

### Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 23, 1996

Mr. William McDermott The Dry Cleaner 3269 Southwest 42nd Avenue Palm City, Florida 34990

Dear Mr. McDermott:

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

Please note that in 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

Bureau of Air Monitoring

and Mobile Sources

/DD

Mr. Bruce Offord, Southeast District cc:

# 0850115

9-20 Spoke to William mc Dermott, he is V.P. + Treasurer

P.13 6. add title

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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):						
	MCDERMOTT MANAGEMENT INC.						
2.	Site Name (For example, plant name or number):						
	THE DRY CLEANER Hazardous Waste Generator Identification Number:						
3.	Hazardous Waste Generator Identification Number:						
	FLD 984 175 224						
4.	Street Address: 3269 SW 42Nd AUE						
	City: PALM CITY County: MARTIN Zip Code: 34990						
3.	Facility Identification Number (DEP Use)						
र् जनसम्बद्धाः जनसम्बद्धाः							
	Responsible Official						
6.	Name and Title of Responsible Official:						
	WILLIAM MCDERMOSS  Responsible Official Mailing Address:						
7.	Responsible Official Mailing Address:						
	Organization/Firm: THE DRY CLEANER  Street Address: 3269 SW 42Nd AVE.  City: County: MARTIN Zip Code: 34990						
	City: PALM CITY County: MARTIN Zip Code: 34990						
8.	Responsible Official Telephone Number:						
	Telephone: (561) 288 - 6526 Fax: (561) 220 - 7481						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
	· · · · · · · · · · · · · · · · · · ·						
10.	Facility Contact Address:						
	Street Address: City: County: Zip Code:						
	ony. Zip code.						
11.	Facility Contact Telephone Number:						
	Telephone: ( ) - Fax: ( ) -						
	DECEIVED						

RECEIVED SEP 3 1996

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	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		<del></del> _	<del>_</del>						
(1) w/ ref. condenser	7	1546		#1	06J4N90				Γ
(2) w/ carbon adsorber		1.7.0							
(3) w/ no controls							_		
Washer Unit								•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls			·						
Dryer Unit		L	<u> </u>						_
(7) w/ ref. condenser			_			-	-		
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser					[				
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed [X]  (c) No control devices are required to be installed []  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [212,7] gallons  (b) If less than 12 months, how many? [] months  Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X". Existing small an Existing large are	Selec ea soi	t one classifi	cation only.) Ne	w sm	nitions found hall area source ge area source	ce []	i) of l	Part II?	
	500	لكب الحد	.10	144	0				

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

•	
4. What control technology is required on machine (Indicate with an "X".)	es pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser  []	
	is units shall not be eligible to use the general permit pursuan and hot water generating units on-site meet the following te:
	l) have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment ore than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	g and Recordkeeping Information
Check all logs which are required to be kept on-sit	e in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	ι <del></del> Σι
(c) Refrigerated condenser temperature monitoring	<u>[                                    </u>
(d) Carbon adsorber exhaust perc concentration mo	
(e) Instrument calibration	(X)
(f) Start-up shutdown malfunction plan	r / 1

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

### Surrender of Existing Air Permit(s)

Please 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)							
凶	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant-emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pro	omptly notify the Department of any changes to the information contained in this notification.							
Signature	7//W/Lewell 8/29/90							



### Department of Environmental Protection

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

David B. Struhs Secretary

July 2, 2001

Mr. William McDermott The Dry Cleaner 3269 Southwest 42 Avenue Palm City, Florida 34990

Dear Mr. McDermott:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 2.

In reviewing your submittal, it was noted that The Dry Cleaner elected to surrender its existing Title V air general permit (AIRS ID 0850115). 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 850/921-9583.

Sincerely,

Sandra Bowman.

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Mr. Bruce Offord, Southeast District

"More Protection, Less Process"

Printed on recycled paper.

### RECEIVED

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Type of inspection:	ANNUAL		]	COMPLAINT/DISCOVER	Y 🚨 .	
	RE-INSPECTIO	א כ	]			
AIRS ID#: 0850415	DATE: 7/8/	98 TI	ME I	N: 10:15 TIME OUT	r: 10:50	<u>,                                    </u>
FACILITY NAME:	The De	y Che	res	rej		_
FACILITY LOCATION:	3269	SW:	42	Avg		
	Balm G	ety, F	Fl.	, 34990		
RESPONSIBLE OFFICIAL :	William M	Ver	not	PHONE: <u>56//2</u> 88	-6526	₋ ∦
CONTACT NAME:	SAME	· · · · · · · · · · · · · · · · · · ·		PHONE:	·····	·   .
PART I: NOTIFICATION			<del></del>			
(check appropriate box)		,		·		
1. New facility notified DARM	i 30 days prior to star	rtup	•		X	
2. Facility failed to notify DAR	M to use general per	rmit			6	
PART II: CLASSIFICATION	٧ 					=
Facility indicated on notificat (check appropriate box)  A.	ion form that it is:			☐ No notification form ☐ Drop store/out of busines	ss/petroleum	
1. Existing small area sour				rea source	Œ	
dry-to-dry only, $x < 140$ gala				x < 140 gal/yr	Bureau & N	ي
transfer only, x < 200 gal/yr both types, x < 140 gal/yr		both types		< 200 gal/yr 140 gal/vr	eau of A & Mobil	9
(constructed before 12/9/91)	I		-	or after 12/9/91)	f Air bile	1
3. Existing large area sour	rce N	4 New lo	arge a	rea source	Air Monitoring ile Sources	1
dry-to-dry only, $140 \le x \le 2$				$140 \le x \le 2,100 \text{ gal/yr}$	nitc rce	F
transfer only, $200 \le x \le 1.80$	00 gal/yr			$00 \le x \le 1,800 \text{ gal/yr}$	is or in	.
both types, $140 \le x \le 1,800$				$\leq x \leq 1,800 \text{ gal/yr}$	a	
(constructed before 12/9/91)	l	(construct	ed on	or after 12/9/91)		
5. This is a correct facility of	lassification	JAY D	ИС	□Can not determine	•	
If no, please check the						
	ity qualified for a ger ity exceeds above lin			umberabove gible for a general permit		
B. The total quantity of perchl-	oroethylene (perc) pi	urchased wi	thin t	he preceding 12 months by th	is dry cleaning	2
facility was 240 gallons				Free mondin of the		

### PART III: GENERAL CONTROL REQUIREMENTS

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers?
- 2. Examining the containers for leakage?
- 3. Closing and securing machine doors except during loading/unloading?
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

		□N/A	
YY	ПΝ	□N/A	
YY	ПÑ		
X	ΠN	□n/a	
		()	

DY DN DN/A

### PART IV: PROCESS VENT CONTROLS

### In Part II-A:

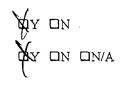
If classification 1 has been checked, no controls are required. Proceed to Part V.

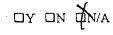
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

- A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)
- 1. Equipped all machines with the appropriate vent controls?
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?







A/A

YY ON

<ol> <li>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?</li> <li>Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?         <ul> <li>Is the temperature differential equal to or greater than 20° F?</li> <li>Measured and recorded the perc concentration in the exhaust stream weekly</li> </ul> </li> </ol>	
Is the temperature differential equal to or greater than 20° F?	
	M/A
3. Measured and recorded the nero concentration in the exhaust stream weekly	<b>A</b> N/A
at the end of the final drying cycle while the machine is venting to the adsorber	×
if machines are equipped with a carbon adsorber?	IDN/A
if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?	N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	`
or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	
6. Routed airflow to the carbon adsorber (if used) at all times?	XN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DV ON
2. Maintained rolling monthly averages of perc consumption?	NO X
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AVA 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 PON/A
4. Maintained calibration data? (for applicable direct reading instruments)	AMA NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN XXVIA
6. Maintained startup/shutdown/malfunction plan?	M DN
7. Maintained deviation reports?	DA DN BANVY
Problem corrected?	OY ON X
8. Maintained compliance plan, if applicable?	איאשל אם צם

### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AVO NO YO Muck cookers □N □N/A couplings, and valves ON ON/A Stills AYNO NO YAZ Door gaskets and seating DY DN DN/A A'NO NO YO Exhaust dampers Filter gaskets and seating DY DN DN/A Diverter valves Pumps DY DN **\$**DN/A □N □N/A Cartridge filter housings □N □N/A Solvent tanks and containers ADY ON ON/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) Halogen leak detector If using direct-reading instrumentation, is the equipment: מם עם 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

Inspector's Name (Please Print)

The GE

Date of Inspection

The GE

Date of Inspection

Approximate Date of Next Inspection

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

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

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

(PID/FID only)?

DY DN

OY ON

DY DN

Facility is using the calendy to record the deeta regimed. Need to putalf the deeta on This form

TYPE OF INSPECTION: ANNUAL X COMPI	CAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:15 TIME OUT: 10.750	AIRS ID#: 0850 115
TYPE OF FACILITY: DRYCLEANER	
FACILITY NAME: THE DEX CLEANER	DATE: 2/8/98
FACILITY LOCATION: 3269 SW 42 AVE	
Palm City, FL 34990	
111 (11)	, <u> </u>
RESPONSIBLE OFFICIAL: William Mo Voumus	PHONE NUMBER: 561/ 288-6526
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrati	ve Code (F.A.C.).
Based on the results of the compliance requirements evaluate discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
·	
	N
-	B 171
	yurge - O
	A Maria
	ECEIVED  JUL 16 1998  Bureau of Air Monitoring & Mobile Sources
	6 1948 Air Monit
	onit 8
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	·
·	
COMMENTS:	
COMMENTS:	
hor	
The Annual Compliance Certification form has been properly certifie	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 7/9	<u> </u>
,	roximate)
INSPECTION CONDUCTED BY: LOUIS VALOAR	EHBHI
Plet	ase Print)
INSPECTOR'S SIGNATURE: Down Vollecon in	PHONE NUMBER: 561/681-6627
Page	of Revised 10/9

To Tally

Revised 10/10/96

### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: The Day	Cleans	1	DAT	TE: 2/26/97
FACILITY NAME: The My FACILITY LOCATION: 3269	Slv 42m	d Ary Pa	elm aty	F1 34990
Annual Reporting Period: FMIIA	y ac	19 <u>97</u> TO	FED	19 <u>7</u> S
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.			1/	DEP Rule /
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in co	ntinuous compliance	during the reporting p	period stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:			i	
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in co	ntinuous compliance	during the reporting p	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, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities, RESPONSIBLE OFFICIAL:  Nat	and complete. Further	, my annual consump	tion of perchloroethyl dry-to dry facilities or	ene solvent, based

<sup>\*</sup>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 $U$ · COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN:TIME OUT:	AIRS ID#: 0850115
TYPE OF FACILITY: LIEDRY Charles	
FACILITY NAME: The Dry Warne	DATE:
FACILITY LOCATION: 3269 5 W 42 md	Any Palm City Fl 34990
4/	
RESPONSIBLE OFFICIAL: William We Verni	PHONE NUMBER: 288-6524.
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
•	
	· · ·
· · · · · · · · · · · · · · · · · · ·	
	4
COMMENTS:	
•	
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector.  YES  NO  NO
DATE OF NEXT INSPECTION:	998 oproximate)
	CARENGHI
	lease Print)
INSPECTOR'S SIGNATURE: Jour Valciner	PHONE NUMBER: 561/681-6627
Page	of . Revised 10/96

1837	LEANER AIR QUALITY GENERAL PI NUAL COMPLIANCE CERTIFICATION FOR	``
	AIRS ID 0850115  MCDERMOTT MANAGEMENT INC WILLIAM MCDERMOTT 3269 SW 42ND AVENUE PALM CITY FL 34990	M Burgar of his Monitoring
	Do <u>NOT</u> Remove Label	
Annual Reporting Period:	1/0/ 1998 TO 12/31	97 19 <b>]</b>
	tle V general air permit, my facility has remained in complia (F.A.C.), during the period covered by this statement.	Ance with DEP Rule YES NO
If NO, complete the following:		
#1. Term or condition of the general perm	nit that has not been in continuous compliance 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:	· 	
#2. Term or condition of the general perm	nit that has not been in continuous compliance during the re	porting period stated above:
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
notification are true, accurate and complete.	ased on information and belief formed after reasonable inquiry, Further, my annual consumption of perchloroethylene solvent, y-to dry facilities or 1,800 gallons per year for transfer or combin	based upon purchase receipts,
RESPONSIBLE OFFICIAL: W.LL IN	ame (Please Print)  Many My My My My Signature	2/24/98 Date
110	(- AUGUE A AAAA)	- ui

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



### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>X</b> ,	COMPLAINT/DISCO	VERY	α .
AIRS ID#: <u>0850115</u> DE FACILITY NAME:	he Dry	12 TIME I Claa 34) 4.	N: TIME 2nd Ary 34990	COUT:	
PART I: NOTIFICATION					
(check appropriate box)					
Existing facility notified DAR	M by 9/1/96				$\lambda$
2. New facility notified DARM 3	0 days prior to startu	ıp			/a <b>`</b>
3. Facility failed to notify DARN	I to use general perm	uit	,		
PART II: CLASSIFICATION  Facility indicated on notificatio (check appropriate box)  A.	on form that it is:				
1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		transfer only, both types, x<	y, x<140 gal/yr x<200 gal/yr		
3. Existing large area sourd dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>00 gal/yr <b>(</b> gal/yr</td><td>transfer only, both types, 14</td><td>e area source ly, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">10<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	00 gal/yr <b>(</b> gal/yr	transfer only, both types, 14	e area source ly, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">10<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classifi	cation	AY ON			
If no, please check the appropr	iate classification:	· ·			
	led for a general perm Is above limits and is				
B. The total quantity of perchloracility was 213 gallons		archased withi	n the preceding 12 mont	hs by this o	iry cleaning

## Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

### PART IV: PROCESS VENT CONTROLS

### In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

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

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?

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

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

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

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

. 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?	ty on
. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Y □N
Is the temperature differential equal to or greater than 20° F?	AYY ON
Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON
Is the perc concentration equal to or less than 100 ppm?	DY DN [
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
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON X
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON VINIA
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	XX □N
2. Maintained rolling monthly averages of perc consumption?	XX ON
3. Maintained leak detection inspection and repair reports for the following:	(,
a. documentation of leaks repaired w/in 24 hrs? or;	XY DN
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	Xy ON ,
4. Maintained calibration data? (for direct reading instruments only)	DY DN AN
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON (
6. Maintained startup/shutdown/malfunction plan?	DA DN
7. Maintained deviation reports?	DA ON
Problem corrected?	XY ON
8. Maintained compliance plan, if applicable?	DA DA AM
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	XYY □N

<b>-</b> 2.	Which method of detection is used by the	e responsible o	fficial?					
	Visual examination (condensed solvent on exterior surfaces)				b//		1	
	Physical detection (airflow felt thro	ough gaskets)			d//	/	- 1	
	Odor (noticeable perc odor)		:		9/			
	Use of direct-reading instrumentat	ion (FID/PID/	alorimetric t	ubes)	a			
	If using direct-reading instrumen	ntation, is the	equipment:					
	a. Capable of detecting p	erc vapor conc	entrations in	a range of 0-500 ppm?		N		
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas pri	or to and afte	er each use		N		
	c. Inspected for leaks and	l obvious signs	of wear on a	weekly basis?		N		
	d. Kept in a clean and se	cure area whe	n not in use?			N		
	e. Verified for accuracy t	by use of dupli	cate samples	(calorimetric only)?		N	- /	
3	. 3. Has the facility maintained a leak log?				by o	N	- }	
4	4. Does the responsible official check the f	following areas	s for leaks?					
	Hose connections, fittings, couplings, and valves	dr on		Muck cookers	dx	ПN		
	Door gaskets and seating	dy on	ī	Stills	ΔY	ПИ		
	Filter gaskets and seating	ΦY /OΝ	I	Exhaust dampers	$\mathbb{A}^{\lambda}$	ПΝ		
	Pumps	dy on	1	Diverter valves	ΠΥ	ПИ	X	W.
	Solvent tanks and containers		1	Cartridge filter housings	ďγ	ПN		
	Water separators		1		<u>.</u>			
•	Name of Responsible Official LOUIS VALCARENGHT		†	2/26/97	7			
	Inspector's Name (Please Pri	nt)		Date of Insp	ection			
	Jour Valcarent	sh		2/98	CNT T			
	Inspector's Signature			Approximate Date of	i inext ins	spесцо:	п	

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	$\nearrow$	COMPLAINT/DISCOVERY
	RE-INSPECTION	( -	

AIRS ID#: DE SONS DATE: 7//5  FACILITY NAME:	199 TIME IN: 11:30 TIME OUT: 12:20  9000000000000000000000000000000000
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	rmit 🚨
L	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed 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	□X □N □Can not determine
If no, please check the appropriate classific  facility qualified for a ger  facility exceeds above lin	_
B. The total quantity of perchloroethylene (perc) pu facility was 350 gallons.	archased within the preceding 12 months by this dry cleaning

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

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.	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y	□N I	N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N I	A/M
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,			_1 .
	if machines are equipped with a carbon adsorber?	$\Box Y$	ΠN	CHO/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ON I	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?	ПΥ	□и	D)/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	_		` .1
	condenser coils?	ΠY	□И Д	N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□И	M/A

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

PA	ART VI: LEAK DETECTION AND F	REPAIRS				
1.	Does the responsible official conduct a	weekly (for	small sources, b	i-weekly) leak detection an	nd repa	air
	inspection?				ATY.	ПΝ
2.	Has the facility maintained a leak log?				Y	□N
3.	Does the responsible official check the	following ar	eas for leaks?		(	
	Hose connections, fittings, couplings, and valves	Фу □и	□N/A	Muck cookers	ПY	□N □N/A
	Door gaskets and seating	фу Ои	□N/A	Stills	dч	□N □N/A
	Filter gaskets and seating	DY DN	□N/A	Exhaust dampers	ΠY	AND NO
	Pumps	DY DN	□N/A	Diverter valves	$\Box Y$	AVA NO
	Solvent tanks and containers	DY ON	□N/A	Cartridge filter housings	Pr.	□N □N/A
	Water separators	MY ON	□N/A		ţ	
4.	Which method of detection is used by t	he responsib	ole official?		,	
	Visual examination (condensed s	olvent on ex	terior surfaces)		X	
	Physical detection (airflow felt th	rough gaske	ts)		<b>AB</b>	٠
	Odor (noticeable perc odor)				<b>Æ</b> ✓	
	Use of direct-reading instrumenta	ation (FID/P	ID/calorimetric	tubes)		
	Halogen leak detector				Ō	
	If using direct-reading instr	umentation	, is the equipm	ent:	AN/	A
	a. Capable of detecting	perc vapor c	oncentrations in	a range of 0-500 ppm?	ďΥ	□N
	b. Calibrated against a s (PID/FID only)?	standard gas	prior to and aft	er each use	ΠY	□N
	c. Inspected for leaks ar	nd obvious si	gns of wear on	a weekly basis?	ΠY	□N
	d. Kept in a clean and s	ecure area w	hen not in use?		ΩΥ	□И
	e. Verified for accuracy	by use of du	plicate samples	(calorimetric only)?	$\Box$ Y	□N

Inspector's Name (Please Print)

Jacob Substitution

Inspector's Signature

Approximate Pate of Next Inspection

ADDITIONAL SITE INFORMATION:		
	-	
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		•
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• •		

TYPE OF INSPECTION:	ANNUAL D	COMPLA	INT/DISCOVERY	RE-INSPECTION [
гіме іn: //:30	TIME QUT:	12:20	AIRS ID#: 06	250015
TYPE OF FACILITY:	The lay Cl	ocener		
FACILITY NAME:	no Dry Clas	enel		DATE: 7/15/99
FACILITY LOCATION: 3	069 SW 42	Avr.	Palm City I.	8 34990
<del></del>		, , ,	7.7.	/
RESPONSIBLE OFFICIAL: U	Villiam Me Ver	mot	PHONE NUMBER:	561/288-652
•	the compliance requirement Rule 62-213.300, Florida A		luring this inspection, the faci Code (F.A.C.).	lity is found to be in
Based on the results of discrepancies were note		nts evaluated o	during this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBI	LEM	FOLLOW-UP ACTI	ON REQUIRED
- -	<b>S</b>		PE	
			(	
			Su, AUG	
			Sur AUE OF ALL	190 FO
	<del>-</del>		· Sources	· · · · · · · · · · · · · · · · · · ·
			Con	Sting.
	<u>-</u>			
•				
				_
COMMENTS:				
COMMENTS.				
	• •			
	•			
The Annual Compliance Certifi	cation form has been prop	perly certified a	and submitted to the inspector	. YES NO
DATE OF NEXT INSPECTION			2000	
The section of the se	~		ximate)	
INSPECTION CONDUCTED	BY: LOUIS V	ALCAT	RENGHD	
	0.11	) (Please	Print)	

### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AC/

FACILITY NAME:	I'M /M	( Jezne	<u>1</u>	DAT	TE: 29 Skip 99
FACILITY LOCATION:	3669	SW Ha	ANG		<u> </u>
	Palm (	ity, FL	34990		
					·
Annual Reporting Period: _	5 Januar	199	88 TO <u>31</u>	Second	9 1998
Based on each term or cond 62-213.300, Florida Admin	_	•	•	NGC	DEP Rule
If NO, complete the followi				`	
#1. Term or condition of the	ne general permit that he	as not been in continu	ious compliance du	ring the reporting p	period stated above:
Exact period of non-compli	iance: from		to	PL. 7.	
Action(s) taken to achieve	compliance:			TO SEL SO	1
Method used to demonstrat	te compliance:			Ole Plan 19	
Method used to demonstrate #2. Term or condition of t		as not been in contin	uous compliance du	Olio Pil Jonio Ling Conting the reporting	period stated above:
	he general permit that h	as not been in contin	uous compliance du	olic Annidation with the reporting	period stated above:
#2. Term or condition of t	he general permit that h	as not been in contin		The reporting	period stated above:
#2. Term or condition of t	he general permit that h liance: from compliance:	as not been in contin		Olic Sources of the reporting	period stated above:
#2. Term or condition of t  Exact period of non-compl  Action(s) taken to achieve	he general permit that h liance: from compliance:	as not been in contin		Olio Curce Annual Annua	period stated above:

\*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.

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSI	PECT	TON:

ANNUAL

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AIRS ID#: <u>0</u> 830/15	DATE: $12/17/98$ TIME IN: $2.00$ TIME OUT: $3.00$
FACILITY NAME:	Classics Cleaneis
FACILITY LOCATION: _	10841 S.E. Hwy 441
	Bellvien FL.
RESPONSIBLE OFFICIAL	: <u>Johnathan Merc Jophone:</u> 3152-245-4900
CONTACT NAME:	PHONE:
PARTIN NOTIFICATION	

PART 1: 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:	☐ No notification form				
(check appropriate box)	☐ Drop store/out of business/petroleum				
A.					
1. Existing small area source	2. New small area source				
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x < 140 \text{ gal/yr}$				
transfer only, x < 200 gal/yr	transfer only, $x < 200$ gal/yr				
both types, x < 140 gal/yr	both types, x < 140 gal/yr	1986			
(constructed before 12/9/91)	(constructed on or after 12/9/91)	7 ( 0 .			
3. Existing large area source	4. New large area source	සු			
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	DEC Bureau of & Mob			
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	DEC au o			
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$	ဦးရ <b>က</b>			
(constructed before 12/9/91)	(constructed on or after 12/9/91)	ë ≥:			
5. This is a correct facility classification	□Y □N □Can not determine	4 1999 r Monitoring Sources			
If no, please check the appropriate classific	cation:	orin			
facility qualified for a ge	neral permit as number above	מיז			
	mits and is not eligible for a general permit				

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 2.55 gallons.

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) EN ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at 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? Condense DY DN BN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? no faint has cool down tunction DY DN BYNA 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	De on
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DINIA
	Is the temperature differential equal to or greater than 20° F?	אַעָּט אַם עם אַם
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?	AIME NO YO
	ls the perc concentration equal to or less than 100 ppm?	OY ON DANA
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?	מאם אם צם
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DYVA

### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) I. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 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 a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN DWIA and parts installed w/in 5 days of receipt? AND NO YO 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DRIA 5. Maintained exhaust duct monitoring data on perc concentrations? MD AM 6. Maintained startup/shutdown/malfunction plan? DY DN MN/A 7. Maintained deviation reports? AMA NO YO Problem corrected? DY DN ÁNA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS							
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
insp	pection?	<b>7</b> 4		ØΥ □N .			
l	the facility maintained a leak log?			ДА ПИ			
3. Doe	es the responsible official check the	following areas for leaks?					
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	ŪY □N □N/A			
	Door gaskets and seating	OY ON ON/A	Stills	DY DN DN/A			
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	DY DN DN/A			
	Pumps	AND ND Y	Diverter valves	DY DN DN/A			
	Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	אואם אם אם			
	Water separators	ÛY ON ON/A					
4. Wh	ich method of detection is used by t	he responsible official?					
	Visual examination (condensed s	olvent on exterior surfaces)		\omega_{\gamma}			
	Physical detection (airflow felt th	rough gaskets)	/				
		/p/					
	´						
	If using direct-reading instr	umentation, is the equipm	ent:	□N/A			
	a. Capable of detecting	perc vapor concentrations ir	a range of 0-500 ppm?	OY ON			
		standard gas prior to and afte	er each use				
	(PID/FID only)?						
	•	nd obvious signs of wear on ecure area when not in use?	a weekly basis?				
	s (calorimetric only)?	OY ON					
	OY ON						
	•						
	AADIA CHURESH7 12/17/96  Inspector's Name (Please Print) Date of Inspection						
	12/2/2 ·		12/99				
-	Inspector's Signature		Approximate Date of	Next Inspection			

15 going to reepoxy Only using one machine majestic > has ordensor => = 43° 265 get lyear 7 has receipts Keeping Kack weekly. has Zen waste machine Lary Carendars-Meaks yet -The cleanup program. had condensate water covered with foil explained shat he needed to get an actual lid. will do-(Keips waste in machines pin) no smell of perc of machine was running dunne time of inspection Owner was filling out calendar improperly ( leaks check = was putting "y" for all =7 (because he mought it meant did you check for lecks) explained. Had recorded when leaks were foundt

IN COMPLIANCE

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

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT/	DISCOVERY	RE-INSPECTION		
TIME IN: 2:00	TIME OUT: 5	:00	AIRS ID#: DE	330115		
TYPE OF FACILITY:	Drucleaning					
FACILITY NAME:	otici	Enerc		DATE: 1217198		
FACILITY LOCATION:	10841 S.WH	ny 441	Bellnew	<del>43</del> 34420		
RESPONSIBLE OFFICIAL:	ionathan Mour	e Junes	PHONE NUMBER:_	352-245-4900		
	of the compliance requirement Rule 62-213.300, Florida Ac	-	•	ty is found to be in		
Based on the results of discrepancies were no	of the compliance requiremen	ts evaluated during	g this inspection, the follo	wing compliance		
COMPLIANCE REC	QUIREMENT/PROBL	EM   FO	OLLOW-UP ACTIO	ON REQUIRED		
			· ·			
,						
COMMENTS:  pleuse see inspection check list.						
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)						
INSPECTION CONDUCTED BY:  (Please Print)						
INSPECTOR'S SIGNATURE: PHONE NUMBER: 407-893-3333						

Page\_\_\_of\_\_\_.

Revised 10/96

Kenisen nau 12/2/

### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: C   A	SSIC CLEAN	ers	DATE:	2-17-98
FACILITY LOCATION:	941 S Hwy 44	· .		
	/ .			
Annual Reporting Period:	Dec 19	7 <sub>10</sub>	Dec	1998
	the Title V general air permit, my fact	-	<u>-</u> 4	Rule
If NO, complete the following:		•		
#1. Term or condition of the gener	al permit that has not been in continue	us compliance during	the reporting period	stated above:
Exact period of non-compliance: fi	тош	to		
Action(s) taken to achieve complia	nce:			
Method used to demonstrate compi	iznce:			
#2. Term or condition of the general	ral permit that has not been in continu	ous compliance during	g the reporting perio	i stated above:
Exact period of non-compliance:	from.	to		
Action(s) taken to achieve complia	ance:			
Method used to demonstrate comp	Diance:			
made in this notification are true,	by certify, based on information and be accurate and complete. Further, my exceed 2.100 gailons per year for dry.  Jonathan MAVC Name (Please Print)	annual consumption of the dry facilities or 1.8	f perchloroethylene	solvent, based

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

Page of .

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	`	
		U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
	9790	Article Sent To: $2-210(063044(\alpha D))$
	<b>652</b> 6	Postage S  Certified Fee Postmark
	0027	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)
	0090	Total Postage & Fees \$  Name (Please Print Clearly) (to be completed by mailer)
	7000	Street, Apt. No.; or PO Box No.  H 0850  1500  AG  City, State, ZIP+4
		PS Form 3800, July 1999 See Reverse for Instructions

.

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### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406377 FEB272001

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

### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0830115

CLASSIC CLEANERS CAROLYN M JONES 10841 HWY 441 SOUTH EAST BELLEVIEW FL 34420

. - 4

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

CLASSIC (	CLEANERS
-----------	----------

Date ·

02/05/2001

Department of Environmental Protection

Type

Bill

Reference

AIRS ID# 0830115

Original Amt. 50.00

Balance Due Discount 50.00

Payment

Check Amount

02/26/2001

50.00 50.00

Bank of America Checking

50.00

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 405417 FEB15 2001

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

### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0850115

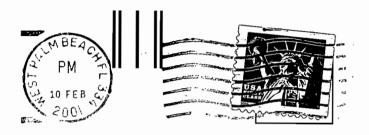
THE DRY CLEANER WILLIAM MCDERMOTT 3269 SW 42ND AVENUE PALM CITY FL 34990

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

Obj.: 002273

507

DERMOTT MGMT., INC. /b/a THE DRY CLEANER 269 SW 42nd AVE ALM CTTY, FL 34990



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

0.202727252

# US Postal Service 4 Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to 10 AIRS ID # 0850115001AG WILLIAM MCDERMOTT THE DRY CLEANER 3269 SW 42ND AVENUE PALM CITY FL 34990 Certmed ree Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

A water to the tenter that the tenter of the					
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
<ul> <li>Complete items 1, 2, and . Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D is delivery address different in an 1?   Yes				
Article Addressed to:	If YES, enter delivery address below:				
10 AIRS ID # 0850115001AG . WILLIAM MCDERMOTT THE DRY CLEANER	JUN 1 3 2001				
3269 SW 42ND AVENUE PALM CITY FL 34990	3. Service Mebile Sources Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2, Article Number (Copy, from service label) 7000 0600 002 (65249790					
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789				

0391788

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 # 0850115

THE DRY CLEANER WILLIAM MCDERMOTT 3269 SW 42ND AVENUE PALM CITY FL 34990

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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THE DRY CLEANER WILLIAM MCDERMOTT 3269 SW 42ND AVENUE PALM CITY FL 34990

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Fund: 20-2-035001

Obj.: 002273

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**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID 0850115

MCDERMOTT MANAGEMENT INC WILLIAM MCDERMOTT 3269 SW 42ND AVENUE PALM CITY FL 34990

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

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### Z 333 613 629

US Postal Service

### **Receipt for Certified Mail**

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AIRS ID 0850115 MCDERMOTT MANAGEMENT INC WILLIAM MCDERMOTT 3269 SW 42ND AVENUE PALM CITY FL 34990

Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whorn & Date Delivered

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

on the reverse side?	O) Ədojənuə jo doj Jəno əuii je piod  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	Restrict     Consult postma	es (for an see's Address ed Delivery		
ADDRESS completed	AIRS ID 0850115  MCDERMOTT MANAGEMENT INC  WILLIAM MCDERMOTT 3269 SW 42ND AVENUE  PALM CITY FL 34990	4b. Service 1 ☐ Registere ☐ Express I	ce Type tered (Certifier ss Mail Insured Receipt for Merchandise (COD)		
Is your <u>RETURN</u>	5. Received By: (Print Name)  16. Signature: (Addressee or Agent)  PS Form 3811, December 1994	8. Addressee and fee is	o's Address (Only paid)  Domestic Ref	Thar	