

Department of Environmental Protection

0730074

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

Virginia B. Wetherell Secretary

August 26, 1996

Mr. Daniel J. DeNicola President Vogue Cleaners of Tallahassee, Inc. 1839 Thomasville Road Tallahassee, Florida 32303

Dear Mr. DeNicola:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 20, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

oth blick

and Mobile Sources

/DD

cc: Mr. Charles Norman, Northwest District



Department of Environmental Protection

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

David B. Struhs Secretary

June 22, 2001

Mr. Daniel J. Denicola Vogue Cleaners 1839 Thomasville Road Tallahassee, Florida 32303

Dear Mr. Denicola:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 20.

In reviewing your submittal, it was noted that Vogue Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0730074). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Šandra Bowman

Bureau of Air Monitoring

and Mobile Sources .

SB/

Enclosure

cc: Mr. Charles Norman, Northwest District

"More Protection, Less Process"

Printed on recycled paper.

--ATTENTION MAIL ROOM--

PLEASE ROUTE THIS DOCUMENT TO:

Rame of Individual/Office

Mail Station Number

COPY 8/8/01

Best Available Copy

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Proposition of the state of the Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location	
I. Facility Owner/Company Name (Name of	corporation, agency, or individual owner):
1/	T
VOGIE CIEANE	CS OF TALLAHASSEE, NC.
2. Site Name (For example, plant name or nu	mber):
	·
3. Hazardous Waste Generator Identification	Number:
FLD981864	1316
4 Facility Location:	
Street Address: 1839 Thomas viue	Rs (
City: TALLAHASSEE CO	unty: LEON Zip Code: 32303
5. Facility Identification Number (DEP Use C	to a contract the second secon
	0730074-
Responsible Official	
6. Name and Title of Responsible Official:	m: 1
Name: DANIEL J. DENICOL	Title:
7. Responsible Official Mailing Address: 5	AME .
Organization/Firm:	+
Street Address: City: County	: Zip Code:
County	. Zip Code.
8. Responsible Official Telephone Number:	
Telephone: (350) 222- 1322	Fax: (850) 222-1799
	,
Facility Contact (If different from Responsib	le Official)
9. Name and Title of Facility Contact (For ex	· · · · · · · · · · · · · · · · · · ·
SAME	
10. Facility Contact Address:	
•	
Street Address:	
City: County	: Zip Code:
11. Facility Contact Telephone Number:	·,
Telephone: () -	Fax: () -
,	
	The TIVIEW

DEP Form No. 62-213.900(2)

Effective: 2/24/99

NORTHWEST FLORIDA

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry ma	ichines do you ha	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e provide the following informati	on:
Date Initially Purchased From Manufacturer	Status (circle one	Control Device Required*) (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1992	Existing	ew (CCA/None required	SAME
1994	Existing	ew ROCA/None required	SAME
	Existing/N	ew RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have	on-site? []	
unit. If the transfer machi 1993, it is a NEW unit (n	ine was purchased to units purchased	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general iformation:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EV. PC-	refrigerated condensor CA	= carbon adsorber
CONTROL DEVICE R	EI. KC-1	enigerated condenser — CA	- carbon adsorber
2.(a) How much perchlor	roethylene (perc)	have you used within the last 12	months?
[265] gallon	ns (You must fil	this in)	
(b) If less than 12 mor	nths, how many?	[] months	
Check why it is les	ss than 12 months	: New owner: [] Did not ke	ep records: []
·	,	New store: New machin	ne []
		Unopened store [] (date of	expected opening)

DEP Form No. 62-213.900(2)

Effective: 2/24/99

	it is the facility's source cla dicate with an "X". Select			initions found in sec	tion (3) of Par	i II?	
	Small Area Source					. ",	
	Dry-to-dry mac Transfer only or Both machine ty		(used le	ss than 140 gallons of ss than 200 gallons of ss than 140 gallons of	of perc per yea	ar)	
	Large Area Source						•
	Dry-to-dry mach Transfer only or Both machine ty		(used 2	40 - 2,100 gallons of 00 - 1,800 gallons of 40 - 1,800 gallons of	perc per year)	
	t control technology is req	uired on machines	s pursuant	to section (5) of Par	t II of this not	ification for	m?
	Existing machines at sm (NONE REQUIRED)	all area source		New machines at s Refrigerated conde		<u>ce</u>]	
	Existing machines at large Carbon adsorber Refrigerated condenser	ge area source		New machines at la Refrigerated conde			
Rule 62	acility which contains non- 2-213.300, F.A.C. Verify to tion criteria or that no such	that all steam and units exist on-site	hot water	generating units on-	site meet the f		suant to
	am and hot water generatin h units on-site	g units exempt		OR		. . 	
How m	any boilers do you have or	i-site?					
For eac	ch boiler, indicate its horse	power (HP) rating	;[<mark>0</mark> [];				
What t	ype of fuel do you use?	propane No. 2 fu	el oil	natural gas No. 4 fuel c			·.
6. Equi	ipment Monitoring and Re	cordkeeping Infor	mation				
Check	all logs which are required	to be kept on-site	e in accord	lance with the requir	rements of this	general pe	rmit:
(a) Pur	chase receipts and solvent	purchases/solvent	addition	log [<u>/</u>]		
(b) Lea	ak detection inspection and	repair		[
(c) Ref	rigerated condenser tempe	rature monitoring		[<u></u>		
(d) Car	bon adsorber exhaust perc	concentration mo	nitoring	_	_		
(e) Sta	urtup, shutdown, malfunction	on plan		<u>.</u>	√] »22b	ol a	
					-1		

DEP Form No. 62-213.900(2) Effective: 2/24/99 RECEIVED AUG 1 3 2001

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

250/8/8/31

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are

0730074

No DEP 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.

IANEL J. DENTIOCH
Print name of responsible official
Print name of responsible official 6-10-01
Signature Society Date
8/8/01

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	VOGUE CLEANERS OF TAMAH ASSEE, INC.
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
٦.	
	FLD 981 869 316 Facility Location: 1839 THOMASSILLE RA
4.	Street Address:
	City: TAUAHASSEE County: LEON Zip Code: 32303
5.	Facility Identification Number (DEP Use):
	Facility Identification Number (DEP Use):
No.	
	Responsible Official
6.	Name and Title of Responsible Official:
•	DANIEL J. DENICOLA PRESIDENT
	1,11111
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 1839 THOMASY (WE R)
	City: 7 County: 7 in Code: 1
8.	Responsible Official Telephone Number: Telephone: (904) 222 - 1322 Fax: () -
	Telephone: (904) 222 - 1322 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAMÉ
10.	Facility Contact Address:
	Street Address:
,	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
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	RECEIVED

MUG 2 8 1996

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

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Northwest Florida

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Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	lD	Purchased	Installed	ID	Purchased	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						-		
(1) w/ ref. condenser	#1	25 - SEPT-91	25-SEPT-91	#2	17-JUN-94	17-104-94			
(2) w/ carbon adsorber									
(3) w/ no controls								1	
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								1	
(11) w/carbon adsorber									
(12) w/ no controls		-	 	1	 		1	<u> </u>	
 (b) Control devices are (c) No control devices 2.(a) What was the total 338 (b) If less than 12 mon Check why it is less 	are r quant] gall ths, h	required to be tity of perchlons ons	e installed [_ oroethylene ((perc)	_]) purchased in				
3. What is the facility's so (Indicate with an "X". Existing small a	Sele	ct one classif	ication only.)	initions foun		3) of	Part II?	
Existing large an	ea so	ource [['n	ew la	rge area sou	rce 🔀	1	•	

(Indicate with an "X".)	
Existing large area source Carbon adsorber Refrigerated condenser	
New small area source Refrigerated condenser []	
New large area source	
Refrigerated condenser [X]	•
·	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 the boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
·	
Equipment Monitoring and Recordkeeping Infor	
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	[*]
(b) Leak detection inspection and repair	[x]
(c) Refrigerated condenser temperature monitoring	<u>×</u>
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	<i>></i> :
(f) Start-up, shutdown, malfunction plan	<u>×</u>

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

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
<u>+</u>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
I, the un	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in
this notij statemen maintain	
this notif statemen maintain comply v	the air pollutant emissions units and air pollution control equipment described above so as to
this notif statemen maintain comply v	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	,	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual	ial owner):
	VOGUE CLEANERS OF TALLAH ASSEE,	INC.
2.	Site Name (For example, plant name or number):	-
3.	Hazardous Waste Generator Identification Number:	
	FLD 981 869 316	•
4.	FLD 981 869 316 Facility Location: 1839 THOMASSILLE RD Street Address:	
	City: TAUAHASSEE County: LEON	Zip Code: 32303
5.	Facility Identification Number (DEP Use):	
	073007	14
	Responsible Official	, 0
6.	Name and Title of Responsible Official:	XP/ \
	Name and Title of Responsible Official: DANIEL J. DEN Responsible Official Mailing Address:	1coLA
7.	track conserve a resource of the conserve of t	
	Organization/Firm: Street Address: 1839 THOMASNILLE RY	
	City	Zip Code: 3 2 3 0 3
	TALLAHASSEE LEON	32303
8.	T	
	Telephone: (904) 222 -1322 Fax: $()$	-
	Facility Contact (If different from Responsible Of	ficial)
9.	Name and Title of Facility Contact (For example, plant manager):	
	SAME	
10.	Facility Contact Address:	
	Character A. I. I.	
	Street Address: City: County:	Zip Code:
	County.	2.p 5000.
11.	Facility Contact Telephone Number:	
	Telephone: () - Fax: ()	•
		RECEIVED

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

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine Example Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorbe (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorbe (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorbe	77		\	#2	08-DEC-91	Installed	#3	02-MAR-92	
(1) w/ ref. condenser (2) w/ carbon adsorbe (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorbe (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorbe	r		Λ.		17 - Ju J-94	17-JUN-94		*	Tropics Tropics
(2) w/ carbon adsorbe (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorbe (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorbe	r		Λ.		17 - JUN-94	17-JUN-94			
(3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorbe (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorbe	77		Λ.						
Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorbe (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorbe							_		
(4) w/ ref. condenser (5) w/ carbon adsorbe (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorbe									
(5) w/ carbon adsorbe (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorbe	r					· .	10 Jr.		Name of the second
(6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorbe	r								
Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorbe									
(7) w/ ref. condenser (8) w/ carbon adsorbe		ŀ			1			1	
(8) w/ carbon adsorbe		5-1 5-1			en version	a" i i			1.000 (1)
				_			_		
100 1									
(9) w/ no controls									
Reclaimer Unit						in the second			jayang (m.)
(10) w/ ref. condenser									
(11) w/carbon adsorbe	r			_					
(12) w/ no controls				_					
(b) Control devices a (c) No control device 2.(a) What was the tota [338 (b) If less than 12 mo Check why it is less	s are r quant gallo	equired to be tity of perchloons ow many? [_	installed [perc)	purchased in				[]
3. What is the facility's (Indicate with an "X"	Selec		cation only.)		nitions found		l		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	rsuant to section (3) of Part II of this notification form?
Existing large area source Carbon adsorber [] R	Refrigerated condenser [🔏
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser	
5. A facility which contains non-exempt emissions unit to Rule 62-213.300, F.A.C. Verify that all steam and h exemption criteria or that no such units exist on-site:	its shall not be eligible to use the general permit pursuant not water generating units on-site meet the following
All steam and hot water generating units on-site (1) ha boiler HP or less), and (2) are fired exclusively by natu during which propane or fuel oil containing no more th	ural gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
•	
Equipment Monitoring and	d 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	[*\cdot \]
(b) Leak detection inspection and repair	[_X_]
(c) Refrigerated condenser temperature monitoring	<u> </u>
(d) Carbon adsorber exhaust perc concentration monito	oring []
(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	e 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)
(*)	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 smade 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 that the all 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. 8 - 7 - 96 Date

Ti LE V AIR QUALITY GENERAL PI MIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/D	ISCOVERY	RE-INSPECTION
TIME IN: 0900	TIME OUT:	0145	AIRS ID#: O `	130074
TYPE OF FACILITY:	NEW LARGE AREA.	Source		
FACILITY NAME:	VOGUE CLEANERS	· ·		DATE: 2/21/97
FACILITY LOCATION:	1839 THOMASV	IIIle ROAD		
	TALLAHASSEE A			
RESPONSIBLE OFFICIAL:_			_PHONE NUMBER:_	904-222-1322
	of the compliance requirement P Rule 62-213.300, Florida Ad			ity is found to be in
Based on the results of discrepancies were no	of the compliance requirement oted:	s evaluated during t	his inspection, the follo	wing compliance
COMPLIANCE REC	QUIREMENT/PROBLE		LLOW-UP ACTIO	-
no rolling average	of pere annually	1 Rucher to M- as p	h rext year apple to De Nierda + angles. Has	- explained reg- provided forms info asailable
			0	0
				_
				-
COMMENTS:				
The Annual Compliance Certification	fication form has been properly	y certified and subm	nitted to the inspector.	YES NO
DATE OF NEXT INSPECTI	ION: FEB	98		·
INSPECTION CONDUCTE	DBY: RA/ph	(Approximate) A STAL (Please Print)	5/12	
INSPECTOR'S SIGNATUR	E: Mustaplin	>	PHONE NUMBER:	904-488-3704

Page / of /.

Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	. ,
FACILITY NAME: VOGUE CLEANERS	DATE: 2/21/97
FACILITY LOCATION: 1839 THOMASVILLE ROAD	
TALLAHASSEE FL 32303	
Annual Reporting Period: SEPTEMISER 3 1996 TO FEBRU	My 21 1997
Based on each term or condition of the Title V general air permit, my facility has remained in complia	ance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	YES 🖾 NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the re	porting period stated above:
No rolline average of sere usage	· · ·
No Nolling average of perc usage Exact period of non-compliance: from 9/3/96 to 2 Action(s) taken to achieve compliance: Begin documenting annual valling Method used to demonstrate compliance: Provided forms and explained to	121/97
Racin description of non-compnance. non Racin description and all laborations	n aud
Action(s) taken to achieve compliance: Sign Occumenting Annual Milling Sign Occumenting Annual Milling	- Are
Method used to demonstrate compliance: [Model forms and Wylained Re	g
#2. Term or condition of the general permit that has not been in continuous compliance during the re	
w. Term of condition of the general permit that has not been in continuous comprisince during the re-	porting 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, based on information and belief formed after reasonable	
made in this notification are true, accurate and complete. Further, my annual consumption of perchl upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry fag	
year for transfer or combination facilities.	, ,
RESPONSIBLE OFFICIAL: DANIEZ J. DENICOLA VAN UNIV	2/21/97
Name (Please Print) Signature	Date
RFC	FIVER

*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.

FEB 2 5 1997

Bureau of Air Monitoring & Mobile Sources



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

•	NUAL INSPECTIO	Ø COMPLAINT/DISCOVERY □ N □		
AIRS ID#: 0730074 DATE: FACILITY NAME: VOGUE		77 TIME IN: 0900 TIME OUT: 0945		
FACILITY LOCATION:/839				
		F1 32303		
	71173700			
PART I: NOTIFICATION	- <u> </u>			
(check appropriate box)				
1. Existing facility notified DARM by 9	1/1/96	図		
2. New facility notified DARM 30 days	prior to star	tup		
3. Facility failed to notify DARM to use	general per	mit \square		
PART II: CLASSIFICATION				
Facility indicated on notification form (check appropriate box)	that it is:	•		
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)	0	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 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td><td>4. New large area source dry-to-dry only, 140<x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,100></td></x<2,100>		4. New large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,100>		
This is a correct facility classification If no, please check the appropriate class	sification:	DY One machine was installed prior to 9 Dec 91- this was laxisting. Other one is new.		
facility qualified for a facility exceeds above	general pern limits and is	nit as number above 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 338 gallons. per application. Running totals not maintained				

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		
2. Examining the containers for leakage?	⊠ay □n		
3. Closing and securing machine doors except during loading/unloading?	pay □n		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ØY □N		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□Y □N DXN/A		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part V	7.		
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete $\bf A$ below).			
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber muinstalled prior to September 22, 1993	_		
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated 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?	⊠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? IN Machine mly new me	ØY □N □N/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	MY ON		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ØY □N		
6. Conducted all temperature monitoring after an appropriate cooldown period and after	⊠Y □N		

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?	⊠Y □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ØY ON
	Is the temperature differential equal to or greater than 20° F?	MY MY
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 MON/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?	
	or expansion, and downsteam nomino oner meet.	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ØY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN MAN/A
_		
P/	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	7
1.	Maintained receipts for perc purchased?	ØY □N
2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Wage records maintained machine; Wo willing totals	□Y ⊠Ń
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or;	ØY □N
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ØY □N

ØY □N

☑Y □N

DY ON

DY DN MANA

DY ON WA

DY DN BIN/A

4. Maintained Calibration data? (for direct reading instruments only)

6. Maintained startup/shutdown/malfunction plan?

8. Maintained compliance plan, if applicable?

7. Maintained deviation reports?

Problem corrected?

5. Maintained exhaust duct monitoring data on perc concentrations?

P	ART VI: LEAK DETECTION AND R	EPAIR	S			
1.	Does the responsible official conduct a	weekly (for small	sources, bi-weekly) leak detection ar	nd rep	air
	inspection?				ÆY	□N
2.	Which method of detection is used by the	ne respo	nsible off	icial?		
	Visual examination (condensed so	olvent or	n exterior	surfaces)	Ø	
	Physical detection (airflow felt thr	ough ga	iskets)		Z	
	Odor (noticeable perc odor)				X.	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	If using direct-reading instrume	ntation	, is the e	quipment:		
	a. Capable of detecting p	егс <i>у</i> ар	or concer	ntrations in a range of 0-500 ppm?	ПY	□N
	b. Calibrated against a (PID/FID only)?	tandard	gas prior	to and after each use	ПY	□N
	c. Inspected for leaks an	d obviou	us signs o	f wear on a weekly basis?	ΔY	□N
	d. Kept in a clean and se	ecure are	ea when i	not in use?	ПY	□N
	e. Verified for accuracy	by use o	duplica	te samples (calorimetric only)?	ПY	□N
3.	Has the facility maintained a leak log?				ØΥ	□N
4.	Does the responsible official check the	followin	g areas fo	or leaks?		
	Hose connections, fittings, couplings, and valves	ĭZY	ПN	Muck cookers	ĽΥ	□N
	Door gaskets and seating	ØY	□N	Stills	ØY	□N
	Filter gaskets and seating	23 Y	□N	Exhaust dampers -	⊠Y	□N
	Pumps	⊠Y	□N	Diverter valves	¤ Y	□N ·
	Solvent tanks and containers	ΣΥ	ПN	Cartridge filter housings	Z Y	□N
	Water separators	ØY	ПN			
	DANIEZ J. DENIC					
	Name of Responsible Officia	J		. / /	0-	
	RAIDH A. STAPLI	~		2/21/	97	
	Inspector's Name (Please Prin	nt)		Date of Inspe	ction	

FEB/MAR 98
Approximate Date of Next Inspection

	TITLE V AIR QUALITY GENERAL PERMIT	
INSPECTION SUMMARY REPORT	INSPECTION SUMMARY REPORT	

TYPE OF INSPECTION: ANNUAL X COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 0855 TIME OUT: 0940	AIRS ID#: 0730074
TYPE OF FACILITY: NEW LARGE	
FACILITY NAME: VOGUE CLEANERS	DATE: 7 May 98
FACILITY LOCATION: 1839 TITOMASVILLE	ROAD
TATIAHASSEE FL 32	-303
RESPONSIBLE OFFICIAL: DANIEL J. DENICOLA	PHONE NUMBER: 850-222-/322
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluate	ve Code (F.A.C.).
discrepancies were noted:	a daring this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Mr. De Nicola has completed the NEUS come	
Mr. De Nicola has completed the NEUS come for Environmentally accredited by Cleaners	%
No parblems wited	Bureau & Com
	1 1 1998 Of Air Mobile Sources
	reas Cas
COMMENTS:	
The Annual Compliance Certification form has been properly certifie	d and submitted to the inspector.
DATE OF NEXT INSPECTION:	
INSPECTION CONDUCTED BY: RALPH STAPE	
INSPECTOR'S SIGNATURE: (Sa Staplin	PHONE NUMBER: 850-488-3704
Page /	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	5 0	COMPLAINT/DISC	OVERY 	
AIRS ID#: 0730074			N: 0855 TIM	IE OUT: <u></u>	940
FACILITY NAME:	`	_			
FACILITY LOCATION:	1839 THOMA	SVILLE R	OAD		
· 	TALLAHASSEE	F1 32	303		
RESPONSIBLE OFFICIAL	: DANIEL J. DEN	IICO/A	PHONE: 850-27	22-132	2
CONTACT NAME:	SAme		PHONE:		
PART I: NOTIFICATION					
(check appropriate box)			,		
1. New facility notified DARN	1 30 days prior to startup				
2. Facility failed to notify DA	RM to use general permi	t			۵
PART II: CLASSIFICATIO	N				
Facility indicated on notifica (check appropriate box)	tion form that it is:		☐ No notification fo☐ Drop store/out of		roleum
1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	l/yr d r tr b	cansfer only, x oth types, $x <$	x < 140 gal/ут < 200 gal/ут		
3. Existing large area sou dry-to-dry only, $140 \le x \le$ transfer only, $200 \le x \le 1$, 800 both types, $140 \le x \le 1$,800 (constructed before 12/9/9)	2,100 gal/yr d 300 gal/yr tr) gal/yr b	ransfer only, 20 oth types, 140	rea source $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	M mi	leter "
5. This is a correct facility	classification [ND YE	□Can not determin	e "w	
☐ faci	e appropriate classificati lity qualified for a gener ility exceeds above limits	al permit as ni			
B. The total quantity of perch					

PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly scaled and impervious containers?

5 gal contenses trush

r on on/a

2. Examining the containers for leakage?

en on/a

3. Closing and securing machine doors except during loading/unloading?

DY DN

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

DY ON ON/A

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

DY ON PM/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?

DY ON

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

DY ON ON/A

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

DY BY 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 condenser exceeded 45°F?

A'NO NO YE

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

NO YE

-		-
В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the <u>outlet side</u> of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ey on
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	GY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	AVAE NO YO
	Is the perc concentration equal to or less than 100 ppm?	MY ON PANA
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?	DY DN DNA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON GWA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	DA ON		
2. Maintained rolling monthly averages of perc consumption?	DY ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	DY ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON PANA		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONTA		
6. Maintained startup/shutdown/malfunction plan?	ON YO		
7. Maintained deviation reports?	DY DN PNA		
Problem corrected?	DY DN DNA		
8. Maintained compliance plan, if applicable?	OY ON PM/A		

PART VI:	LEAK	DETECTIO	N AND	REPAIRS

PA	PART VI: LEAK DETECTION AND REPAIRS			
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			nd repair
	inspection?			DRY ON
2.	Has the facility maintained a leak log?			DY ON
3.	Does the responsible official check the	following areas for leaks	?	·
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	PY ON ON/A	Stills waste	DY ON ON/A
	Filter gaskets and seating	BY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	oy on on/a	Diverter valves	CY ON ON/A
	Solvent tanks and containers	GY ON ON/A	Cartridge filter housings	ON ON/A
	Water separators	DY ON ON/A		
4.	4. Which method of detection is used by the responsible official?			
	Visual examination (condensed s	olvent on exterior surfac	es)	9
	Physical detection (airflow felt th	rough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			-9
	Halogen leak detector			-
	If using direct-reading instr	rumentation, is the equi	pment:	DNA
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	□Y □N
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	DY DN
	c. Inspected for leaks as	nd obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and s	secure area when not in t	ıse?	DY DN
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	□Y □N
_		 -		

KAlph Staplin	1 May 78
/Inspector's Name (Please Print)	Date of Inspection
Gla Staplin	May/June 99
Inspector Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1 Marvel has tank - 3 subsections no date model RG-55 3GA+H Sen # 4451 55# Cap San Artmin, Tx 216-344-8551

#2 Aero-Tech USA model 600 ser # 905/182 60 cap

pere received in 5 gal cans; poured into machines as needled.

No dwerter valves/no vents/Marvel has dore delay electrical switch

Have a Zero Waste machine to treat water.
Use MCF for HAZ Waste pick up.

"Jimmy" is tech/operator - Neeps records

Has completed NCAI course to be Environmentally Certified (accredited) Any Cleaners.

$$435$$
 as of Dec 97
 $5 + 20 = 455 - 30 = 425$
 $5 + 20 = 455 - 30 = 455 = 385$
 $5 + 20 = 405365 + 30 = 395$
 $5 + 20 = 345 + 30 = 375$
 $5 + 30 = 345 + 30 = 375$

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM スプ Bureau of Air Monitoring AIRS ID#0730074 VOGUE CLEANERS DANIEL J DENICOLA 1839 THOMASVILLE ROAD TALLAHASSEE FL 32303 Do NOT Remove Label 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. \square 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: INCUIOU IISOU TO GOMESTIGATE COMPHISHES. 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.

SiAnature

Date

Name (Please Print)

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: A	NNUAL 🔀 CO	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0930	TIME OUT: 09 5	OAIRS ID#:	0730074
TYPE OF FACILITY: NE	W LARGE		
FACILITY NAME: Vo	GUE CLEANER.		DATE: <u>5 May 1999</u>
FACILITY LOCATION: /8	139 TITOMASVILL	E ROAD	
<i></i>	ALLA HASSEE FO	2 32303	
RESPONSIBLE OFFICIAL:	DANIEL J. DEN	PHONE NUMB	ER: 850 - 222 - /322
Based on the results of the cocompliance with DEP Rule 6	•	Iuated during this inspection, the strative Code (F.A.C.).	facility is found to be in
Based on the results of the co	mpliance requirements eva	luated during this inspection, the	following compliance
COMPLIANCE REQUIRE		FOLLOW-UP AC	CTION REQUIRED
The temp monitoring correct periodicity.	log was not Explained	Nom reg.	Check next
neckly reg + will revised forms (get him alindan	inspection)
Bureau P 1990	O		
* Mobile Sources Oring			
COMMENTS:			
The Annual Compliance Certification	form has been properly cer	rtified and submitted to the inspec	ctor. YES NO
DATE OF NEXT INSPECTION:_	(.	June 2005 Approximate)	
INSPECTION CONDUCTED BY:	Ralph Staplin	A. STAPUN (Please Print)	·
INSPECTOR'S SIGNATURE:	Cla Staplin	PHONE NUMB	ER: 850 488 3704
	Page	<u>/</u> of <u>/</u> .	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL COMPLAINT/DISCOVERY	u	
AIRS ID#: 073 0074 DATE: 05 May 1997 TIME IN: 0930 TIME OUT: 09	150	
FACILITY NAME: VOGUE CLEANERS		
FACILITY LOCATION: 1839 THOMASVILLE RUAD		
TALLA HASSEE FL 32303		
RESPONSIBLE OFFICIAL: DANIE! J. DENICOLA PHONE: 850 - 222 - /322		
CONTACT NAME: PHONE:		
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to startup		
2. Facility failed to notify DARM to use general permit		
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box) A.	oleum	
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 140 gal/yr transfer only, x < 140 gal/yr transfer only, x < 140 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 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	:	
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	2°4 2 1	
B. The total quantity of perchlorocthylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 370 gallons. as of end of april		

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN DN/A 2. Examining the containers for leakage? DY DN DN/A NO YO 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? DY DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/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 A 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) DY DN 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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? DY DN 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 verifying that the coolant had been completely charged? DY DN

2 of 5

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?	led □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?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/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? DY DN 2. Maintained rolling monthly averages of perc consumption? DY DN 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; DY DN DN/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? □Y □N □N/A 6. Maintained startup/shutdown/malfunction plan? DY DN DY DN DN/A 7. Maintained deviation reports? · DY DN DN/A Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

	ART VI: LEAK DETECTION AND	7 REI AIRS		
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			nd repair
	inspection?			□Y · □N
2.	Has the facility maintained a leak log	g?		□Y □N
3.	Does the responsible official check the	ne following areas for leak	•	٠.
	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 b	y the responsible official?		
	Visual examination (condense	d solvent on exterior surfa	ces)	
	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?			DY DN
	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 an	d secure area when not in	use?	DY DN
	e. Verified for accura	acy by use of duplicate san	nples (calorimetric only)?	□Y □N

	1 1 1	,		
_	RAIDH A. STAR	211		
	Inspector's Name (Please	Print)	Date of Insp	ection
	Ole Staplin	: 1	MAY - JUN	e 2000
-	Inspector's signature		Approximate Date of	

DID NOT RECEIVE CALENDAR DID GET PERMIT RENEWAL THO

DEP ROUTING AND TRANSMITTAL SLIP		
1. Rick Butler MSSS10 4. 2. DAM 5.		
PLEASE PREPARE REPLY FOR:	COMMENTS:	
SECRETARY'S SIGNATURE		
DIV/DIST DIR SIGNATURE	1 sected wory of	
MY SIGNATURE	Critical to	
YOUR SIGNATURE	cheining U	
DUE DATE	Corrected copy of checklist for Vogue :	
ACTION/DISPOSITION		
DISCUSS WITH ME	RECEIVED OF ALL MODILE SOUTCES	
COMMENTS/ADVISE	PE & C	
REVIEW AND RETURN	E SE THE SE	
SET UP MEETING	OF THE SECOND	
FOR YOUR INFORMATION		
HANDLE APPROPRIATELY	is 150	
INITIAL AND FORWARD		
SHARE WITH STAFF		
FOR YOUR FILES		
FROM: Rayh Stapl	in DATE: 5/10 PHONE: 4883704	

DEP 15-026 (12/93)

PERC. LOROETHYLENE DRY CLE. NERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Copy 5/10/99

		HECKLIST		1
ANNUAL	,	COMPLAINT/DISC	COVERY	
RE-INSPECTION	u			
DATE: 05 May 1	999 TIME :	0930 N: 28 TIM	ME OUT: C	950
				
		ERUAD		
TALLA HASSO	RE PL	32 303	,	
DANIEL J. DENI	COLA	_ PHONE: _ 850 - 7	222 - /322	<u>.</u>
same		_ PHONE:		
30 days prior to startup				
M to use general permit		·		
	•			
V				
ion form that it is:	<u>-</u>			7
		☐ Drop store/out o	f business/pe	troleum 🦷
rce 🗆 2	New small	area source	☐ & B	墨 (
			- NO	AD TO
	• •	~ .)bile	P
		<u> </u>	So.	· 30
(00	onstructed o	n or after 12/9/91)) Line	199 199
rce 🗆 👍	New large	area source		or <u>i</u> t
			yr	ĕ
	•		•	•
gal/yr bo	th types, 14	$0 \le x \le 1,800 \text{ gal/yr}$		
) (co	onstructed o	n or after 12/9/91)		
classification \square	Y 🗆 N	□Can not determi	ne	:
			•	*
appropriate classification	n:			
appropriate classification its qualified for a general		number abo	ove	
	RE-INSPECTION DATE: OS May / VOQUE CLEANED 1839 Tho TALLA HASSE DANIE! J. DENIE SAME 30 days prior to startup M to use general permit N ion form that it is: ree	DATE: OS May 1997 TIME IN NOGUE CLEANERS 1839 THOMASVILLE TALLA HASSEE FL DANIE! J, DENICOLA SAME 30 days prior to startup M to use general permit Note of the startup of transfer only, the startup of the start	DATE: 05 May MITIME IN: 0930 INTELLA HASSEE FL 32 303 DANIE! J. DENICOLA PHONE: 850 - 2 SAME PHONE: PHONE: 950 - 2 SAME PHONE: No notification of Drop store/out of Constructed on or after 12/9/91) Tree 1 New large area source dry-to-dry only, x < 140 gal/yr (constructed on or after 12/9/91) Tree 1 New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) Tree 1 New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) The constructed on or after 12/9/91 of the constructed on or after 12/9/91) The constructed on or after 12/9/91 of the constructed on or after 12/9/91	DATE: 05 May MITIME IN: 0930 INTIME OUT: C VOQUE CLEANERS 1839 THOMASVILLE ROAD TALLA HASSEE FL 32 303 Daniel J, Denicola Phone: 850 - 222 - /322 Same PHONE: On form that it is:

B. The total quantity of perchlorocthylene (perc) purchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) EY DN DN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DYY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY 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? DY DN DN/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 A 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) PY DN 1. Equipped all machines with the appropriate vent controls? DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DAY DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Needs to do weekly 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ONA
	Is the temperature differential equal to or greater than 20° F?	OY ON DAYA
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 DAYA
ľ	Is the perc concentration equal to or less than 100 ppm?	CIY ON DAYA
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?	OY ON CHAIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON BATA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN PN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ey on
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	en 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? 	on on/a
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN PAYA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON BHA
6. Maintained startup/shutdown/malfunction plan? None yet reg.	ey on
7. Maintained deviation reports?	DY DN DANA
Problem corrected?	DY DN DYN/A
8. Maintained compliance plan, if applicable?	DY DN BK/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?			DY ON		
2.	Has the facility maintained a leak log?			DY ON		
3.	Does the responsible official check the f	following areas for leaks?	· ·	· ·		
	Hose connections, fittings, couplings, and valves	BY ON ON/A	Muck cookers	DRY ON ON/A		
	Door gaskets and seating	OPY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and seating	PY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	□Y □N □N/A	Diverter valves	CY DY DN/A		
	Solvent tanks and containers	PY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	BY ON ON/A				
4.	Which method of detection is used by the	he responsible official?				
	Visual examination (condensed so	olvent on exterior surfaces		9		
	Physical detection (airflow felt the	rough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	tion (FID/PID/calorimetri	c tubes) / —			
	Halogen leak detector		_			
	If using direct-reading instr	umentation, is the equipr	nent:	□ AV/A		
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	DY ON		
	b. Calibrated against a s (PID/FID only)?	□Y □N				
	c. Inspected for leaks ar	nd obvious signs of wear or	n a weekly basis?	□Y □N		
	d. Kept in a clean and s	ecure area when not in use	· ·	OY □N		
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	□Y □N		

MAY - June 2000
Approximate Date of Next Inspection

DID NOT RECEIVE CALENDAR DID GET PERMIT RENEWAL THO

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	VOGUE CLEANERS DANIEL I DENICOLA 1839 THOMASVILLE TALLAHASSEE FL 3: 2/22/97 Do	ROAD 2303 <u>NOT</u> Remove Label	5 ⁵ 12/31/97	FEB 1 9 1998 Bureau of Air Monitoring & Mobile Sources
Annual Reporting Period:	2/17	19_98 то	2/1	7 1999
	on of the Title V general air perm rative Code (F.A.C.), during the p			ith DEP Rule NO
#1. Term or condition of the g	general permit that has not been in	n continuous compliance d	uring the reporting	g period stated above:
Exact period of non-compliand Action(s) taken to achieve con		Bureau of		MAY 1 2 1998
Method used to demonstrate o	· · · · · · · · · · · · · · · · · · ·	ilo Scurces	0	RTHWEST FLORIDA DEP
#2. Term or condition of the g	general permit that has not been in	n continuous compliance d	luring the reportin	g period stated above:
Exact period of non-complian	ce: from	to		
Action(s) taken to achieve con			· · · · · · · · · · · · · · · · · · ·	
notification are true, accurate z	reby certify, based on information a nd complete. Further, my annual c er year for dry-to dry facilities or 1,8	onsumption of perchloroeth	ylene solvent, based	upon purchase receipts,
RESPONSIBLE OFFICIAL	DANIEL J. DENICOLA	(cont)	1000	2-15-98 Date

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

DEP, TAMAHASSEE BRANCH OFFICE

TIT . V AIR QUALITY GENERAL PEI IT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLA	INT/DISCOVERY	RE-INS	PECTION
TIME IN: 0855	TIME OUT:	0940	AIRS ID#:	0730074	!
TYPE OF FACILITY:	NEW LARGE				
FACILITY NAME:	VOGUE CLEAR	JERS		DATE:_ <u></u>	May 98
FACILITY LOCATION:	1839 TITOM.	Asville A	POAD		
	TALLAHASSEE	FZ 323	03		
RESPONSIBLE OFFICIAL:	DANIEL J. DEN	icolA_	PHONE NUM	BER: 850-22	2-1322
compliance with DEP R	the compliance requirementule 62-213.300, Florida	Administrative	Code (F.A.C.).	•	
Based on the results of the discrepancies were note	the compliance requireme d:	nts evaluated	during this inspection, th	ne following compli	ance
COMPLIANCE REQU	JIREMENT/PROBI	LEM	FOLLOW-UP A	CTION REQU	IRED
Mr. De Nicola has comp for Environmentally ac	leted the News of credited by Clean	ionie			
No parblens woted					
	,		· .		
	·				_
COMMENTS:			·		
undated The Annual Compliance Certific	cation form has been prop	erly certified a	nd submitted to the insp	pector. YES	NO
DATE OF NEXT INSPECTIO	N:			<u></u>	
INSPECTION CONDUCTED	BY: RALPH	(Appro- STAPL) (Please	W		
INSPECTOR'S SIGNATURE	: (Sle Stag	lin		BER: 850-481	
		Pageof	<u>'</u> .		Revised 10/96

PEK_HLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSP	<i>/</i> ·
	May 98 TIME IN: 0855 TIME OUT: 0940
FACILITY NAME: Vogue	
FACILITY LOCATION:	THOMASVILLE ROAD
	1Assee F1 32303
RESPONSIBLE OFFICIAL: DANIE!	J. DeNICO/A PHONE: 850-222-1322
CONTACT NAME: SAme	PHONE: OF THE PHONE:
	5 0 70 Fr
PART I: NOTIFICATION	8 6
(check appropriate box)	
1. New facility notified DARM 30 days prio	r to startup
2. Facility failed to notify DARM to use gen	eral permit
PART II: CLASSIFICATION	· · · · · · · · · · · · · · · · · · ·
Facility indicated on notification form tha (check appropriate box)	t it is: □ No notification form □ Drop store/out of business/petroleum
Facility indicated on notification form tha	☐ 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)
Facility indicated on notification form tha (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	☐ Drop store/out of business/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)
Facility indicated on notification form tha (check appropriate box) 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 \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	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) 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
Facility indicated on notification form tha (check appropriate box) 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 \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) 5. This is a correct facility classification If no, please check the appropriate facility qualified to	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 $12/9/91$) 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 $12/9/91$) \square

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? ETY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN/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? DY DN PN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser

A. Has the responsible official of all new sources and existing large area sources:

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

(complete A and B below).

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

(check appropriate boxes)

DY ON ON/A

DY BY DN/A

□N □N/A

No diverter

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the <u>outlet</u> side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΞÝ	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			□N/A
	Is the temperature differential equal to or greater than 20° F?	PY	ИП	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПΝ	ON/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□и	₽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	ПИ	QN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N _.	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	□N	₽N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	DY DN			
2. Maintained rolling monthly averages of perc consumption?	DY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	DY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN PN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONTA			
6. Maintained startup/shutdown/malfunction plan?	OY ON			
7. Maintained deviation reports?	OY ON PN/A			
Problem corrected?	אים אם צם			
8. Maintained compliance plan, if applicable?	OY ON PAVA			

P	ART VI: LEAK DETECTION AND REPAIRS	
1.	Does the responsible official conduct a weekly (for small sources	, bi-weckly) leak detection and repair
	inspection?	DRY

PY		ΠИ
----	--	----

2.	Has	the	facility	maintained	a	leak	log?
----	-----	-----	----------	------------	---	------	------

N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON GN/A
Door gaskets and seating	DY ON ON/A	Stills Waste	DY DN DN/A
Filter gaskets and seating	BY ON ON/A	Exhaust dampers	DY ON ON/A
Pumps	DY ON ON/A	Diverter valves	CY ON ON/A
Solvent tanks and containers	BY ON ON/A	Cartridge filter housings	OY ON ON/A
Water separators	DY ON ON/A		•

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)	9
Physical detection (airflow felt through gaskets)	
Odor (noticeable perc odor)	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	

Halogen leak detector

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

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N	If using direct-reading instrumentation, is the equipment:	DNA
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON

(PID/FID only)?	UY UN
c. Inspected for leaks and obvious signs of wear on a weekly basis?	DY DN

	•	•	7	
d	. Kept in a clean a	and secure area when not in use?	•	DY DN

RAIDH Staplin 7 May 98

Inspector's Name (Please Print) Date of Inspection

May 14, 19

pector's Signature

May June 19

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1 Marvel has tank - 3 subsections no date model RG-55 3GA+H Sen # 4451 55# Cap San Avtonio, Tx 210-344-8551

#2 Aero-Tech USA model 600 ser # 905/182 60 # cap

pere received in 5 gal caus; puned into machinis as needled.

No dwerter valvis/ no vents / Marvel has done delay electrical switch

Have a Zero Waste machine to treat water.
Use MCF fon HAZ Waste pick up.

"Jimmy" is tech/ operator - Keeps records

Has completed NCAI course to be Environmentally Certified (accredited) Any Cleaners.

M
$$\frac{250}{300 - 25} = 275$$
M 0 $\frac{275}{175} + 0 - 25 = 250$

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPI	
	30/00 TIME IN: 11:00 ATTIME OUT: 12:00 PM
FACILITY LOCATION: 1839	Thomasville ROAD
TAUX	thasee FL 32303
RESPONSIBLE OFFICIAL:	er S. Dencomone: 850-222-1322
CONTACT NAME: SAN	,
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior	to startup
2. Facility failed to notify DARM to use gene	eral permit
PART II: CLASSIFICATION	
Facility indicated on notification form that (check appropriate box) A.	it is: 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 gallyr transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed on or after 12/9/91) Burger Mo Ar A A A A A A A A A A A A
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, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1{,}800 \text{ gal/yr}$ both types, $140 \le x \le 1{,}800 \text{ gal/yr}$ (constructed on or after $12/9/91$)
5. This is a correct facility classification	☐Y ☐N ☐Can not determine
II	lassification: or a general permit as number above ove limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (p facility was _250 gallons.	erc) purchased within the preceding 12 months by this dry cleaning
MARI	ch 30,2000 APR 17 2000

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?	OY ON ON/A
2. Examining the containers for leakage?	DY DN DN/A
3. Closing and securing machine doors except during loading/unloading?	אם אם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	BY ON ON/A
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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber must 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?	øy ox
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	BY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	GY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY ON ONIA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON

_		
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?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F?	OY ON ØN/A
3	Measured and recorded the perc concentration in the exhaust stream weekly	UY UN UN/A
J.	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?	DY DN BN/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?	DY DN DX/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ם אואם אם עם
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DAN/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	אם אדם				
2. Maintained rolling monthly total of perc consumption?	DY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	ZY 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)	DY ON ØN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON PAN/A				
6. Maintained startup/shutdown/malfunction plan?	DY ON				
7. Maintained deviation reports?	DY DN BN/A				
Problem corrected?	OY ON ON/A				
8. Maintained compliance plan, if applicable?	OY ON ON/A				

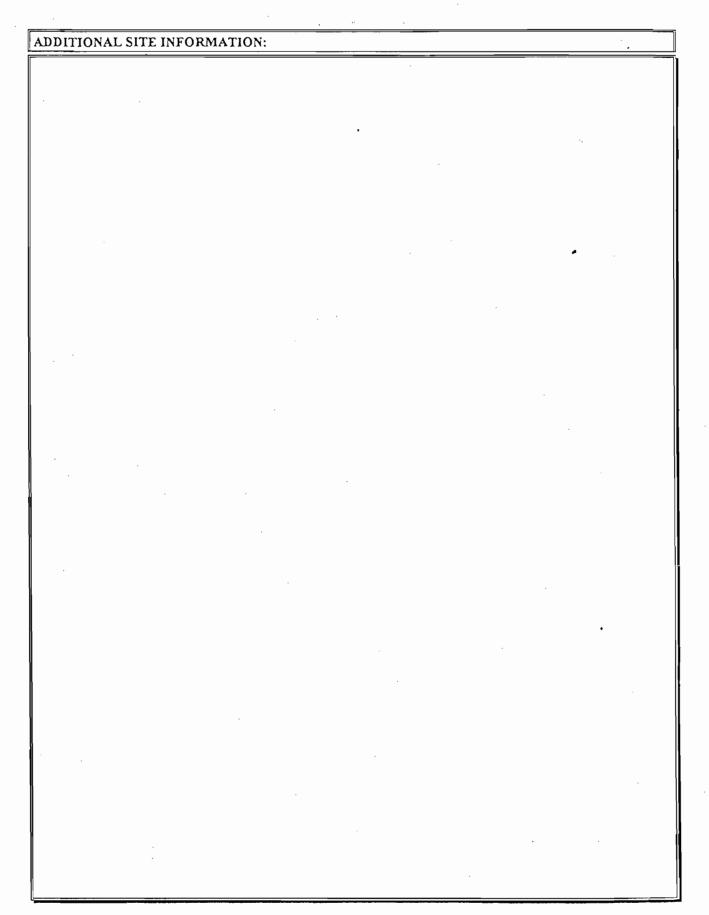
APR 1 7 2000

DEP TALLAHASSEE
BRANCH OFFICE
BRANCH OFFICE

PART VI: LEAK DETECTION AND REPAIRS						
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspecti	on?			DY ON		
2. Has the	facility maintained a leak log?			ØY ON		
3. Does the	e responsible official check the fo	llowing areas for leaks?		•		
	ose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A		
Do	oor gaskets and seating	OY ON ON/A	Stills	DY ON ON/A		
Fi	lter gaskets and seating	OY ON ON/A	Exhaust dampers	DY ON ON/A		
Pu	ımps	DY ON ON/A	Diverter valves	DY ON ON/A		
So	olvent tanks and containers	MY ON ON/A	Cartridge filter housings	OY ON ON/A		
w	ater separators	DY ON ON/A		·		
4. Which r	nethod of detection is used by the	responsible official?				
Visual examination (condensed solvent on exterior surfaces)						
Physical detection (airflow felt through gaskets)						
00						
Us						
На						
	If using direct-reading instru	nentation, is the equipme	nt:	D X I/A		
	a. Capable of detecting pe	erc vapor concentrations in	a range of 0-500 ppm?	OY ON		
	b. Calibrated against a sta (PID/FID only)?	ndard gas prior to and after	r each use	מם עם		
	c. Inspected for leaks and	obvious signs of wear on a	a weekly basis?	DY DN		
	d. Kept in a clean and sec	ure area when not in use?		OY ON		
	e. Verified for accuracy b	y use of duplicate samples	(calorimetric only)?	OY ON		
						
	2000	<u> </u>	3/20/00			

Inspector's Name (Please Print) Date of inspection Inspector's Signature Approximate Date of Next Inspection

APRse# 9/12097





DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

						_		
FACILITY NAME:	oque CI	EANERS				DATE: _	3/30	100
FACILITY LOCATION:	1839	Thomasi	ulle -	B.		0	, ;	LL,
	Tours	1955CL	Fl. 5	32302		Mea	E PO	FIRM
						3	وتم يي	
Annual Reporting Period: _	Man	1999	<u>129 99</u>	то	MARCH		Source Source	<u>00</u>
Based on each term or cond	ition of the Title V	/ general air perm	it, my facility	has remained	in compliance v	with DEP 1	Rule Rule	
62-213.300, Florida Admini	istrative Code (F.A	A.C.), during the p	eriod covered	by this staten	nent. YES	s l	□NO	
If NO, complete the following	ng:							
#1. Term or condition of th	e general permit tl	hat has not been in	n continuous c	ompliance du	ring the reportin	ng period s & & N	tated abov	T Verri
Exact period of non-complia	ance: from _			to		of Air	1	
Action(s) taken to achieve c	ompliance:					Monit Source	200	≪,
Method used to demonstrate	e compliance:					toring es	· ·	
#2. Term or condition of th	e general permit tl	hat has not been in	1 continuous c	ompliance du	ring the reporting	ng period s	tated abov	ve:
Exact period of non-complia	ance: from _			to				
Action(s) taken to achieve c	compliance:							
Method used to demonstrate	e compliance:							
As the responsible official, I in this notification are true, purchase receipts, does not combination facilities. RESPONSIBLE OFFICIA	accurate and comexceed 2,100 gall	aplete. Further, m ons per year for a	y annual cons ry-to dry facil	umption of pe	erchloroethylene	solvent, b	ased upo	
				v				

*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.

APR 1 7 2000

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМР	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11:00 AM TIME OUT:	12:00	рнAIRS ID#:	730074
TYPE OF FACILITY:			
FACILITY NAME: VOQUE CLEAN	ers		DATE:3/30/00
FACILITY LOCATION: 1839 Thoma	suille "	KOAD	7 - 1
Taunhass	ee Fl	32303	
RESPONSIBLE OFFICIAL: DANIEL 5	DENICOLA		850-222-1322
Based on the results of the compliance require			cility is found to be in
compliance with DEP Rule 62-213.300, Florid			
Based on the results of the compliance required discrepancies were noted:	ments evaluate	d during this inspection, the fol	lowing compliance
COMPLIANCE REQUIREMENT/PRO	BLEM	FOLLOW-UP ACT	ION REQUIRED
1.3		•	
NO Problems			
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COMMENTS:			
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			[31
		·	
The Annual Compliance Certification form has been pr	onerly certified	and submitted to the inspector	r. YESV NO
•	operly continue	. and submitted to the inspector	· · · · · · · · · · · · · · · · · · ·
DATE OF NEXT INSPECTION:	(Appr	oximate)	
INSPECTION CONDUCTED BY: 1) ANIE	110 7	POWN	
THOSE ENGINEER BY	(Plea	se Print)	
INSPECTOR'S SIGNATURE:	KNOW	PHONE NUMBER	:: 4883704
	Page	of	Revised 10/96

AIRS ID#: <u>0730074</u>

DR

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	· · · · · · · · · · · · · · · · · · ·
FACILITY NAME: VOQUE CLEANERS	DATE: 69 JAN OI
FACILITY LOCATION: 1839 Thomasulle KOAT	>
TAUAHASSEE, FL 32303	
Annual Reporting Period: 2000 TO	SANOARY 2001
Based on each term or condition of the Title V general air permit, my facility has ren	nained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this	statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliant	nce during the reporting period stated above:
Exact period of non-compliance: from	to T
Action(s) taken to achieve compliance:	JAN A
Action(s) taken to achieve compliance:	oo Air
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliant.	Onito
#2. Term or condition of the general permit that has not been in continuous complian	nce during the reporting period stated above:
· · · · · · · · · · · · · · · · · · ·	
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed on this notification are true, accurate and complete. Further, my annual consumption	
purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or	
combination facilities.	The state of the s
RESPONSIBLE OFFICIAL: On JOM DANIEL J.	Dal 10th 1/09/01
Name (Please Print) DENICOLA	Signature Date
	//

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 📝	COMPLAI	NT/DISCOVERY	RE-INSPECTION		
TIME IN: 10:40	TIME OUT:		AIRS ID#: 0	730074		
TYPE OF FACILITY:						
FACILITY NAME:)C	gue Cleanee	5		DATE: 09. SANOL		
FACILITY LOCATION: 1839 Thomasulle ROAD						
	TAMAHASSEE F	L 323	03			
RESPONSIBLE OFFICIAL:_		enicola		850-727-1377		
	of the compliance requirement P Rule 62-213.300, Florida Ad		_	ility is found to be in		
Based on the results of discrepancies were no	of the compliance requirement oted:	s evaluated du	ring this inspection, the foll	owing compliance		
COMPLIANCE REC	QUIREMENT/PROBLE	EM	FOLLOW-UP ACTI	ON REQUIRED		
NO Problem	s Notes					
				· · · · · · · · · · · · · · · · · · ·		
				,		
		ŀ				
		-		·		
COMMENTS:						
				•		
The Annual Compliance Certi	ification form has been properl	y certified and	d submitted to the inspector.	YES NO		
DATE OF NEXT INSPECT	ION: SANU4		202			
		(Approxi				
INSPECTION CONDUCTE	DBY: DANIELL		20WN			
INSPECTOR'S SIGNATUR	RE: Janielle 7	(Please P	Tint) PHONE NUMBER:	488-3704		
		Page of		Revised 10/96		

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	RE-INSPECTION	COMPLAIN INDIS	
AIRS ID#: <u>0730074</u>	DATE: 09 AN 01		IME OUT:
FACILITY NAME: VOG	que Cleaner	<u> </u>	
FACILITY LOCATION:	1839 Thom	rasville ROAD	
	Tauahasse	e FL 32303	
RESPONSIBLE OFFICIAL:	\	•	
CONTACT NAME:	AU-C	PHONE:	
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM	30 days prior to startup		
2. Facility failed to notify DAR	M to use general permit		
PART II: CLASSIFICATION	· · · · · · · · · · · · · · · · · · ·		· .
Facility indicated on notification	ion form that it is:	☐ No notification	£
(check appropriate box)			of business/petroleum
(check appropriate box) A. 1. Existing small area sour 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)	rce 🛭 2. I /yr dry- tran both		
A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce	New small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr a types, $x < 140$ gal/yr	of business/petroleum
 Existing small area soundry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 	rce	New small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr astructed on or after 12/9/91) New large area source to-dry only, $140 \le x \le 2,100$ gal/yr astructed on or after 1,800 gal/yr astructed on or after 12/9/91)	of business/petroleum
 A. 1. Existing small area sound 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 sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the facility of t	rce	Prop store/out New small area source to-dry only, $x < 140 \text{ gal/yr}$ sfer only, $x < 200 \text{ gal/yr}$ a types, $x < 140 \text{ gal/yr}$ astructed on or after 12/9/91) New large area source to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ asfer only, $200 \le x \le 1,800 \text{ gal/yr}$ astructed on or after 12/9/91) The control of the contro	of business/petroleum D Nyr T ine

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DY ON ONA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DNA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON DŃA 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) DV DN 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the 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?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ØΥ	ĎИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΠN	ØN/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?			⊡N/A
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ПN	□XÝ/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	Ωи	ØN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПΝ-	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly averages of perc consumption?	BY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MY 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?	DY 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?	QA ON
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	אותם אם אם
8. Maintained compliance plan, if applicable?	DY DN BY/A

P/	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?			DY ON			
2.	Has the facility maintained a leak log?			DY ON			
3.	Does the responsible official check the fo	ollowing areas for leak		·			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A			
	Door gaskets and seating	DY ON ON/A	Stills	ØY ON ON/A			
	Filter gaskets and seating	A/אם אם אם	Exhaust dampers	BY ON ON/A			
	. Pumps	DY ON ON/A	Diverter valves	מ/אם אם צב			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	DY ON ON/A					
4.	. Which method of detection is used by th	e responsible official?					
	Visual examination (condensed so	lvent on exterior surfac	ces)				
	Physical detection (airflow felt thro						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentat						
	Halogen leak detector						
	If using direct-reading instru	⊡⁄N/A					
	a. Capable of detecting p	DY DN					
	b. Calibrated against a st (PID/FID only)?	andard gas prior to an	d after each use	UY UN			
	c. Inspected for leaks and	l obvious signs of wear	r on a weekly basis?	OY ON			
	d. Kept in a clean and se	cure area when not in	use?	OY ON			
	e. Verified for accuracy t	by use of duplicate sam	ples (calorimetric only)?	DY DN			

Inspector's Name (Please Print)

OP AN OI

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

4 of 5

ADDITIONAL SITE INFORMATION:

temp. Adequate = 32°F lids on separator water containers Facility mainstanance (grooming or store) Not good.

Records Albequate

- CAlculated Runing totals During inspection.

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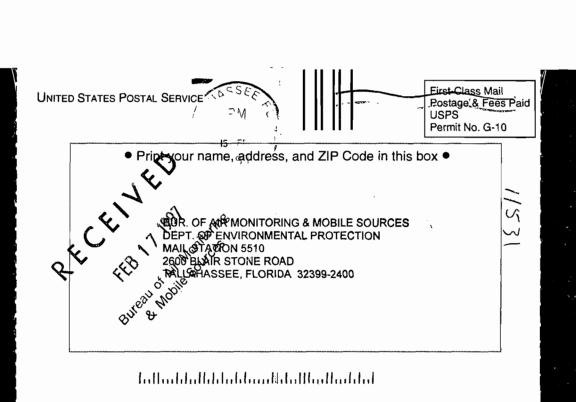
	TIC DICT	
SENDER: 01 adolarua 10 dol 1aro au vices. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so the card to you.		I also wish to receive the following services (for an extra fee):
Attach this form to the front of the mailpiece, or on the back if permit.	space does not	1. Addressee's Address
■Write*Return Receipt Requested* on the mailpiece below the		2. Restricted Delivery
The Return Receipt will show to whom the article was delivered delivered.	ou and the date	Consult postmaster for fee.
AIRS ID#: 0730074 VOGUE CLEANERS DANIEL J DENICOLA 1839 THOMASVILLE ROAD TALLAHASSEE FL 32303	7. Date of D	Type ed Certified Mail Insured ceipt for Merchandise COD elivery 2//5/97
5. Received By: (Print Name)	8. Addresse and fee is	é's Addresś (Onlý if requested paid)
6 Signature: (Addressee or Adent)		

Thank you for using Return Receipt Service.

Domestic Return Receipt

is your RETURN ADDRESS completed on the reverse side?

PS Form **3811**, December 1994



260893

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

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FEB 19 97

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0730074

VOGUE CLEANERS
DANIEL J DENICOLA
1839 THOMASVILLE ROAD
TALLAHASSEE FL 32303

FOR GOVERNMENT USE ONLY

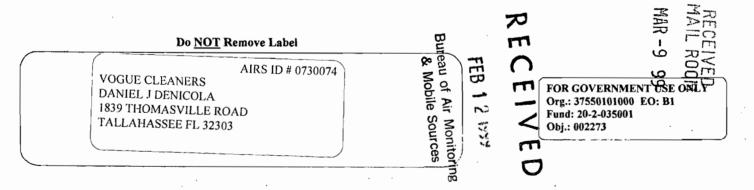
Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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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



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

TOTAL AMOUNT DUE: \$50007 98

302808

Do NOT Remove Label

AIRS ID#0730074

VOGUE CLEANERS DANIEL J DENICOLA 1839 THOMASVILLE ROAD TALLAHASSEE FL 32303 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

AIRS ID 0730074	4a. Article Num	3 <i>612847</i> E
A E ROAD 32303	☐ Registered ☐ Express Ma	il Insured of for Merchandise COD of for Merc
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SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that card to you. Attach this form to the front of the mailpiece, or on the back if sp permit. Write "Return Receipt Requested" on the mailpiece below the and the livered.	pace does not ticle number.	I also wish to rectollowing service extra fee): 1. Address: 2. Restricte Consult postmas	s (for an ee's Address ed Delivery
3. Article Addressed to: AIRS ID # 0730074 VOGUE CLEANERS DANIEL J DENICOLA 1839 THOMASVILLE ROAD TALLAHASSEE FL 32303	4b. Service Registere	Type od Mail ceipt for Merchandise	——— . 99
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressed and fee is	e's Address (Only paid)	
PS Form 3811 , December 1994	102595-97-B-0179	Domestic Ret	urn Receipt

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US Postal Service

Receipt for Certified Mail

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AIRS ID # 0730074

VOGUE CLEANERS DANIEL J DENICOLA 1839 THOMASVILLE ROAD

Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee	_	
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Who Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date		
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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0730074

VOGUE CLEANERS DANIEL J DENICOLA 1839 THOMASVILLE ROAD TALLAHASSEE FL 32303

FOR GOVERNMENT US Org.: 37550101000 EO: Fund: 20-2-035001

Obj.: 002273

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if estricted 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. Article Addressed to: AIRS ID # 0730074001AG DANIEL J DENICOLA VOGUE CLEANERS 1839 THOMASVILLE ROAD TALLAHASSEE FL 32303 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address therent from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail			
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Copy from service label) 7000 0600 0000 4130 2904				
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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0730074

VOGUE CLEANERS DANIEL J DENICOLA 1839 THOMASVILLE ROAD TALLAHASSEE FL 32303

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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