

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

September 18, 1996

Mr. John Brett O'Brien President O'Brien's Shamrock Cleaners 3501 Maclay Boulevard Tallahassee, Florida 32312

Dear Mr. O'Brien:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 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 is subject to the requirements of the Title V general permit.

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

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

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

Sincerely,

Dotty Diltz, Chief Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Charles Norman, Northwest District

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



Department of Environmental Protection

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

David B. Struhs Secretary

June 21, 2001

Mr. John Brett O'Brien O'Brien's Shamrock Cleaners 3501 Maclay Boulevard Tallahassee, Florida 32312

Dear Mr. O'Brien:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Air General Permit Notification Form. The Department received your submittal on June 18.

In reviewing your submittal, it was noted that O'Brien's Shamrock Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0730075). 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 as 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 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosure

cc: Charles Norman, Northwest District

"More Protection, Less Process"

	6730075
	6730075
ρ. 14 1(a)	add date control device
	installed
	!

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.		TENZ	on, agency, or in	dividual owner): OCK CIEANBES
2.	Site Name (For example, plant name o	r number):	i) 	
3.	Hazardous Waste Generator Identificat	ion Number:	<u> </u>	
	CAD 9812690			·
4.	Facility Location: 3501 McLA	_		
	City: Tollohossee	County: U	EM	Zip Code: 32312
5.	Facility Identification Number (DEP U			
		07	30045	
		Responsibl	e Official	
		_		
6.	Name and Title of Responsible Officia		$\overline{}$	_
	JOHN BOEH O'BO	TEN!	HISED IDEA	
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 3501 Mcloy City: Tollohosse	PSLYD.	LEON	Zip Code: 37312
8.	Responsible Official Telephone Number	er:		
<u> </u>	Telephone: (904) 893 - 727		Fax: () -
	Facility Contact	(If different	from Responsib	ole Official)
9.	Name and Title of Facility Contact (Fo	r example, pla	ant manager):	
10.	Facility Contact Address:			
	•			
	Street Address:	Caurata		7:n Codo
	City:	County:		Zip Code:
11.	Facility Contact Telephone Number:	·····		
	Telephone: () -		Fax: () -

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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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
	•	<u> </u>	•		•			•	•
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	65	Pruncl M		5.	5 Ruel N	1proval_		· · .	
(1) w/ ref. condenser	#1	01-JONY-	94	#2	01-70JA-1	<u>14</u>			
(2) w/ carbon adsorber		•			•				
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	•			: *		* .			144.
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				. "					
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol Check why it is less	are ro	equired to be ity of perchlons ons	installed [_ oroethylene (] months	perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sm	nitions found nall area sour ge area sour	ce	3) of	Part II?	
LAISTING Idige and	La SUL	11 CC	140	vv iai	ge area source	· <u> </u>	l		

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

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

Surrender of Existing Air Permit(s)

	ction:
•	r permits authorizing operation of the tion form; specifically, permit number(s)
No air permits currently exist for this notification form.	or the operation of the facility indicated in
Responsi	ble Official Certification
cation. I hereby certify, based on s made in this notification are true the air pollutant emissions units a	ial, as defined in Part II of this form, of the facility addressed in information and belief formed after reasonable inquiry, that the e, accurate and complete. Further, I agree to operate and air pollution control equipment described above so as to general permit as set forth in Part II of this notification form.
mptly notify the Department of any	changes to the information contained in this notification. $8 - 15 - 90$ Date
	No air permits currently exist for this notification form. Responsi Responsion of the responsible offication. I hereby certify, based on a made in this notification are true the air pollutant emissions units a with all terms and conditions of this

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
1.	SHAMBOCK CHEWEST
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
	CAD 981269095
4.	Facility Location: 3501 McLpy BLVD. Street Address:
	City: Tollchossee County: LEW Zip Code: 32312
5.	Facility Identification Number (DEP Use):
	0130015
	Responsible Official
6.	Name and Title of Responsible Official: JOHN BREH O BRIEN PRESIDENT
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 3501 McLoy BLYCL. City: Tollowssel County: ECW Zip Code: \$2312
8.	Responsible Official Telephone Number: Telephone: (984) 895 - 9770 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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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.

		Date	Date		Date	Date		Date Machine	Date
•.		Machine	Control		Machine	Control			Control Device
Tura of Machina	ID.	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Installed
Type of Machine	10	Futchased	instaned	ID	Fulchased	mstaned	ID	Futchased	mstaned
Example	# <i>1</i>	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	155	Prunce M	Parl	5	5 Rurl A	MARVALL		۸.	
(1) w/ ref. condenser	#1	-/xic-10	94 11/194	#2	01-2014-	94 1/7/14		Ulon -	2-7-97
(2) w/ carbon adsorber		,							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls								_	
Dryer Unit			,		•	•			
(7) w/ ref. condenser		1							
(8) w/ carbon adsorber									
(9) w/ no controls	1								
Reclaimer Unit		•	•			•			
(10) w/ ref. condenser									
(11) w/carbon adsorber		_		-					
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are requant	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	perc)	purchased in				ſĵ
3. What is the facility's so (Indicate with an "X". Existing small an	ource Selec rea so	classification t one classifi urce []	n based on the ication only.) No	e defi	nitions found	d in section (·	
Existing large ar	ea so	urce []	Ne	w la	rge area sour	ce []		

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

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

Surrender of Existing Air Permit(s)

Ple	ase indicat	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)						
		•.						
	ĹΧ̈́́́	No air permits currently exist for the operation of the facility indicated in this notification form.						
		Responsible Official Certification						
		.						
	this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. 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.						
	I will pro	mptly notify the Department of any changes to the information contained in this notification. $ 8-15-96 $ Date						

AIRS ID#: 6730075

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: () BRITON'S SHOWINGER CHOOSES DATE: 2 7 97
FACILITY LOCATION: 3501 Mclay Blod., Tollobossee, 12.
32312
Annual Reporting Period: Λ_{05} 21 St 1996 TO SEB. 7 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Ryle 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 reporting period stated above:
not Reepong Logs; peck. Burght, mansoner Logs, Temp. Check-
Exact period of non-compliance: from to
Action(s) taken to achieve compliance: WIN less Portoy/Welly Logs on Porto, Box
Method used to demonstrate compliance: ONL TEP. CHER
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of 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. RESPONSIBLE OFFICIAL: Name (Please Print) 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 📉	СОМР	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0830	TIME OUT:	79:45	AIRS ID#:	075 6075
TYPE OF FACILITY: D.C.				
FACILITY NAME: 0'B	LIEN'S SIM	s in Roc	11 Clenning	DATE: 2.7.97
FACILITY LOCATION: 35				
Jal	Elaborace 1	t / 3-	23/2	
RESPONSIBLE OFFICIAL:		BRIEN		ER:
	he compliance requirem ule 62-213.300, Florida		ed during this inspection, the ive Code (F.A.C.).	facility is found to be in
Based on the results of t discrepancies were note	•	ients evaluate	ed during this inspection, the	following compliance
COMPLIANCE REQU				TION REQUIRED
HAD NOT RECU.	mainmin 210	NEN 1	do rouni chiel	NACUSSITY logs too
A 12-MONTH Roll.	ng lotal of Poec	Tuxlung.	Calculate 12-	souths rolling fortal
Porchere was and however.		on	of perc perchan	sunths volling tetal
<u> </u>				
ν.				
			-	
			_	
COMMENTS: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Λ. α'		
wang w	el sun fac	iliks -	neal falson.	licy
Left cony	of the Separa	a for w	citiv Lepusal d	litter.
The Annual Compliance Certifica		perly certified	d and submitted to the inspect	or. YESX NO
DATE OF NEXT INSPECTION	N: Feb 98			
INSPECTION CONDUCTED	BY: CAMPOS M	,	oximate) N	
mor bettom computing)	h -		se Print)	
INSPECTOR'S SIGNATURE:	Muly Mon	m	PHONE NUMBE	R: 904-444-8364
		Page	of	Revised 10/96

X RAGIGE

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	X u	COMPLAINT/DISCOVER	XY 🗖
AIRS ID#: <u>073 (x 75</u> d. facility name: <u>08</u> (c) facility location:	1EN'S	5HAM!		
PART I: NOTIFICATION				
(check appropriate box)	<u> </u>	. 307 (Mandi: 2		/
1. Existing facility notified DARN	•			70
2. New facility notified DARM 30		•		_
3. Facility failed to notify DARM	to use general per	rmit 		
PART II: CLASSIFICATION	·		to the state of	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source		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 before 12/9/91)		dry-to-dry only transfer only, x both types, x<1	, x<140 gal/yr <200 gal/yr	
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="" g="" gal="" only,="" td="" transfer="" types,="" yr=""><td>gal/yr /yr</td><td>transfer only, 2 both types, 140</td><td>nrea source 1, 140<x<2,100 1="" 1,00<x<1,800="" 12="" 1<x<1,800="" 9="" 91)<="" after="" gal="" or="" td="" yr=""><td></td></x<2,100></td></x<2,100>	gal/yr /yr	transfer only, 2 both types, 140	nrea source 1, 140 <x<2,100 1="" 1,00<x<1,800="" 12="" 1<x<1,800="" 9="" 91)<="" after="" gal="" or="" td="" yr=""><td></td></x<2,100>	
This is a correct facility classifica	tion	Ý DN		
If no, please check the appropriate	e classification:			
☐ facility exceeds a	for a general perabove limits and is	s not eligible for	a general permit	
B. The total quantity of perchloro facility was (9.1) gallons.	ethylene (perc) pu	rchased within	the preceding 12 months by th	is dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	•
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	оч ом
2. Examining the containers for leakage?	(🗀 У 🗆 И
3. Closing and securing machine doors except during loading/unloading?	ОУ ОИ
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY DN
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 refu (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber minimaled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	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?	OY ON ON/A
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	מע אם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	MO AM
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	May DN

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

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	. БУ □И				
2. Maintained rolling monthly averages of perc consumption?	DY D N				
3. Maintained leak detection inspection and repair reports for the following:	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN " TW				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אם צם				
4. Maintained calibration data? (for direct reading instruments only)	DY DN BN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN NA				
6. Maintained startup/shutdown/malfunction plan?	NO AG				
7. Maintained deviation reports?	רב א (A) אם צם				
Problem corrected?	□Y · □N				
8. Maintained compliance plan, if applicable?	DY DN DN/A				

PART VI: LEAK DETECTION AND R	EPAII	RS	<u> </u>			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?				ПY	МП	
2. Which method of detection is used by the	ne respo	onsible offi	icial?			
Visual examination (condensed so	olvent o	n exterior	surfaces)			
Physical detection (airflow felt thr	ough g	askets)				
Odor (noticeable perc odor)						
Use of direct-reading instrumental	tion (FI	D/PID/cal	orimetric tubes)			
If using direct-reading instrume	ntation	ı, is the eq	uipment:			
a. Capable of detecting p	erc var	or concen	trations in a range of 0-500 ppm?	□Y	□N	
b. Calibrated against a st (PID/FID only)?	tandard	gas prior	to and after each use	ПY		
c. Inspected for leaks and	d obvio	us signs of	wear on a weekly basis?	ПY	□N	
d. Kept in a clean and se	cure ar	ea when n	ot in use?	ПY	□N	
e. Verified for accuracy l	by use o	of duplicate	e samples (calorimetric only)?	ΠY	□N	
3. Has the facility maintained a leak log?					ŶÎN	
4. Does the responsible official check the following areas for leaks? Hose connections, fittings (Toutone procedure) couplings, and valves ON Muck cookers					1 1	
Hose connections, fittings (yu)	44) S € 764 □Y	wort Rutine g	Muck cookers	JY □Y	DN	
Door gaskets and seating	□Y	□N	Stills	ПY	□N .	
Filter gaskets and seating	\Box Y	□N	Exhaust dampers -	ПY	□N	
Pumps	ПY	□N	Diverter valves	ПY	□N	
Solvent tanks and containers	ПY	□N	Cartridge filter housings	ПY	□N	
Water separators	□Y	□N				
John OBRIEN						
Name of Responsible Official						
(parles Miller mad) 2.7.9)						
Inspector's Name (Please Prin	t)		Date of Inspe	ction		
leule Moman	_		Feb 98			
Inchector's Signature			Approximate Date of 1	Vext I	nspection	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🖳	COMPLAINT	T/DISCOVERY	RE-INSPECTION
TIME IN: /400			AIRS ID#:	0730075
TYPE OF FACILITY:	RIENS SHAMPOCK	C CLEANE	-RS	DATE: 4 MAR 98
FACILITY LOCATION:	3501 MAC/AY	Blud		
	TAllahassee	FL 32312		
RESPONSIBLE OFFICIAL:_	John O'BRIE	7J		2: 850-893-7220
↓	f the compliance requirement Rule 62-213.300, Florida A		-	cility is found to be in
Based on the results o discrepancies were no	f the compliance requiremented:	nts evaIuated durin	ng this inspection, the fo	ollowing compliance
COMPLIANCE REQ	UIREMENT/PROBL	EM F	FOLLOW-UP ACT	TION REQUIRED
None				
				
		<u> </u>		
				Burr TT
				MAR 1 2 Reau of Air.
				YE 1998
COMMENTS:		<u></u>		
The Annual Compliance Certif	ication form has been prope	erly certified and s	ubmitted to the inspecto	or. YES NO
DATE OF NEXT INSPECTI	ON:	$\frac{12 m}{\text{(Approxima})}$	os	
INSPECTION CONDUCTED	D BY: RAY	Please Prin	4p//N	
INSPECTOR'S SIGNATUR	e: 66 St	aplin	PHONE NUMBEI	R: 850 488 3704
	•	Page / of /	, _·	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	7 0	COMPLAINT/DISCOVERY	<u> </u>
AIRS ID#: 0730075	_			1430
FACILITY NAME:	OBRIENS S	HAM RUCK	CLEANERS	
FACILITY LOCATION:		1		
	TAllahasse	e A	323/2	
			PHONE: 850 - 893 -	7220
CONTACT NAME:	SAME		PHONE:	
TANK NOTIFICATION				
PART I: NOTIFICATION				
(check appropriate box)				_
New facility notified DARN		•		
2. Facility failed to notify DAI	RM to use general per	mit ———————		
PART II: CLASSIFICATIO	N			
Facility indicated on notifica (check appropriate box)	tion form that it is:		☐ No notification form ☐ Drop store/out of business/	petroleum
A. 1. Existing small area sou	irce 🗆	2. New small a	area source	
dry-to-dry only, x < 140 ga		dry-to-dry only,	• •	
transfer only, x < 200 gal/y both types, x < 140 gal/yr	r	transfer only, x both types, $x <$		
(constructed before 12/9/91)		or after 12/9/91)	
3. Existing large area sou		4. New large a		•
dry-to-dry only, $140 \le x \le 1$, 140 ≤ x ≤ 2,100 gal/yr	
transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$			00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	3ure
(constructed before 12/9/91			or after $12/9/91$)	Bureau of & Mot
5. This is a correct facility	classification	DY ON	☐Can not determine	eau of Air Monitoring. Mobile Sources
If no, please check th	e appropriate classific	ation:		Mon
☐ faci	lity qualified for a ger	neral permit as n		itor
☐ faci	lity exceeds above lim	iits and is not eli	gible for a general permit	5

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

facility was 278 gallons. as of end of Tels.

PA	PART III: GENERAL CONTROL REQUIREMENTS				
ı	Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1.	Storing perchloroethylene in tightly scaled and impervious containers? Tanks	DY ON ON/A			
2.	Examining the containers for leakage?	DY ON ON/A			
3.	Closing and securing machine doors except during loading/unloading?	OY ON			
4.	Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	oy on on/a			
5.	Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DAVÍA			

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?	ey on	1
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON	I □N/A
	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Has a Carbon bed absorber on each machine which achivates on door opening		I □N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?		1 B
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?		ealigowa Yayanea. Yayan
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	व्य ।	ς: <u> </u>

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 locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	d Leafy⊡N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	⊠y on on/a
Is the temperature differential equal to or greater than 20° F?	BY □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON CHAYA
Is the perc concentration equal to or less than 100 ppm?	OY ON DAYA
4. Assured that the sampling port on the <u>carbon adsorber</u> 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 BANA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	A/MED NO YO
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)	<u>-</u>						
1. Maintained receipts for perc purchased?	DY 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?	oy on on/a						
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ON/A						
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A						
6. Maintained startup/shutdown/malfunction plan?	er cen						
7. Maintained deviation reports? Now ref							
Problem corrected?	- DABON GANA						
8. Maintained compliance plan, if applicable?	A MEN VENE						
	98 nitorir						
	ing						

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			<u>o</u> y on			
2.	Has the facility maintained a leak log?			ey on			
3.	Does the responsible official check the fe	ollowing areas for leaks?					
	Hose connections, fittings, couplings, and valves	ŒÝ □N □N/A	Muck cookers	DY ON ON/A			
	Door gaskets and seating	OY ON ON/A	Stills What	ON □N/A			
	Filter gaskets and seating	ØY □N □N/A	Exhaust dampers	DY ON ON/A			
	Pumps	DY ON ON/A	Diverter valves	PY ON ON/A			
-	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	ne responsible official?					
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt thr	8					
	Odor (noticeable perc odor)	9					
	Use of direct-reading instrumental	tion (FID/PID/calorimetric	tubes) —				
	Halogen leak detector		_	-a			
If using direct-reading instrumentation, is the equipment:							
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
c. Inspected for leaks and obvious signs of wear on a weekly basis?							
	d. Kept in a clean and se	ecure area when not in use?		UY UN			
	e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	OY ON			

Inspector's Name (Please Print)

Staplin

Inspector's Signature

Date of Inspection & eau of AR 12 MUS eau of Arr 2 MOS Approximate Date of Next Inspection cess 1998

Has Tero Waste unit

Tracks prindage/loads vs jurc usage Facility next and well main turned.

Owner operator trained and accredited as an "Environmentally accredited by Cleaner". Wicheles OSHA standards, EPA, etc. —

a coneyondence course (cost about 4/50),

Excellent, well main tained facility
Built with use w mind - has contamination
remodal system built w —

Late note - wife killed in freak auto accident march 7th -

ureau of Air Moniton

C

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAI	NT/DISCOVERY	RE-INSPEC	TION [
TIME IN: 0930	TIME OUT:	1000	AIRS ID#:	0730075	
TYPE OF FACILITY:	NEW LARGE				
FACILITY NAME:	O'BRIEN'S SH	LAMROCK	CLEANERS	DATE: 22,	APR 99
FACILITY LOCATION:	3501 MACLAY	BLVD			
	TALLAHASSEE	, FL 3			
RESPONSIBLE OFFICIAL:_	JOHN O'BRIC	EN	PHONE NUMB	ER: 850-893	, - 7220
compliance with DEP Based on the results o discrepancies were no	f the compliance requirement Rule 62-213.300, Florida A f the compliance requiremented:	Administrative (nts evaluated du	Code (F.A.C.).	% Months of the following compliance of the following comp	APR 2 3
	<u>- </u>	JEIVI	FOLLOW-UP AC	TION KEQUIR	<u> </u>
No problems r	isted			· · · · · · · · · · · · · · · · · · ·	toring
			4		
	,				
			. ,		
		·		_	
COMMENTS:			ا مایو		
The Annual Compliance Certif	• •	·	-	ctor. YES	NOX
DATE OF NEXT INSPECTI	ON:	MAY 200			
INSPECTION CONDUCTED		Please I	PLIN Print)		
INSPECTOR'S SIGNATUR	E: Gla Stap	plin	PHONE NUMB	BER: 850-488	- 3704
	•	Pageof	<u>. /</u> .		Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	-	(COMPLAINT/DIS	COVERY	
AIRS ID#: <u>0130075</u> DA					ME OUT: _	100
FACILITY NAME: <i>O'BR</i>	IENS SHAP	UROCK	<u>C</u>	LEANERS		
FACILITY LOCATION:3	SOI MACI	LAY	BLVI)		
	ALLA HAS.				~~	
					C62 7	72.7
RESPONSIBLE OFFICIAL:						
CONTACT NAME: Jo	HN O'BRIE	7N (2)		phone: <u>850</u> - ugr	-89 <u>3 - 7</u>	22
		<u> </u>		<u>ugr</u>		
PART I: NOTIFICATION				,		
(check appropriate box)						
1. New facility notified DARM 30	days prior to start	tup				(
2. Facility failed to notify DARM	to use general peri	mit				[
PART II: CLASSIFICATION		\				
Facility indicated on notification (check appropriate box)	o form that it is:			☐ No notification ☐ Drop store/out of	form	etrolé
Facility indicated on notification		2. New s	mall a	☐ No notification ☐ Drop store/out of	form ss. s.	etrole On
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	: 	dry-to-dry	mall a	□ No notification □ Drop store/out of the control	form to the form of business of business of business of business of the busine	etrole of Pi No
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	: 	dry-to-dry transfer o	mall a	□ No notification □ Drop store/out of the cource the course the cource the c	form for businessy p	etrole of his Sources
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	: 	dry-to-dry transfer o both type:	mall a only, nly, x s, x < 1	□ No notification □ Drop store/out of the cource of the c	form form for businessys	etrole pir No. Sources
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr		dry-to-dry transfer o both types (construct		х < 140 gal/ут < 200 gal/ут 140 gal/уг	•	etrole pir Nices
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10	е П е П 00 gal/ут	dry-to-dry transfer o both types (construct 4. New landry-to-dry	arge a y only,	rea source 140≤.x≤2,100 gal	/yr	etrole of his Nources
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800	e □ 00 gal/yr gal/yr	dry-to-dry transfer o both types (construct 4. New landry-to-dry transfer o	arge a y only, nly, 20	rea source 140,≤.x ≤ 2,100 gal 00 ≤ x ≤ 1,800 gal/yı	/yr	etrole Sources
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal	e □ 00 gal/yr gal/yr	dry-to-dry transfer o both types (construct 4. New ladry-to-dry transfer o both types	arge a y only, nly, 20 s, 140	rea source 140,≤,x ≤ 2,100 gal 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	/yr	etrolices Air Nices
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,10 transfer only, 200 \le x \le 1,800 gal (constructed before 12/9/91)	e □ 00 gal/yr gal/yr	dry-to-dry transfer o both type: (construct 4. New landry-to-dry transfer o both type (construct	arge a y only, nly, 20 s, 140 ted on	rea source $140 \le x \le 2,100 \text{ gal}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	/yr '	etrole Air No. Ces
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal	e □ 00 gal/yr gal/yr	dry-to-dry transfer o both type: (construct 4. New landry-to-dry transfer o both type (construct	arge a y only, nly, 20 s, 140	rea source 140,≤,x ≤ 2,100 gal 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	/yr '	etrole Air Morces
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no, please check the approximate to the superior of the	e □ 00 gal/yr gal/yr tl/yr ssification	dry-to-dry transfer o both type: (construct 4. New lidry-to-dry transfer o both type (construct XY ation:	arge a y only, nly, 20 s, 140 ted on □N	rea source $140 \le x \le 2,100 \text{ gal}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ Can not determine	/yr	etrolic pir Nices
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class If no, please check the approximate the facility of facility.	e □ 00 gal/yr gal/yr tl/yr ssification ppropriate classific	dry-to-dry transfer of both types (constructed dry-to-dry transfer of both types (constructed dry-to-dry transfer of both types (constructed dry-to-dry dry-to-dry-transfer of both types (constructed dry-to-dry-tra	arge a y only, nly, 20 s, 140 ted on □N	rea source $140 \le x \le 2,100 \text{ gal}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ Can not determine	/yr	etrole Nic No.

(check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 16 sal drums DY DN DN/A DY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at PRY DN 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 PRI/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 dources and existing large area sources: (check appropriate boxes) DY ON 1. Equipped all machines with the appropriate vent controls? MY ON MANTA 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'A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated IDY ON condenser on a weekly bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45°F? Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

B.	Has the responsible official of an existing large 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 CENTA
	Is the temperature differential equal to or greater than 20° F?	OY ON PANA
	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?	DY DN PN/A
	Is the perc concentration equal to or less than 100 ppm?	TY ON DAVA
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 Pan/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN PAN/A
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?	MY ON		
2. Maintained rolling monthly averages of perc consumption?	ey 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?	□Y □N □N/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DAYA		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A		
6. Maintained startup/shutdown/malfunction plan?	om yao		
7. Maintained deviation reports?	OY ON PANA		
Problem corrected?	DY DN PAN/A		
8. Maintained compliance plan, if applicable?	OY ON BON/A		
o. Manualied compliance plan, if applicable.			

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly for small sources, bi-weekly) leak detection and repair inspection? $\square N$ $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings. DY ON ON/A Muck cookers DY ON ON/A couplings, and valves ZERWWASTE ZY DN DN/A DY ON ON/A Door gaskets and seating Stills DY ON ON/A DY ON ON/A Filter gaskets and seating Exhaust dampers EY ON ON/A CY ON BN/A Diverter valves Pumps DY ON ON/A DY ON ON/A Solvent tanks and containers Cartridge filter housings DY DN DN/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Hand Held

If using direct-reading instrumentation, is the equipment:

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

Halogen leak detector

(PID/FID only)?

RAIPH A Staplin 22 Apr 99
Inspector's Name (Please Print) Date of Inspection

Apr-May 2000
Inspector's Signature Approximate Date of Next Inspection

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

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

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

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

□N/A

DAY UN

DY DX

DY DN

DY BHY

Real nice, well maintained facility.

A virtual "model" dry cleaners.

DAVID ADMINE is the new plant manager has considerable equipment experience in

The industry

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	ď	COMPLAINT/DISC	OVERY	
	RE-INSPECTION				
airs 10#: <u>0730075</u>					D:45
FACILITY NAME: <u>0'</u>	BRIEN'S Sh	AMROCK	Cleaners		
FACILITY LOCATION: _	3501 MACK	ay Blub	·		
	TAUPHASSE	e, FL	32312		
RESPONSIBLE OFFICIAL	: John O'B	Riem	PHONE: 850 S	893-7	220
CONTACT NAME:	VID ADMIRE		PHONE:		
PART I: NOTIFICATION					
(check appropriate box)	M 20 dans and a startu				
New facility notified DAR Facility failed to notify DA		•			
2. Facility failed to notify DA	TRM to use general perni				
PART II: CLASSIFICATIO)N				
Facility indicated on notifica			☐ No notification fo	rm	
(check appropriate box)			☐ Drop store/out of		troleum
A.		2. New small a			
1. Existing small area soudry-to-dry only, x < 140 ga		dry-to-dry only,			APR - 4 20
transfer only, x < 200 gal/y	yr t	ransfer only, x	< 200 gal/yr	Mobile Sou	
both types, $x < 140 \text{ gal/yr}$		both types, $x < 1$		le s	
(constructed before 12/9/9	1) (constructed on	or after 12/9/91)	Sour	2009 Monii
3. Existing large area sou	urce 🗅 4	4. New large at	rea source	rces	JOD Onitoring
dry-to-dry only, $140 \le x \le$	2,100 gal/yr	dry-to-dry only,	$140 \le x \le 2{,}100 \text{ gal/yr}$. /	ring
transfer only, $200 \le x \le 1.8$	•	•	$0 \le x \le 1,800 \text{ gal/yr}$		1
both types, $140 \le x \le 1,800$ (constructed before $12/9/9$		• • • • •	$\leq x \leq 1,800 \text{ gal/yr}$ or after 12/9/91)		[j
(constructed before 12/9/9	()	constructed on	or arter 12/9/91)		
5. This is a correct facility	classification	MO A	□Can not determine		
☐ fac	ne appropriate classificati	ral permit as nu			
	cility exceeds above limit	is and is not elig	ible for a general perm	111	

1 of 5

TAKT 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 ON ON/A
3. Closing and securing machine doors except during loading/unloading?	GY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MYA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	;
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a 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).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	:
1. Equipped all machines with the appropriate vent controls?	מען עם
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 DN BAYA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	oy on
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ØN/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	BY 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 CAN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON MIN/A
	Is the temperature differential equal to or greater than 20° F?	DY DN BANA
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?	DY DN DN/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 DN/A
_		
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ON/A
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?	DY DN
2. Maintained rolling monthly total of perc consumption?	אָס אַפ
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 DN ØN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	ory on
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON DINYA
8. Maintained compliance plan, if applicable?	DY DN DN/A

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a	weekly (for small sources, b	oi-weekly) leak detection ar	ıd repair	
inspection?		·	DY ON	
2. Has the facility maintained a leak log?			DAY □N	
3. Does the responsible official check the f	ollowing areas for leaks?			
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ØY ON ON/A	
Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A	
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ØY ON ON/A	
Pumps	DY ON ON/A	Diverter valves	DY DN BN/A	
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 the	e responsible official?			
Visual examination (condensed so				
Physical detection (airflow felt thr				
Odor (noticeable perc odor)				
Use of direct-reading instrumental				
Halogen leak detector		ď		
If using direct-reading instru	imentation, is the equipmo	ent:	□N/A	
a. Capable of detecting p	ay on			
b. Calibrated against a st (PID/FID only)?	DY, ZN			
c. Inspected for leaks an	מם יאם			
d. Kept in a clean and se	DY ON			
e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	ay @K	

4 of 5

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

APR 17 2000

Revised 9/15/97

ADDITIONAL SITE INFORMATION:		· .		
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Acc

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 0' BRIEN'S SHAMROCK CLEANERS DATE: 03/3	30/00
	i l
FACILITY LOCATION: 3501 MACINY BIVD TAUAHASSEC, FL 33312 0 5 5	
Annual Reporting Period: Agrael 22 1997 TO MORCE SON	20 <u>(کې</u>
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.	
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 ab	oove:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance: APR 3 2000	
Method used to demonstrate compliance: DEP TAILAHASSEE BRANCH OFFICE	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated ab	
Exact period of non-compliance: from to	
Action(s) taken to achieve compliance:	, , , , , , , , , , , , , , , , , , ,
Action(s) taken to achieve compliance: Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statement in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based up 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.	
RESPONSIBLE OFFICIAL: TOW BOTH O BOTH O BOTH O BOTH Date Name (Please Print) Signature Date	.00

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

Page _____ of ____.

APR 1 7 2000

DEP TALLAHASSEE
BRANCH OFFICE

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 a TIME OUT: 10:45 TYPE OF FACILITY:	A.M AIRS ID#: 0'1'300'15
FACILITY NAME: O'BRIEN'S SHAMROCK C	LEAN-ERS DATE: 03/30/00
FACILITY LOCATION: 3501 MACIAY BIVD	<u> </u>
IAUAHASSEE FL 32	312
RESPONSIBLE OFFICIAL: JOHN O' BRIEN	PHONE NUMBER: <u>850 - 893 - 7270</u>
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No problems	
	·
	·
COMMENTS:	APR 1 7 2000
	DEP TALLAHASSEE
The Annual Compliance Certification form has been properly certifi	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
	proximate)
INSPECTION CONDUCTED BY: Aviewe (Piè	ease Print)
INSPECTOR'S SIGNATURE: Avelle Tho	TWI PHONE NUMBER: 488-3704
Page	of Revised 10/9

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
1. Article Addressed to: 10 AIRS ID # 0730075001AG	If YES, enter delivery address below:
JOHN BRETT O'BRIEN O'BRIEN'S SHAMROCK CLEANERS 3501 S MACLAY BLVD TALLAHASSEE FL 32312	3. Service Type
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7 00 0600 0036 4130 29	398
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595,99-M-1789

	Service D MAIL REC Ponly, No Insurance (
(Domestic)wall	only, No insurance (Coverage Provided
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Total Postage & Fed	AIRS ID # 0730075	001AG
O'BRIEN'S S	HAMROCK CLEANE	ERS
TALLAHAS	LAY BLVD SEE FL 32312	
PS	JEE 1 E J2312	for Instructions

0353963

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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Obj.: 002273

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3501 S MACLAY BLVD
TALLAHASSEE FL 32312

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273