☐N

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?	☑Y ☐N
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?	☐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?	☑Y ☐N
2. Maintained rolling monthly averages 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;	☑Y ☐N ☑N/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 ☐N ☑N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☑N/A
Problem corrected?	☐Y ☐N ☑N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☑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? ☑Y ☐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	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

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 ☐
   - If using direct-reading instrumentation, is the equipment: ☐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
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Wayne Lewis
Inspector's Name (Please Print)

01/11/01
Date of Inspection

Wayne Lewis
Inspector's Signature

01/02
Approximate Date of Next Inspection

Perc. 12 Month Log

January	
Date	Perc.
	0
Totals	

February	
Date	Perc.
2-7-00	30
Totals	

March	
Date	Perc.
	0
Totals	

April	
Date	Perc.
	0
Totals	

May	
Date	Perc.
5-1-00	30
Totals	

June	
Date	Perc.
	0
Totals	

July	
Date	Perc.
7-17-00	20
Totals	

August	
Date	Perc.
	0
Totals	

September	
Date	Perc.
	0
Totals	

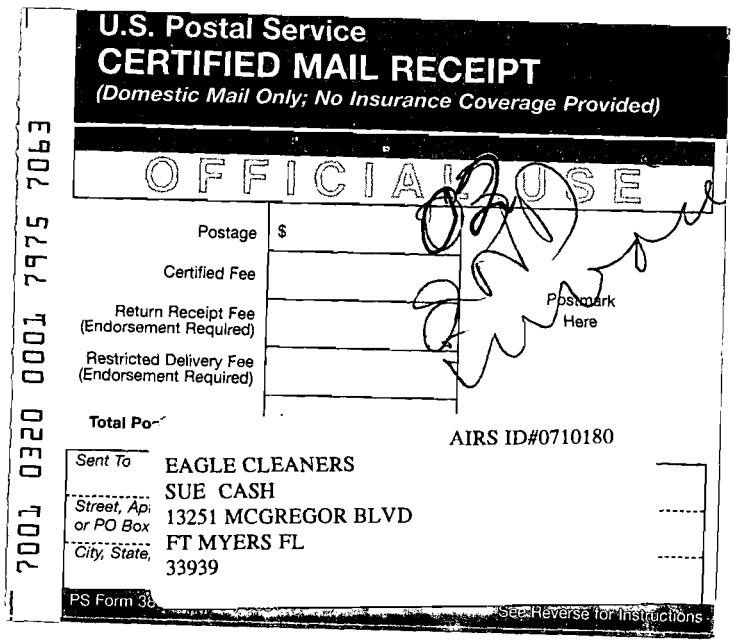
October	
Date	Perc.
	0
Totals	

November	
Date	Perc.
11-1-00	15
Totals	

December	
Date	Perc.
	0
Totals	95

January					
February					
March					
April					
May					
June					

July					
August					
September					
October					
November					
December					



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 7975 7063

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Po-

Postmark Here

AIRS ID#0710180

Sent To EAGLE CLEANERS
SUE CASH
Street, Api or PO Box 13251 MCGREGOR BLVD
City, State, FT MYERS FL
33939

PS Form 38 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0710180

EAGLE CLEANERS
SUE CASH
13251 MCGREGOR BLVD
FT MYERS FL
33939

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sandra Braun ☑ Agent ☐ Addressee

B. Received by (Printed Name) Sandra Braun
C. Date of Delivery 3-10-03

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer fro 7001 0320 0001 7975 7063

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

FT. MYERS FL 339
PM
11 MAR
2003

ALWAYS USE ZIP CODE

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
MAR 13 2003
Bureau of Air Monitoring & Mobile Sources

32399+2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

424824 MAR 5 2003

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

RECEIVED
MAR 10 2003
Bureau of Air Monitoring & Mobile Sources

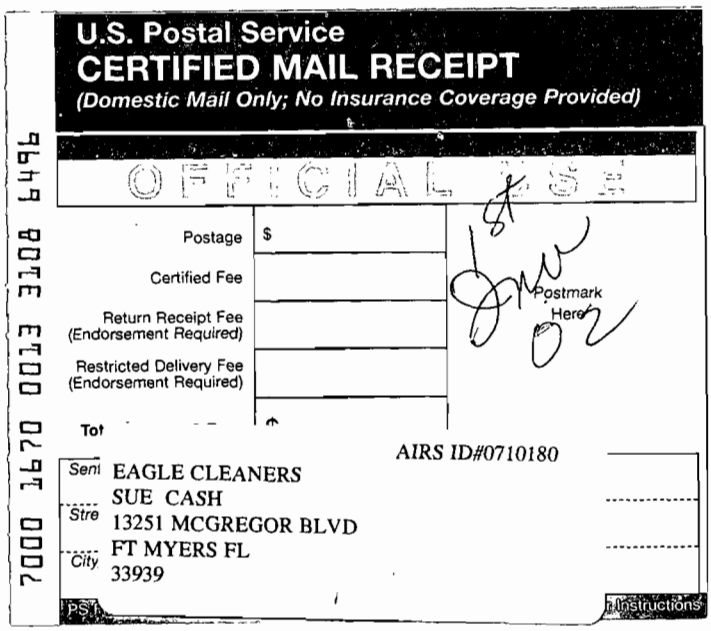
Do NOT Remove Label

AIRS ID#0710180
EAGLE CLEANERS
SUE CASH
13251 MCGREGOR BLVD
FT MYERS FL
33939

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

SARILYN CLEANERS, INC.
DBA EAGLE CLEANERS

4618



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 1670 0013 3108 6496

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total

Postmark Here
02

AIRS ID#0710180

Sent To EAGLE CLEANERS
SUE CASH
Street, Apt. No., or PO Box No. 13251 MCGREGOR BLVD
City, State, ZIP+4 FT MYERS FL
33939

PS Form 3800, June 2002 — See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

SEND[illegible] SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0710180

EAGLE CLEANERS
SUE CASH
13251 MCGREGOR BLVD
FT MYERS FL
33939

A. Signature
X Sue Walker ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sue Walker
C. Date of Delivery 2.7.03

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7000 1670 0013 3108 6496

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitor
& Mobile Sources

FEB 10 2003

RECEIVED

01

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413690 JAN31 2002

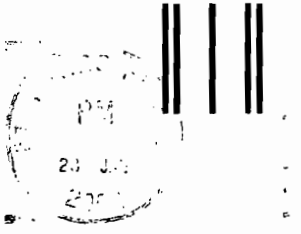
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 0710180
EAGLE CLEANERS
SUE CASH
13251 MCGREGOR BLVD
FT MYERS FL
33939

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



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

32315%3070

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

399897

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

RECEIVED MAIL ROOM DEC 14 00

12/14/00 pl

RECEIVED DEC 18 2000 Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0710180
EAGLE CLEANERS
SUE CASH
13251 MCGREGOR BLVD
FT MYERS FL 33939

FOR GOVERNMENT USE ONLY
Org: A37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

SARILYN CLEANERS, INC. 2122

Fold at line over top of envelope to

SENDER: COMPLE **N ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0710180

EAGLE CLEANERS
SUE CASH
13251 MCGREGOR BLVD
FT MYERS FL 33939

A. Received by *(Please Print Clearly)* | B. Date of Delivery 2-14-00

C. Signature
X Sue Cash ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
Z 333 667 136

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 333 667 136 2000

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to

AIRS ID # 0710180

EAGLE CLEANERS
SUE CASH
13251 MCGREGOR BLVD
FT MYERS FL 33939

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	$
Postmark or Date	

PS Form **3800**, April 1995

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING C392152

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

RECEIVED
MAIL ROOM
FEB 14 02

Do NOT Remove Label

AIRS ID # 0710180
EAGLE CLEANERS
SUE CASH
13251 MCGREGOR BLVD
FT MYERS FL 33939

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273