

## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 29, 1997

Mr. Aida Dallo Mr. Dry Clean 1425 Sadler Road Fernandina Beach, Florida 33034

Re: Facility No. 0890043

Dear Mr. Dallo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 23, 1996.

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

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

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, 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/jw

cc: Mr. Rick Banks, Northeast District

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

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
Dallo Enterprises INC.  2. Site Name (For example, plant name or number):						
MR Dry Clean  3. Hazardous Waste Generator Identification Number:						
3. Hazardous Waste Gerlerator Identification Number:						
4. Facility Location: Street Address: 1425 Badler rd.						
City: Fernanding Bch County: Native Zip Code: 32034						
5.: Facility Identification Number (DEP Use):						
0870043						
Responsible Official						
6. Name and Title of Responsible Official:						
Aida Dalla owner						
7. Responsible Official Mailing Address:						
Organization/Firm: Street Address: 1475 Sedler rd.						
City Cernandina Bch. County: Nassuc Zip Code: 37034						
8. Responsible Official Telephone Number:						
Telephone: (904) 277 - 2662 Fax: ( ) -						
*						
Facility Contact (If different from Responsible Official)						
9. Name and Title of Facility Contact (For example, plant manager):						
10. Facility Contact Address:						
Street Address:						
City: County: 'Zip Code:						
11. Facility Contact Telephone Number:						
Telephone: ( ) - Fax: ( ) -						
· · · · · · · · · · · · · · · · · · ·						

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SEP 2 3 1996

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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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	D-Aug-cio	D. AUG- 90						
(2) w/ carbon adsorber		71.3							
(3) w/no controls									
Washer Unit			<del>!</del>			·			
(4) w/, ref. condenser		2.1							
(5) w/ carbon adsorber		CIV							
(6) w/ no controls	#1	Av. 90	_	L					
Dryer Unit		3 13	1					1	
(7) w/ ref. condenser								Ī	
(8) w/ carbon adsorber					<u> </u>				
(9) w/ no controls	#1								
Reclaimer Unit					L -				
(10) w/ ref. condenser					1				
(11) w/carbon adsorber						-			
(12) w/ no controls						_		T	
(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 perchlo ons ow many? [_	installed [_ proethylene ( ] months	y perc)	 purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large are	ea soi	urce []	Ne	w lai	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  New small area source Refrigerated condenser  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
Equipment Monitoring and Record Reeping 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
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

### Surrender of Existing Air Permit(s)

	- · · · · · · · · · · · · · · · · · · ·							
Please indicat	te with an "X" the appropriate selection:							
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
X	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 facility action. 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.							



## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 29, 1997

Mr. Aida Dallo Mr. Dry Clean 1425 Sadler Road Fernandina Beach, Florida 33034

Facility No. 0890043 Re:

Dear Mr. Dallo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 23, 1996.

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

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

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, 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/jw

cc: Mr. Rick Banks, Northeast District

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

	#0890043
·	Mr. Dryclean
P.14	1. (a) add date control device
	installed, if any, if
	Washer unit non-perc,
,	mark out date on line (6)
D.15	4. mark out "X" and initial
	5. (b) required
	5.(c) not required, mark out
'	"X" and initial
	<u> </u>
:	
:	
2	

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
1	Dallo Enterprises INC.  2. Site Name (For example, plant name or number):						
2.	Site Name (For example, plant name or number):						
	MR Dry Clean Hazardous Waste Generator Identification Number:						
3.	Hazardous Waste Generator Identification Number:						
	·						
4.	Facility Location:						
	Facility Location: Street Address: 1425 Sadler rd.						
	City: Fernanding Bch County: Nasse Zip Code: 32034						
5.	Facility Identification Number (DEP Use):						
	0890043						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	Aida Dallo owner						
7.	Responsible Official Mailing Address:						
	Organization/Firm: Street Address: 1H75 Sadler rd.						
	City Cernandina Bch. County: Wassuc Zip Code: 37034						
	VCN,						
8.							
	Telephone: (904) 277 - 2662 Fax: ( )						
	Facility Contact (If different from Responsible Official)						
	racinty contact (if different from Acoponoloic Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
10.	Facility Contact Address:						
	Street Address:						
	City: County: Zip Code:						
11	Facility Contact Telephone Number:						
	Telephone: ( ) - Fax: ( ) -						

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SEP 2 3 1996

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Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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

-		In .	D.4.		TD.44	Date		Distr	D.4.
		Date	Date		Date			Date	Date
-		Machine	Control		Machine	Control		Machine	Control
	١.,	Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	_ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	Aug-90							
(2) w/ carbon adsorber		73							
(3) w/no controls									
Washer Unit		•							
(4) w/, ref. condenser					,				
(5) w/ carbon adsorber									
(6) w/ no controls	#1	Ava-90							
Dryer Unit		<del>- 5 -</del>							
(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 of the control	are requant	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene ( ] months	perc)	purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large ar	Selec ea so	urce [	cation only.) Ne	ew sn	nitions found nall area sour	rce [	3) of	Part II?	
Existing large ar	ca 30	u.cc	140	vv ia	ige area sour	<u> </u>	J		

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What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source  Carbon adsorber  []  Refrigerated condenser  []
New small area source Refrigerated condenser  [X]
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
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
© 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)

Please indicate with an "X" the appropriate selection:							
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
X	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notific statement; maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pron	mptly notify the Department of any changes to the information contained in this notification.  Sept 3-96  Date						

DEP Form No. 62-213.900(2) Effective: 6-25-96 AIRS ID#: <u>0890043</u>

Revised 10/10/96

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

FACILITY NAME: MR DRY CLEAN DATE: 9/4/97
FACILITY LOCATION: 1425 SADLER ROAD
FERNANDINA BEACH, NASSAU
Annual Reporting Period: SEP 23 1996 TO SEP 4 1997
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. TYES
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:
Failure to Maintain LEAK LOG &
Exact period of non-compliance: from Sep 23, 1996 to Sep 74, 1R96 CEIVE
Action(s) taken to achieve compliance: Start Maintaining (eak 109 DCT 3 1997
Method used to demonstrate compliance:  ANNUAL INSTRUTION  Bureau of Air Monitoria  & Mobile Sources
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Failure to maintain Zunning total of Perc useage
Exact period of non-compliance: from 50t 23, 1996 to 50t 4, 1997
Action(5) taken to achieve compliance: Maintain cunning to tal
Method used to demonstrate compliance:  ANNUAL INSPECTION
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:  AIMA Dallo  Name (Please Print)  Signature  Date

<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	COMPLAINT/DISCOVERY D				
FACILITY NAME: MR DRY FACILITY LOCATION: 1425 SA FERNAN RESPONSIBLE OFFICIAL: AIDA CONTACT NAME:	_				
(check appropriate box)  1. New facility notified DARM 30 days prior to state.  2. Facility failed to notify DARM to use general performance of the performance of th	·				
PART II: CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	□ No notification form □ Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)				
<ul> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)</li> <li>5. This is a correct facility classification</li> </ul>	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 $12/9/91$ )				
If no, please check the appropriate classification:  facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit					
R The total quantity of parchlaroathylane (parc) m	urchased within the preceding 12 months by this dry cleaning				

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

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ted UY UN
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
ls the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	□Y □N □N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N· □N/A
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)			
1. Maintained receipts for perc purchased?	dr on		
2. Maintained rolling monthly averages of perc consumption?	DY LEN		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	OY OM 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 DANTA		
5. Maintained exhaust duct monitoring data on perc concentrations?			
6. Maintained startup/shutdown/malfunction plan?	DN DN		
7. Maintained deviation reports?	MY ON ON/A		
Problem corrected?	BY ON ON/A		
8. Maintained compliance plan, if applicable?	DY DN QWA		

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?			DN DN	
2.	Has the facility maintained a leak log?			□Y <b>de</b> ri	
3.	Does the responsible official check the	following areas for leaks	5?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON CON/A	
	Door gaskets and seating	MY ON ON/A	Stills	DY DN DNA	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN BN/A	
	Pumps	DY ON ON/A	Diverter valves	DY DN BN/A	
1.	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A	
r	Water separators	DY ON ON/A			
4.	Which method of detection is used by the	ne responsible official?		_	
	Visual examination (condensed so	olvent on exterior surfac	es)	0	
	Physical detection (airflow felt thr	ough gaskets)		2	
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:			<b>PN</b> /A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				□Y □N	
	<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> <li>□Y □N</li> </ul>				
	c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	□Y □N	
	d. Kept in a clean and se	cure area when not in u	se?	□Y □N	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			□Y □N		
	PARAMEC 9/4/07				
_	Inspector's Name (Please Print)  Date of Inspection				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
_	Inspector's Signature		Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION	٧:			
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	<u>}</u>			
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		. * 		
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<i>,</i>				
			·	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
	48 _AIRS ID#: <u>0890043</u>
TYPE OF FACILITY: DRY CLEANER	<u> </u>
FACILITY NAME: MR. DRY CLEAN	DATE:
FACILITY LOCATION: 1425 SADLER	ROAD
FERNANDINA BEI	4CH
RESPONSIBLE OFFICIAL: AIDA DALLO	PHONE NUMBER: 904-277-2662
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213 300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not Maintaining LEAK LOG	MAINTAIN LEAK LOG
Not Maintaining Running Total of Perc usage	Maintain Trunning total
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
COMMENTS:	
The Annual Compliance Codification for the Landau Compliance Codification for the Landau Compliance Codification for the Landau Codification f	
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO NO
DATE OF NEXT INSPECTION:	7 / 76 principals
INSPECTION CONDUCTED BY: R.A.	pproximate)  DANKS
INSPECTOR'S SIGNATURE:	ease Print)  PHONE NUMBER: 904 - 448 - 4310

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### **BEST AVAILABLE COPY**

			V	
DRY CLE	ANER AIR QUA	LITY GENERAL	PERMIT	
ANNU	JAL COMPLIANCE	CERTIFICATION FO	ORM	$\overline{\mathcal{D}}$
	DALLO ENTERPRISES IN AIDA DALLO 1425 SADLER ROAD FERNANDINA BEACH FL	32034	FEB 2 6 1998 Bureau of Air Monitoring	X E C E I V E
	Do <u>NOT</u> Re	move Label	ing	$lue{\Box}$
Annual Reporting Period:	19_	<u>Й</u> то	12/31	19 <u>97</u>
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.)		-	pliance with DEP Ru	
If NO, complete the following:				
#1. Term or condition of the general permit t	hat has not been in contin	ious compliance during the	reporting period stat	ed above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permit t	hat has not been in continu	ious compliance during the	reporting period stat	ed above:
Event region of non-compliance: from		to		
Action(s) taken to achieve compliance:		· 		
Method used to demonstrate compliance:		<u> </u>		
As the responsible official, I hereby certify, base notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	urther, my annual consump	tion of perchloroethylene solv	ent, based upon purch	
RESPONSIBLE OFFICIAL: Nar	Dollo ne (Please Print)	Signature	16 41	Date

<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

RE-INSPECTION: ANNUAL RE-INSPECTION	ON   COMPLAIN I/DISCOVERY  ON   O
AIRS ID#: <u>0890043</u> DATE: <u>9/25/</u> 9	TIME IN: 1:00 TIME OUT: 1.35
FACILITY NAME: Mr. Dryclean	
FACILITY LOCATION: 1425 Sadle	. Pd
Feinanding	Beach, FL
RESPONSIBLE OFFICIAL: Aida DA	110 PHONE: 904-277-2662
	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	·
1. New facility notified DARM 30 days prior to state	rtup
2. Facility failed to notify DARM to use general pe	rmit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	Y ON Can not determine
lacinty exceeds above ini	neral permit as number above hits and is not eligible for a general permit

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY DN DN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? MY DN DN/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 A'NO NO YX least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XNA 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/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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?	ΠY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	□и	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПП	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A
P/	ART V: RECORDKEEPING REQUIREMENTS			

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	ØY □N			
2. Maintained rolling monthly averages of perc consumption?	oy <b>ya</b> n			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ∰N/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN <b>XI</b> NA			
4. Maintained calibration data? (for applicable direct reading instruments)	ANA <b>©Q</b> NO YO			
5. Maintained exhaust duct menitoring data on perc concentrations?	DY DN DXVA			
6. Maintained startup/shutdown/inalfunction plan?	N□ Y <b>Z</b>			
7. Maintained deviation reports?	PY ON ON/A			
Problem corrected?	AND אם ציק			
8. Maintained compliance plan, if applicable?	MY ON ON/A			

P.	PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	ΠY	Z	in	
2.	Has the facility maintained a leak log?	ΠY	ŷ	In	
3.	Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves TY DN DN/A Muck cookers	ÝY	ПΝ	□N/A	
	Door gaskets and scating Door gaskets and scating Door gaskets and scating	Y	ПΝ	□N/A	
	Filter gaskets and seating Y N N/A Exhaust dampers	Y	ПΝ	□N/A	
	Pumps Diverter valves	Y	□N	□N/A	
	Solvent tanks and containers  Y  N  N/A  Cartridge filter housings	ØΥ	□N	□N/A	
	Water separators (2) □N □N/A				
4.	Which method of detection is used by the responsible official?				
	Visual examination (condensed solvent on exterior surfaces)				
	Physical detection (airflow felt through gaskets)				
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes) □				
	Halogen leak detector			Į.	
	If using direct-reading instrumentation, is the equipment:	□N/	A		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ΠY	ΠN		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				
	d. Kept in a clean and secure area when not in use?	ΠY	ПΝ		
	c. Verified for accuracy by use of duplicate samples (calorimetric only)?	ΠY	ПΝ		
_					

Christopher L. Skitt	2/99 9/25/98
Inspector's Name (Please Print)	Date of Inspection
Chill DA	9/99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:				
CLD OM EGA				
NEW Valore				
·				

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🔀 COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:00 TIME OUT: 1:35	AIRS ID#: 0890043
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Mr. Dry Clean	DATE: 9/25/98
FACILITY LOCATION: 1425 Sadles Road	
Fernandina Beach,	2
RESPONSIBLE OFFICIAL: AIDA DALLO	PHONE NUMBER: 904-277- 2662
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	The state of the s
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not Maintaining Leak Log	Maintain Leak log
No Running Tatal of Perc usage	Maintain Running Total
0	
COMMENTS:	<u> </u>
	· .
The Annual Compliance Certification form has been properly certification.	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 9/99 (An)	proximate)
INSPECTION CONDUCTED BY: Christopher L	egse Pyjnt)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904-448-4310 X 255

Page of Revised 10/96

**BEST AVAILABLE COPY** 

ARS ID#: 0890043

Revised 10/10/9

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

FACILITY NAME: Mr. Dry Clean DATE: 9/25/98
FACILITY LOCATION: 1425 Sadler Rd
Fernandina Beach, Fr. D. C.
Annual Reporting Period: Sept. 1997 19 TO Sept. 1997 19
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 above:
Not Maintaining Ceak log.
Exact period of non-compliance: from Sect 97 to Sect 98
Action(s) taken to achieve compliance: Mainlan Log
Method used to demonstrate compliance: Onnual Inspection
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  No Running Perc Holal
Exact period of non-compliance: from Sept 97 to Sept 98
Action(s) taken to achieve compliance: Maintain Running Total
Method used to demonstrate compliance: <u>Onnual plansection</u>
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 ary-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: Ada Dallo
Name (Please Print)  Signature  Date
<u> </u>

<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 X	COMPLAINT/I	DISCOVERY	RE-INSPEC	LION [
TIME IN: ///00	TIME OUT:	11:30	AIRS ID#: $\mathcal{U}$	890043	
TYPE OF FACILITY: DR	Y CLEANEG	<u> </u>		·	
FACILITY NAME:	R. DRY C	LEAN_		_DATE: 10/22	2/99
FACILITY LOCATION:/	425 SADL	ER RD		-	
	DA BUH	FL.	33034	/ 2: 1	
RESPONSIBLE OFFICIAL:A	IDA DALL	-0	PHONE NUMBER	(904) 27	7-2662
Based on the results of th compliance with DEP Ru				acility is found to be	in
Based on the results of the discrepancies were noted		nts evaluated during	this inspection, the fo	ollowing complianc	e :
COMPLIANCE REQUI	REMENT/PROBL	EM FO	LLOW-UP ACT	ION REQUI <b>K</b> I	<b>D</b>
				EN ON PILOT	1
				All Monitoring	0
				- ga	
				·	:
	<u> </u>				
COMMENTS:					
		, ,			
The Annual Compliance Certifica	tion form has been prope	erly certified and su	bmitted to the inspecto	or. YES	NO
DATE OF NEXT INSPECTION	10	t 20	000	<del>71</del>	
	<b>-</b> - 1	(Approximate			
INSPECTION CONDUCTED B	Y: Fred	Alvar Please Print		(Anu) Line	4210
INSPECTOR'S SIGNATURE:_			PHONE NUMBER	:	- 254
	/// p	age of			Revised 10/96

Revised 10/10/96

AIRS ID#: 08900413

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Mr. Dry C	lean		DATE: 10/22	19
FACILITY LOCATION: 1425 SADLE	GR RD			
FACILITY LOCATION: 1425 SADLE	H FL 3	33034		
Annual Reporting Period:	19 <u>9</u> 8 TO	Oct	- 2 19	う <u>つ</u>
Based on each term or condition of the Title V general at 62-213.300, Florida Administrative Code (F.A.C.), during		· · · · · · · · · · · · · · · · · · ·		
If NO, complete the following:				
#1. Term or condition of the general permit that has not	t been in continuous comp	liance during the i	reporting period stated above	<b>:</b>
· · · · · · · · · · · · · · · · · · ·		<del>-</del>		
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:		<del>_</del>	· 	
Method used to demonstrate compliance:		•		
#2. Term or condition of the general permit that has not	t been in continuous comp	liance during the	reporting period stated abov	ð:
	·			
Exact period of non-compliance: from		to	<del></del>	
Action(s) taken to achieve compliance:		. '	· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate compliance:				
<del></del>			<del></del>	
As the responsible official, I hereby certify, based on inf made in this notification are true, accurate and complet upon rolling averages of purchase receipts, does not exc	te. Further, my annual coi	nsumption of perci	hloroethylene solvent, based	1
year for transfer or combination facilities.	for /	£ {///	11/2	

<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

COMPLAINT/DISCOVERY

TYPE OF INSPECTION:

RE-INSPECTIO	N 🛘
AIRS ID#: 0890043DATE: 220	4 99 TIME IN: 1/200 TIME OUT: 11: 30
FACILITY NAME: MR. OR	ICLEAN
FACILITY LOCATION: 1425 SA	,
FJA	5C1+ 33034
RESPONSIBLE OFFICIAL: ATOA	DALLU PHONE: (904) 277-2662
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	Y ON OCan not determine
	neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was gallons.	urchased 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)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	אואם אם אס איא
2. Examining the containers for leakage?	אואם אם צוס
3. Closing and securing machine doors except during loading/unloading?	אם אס
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אואם אם עום
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	איא <i>פר</i> אם אם אם
	· ·
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part \	<b>v.</b> .
If classification 2 has been checked, the machine should be equipped with a refr (complete A helow).	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 minimalled 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?	אם אם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	O'Y ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מט מע
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	בארם אם עם

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

מם עם

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	<b>Б</b> А <b>Б</b> И
2. Maintained rolling monthly averages of perc consumption?	אם אק
3. Maintained leak detection inspection and repair reports for the following:	`
a. documentation of leaks repaired w/in 24 hrs? or;	אאם אם אס
<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>	איא לא אם אם אם
4. Maintained calibration data? (for applicable direct reading instruments)	אאם אם אם
5. Maintained exhaust duct menitoring data on perc concentrations?	DY DH DWA
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	אמם אם צע
Problem corrected?	אואם אם צף
8. Maintained compliance plan, if applicable?	אימם אם צף

PA	ART VI: LEAK DETECTION AND I	REPAI	RS						
1.	Does the responsible official conduct a	weekly	(for	small sou	ces, b	i-weekly) leak detection a	nd rep	air	tini danima upadaja paraga
	inspection?						ĮΣĮY	[	אכ
2.	Has the facility maintained a leak log?			٠,			βÃ	(	אכ
3.	Does the responsible official check the	followi	ing ar	cas for lea	ks?				
	Hose connections, fittings, couplings, and valves	βY	DN	□N/A		Muck cookers	άY	מם	□N/A
	Door gaskets and scating	ρλ	ПИ	□N/A		Stills	βÃ	ΠN	□N/A
	Filter gaskets and seating	Þγ	ΩN	□N/A		Exhaust dampers	QY	ΠN	DN/A
	Pumps	PY	ПN	□N/A	*	Diverier valves	PY	ΠN	□N/A
	Solvent tanks and containers	67	מם	□N/A		Cartridge filter housings	Бл	ΩΝ	□N/A
	Water separators	φy	ПN	□N/A					
4.	Which method of detection is used by	the <b>r</b> esp	onsib	le official	?		,		
	Visual examination (condensed s	olvent	on ex	terior surf	aces)		Δ		
	Physical detection (airflow felt th	rough	gaske	ts)			B		
	Odor (noticeable perc odor)						Ø		
	Use of direct-reading instrument	ation (F	FID/P	M/calorir	netric	tubes)			
	Halogen leak detector								
	If using direct-reading inst	rument	ation	, is the co	անրու	ent:	МD	/A	
	a. Capable of detecting	perc va	apor c	oncentrat	ions ir	a range of 0-500 ppm?	ΩY	ΩN	
	b. Calibrated against a (PID/FID only)?	stàndar	d gas	prior to a	nd aft	er each use	ΩY	DИ	
	c. Inspected for leaks a	nd obvi	ous si	igns of we	ar on	a weekly basis?	ΠY	ΠN	•
	d. Kept in a clean and s	secure a	arca w	hen not i	n usc?		ΩY	ΠN	
	c. Verified for accuracy	by use	of du	iplicate sa	mples	(calorimetric only)?	ΩY	ΠN	

Fred	A	/vare	2 Z	
Inspector'	s Name (Plea	ise Print)		
	11	1/1/	1/1/	221
				//
				_
Inspec	tor's Signatt	ire /		

10/22/99
Date of Inspection

OCT 2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
·	·

Revised 10/10/96

AIRS ID#: 0890043

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	<u></u>
FACILITY NAME: Mr- Dry clea	17 DATE: 1293/199
FACILITY LOCATION: 1425 SADLE	R RD Suray 18 E
FDA BCIT I	EL 33034 100 100
Annual Reporting Period:	19 <u>99</u> то <u>Рес</u> се 19 <u>99</u>
Based on each term or condition of the Title V general air permit, my 62-213.300, Florida Administrative Code (F.A.C.), during the period If NO, complete the following:  #1. Term or condition of the general permit that has not been in con	covered by this statement. YES NO
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in con	tinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:	· .
As the responsible official, I hereby certify, based on information an made in this notification are true, accurate and complete. Further, a upon rolling averages of purchase receipts, does not exceed 2,100 go year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	ny annual consumption of perchloroethylene solyent, 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.

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

TYPE OF INSPECTION:

COMPLAINT/DISCOVERY

RE-INSPECTION	
	9/99 TIME IN: 1/- 50 TIME OUT: 12.30
FACILITY NAME: MR. ORY	CLEAN
FACILITY LOCATION: 1425 SA	FOLER RD
MA	BUH PL 33034
	DAUD PHONE: (504) 277-266
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	irtup $\square$
2. Facility failed to notify DARM to use general pe	ermit O
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
(check appropriate box)  A.  1. Existing small area source	☐ Drop store/out of business/petroleum  2. New small area source ☐
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of business/petroleum  2. New small area source ☐ dry-to-dry only, x < 140 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum  2. New small area source $\Box$ dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
(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	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \( \) x \( \) \( \) 2,100 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \( \) x \( \) \( \) 2,100 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classifi	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  Y □N □Can not determine
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general content of the constructed facility qualified for a general constructed facility qualified facility qualified for a general constructed facility qualified facility q	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general facility exceeds above line.	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  Y □N □Can not determine exercise the state of t

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	אואם אם אוא
2. Examining the containers for leakage?	אואם אם צעו
3. Closing and securing machine doors except during loading/unloading?	אם צע
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אואם אם צוב
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	איאַכ אם צם
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 helow).	
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)	
Equipped all machines with the appropriate vent controls?	אם צם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	בואם אם צם
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	מא מו מו אם אמ
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אאם אם צם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם עם

,..

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

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
1. Maintained receipts for perc purchased?	Jeda on	
2. Maintained rolling monthly averages of perc consumption?	אם א	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם עשל י	
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AVID NO YO	
4. Maintained calibration data? (for applicable direct reading instruments)	אא <b>ס</b> אם אם	
5. Maintained exhaust duct menitoring data on perc concentrations?	א אושל אם עם	
6. Maintained startup/shutdown/inalfunction plan?		
7. Maintained deviation reports?		
Problem corrected?	אואם אם צוסי	
8. Maintained compliance plan, if applicable?	AND ND ANA	

P	CKI VI. LEAK DETECTION AND I	CI NINS		· · · · · · · · · · · · · · · · · · ·				
1.	Does the responsible official conduct a	weekly (for s	mall sources, b	i-weekly) leak detection a	nd rep	air		
	inspection?				øŶ		IN	
2.	Has the facility maintained a leak log?			•	ØY		N	
3.	Does the responsible official check the	following are	as for leaks?		•			
	Hose connections, fittings, couplings, and valves	אם אס	□N/A	Muck cookers	ДΥ	מם	□N/A	
	Door gaskets and scating	NO YE	□N/A	Stills	PY	DΝ	□N/A	
	Filter gaskets and seating	אם ציק	□N/A	Exhaust dampers	ØÝ	ПN	□N/A	
	Pumps	אם אַע	□N/A	Diverter valves	ØY	ПИ	ON/A	
	Solvent tanks and containers	אם צא	□N/A	Cartridge filter housings	ØΥ	מם	□N/A	
	Water separators	NO YO	□N/A					
4.	Which method of detection is used by t	he responsibl	e official?					
	Visual examination (condensed s	olvent on ext	erior surfaces)		9			
	Physical detection (airflow felt through gaskets)							
	Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)							
	Use of direct-reading instruments	ation (FID/PI	D/calorimetric	tubes)				
	Halogen leak detector					/		
	If using direct-reading instr	umentation,	is the equipme	ent:	DK	/A		
	a. Capable of detecting	perc vapor co	ncentrations in	a range of 0-500 ppm?	ΩY	ПN		
	b. Calibrated against a s (PID/FID only)?	standard gas j	prior to and aft	er each use	ΠY	DΝ		
	c. Inspected for leaks and obvious signs of wear on a weekly basis?							
	d. Kept in a clean and s	ecure area wl	hen not in use?		ΟY	ΩN		
	c. Verified for accuracy	by use of dup	olicate samples	(calorimetric only)?	ΩY	מם		

Inspector's Name (Please Print) Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

Went over 2000 CALENDAR.
CONSOLIDATED 1999 CALENDAR +
CLOSED IT OUT.
2000 CALENDAR IS SET.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT/D	ISCOVERY .	RE-INSPEC	пои 🗌
TIME IN: //.50	TIME OUT: /2:	30	AIRS ID#:	0890043	
TYPE OF FACILITY: NEX	CLEANER				
FACILITY NAME: M/2.	. DRY CI	CEAN		DATE:_/2,	129/99
FACILITY LOCATION: / 4	25 SADLE	RRD	2 2 2 2 / /		
	A BUT	PC 3	33034	(604) 20	2-26/2
RESPONSIBLE OFFICIAL: 14	DA CCHMS)	DALLO	PHONE NUMBE	R: 701/27	1-2062
Based on the results of the compliance with DEP Rule				facility is found to be	in .
Based on the results of the discrepancies were noted:	compliance requirements	evaluated during	this inspection, the	following complianc	e .
COMPLIANCE REQUIR	EMENT/PROBLEM	м го	LLOW-UP AC	TION REQUIRE	<u>.</u>
					,
COMMENTS:					
The Annual Compliance Certification	on form has been properly	certified and sub	_	ctor. YES	NO
DATE OF NEXT INSPECTION:_		(Appyoximate)	2000		
INSPECTION CONDUCTED BY	:F	(Approximate)	Hurez	448-	7310
INSPECTOR'S SIGNATURE:			PHONE NUMB	ER:	
2	Page	e /of /.			Revised 10/96

1890043
They want to change the RO From Ada
to Chris Dallo. C. Set

#### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

#### Part III. Notification of Intent to Use General Permit

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

Mr. Dry Clean  2. Site Name (For example, plant name or number):  3. Hazardous Waste Generator Identification Number:  4. Facility Location: SAME Street Address: City: County: Zip Code:  5. Facility Identification Number (DEP Use ONLY - do not fill in):  Responsible Official  6. Name and Title of Responsible Official: Name: Christon Mailing Address: Organization/Firm: Street Address: City: Same County: Same Zip Code: Same  8. Responsible Official Telephone Number: Telephone: Telephone Number: Telephone: Same Fax: ( ) -  Facility Contact (If different from Responsible Official)	Fac	cility Name and Location					
2. Site Name (For example, plant name or number):  3. Hazardous Waste Generator Identification Number:  4. Facility Location: Street Address: City: County: Zip Code:  5. Facility Identification Number (DEPLISE ONLY - do not fill in).  Responsible Official 6. Name and Title of Responsible Official: Name:  1. Responsible Official Mailing Address: Organization/Firm: Street Address: City:  3. Responsible Official Mailing Address: Organization/Firm: Street Address: City:  4. Facility Contact (If different from Responsible Official)  5. Facility Contact (If different from Responsible Official)	1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
3. Hazardous Waste Generator Identification Number:  4. Facility Location: Street Address: City: County: Zip Code:  5. Facility Identification Number (DEP Use ONLY - do not fill in):  Responsible Official  6. Name and Title of Responsible Official: Name: Name: Name: Title: Manager  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Same County: Same Zip Code: Same  8. Responsible Official Telephone Number: Telephone: ( ) - Same Fax: ( ) -		Mr. Dry clean					
4. Facility Location: Street Address: City: County: Zip Code:  5. Facility Identification Number (DEP Use ONLY - do not fill in):  Responsible Official 6. Name and Title of Responsible Official: Name: Chris Dallo Title: Manager  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Same County: Same Zip Code:  8. Responsible Official Telephone Number: Telephone:  () - Same Fax: () -  Facility Contact (If different from Responsible Official)	2.	Site Name (For example, plant name or number):	``				
4. Facility Location: Street Address: City: County: Zip Code:  5. Facility Identification Number (DEP Use ONLY - do not fill in):  Responsible Official 6. Name and Title of Responsible Official: Name: Chris Dallo Title: Manager  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Same County: Same Zip Code:  8. Responsible Official Telephone Number: Telephone:  () - Same Fax: () -  Facility Contact (If different from Responsible Official)							
4. Facility Location: Street Address: City: County: Zip Code:  5. Facility Identification Number (DEP Use ONLY - do not fill in):  Responsible Official 6. Name and Title of Responsible Official: Name: Chris Dallo Title: Manager  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Same County: Same Zip Code:  8. Responsible Official Telephone Number: Telephone:  () - Same Fax: () -  Facility Contact (If different from Responsible Official)	3	Hazardous Waste Generator Identification Number:					
City: County: Zip Code:  5. Facility Identification Number (DEP Use ONLY - do not fill in):  Responsible Official  6. Name and Title of Responsible Official: Name: Christ Dallo Title: Manager  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Same County: Same Zip Code: Same  8. Responsible Official Telephone Number: Telephone: ( ) - Same Fax: ( ) -	] J.	Trazardous waste denotator recitification ryumoer.					
City: County: Zip Code:  5. Facility Identification Number (DEP Use ONLY - do not fill in):  Responsible Official  6. Name and Title of Responsible Official: Name: Christ Dallo Title: Manager  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Same County: Same Zip Code: Same  8. Responsible Official Telephone Number: Telephone: ( ) - Same Fax: ( ) -							
City: County: Zip Code:  5. Facility Identification Number (DEP Use ONLY - do not fill in):  Responsible Official  6. Name and Title of Responsible Official: Name: Christ Dallo Title: Manager  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Same County: Same Zip Code: Same  8. Responsible Official Telephone Number: Telephone: ( ) - Same Fax: ( ) -	4.	Facility Location: SAME					
Responsible Official  6. Name and Title of Responsible Official: Name: Christ Dallo Title: Manager  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Same County: Same Zip Code: Same  8. Responsible Official Telephone Number: Telephone: ( ) - Same Fax: ( ) -		Direct / Idaless.					
Responsible Official  6. Name and Title of Responsible Official: Name: Christ Dallo Title: Manager  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Same County: Same Zip Code: Same  8. Responsible Official Telephone Number: Telephone: ( ) - Same Fax: ( ) -	-	City. County. Zip Code.					
6. Name and Title of Responsible Official:  Name:	5	Facility Identification Number (DEP Use ONLY - do not fill in):					
6. Name and Title of Responsible Official:  Name:							
6. Name and Title of Responsible Official:  Name:							
6. Name and Title of Responsible Official:  Name:	Res	esponsible Official					
Name: Christial Mailing Address:  Organization/Firm: Street Address: City: Same County: Same Zip Code: Same  8. Responsible Official Telephone Number: Telephone: ( ) - Same Fax: ( ) -  Facility Contact (If different from Responsible Official)	6	Name and Title of Responsible Official:					
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Same County: Same Zip Code: Same  8. Responsible Official Telephone Number: Telephone: ( ) - Same Fax: ( ) -  Facility Contact (If different from Responsible Official)	Nar	ime: Chris Tollo					
Organization/Firm: Street Address: City: Same County: Same Zip Code: Same  8. Responsible Official Telephone Number: Telephone: Fax: ( ) -  Facility Contact (If different from Responsible Official)							
Street Address: City: 56Me County: 56Me Zip Code: 56Me  8. Responsible Official Telephone Number: Telephone: ( ) - 56Me Fax: ( ) -  Facility Contact (If different from Responsible Official)	/.	Responsible Official Maining Address.	•				
8. Responsible Official Telephone Number: Telephone: ( ) - Same Fax: ( ) -  Facility Contact (If different from Responsible Official)							
8. Responsible Official Telephone Number: Telephone: ( ) - Same Fax: ( ) -  Facility Contact (If different from Responsible Official)		City: 56Me County: 56Me Zip Code: 50	ime				
Telephone: ( ) - Same Fax: ( ) -  Facility Contact (If different from Responsible Official)	8.	Responsible Official Telephone Number:					
Facility Contact (If different from Responsible Official)		Telephone: ( ) - ( ) Fax: ( ) -					
		Jane					
	Fac	cility Contact (If different from Responsible Official)					
	9.						
	L		-				
10. Facility Contact Address:	10.	Facility Contact Address:					
Street Address:		Street Address:					
City: County: Zip Code:							
	<u> </u>						
11. Facility Contact Telephone Number:	11.						
Telephone: ( ) - Fax: ( ) -	٠, .	relepnone: ( ) - Fax: ( ) -					

DEP Form No. 62-213.900(2)

Effective: 2/24/99

#### **Facility Information** 1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required \*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? How many dryers/reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required \*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? gallons (You must fill this in) (b) If less than 12 months, how many? [ ] months

DEP Form No. 62-213.900(2)

Effective: 2/24/99

New store: [ ] New machine [ ]

Unopened store [ ] (date of expected opening \_

Check why it is less than 12 months: New owner: Did not keep records:

3. What is the facility's source classification based on the Indicate with an "X". Select one classification only	
Small Area Source []	
Transfer only on-site (1	used less than 140 gallons of perc per year) used less than 200 gallons of perc per year) used less than 140 gallons of perc per year)
Large Area Source	
Transfer only on-site (u	used 140 - 2,100 gallons of perc per year) used 200 - 1,800 gallons of perc per year) used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pur (Indicate with an "X".)	rsuant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser []
Existing machines at large area source  Carbon adsorber  Refrigerated condenser  []	New machines at large area source Refrigerated condenser []
	ts shall not be eligible to use the general permit pursuant to water generating units on-site meet the following exemption memo for the criteria).
All steam and hot water generating units exempt No such units on-site	] OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating: [_	
What type of fuel do you use?  [] propane  [] No. 2 fuel o  [] No. 6 fuel o	
6. Equipment Monitoring and Recordkeeping Informat	ion
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/solvent add	lition log []
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitor	oring []
(e) Startup, shutdown, malfunction plan	

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7. Surrender of	Existing DEP Air Permit(s)
Please indicate	with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible O	fficial Certification
this notific statements maintain ti comply wit I will prom	rsigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.  Inputly notify the Department of any changes to the information contained in this notification.  To Date

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#### Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Managementat least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

#### Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

#### Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

#### **Facility Contact**

9. Name and Title of Facility Contact - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

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Effective: 2/24/99

- 10. Facility Contact Address Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
- 11. Facility Contact Telephone Number Enter the telephone number and facsimile number, if available, at which this person can be contacted.

#### Facility Information

- 1. For each machine located at the facility, select the appropriate machine type and type of air pollutioncontrol device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is aNEW unit. Beginning with dryto-dry machines, enter the date the machine was initially purchased from the manufacturer in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
- 2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
- 3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
- 4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
- 5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

#### Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

#### Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

#### Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

Effective: 2/24/99



# Department of Environmental Protection

**BEST AVAILABLE COPY** 

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

David B. Struhs Secretary

April 30, 2001

Mr. Chris Dallo #890043 Dallo Enterprises, Inc. 1425 Sadler Road Fernandina Beach, Florida 32034

Re: Quality 1<sup>st</sup> Yulee, Florida

Dear Mr. Dallo:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#1739) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Environmental Manager

Mobile Source Control Section

	мемо	1739
DALLO ENTERPRISES, INC.  1425 SADLER ROAD  FERNANDINA BEACH, FL 32034  (904) 277-2662	FIRST COAST COMMUNITY BANK FERNANDINA BEACH, FLORIDA 32034	Security Festive 11 Distance in back
PAY FIFTY COULD  DATE TO THE ORDER OF  4.2501 DEPT-OF Environmenta	DOLLARS  IN PAYMENT OF THE FOLLOWING CHECK NO.	CHECK AMOUNT
		MP

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

2112/01 0 **TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0890043

MR. DRY CLEAN CHRIS DALLO 1425 SADLER ROAD FERNANDINA BEACH FL 32034

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

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Domestic Return Receipt

102595-99-M-1789

PS Form 3811, July 1999

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

TOTAL AMOUNT DUE: \$50,000 RECEIVED ROOM

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AIRS ID # 0890043

MR. DRY CLEAN AIDA DALLO 1425 SADLER ROAD FERNANDINA BEACH FL 32034 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0890043

MR. DRY CLEAN AIDA DALLO 1425 SADLER ROAD FERNANDINA BEACH FL 32034 Dureau of Air Monitoring & Mobile Sources

FOR GOVERNMENT USE ONLOGO Org. 37550101000 EO: BB 9 1001. 1002273

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DALLO ENTERPRISES INC AIDA DALLO 1425 SADLER ROAD FERNANDINA BEACH FL 32034 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

P 174 052 007 **US Postal Service** Receipt for Certified Mail
No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID#: 0890043 DALLO ENTERPRISES INC AIDA DALLO 1425 SADLER ROAD **FERNANDINA BEACH FL 32034** Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date PS Form 2/17/97

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