

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

March 7, 1997

Ms. Mary Jane Dunivant Executive Dry Cleaners 313 Sand Myrtle Trail Destin, Florida 32541

Facility No. 0910073

Dear Ms. Dunivant:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 21, 1997.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title $\mbox{\it V}$ 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,

Ďotty Diltz, Chief

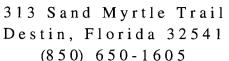
Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

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

MARY JANE DUNIVANT



Fax (850) 650-1642

February 12, 2001

Title V- General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 Attn: Rick Butler

Dear Rick,

Confirming our telephone conversation this date, Executive Dry Cleaners, Inc. was sold on January 22, 2001. The purchaser was Fashion Care Cleaners, Inc., operated by Robert A. Browne, Jr., President, who continues to operate the business under the name of Executive Dry Cleaners.

Fashion Care's mailing address is 5 Industrial Park Lane, Unit 102, Destin, FL 32541. The telephone number is 850 837-4840.

Enclosed is my check in the amount of \$50.00 for the year 2000.

Very truly yours,

Mary Jane Dunivant Former President

Executive Dry Cleaners, Inc.

y Jane Durwant

person

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Χ	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):								
,		EXECUTIVE DRY CLEANERS/OWNER MARY JAME DUNIVANT							
X	2.	Site Name (For example, plant name or number):							
		EXECUTIVE DRY CLEANERS							
	3.	Hazardous Waste Generator Identification Number:							
		Not REQUIRED - CONDITIONALLY EXEMPT							
k	4.	Facility Location: 707 HIGHWAY 98 EAST							
		Street Address: DESTIN, FL County: OKALOOSA Zip Code: 32541							
	5	Facility Identification Number (DEP Use):							
		09/0013							
•		Responsible Official							

У	6.	Name and Title of Responsible Official: MARY JANE DUNIVANT / OWNER
×	7.	Responsible Official Mailing Address: Organization/Firm: EXECUTIVE DAY ELEANERS Street Address: 313 SAND MYRNE TRAIL City: DESTIN, EL County: OKALOOS A Zip Code: 3254/
γ	8.	Responsible Official Telephone Number: Telephone: (904) 650-1605 Fax: (904) 650-1642

Facility Contact (If different from Responsible Official)

Х	9. Name and Title of Facility Contact (For example, plant manager): LYNN TRACEY / MANAGER
Ų	10. Facility Contact Address:
	Street Address: 707 HWY 98 E City: DESPIN EL County: OKALOOSA Zip Code: 32541
J	11. Facility Contact Telephone Number:
	Telephone: (904) 837 - 7054 Fax: (904) 650 - 1642

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FEB 2 1 1997

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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.

X UNION 35# Type of Machine	ID		Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit								Agran Congress	
(1) w/ ref. condenser	1	1655096	16 SEP 96						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									٠.
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		and the second							r
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	1,11		<u> </u>	· ·					
(10) w/ ref. condenser									
(11) w/carbon adsorber								_	
(12) w/ no controls									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] 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 sou (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi	ication only.)	ew sn	initions found mall area sour	rce 🗶		Part II?	

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

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Surrender of Existing Air Fernings)									
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)									
No air permits currently exist for the operation of the facility indicated in this notification form.									
	Responsible Official Certification								
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.									
I will promptly notify the Department of any changes to the information contained in this notification.									
	10. In Denis 7 2/15/97								

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

AIRS ID#: _____

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: EXECUTIVE	DRY CL	EANERS		DATE:	15/97
FACILITY LOCATION: 707 Ha	WY 98 EA	4ST		,	
	N, FL 32				
Annual Reporting Period: SEPT 16	r de la companya de l	19 <u>96</u> то	FEB I	5	19 <u>97</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		•	<u>. </u>		ule NO
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in	n continuous compli	_	reporting period st	
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:				FEB 1 8 1997	
Method used to demonstrate compliance:			!	Northwest Flori	ල්න
#2. Term or condition of the general permit	that has not been in	n continuous compli	ance during the		ated 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 upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Furt does not exceed 2,1	her, my annual cons 00 gallons per year	rumption of perc	hloroethylene solv	ent, based
RESPONSIBLE OFFICIAL: MARY JA Nai	ME DUNIVANT me (Please Print)	T 11/au	Signature	unistant Z	1/5/9/ Date
		•	1.7		

^{*}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.

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification Mar 6 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

×	1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
		EXECUTIVE DRY CLEANERS OWNER MARY JANE DUNIVANT
Υ.	2.	Site Name (For example, plant name or number):
		EXECUTIVE DRY CLEANERS
	3.	Hazardous Waste Generator Identification Number:
		Not REQUIRED - CONDITIONALLY EXEMPT
Z	4.	Facility Location: 707 HIGHWAY 98 EAST
		Street Address: City: DESTIN, FL County: OKALOOSA Zip Code: 32541
	.5.	Facility Identification Number (DEP Use):
		0910073
	UB PECIFIC	
		December 1981 Official

Responsible Official

6.	Name and Title of Responsible Official: MARY JANE DUNIVANT / OWNER
7.	Responsible Official Mailing Address: Organization/Firm: EXECUTIVE DRY CLEANERS Street Address: 313 SAND MYRTE TRAIL City: DESTIN, FL County: OKALOOS A Zip Code: 32541
8.	Responsible Official Telephone Number: Telephone: (904) 650-1605 Fax: (904) 650-1642

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (For exame LYNN TRACEY / MAN	ple, plant manager):		
10.	Facility Contact Address:			
		unty: OKALOOSA	Zip Code: 3254/	
11.	Facility Contact Telephone Number: Telephone: (904) 837 - 7054	Fax: (904)	650 - 1642	
	10.	LYNN TRACEY / MAI	Street Address: 707 HWY 98 E City: DESTIN FL County: OKALOOSA	LYNN TRACEY MANAGER 10. Facility Contact Address: Street Address: 707 HWY 98 E City: DESTIN EL County: OKALOOSA Zip Code: 3254/

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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.

Machine Control Initially Device Initially	7		Date	Date	T	Date	Date		Date	Date
Type of Machine 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 (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (6) w/ carbon adsorber (6) w/ no controls Dry-to-Dry Unit (7) w/ ref. condenser (6) w/ carbon adsorber (7) w/ carbon adsorber (8) w/ carbon adsorber (8) w/ carbon adsorber (10) w/ ref. condenser (8) w/ carbon adsorber (11) w/ ref. condenser (11) w/ ref. condenser (12) w/ no controls Control devices are required, but not yet installed (12) w/ no controls (b) Control devices are required to be installed (12) w/ no controls (c) No control devices are required to be installed (13) w/ ref. condenser (14) w/ ref. condenser (15) w/ ref. condenser (15) w/ no controls (b) If less than 12 months, how many? [(11A)1AA 35#		Machine	Control		Machine	Control			Control
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 (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (6) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (12) w/ no controls (b) Control devices are required to be installed (12) w/ no controls (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: [] (Indicate with an "X". Select one classification only.) Existing small area source [New small area source				Device		1 -	Device			Device
Dry-to-Dry Unit (1) w/ ref. condenser V6 SEP 96 16 SEP 98 (2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (8) w/ carbon adsorber (8) w/ carbon adsorber (8) w/ carbon adsorber (9) w/ no controls (11) w/ ref. condenser (12) w/ no controls (13) w/ ref. condenser (14) w/ ref. condenser (15) w/ ref. condenser (16) w/ ref. condenser (17) w/ ref. condenser (18) w/ ref. condenser (19) w/ ref. condenser (19) w/ ref. condenser (11) w/ ref. condenser (11) w/ ref. condenser (11) w/ ref. condenser (12) w/ no controls (13) w/ ref. condenser (14) w/ ref. condenser (15) w/ ref. condenser (16) w/ ref. condenser (17) w/ ref. condenser (18) w/ ref. condenser (19) w/ ref. condenser (19) w/ ref. condenser (11) w/ ref. condenser (12) w/ ref. condenser (13) w/ ref. condense	Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/ ref. condenser (11) w/ ref. condenser (12) w/ no controls Reclaimer Unit (13) w/ no controls Reclaimer Unit (14) w/ ref. condenser (15) w/ carbon adsorber (16) w/ no controls Reclaimer Unit (17) w/ ref. condenser (18) w/ no controls Reclaimer Unit (19) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/ ref. condenser (11) w/ ref. condenser (11) w/ arbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [5]	Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
(2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ no controls (16) w/ no controls (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ no controls (19) w/ no controls (19) w/ no controls (19) w/ no controls (19) w/ no control devices are required to be installed (19) w/ no control devices ar	Dry-to-Dry Unit			:						
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Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit	(2) w/ carbon adsorber			,						
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls	(3) w/ no controls									
(5) w/ carbon adsorber (6) w/ no controls	Washer Unit						1		1	
Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Solution Solution	(4) w/ ref. condenser									
Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/carbon adsorber (12) w/ no controls (15) w/carbon adsorber (12) w/ no controls (15) w/carbon adsorber (16) w/carbon adsorber (17) w/carbon adsorber (18) w/carbon adsorber (19) w/carbon adsorber	(5) w/ carbon adsorber									
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Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed	(8) w/ carbon adsorber									
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ no control devices are required, but not yet installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required, but not yet installed [] (c) No control devices are required to be installed [] (c) No control devices are required, but not yet installed [] (c) No control devices are required, but not yet installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be inst	(9) w/ no controls									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [Reclaimer Unit			•		<u>'</u>				1
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [(10) w/ ref. condenser									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [(11) w/carbon adsorber									
(c) No control devices are required to be installed [(12) w/ no controls			•						
(Indicate with an "X". Select one classification only.) Existing small area source New small area source	(c) No control devices 2.(a) What was the total (a) (b) If less than 12 months	are i quan gall	required to be tity of perchl ons now many? [e installed [_oroethylene] month	(perc]) purchased				
Existing large area source [] New large area source []	(Indicate with an "X".	Sele	ct one classif	fication only.	.)			,	Part II?	
	Existing large ar	ea so	ource []	N	lew la	arge area sou	rce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is requi (Indicate with an "X".)	ired on machines	pursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	ι X ı		
New large area source Refrigerated condenser			
		·	
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such to	that all steam an	d hot water generating units	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by n	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
	•		
Equipm	ent Monitoring	and Recordkeeping Inform	nation
Check all logs which are required t	to be kept on-site	in accordance with the requ	airements of this general permit:
(a) Purchase receipts and solvent p	urchases		
(b) Leak detection inspection and r	epair		
(c) Refrigerated condenser tempera	ature monitoring		L X]
(d) Carbon adsorber exhaust perc	concentration mor	nitoring	
(e) Instrument calibration			[]
(f) Start-up, shutdown, malfunction	on plan		(X)

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

Surrender of Existing Air Permit(s)

•	Surreliate of Existing An Terminal
Please indica	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)
Ŕ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemer maintair	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 ats made in this notification are true, accurate and complete. Further, I agree to operate and a 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 pr	omptly notify the Department of any changes to the information contained in this notification.

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11000 TIME OUT: 1135	AIRS ID#: 485-75-10910073
TYPE OF FACILITY:	
FACILITY NAME: EXECUTIVE A CIPANE	DATE: 1.27.97
FACILITY LOCATION: 707 HIGHILD G	
11 Desrin, FL 325	41
RESPONSIBLE OFFICIAL: NAZ. JANICO DUNIVA	NT PHONE NUMBER (901) 837-7054 Phon
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	ated during this inspection, the facility is found to be in attive Code (F.A.C.).
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
LEAK CHECK AND LOG OF CHOCKS	NEWS MALL SOURCE REPORTED S BINDERKLY LOUIS TO KENT. LITTES CHECKET SE KENT. EXPLAINED DIVING INSTANTON -NOUND TO
TEMPO CHECK AND LOG NOT SONIS.	Explained during inspection
PERMIT NOTIFICATION FORM NOT	romple to d IVIXI MID A A GE K (ZYM N) 78 A CY) AND LE FT JEAN MS. DUN. WALT TO 5 13 N.
MEMO: 2/4/97 - Celled plant margar about she said she have R.o. call n	non-vecant of Normal Retification,
She saw she have 10.0. Call h	
	j
2014/17/17	
COMMENTS: LEFT INFO/PICICILETT	EN ON SETANAR LUNEIS
Gr.	
The Annual Compliance Certification form has been properly certification	
DATE OF NEXT INSPECTION: Fel- 98	LEFT FOR 120.
	proximate) 5/7/2
INSPECTION CONDUCTED BY: Lingles M N/e 2 mm	
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 901-1114-3361
Page	_of Revised 10/96



4-5 434-1718

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL DE DISPECTION		
	RE-INSPECTION		
AIRS ID#: Nox16 I	DATE: <u>1 · 29 · 9 7</u>	TIME IN: 1000 TIME OUT: 17) ₅
FACILITY NAME: Exe		•	
FACILITY LOCATION:	707 E1	Hovy 93	
) os fin	FL 3254/	
PART I: NOTIFICATION			
(check appropriate box)			
Existing facility notified DAR	M by 9/1/96	1	
2. New facility notified DARM 3	30 days prior to start	up (
3. Facility failed to notify DARN	I to use general peri	nit .	শ্ৰ্
		<u> </u>	
PART II: CLASSIFICATION	<u> </u>	Machine installed 9.16.96	******
Facility indicated on notification (check appropriate box)	n form that it is: 7	Failed to NOTIFY.)	
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)	e 🗆	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" th="" transfer="" types,=""><th>gal/yr al/yr</th><th>4. New large area source dry-to-dry only, 140<x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" th="" transfer="" types,="" yr=""><th></th></x<2,100></th></x<2,100>	gal/yr al/yr	4. New large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" th="" transfer="" types,="" yr=""><th></th></x<2,100>	
This is a correct facility classific	ation	אם עם	
If no, please check the appropria	ate classification:		
		not eligible for a general permit	
		rchased within the preceding 12 months by this dry cle	aning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) IY □N 1. Storing perchloroethylene in tightly sealed and impervious containers? NO YE 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ey on 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? New machine haven't chince yet 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? ONLY HAS ADD IN ADSORBE IT IS NOT PRIMAR 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) ØY □N 1. Equipped all machines with the appropriate vent controls? Y ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the OY ON 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 basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? None Regions yet oy on 4/n Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? D. HAS NOT

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?	J ₹		
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ПN	
	Is the temperature differential equal to or greater than 20° F?	ПY	ПN	
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?	ПY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПΝ	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ПY	ΠN	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПN	□N/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: 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 DY DN 4. Maintained calibration data? (for direct reading instruments only) \square Y \square N (\mathcal{N}) 5. Maintained exhaust duct monitoring data on perc concentrations? MD AE 6. Maintained startup/shutdown/malfunction plan? OY ON 7. Maintained deviation reports? DY DW Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION A	ND REPAIR	S			
1.	Does the responsible official cond	uct a weekly (for smal	l sources, bi-weekly) leak detection ar	ıd repai	r
	inspection?				□Y Ì	мG
2.	Which method of detection is used	i by the respon	nsible of	ficial?		
	Visual examination (conden	sed solvent on	exterio	r surfaces)		
	Physical detection (airflow f	elt through ga	skets)			
	Odor (noticeable perc odor)					
	Use of direct-reading instruc	nentation (FII	D/PID/ca	llorimetric tubes)		
	If using direct-reading inst	rumentation,	is the e	quipment: N		
	a. Capable of detec	ting perc vapo	or conce	ntrations in a range of 0-500 ppm?	DX-1	NC
	b. Calibrated again (PID/FID only)?		gas prio	r to and after each use	Qy E	DN C
	c. Inspected for lea	ıks and obviou	ıs signs (of wear on a weekly basis?	TYE	ME
	d. Kept in a clean	and secure are	a when	not in use?	DY)	ave
	e. Verified for accu	uracy by use of	f duplica	te samples (calorimetric only)?	(DY	NE
3.	Has the facility maintained a leak	log?				The same of the sa
4.	Does the responsible official check		_			
	Hose connections, fittings,	-00×111		2		- Dr.
	couplings, and valves	ШY	□N	Muck cookers	ΠY	□N
	Door gaskets and seating	ПY	ΠN	Stills	ΠY	□N
	Filter gaskets and seating	□Y	□N	Exhaust dampers	ΠY	□N
	Pumps	ΟY	□N	Diverter valves	ПY	□N
:	Solvent tanks and container	s 🗆Y	□N	Cartridge filter housings	ПY	□N
	Water separators	ΟY	ПN			
	MARYJANE DUI	ivans				
	Name of Responsible (Official				
	I have les MNOR m	MN		1.29.97	_	
	Inspector's Name (Pleas	se Print)		Date of Inspe	ction	
_	Inthe Money		~	1-el-98		
/	Inspector's Signatur	re		Approximate Date of 1	Next In	spection

4 of 4

	•	
AIRS ID#: _		_09100113

AIRS ID#:		270 32 Revised 10/10/96
	NER AIR QUALITY GENE COMPLIANCE CERTIFICATI	
FACILITY NAME: EXECUTIVE	DRY CLEANERS	DATE: 2/15/97
FACILITY LOCATION: 707 HO	UY 98 EAST J, FL 32541	
Annual Reporting Period: SEPT 16	19 <u>96</u> то	FEB 15 1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		- _
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous complian	ce during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		FEB 18 1997
Method used to demonstrate compliance:		Northwest Florida DEP
#2. Term or condition of the general permit	that has not been in continuous compliar	ace during the reporting period stated above:
Exact period of non-compliance: from	t	0
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 upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: MARY JAN	and complete. Further, my annual consum does not exceed 2,100 gallons per year fo	mption of 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.

BEST AVAILABLE COPY

AIRS ID#0910073

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ale

MARY JANE DUNIVANT MARY JANE DUNIVANT 313 SAND MYRTLE TRAIL DESTIN FL 32541

Do NOT Remove Label

Do	NOI Remove Label
Annual Reporting Period:	1997 TO 31 Dec 1997
Based on each term or condition of the Title V general air per 62-213.300, Florida Administrative Code (F.A.C.), during the	
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:
Trust point of non-negative or from	** **
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	·
Method used to demonstrate compliance:	·
#2. Term or condition of the general permit that has not been Exact period of non-compliance: from	in continuous compliance during the reporting period stated above:
Action(s) taken to achieve compliance:	JAN 2 1 1998
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on information of notification are true, accurate and complete. Further, my annual does not exceed 2,100 gallons per year for dry-to dry facilities or 1	and belief formed after reasonable inquiry, that the statements made in this consumption of perchloroethylene solvent, based upon purchase receipts, 800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: MARY JANE I Name (Please Print)	DUNIVANT May Jave Dunwant 1/11/98 Signature Date

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

AIRS ID#: 6916073

daw

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ve Cranes		DATE:	3/27/98
Hwy 48F			
JU. 32541			
7-10			
<u>6/97</u> 19	то	<u>3/27/.98</u>	19
	-	<u> </u>	Rule NO
that has not been in continuous	s compliance duri	ng the reporting period	stated above:
	to		Bur &
			MAR 3 (sau of Air sa Mobile
			Air I
			Moni-
that has not been in continuous	s compliance duri	ng the reporting period	stated apove:
			
	to	<i>(</i>	
		•	
nasad on information and halia	f formad after rea	sonable inquire that t	ha statamants
and complete. Further, my ann	ual consumption o	of perchloroethylene se	olvent, based
Thur No.	T M	Change:	1 2/17/00
ne (Please Print)	v i ///////////////////////////////////	ature	Date / 70
1	V general air permit, my facility A.C.), during the period covered that has not been in continuous that has not been in contin	that has not been in continuous compliance during that has not been in continuous compliance during that has not been in continuous compliance during the totomation and belief formed after read complete. Further, my annual consumption and completes of the source of th	V general air permit, my facility has remained in compliance with DEF A.C.), during the period covered by this statement. That has not been in continuous compliance during the reporting period to to to to to The period continuous compliance during the reporting period during

*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

TIME IN: 1435 TIME OUT: 1455 AIRS ID#: 0910073 TYPE OF FACILITY: D.C. FACILITY NAME: Exacultive Chamin Date: 3/27/18 FACILITY LOCATION: 707 Hwy 98 E
FACILITY NAME: EXPCULTIVE Chances FACILITY LOCATION: 707 Hwy 98 E3 Destin FL 32541
PACILITY LOCATION: 707 Hwy 98 E3 Destin FL 32541
Destin FC 32541
RESPONSIBLE OFFICIAL: MAR Jan Duni vant PHONE NUMBER: 450=837-7054
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED
the state of the s
Burne T
Man Andrews An
Mobile Mobile
Source Source
Aonitoring ources
COMMENTS:
Act, as
The Annual Compliance Certification form has been properly certified and submitted to the inspector.
DATE OF NEXT INSPECTION: May 19
(Approximate)
INSPECTION CONDUCTED BY: ANN OS OUR MYA TO (Please Print)
INSPECTOR'S SIGNATURE PHONE NUMBER: 595-836
Page of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TVDE	OF	INCDE	CTION:
I Y P P.	Ur	marea	

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

_
AIRS ID#: (37/0073 DATE: 3/27/92) TIME IN: 1435 TIME OUT: 1455
FACILITY NAME: Executive Claner
FACILITY LOCATION: 707 Hwy 98 East
Destin FL 32541
RESPONSIBLE OFFICIAL: MARY Jame Dunivar + PHONE: 850-837-7054
CONTACT NAME: MARINOUS Duni Van PHONE: 850-650-1605 (4)

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box)

☐ No notification form

□Can not determine

☐ Drop store/out of business/petroleum

- 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/vr(constructed before 12/9/91)
- 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)
- 5. This is a correct facility classification

2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr (constructed on or after 12/9/91)

 $\square N$

- 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 < x < 1,800 gal/yr(constructed on or after 12/9/91)
- If no, plea

ease	check the appropriate classification:	
	facility qualified for a general permit as number	above
	facility exceeds above limits and is not eligible for a genera	l permit

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



Bureau of Air Monitoring & Mobile Sources

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? None s torredon	AMENO YEN'S
2. Examining the containers for leakage?	OY ON BIN/A
3. Closing and securing machine doors except during loading/unloading?	MD AM
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	SY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY. ON 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 ref (complete A below).	rigerated condenser
. If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
Equipped all machines with the appropriate vent controls?	BY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ם אום אם אם
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם עום
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after	FIY UN

2 of 5

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased? None purchased	A DU VE
2. Maintained rolling monthly averages of perc consumption?	\bigcirc NO YO
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אומם מם צם
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	A/NE NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	AND YOU
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	A/NG YO
Problem corrected?	אמם, מם צם
8. Maintained compliance plan, if applicable?	אומנל מם צם

wies ve The

				صروا			
P.	ART VI: LEAK DETECTION AND	REPAIRS					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?		•	NO AG			
2.	Has the facility maintained a leak log	?		NO YES			
3.	Does the responsible official check the	e following areas for leak					
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A			
	Door gaskets and seating	DY ON ON/A	Stills	A/N UN UN/A			
	Filter gaskets and seating	AVA UN UN/A	Exhaust dampers	DY ON ON/A			
	Pumps	A/A NO NO Y	Diverter valves	A/NE NO YO			
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	A/NO NO YE			
	Water, separators	A/ND ND YE					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surfa	ces)	Q			
	Physical detection (airflow felt t	through gaskets)	`				
	Odor (noticeable perc odor)	Haning					
	Use of direct-reading instrumen	tation (FID/PID/calorime	etric tubes)				
	Halogen leak detector						
	If using direct-reading inst	trumentation, is the equ	ipment:	□N/A			
	a. Capable of detecting	g perc vapor concentratio	ns in a range of 0-500 ppm?	□Y □N			
	b. Calibrated against a (PID/FID only)?	a standard gas prior to an	d after each use	□У □И			
	c. Inspected for leaks a	and obvious signs of wear	r on a weekly basis?	□Y □N			
	d. Kept in a clean and	secure area when not in	use?	□Y □N			
	e. Verified for accurac	ry by use of duplicate sam	ples (calorimetric only)?	□Y □N			
		•					

Charles on Norman	3/27/98
Inspector's Name (Please Print)	Date of Inspection
Which Mile	Mor- 99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	•
·	\$ · · · · · · · · · · · · · · · · · · ·
·	
	•
·	
	•

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 📉	COM	IPLAINT/DISCOVERY	RE-INSPECTION T
TIME IN: 1515	TIME OUT:	5	AIRS ID#:	110023 /
TYPE OF FACILITY: DC	• 			3.7. 5
FACILITY NAME: Execu	Live CLEANE	202		_DATE: 2/3/99
FACILITY LOCATION: 76	, -		·	We the
Deo	him FL 30	254/	· 	79
RESPONSIBLE OFFICIAL: M	any Janes Der No	LAND	PHONE NUMBER:	837-7054
	the compliance requirement Rule 62-213.300, Florida A		ted during this inspection, the fac ative Code (F.A.C.).	ility is found to be in
Based on the results of to discrepancies were note		nts evalua	ted during this inspection, the fol	lowing compliance
COMPLIANCE REQU		EM	FOLLOW-UP ACTI	
LEAK CLECK & TE. Records NOV Alwa	MO CHECK		Complete entric	ONTHE DED
Records NOT Alwi	sys done.		colendar ASILY	•
Perc purchase	records NIT	oN	Keep round.	of perchases of oup purchase \$12-mon; NS Freplances.
Perc purchase : site AND 12-mo	NTH NOTING A	VETAI	of site & Kerry	up purchase 8/2-mon;
NOT Kept.	<u> </u>		rolling total	NS Explaines.
,			~	·
			Branch State	
·	<u> </u>	•	ENTERED	<u> </u>
			JUN 0 4 1999	
COMMENTS: Previous Here were some m Need to catch u	in rection of	cord	swere oll, I four	ever lately
there were some m	using entre	ره روه	recially last 2	mon M 5.
Al Alegandeha	3 . 1 . 4	ر مودلا	0	·
Need to Cauran a	p entrues 1	rugi	-71,	
The Annual Compliance Certific	ation form has been prope	rly certifi	ed and submitted to the inspector	. YES NO
DATE OF NEXT INSPECTIO	N: 8-125 mi	05		
		(Ap	proximate)	
INSPECTION CONDUCTED	BY: C/Males			(80)
	Monsi	PIG	ease Print)	EGO DOUT
INSPECTOR'S SIGNATURE:	1/11/2 ////	an	PHONE NUMBER:	375 -8564 17 1000
		Page	_of	Revised 10/96

XCC/

AIRS ID#: 09/0073

Revised(10/10/96

DRY	CLEAN	ER AIR	QUALITY	GENERAL	PERMIT
A	NNUAL	COMPLL	ANCE CERT	IFICATION F	ORM

		S W
FACILITY NAME: Executive	_	ATE: 6/43/9/9
FACILITY LOCATION: 707 /	Havy 98 E	S. Mon
DESTI	N FL 3254/	Co Oling
Annual Reporting Period: 5 · 27 -	19_ to <u>6/3/99</u>	19
Paced on each term or condition of the Titl	lo V conomi air normit, my facility has remained in compliance w	ich DED Dulo
	le V general air permit, my facility has remained in compliance w (F.A.C.), during the period covered by this statement. YES	MIDEF RING
	and the second covered by the statement.	,
If NO, complete the following:		
·	nit that has not been in continuous compliance during the reporting	g period stated above:
macant record	Beeping Campt Deab Such Vst	long Totals
Exact period of non-compliance: from	april to May	0
Action(s) taken to achieve compliance:	milldson De Calenda de la	plimed
Method used to demonstrate compliance:	ENTERED U	<i></i>
	JUN 0 4 1999	
·	0011 0 4 1000	
#2. Term or condition of the general perm	nit that has not been in continuous compliance during the reporting	g period stated above:
#2. Term or condition of the general perm		g period stated above:
#2. Term or condition of the general perm. Exact period of non-compliance: from		g period stated above:
Exact period of non-compliance: from	nit that has not been in continuous compliance during the reporting	g period stated above:
Exact period of non-compliance: from Action(s) taken to achieve compliance:	nit that has not been in continuous compliance during the reporting	g period stated above:
Exact period of non-compliance: from	nit that has not been in continuous compliance during the reporting	g period stated above:
Exact period of non-compliance: from Action(s) taken to achieve compliance:	nit that has not been in continuous compliance during the reporting	g period stated above:
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:	nit that has not been in continuous compliance during the reporting	
Exact period of non-compliance: from 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	tototototototototototototo	y, that the statements hylene solvent, based
Exact period of non-compliance: from 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	totototototototo	y, that the statements hylene solvent, based
Exact period of non-compliance: from 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 upon rolling averages of purchase receipts	totototototototo	y, that the statements hylene 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	
AIRS 10# 9/0073 D	ATE: 6/3/99	TIME II	N: <u>/5/5</u> TIME OUT:	415
FACILITY NAME:	Executive	CLEAN	SIS	
FACILITY LOCATION:	routive	0/00	NERS 707 Ha	14 98 E
	Dosdin			
responsible official : N	MARY DANG DUI	VIVANT	PHONE: 837-70:	5 ()
CONTACT NAME: 50	m E		PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	0 days prior to startup	NTERF	'n	
2. Facility failed to notify DARM	l to use general permit	N 0 4 199	9	
PART II: CLASSIFICATION		-		
Facility indicated on notification	o form that it is:		☐ No notification form ☐ Drop store/out of business.	/petroleum
	n form that it is:		☐ No notification form ☐ Drop store/out of business.	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source	e 🗀 2.	New small a	Drop store/out of business	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	e 🗅 2.	-to-dry only,	Drop store/out of business, rea source x < 140 gal/yr	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e 🛭 2. dry trai	v-to-dry only, nsfer only, x	Drop store/out of business, rea source x < 140 gal/yr < 200 gal/yr	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	e 🛭 2. dry trai bot	v-to-dry only, nsfer only, x th types, x <	Drop store/out of business, rea source x < 140 gal/yr < 200 gal/yr	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	e 2. dry trai	v-to-dry only, nsfer only, x th types, x < onstructed on	Drop store/out of business, rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	2. dry trai bot (cc dry dry dry dry dry dry dry dry	v-to-dry only, nsfer only, x th types, x < nstructed on New large a v-to-dry only,	□ Drop store/out of business/ rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800	2. dry trai bot (cc 2. 4. 00 gal/yr gal/yr trai	v-to-dry only, nsfer only, x th types, x < onstructed on New large a v-to-dry only, nsfer only, 20	Drop store/out of business, rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100 \text{ gal/yr}$ $ 140 \le x \le 1,800 \text{ gal/yr} $	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	2. dry trai bot (co	v-to-dry only, asfer only, x is types, x < onstructed on New large a v-to-dry only, asfer only, 20th types, 140	Drop store/out of business, rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100 \text{ gal/yr}$ $ 00 \le x \le 1,800 \text{ gal/yr}$ $ 00 \le x \le 1,800 \text{ gal/yr}$	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800	2. dry trai bot (co	v-to-dry only, asfer only, x is types, x < onstructed on New large a v-to-dry only, asfer only, 20th types, 140	Drop store/out of business, rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100 \text{ gal/yr}$ $ 140 \le x \le 1,800 \text{ gal/yr} $	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	dry train both (constitution) 2. dry train both (constitution) 4. 00 gal/yr dry gal/yr train both (constitution)	v-to-dry only, asfer only, x ch types, x < constructed on New large a v-to-dry only, asfer only, 20th types, 140 onstructed on	Drop store/out of business, rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100 \text{ gal/yr}$ $ 00 \le x \le 1,800 \text{ gal/yr}$ $ 00 \le x \le 1,800 \text{ gal/yr}$	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,10 transfer only, 200 \le x \le 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class of the property of the propert	dry tran bot (cc 4. 00 gal/yr dry gal/yr tran l/yr bot (cc ssification	v-to-dry only, asfer only, x is types, x < onstructed on New large a v-to-dry only, asfer only, 20th types, 140 onstructed on Y	Prop store/out of business, rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 \rangle$ rea source $ 140 \le x \le 2,100 \text{ gal/yr} $ $ 50 \le x \le 1,800 \text{ gal/yr} $ or after $ 12/9/91 \rangle$ $ 12/9/91 \rangle$ Can not determine	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no, please check the applications.	dry trai bot (co 4. 00 gal/yr dry gal/yr trai sification opropriate classification qualified for a general	v-to-dry only, nsfer only, x is types, x < onstructed on New large a v-to-dry only, nsfer only, 20 th types, 140 onstructed on Y \bigcup N	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □Can not determine mber above	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no, please check the applications.	dry trai bot (co 4. 00 gal/yr dry gal/yr trai sification opropriate classification qualified for a general	v-to-dry only, nsfer only, x is types, x < onstructed on New large a v-to-dry only, nsfer only, 20 th types, 140 onstructed on Y \bigcup N	Prop store/out of business, rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 \rangle$ rea source $ 140 \le x \le 2,100 \text{ gal/yr} $ $ 50 \le x \le 1,800 \text{ gal/yr} $ or after $ 12/9/91 \rangle$ $ 12/9/91 \rangle$ Can not determine	/petroleum

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? DY DN N/A 3. Closing and securing machine doors except during loading/unloading? DY DN 4. Draining cartridge filters in their housing or in sealed containers for at MY 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? 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? A/ND ND YO 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 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? MISSED SOME IN AMP/MAY NO YO Previously records aren OR 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? Conducted all temperature monitoring after an appropriate cooldown period and after MO AB 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?	□Y (ח⊏
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y (⊃N □N/A
	Is the temperature differential equal to or greater than 20° F?	□Y (⊃N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		
	if machines are equipped with a carbon adsorber?	□Y (□N/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,		734 F344
	or expansion; and downstream from no other inlet?	UY (□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y (⊃N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y (⊃N □N/A

PART V: RECORDKEEPING REQUIREMENTS	·		
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased? NOT 6N SIRS	אם אַפּ		
2. Maintained rolling monthly total of perc consumption?	DY CON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	מאמט אם צם 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?	ם אום אום אום		
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN QN/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A		
6. Maintained startup/shutdown/malfunction plan?	אם עם		
7. Maintained deviation reports?	אואם אם אם		
Problem corrected?	אועם אם אם אוע		
8. Maintained compliance plan, if applicable?	DY DN BUN/A		

PA	RT VI: LEAK DETECTION AND	REPAIRS			
1.	Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection a	and repa	ir .
	inspection? MISSED Son	NECHECICS A	enstamenths.	ŊΥ	DИ
2.	Has the facility maintained a leak log	? SOME MISSING	rendnis	ZY	□N
3.	Does the responsible official check th	e following areas for leak	s?		
	Hose connections, fittings, couplings, and valves	A'NO NO YY	Muck cookers	ΩY	□N □N/A
	Door gaskets and seating	QY ON ON/A	Stills	DY I	ON ON/A
	Filter gaskets and seating	AVO NO YO	Exhaust dampers	□Y (A/NE NE
	Pumps	-OY ON ON/A	Diverter valves	□Y I	DN DN/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY I	□N/A
	Water separators	OY ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfac	es)	Á	
	Physical detection (airflow felt	through gaskets)		Ø	
	Odor (noticeable perc odor)			Ø	
	Use of direct-reading instrumen	tation (FID/PID/calorimet	tric tubes)		
	Halogen leak detector				
	If using direct-reading ins	trumentation, is the equi	pment:	□N/A	\
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	ΠY	ПN
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	ΠY	□N
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	ΠY	ΠN
	d. Kept in a clean and	secure area when not in u	se?	\Box Y	ПN
	e. Verified for accurac	cy by use of duplicate sam	ples (calorimetric only)?	ΠY	ŪИ
					·

CITARIOS NOT MINN	6/3/99
Inspector's Name (Please Print)	Date of Inspection
Much M Mornen	8-12 mas
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INF	ORMATION:	
	•	
	•	
		•
•		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

WHS
O -

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 09.20 TIME OUT: 09	940 AIRS ID#: 09/0073
FACILITY NAME: EXECUTIVE Dry C/ FACILITY LOCATION: 707 /twy 98	·
	PHONE NUMBER:
compliance with DEP Rule 62-213.300, Florida Adr	evaluated during this inspection, the facility is found to be in ministrative Code (F.A.C.). evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	M FOLLOW-UP ACTION REQUIRED
	JUN 3 0 2000 Bureau of Air Monitoring & Mobile Sources JUN 2 9 2000 JUN 2 9 2000
COMMENTS: Good Records	
The Annual Compliance Certification form has been properly	
DATE OF NEXT INSPECTION: 8-12 mos	(Approximate)
INSPECTION CONDUCTED BY had by	Vol mal (Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 595-836/
_ F	Pageof A A Revised 10/96

PERCHLO

TYPE OF INSPECTION:

HLOROETHYL TITLE V GENE COMPLIANCE INSPE	RAL PE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15
ANNUAL	X	COMPLAINT/DISCOVERY	
RE-INSPECTION			

AIRS ID#: 0910073 DATE: 6/28/00 TIME IN: 0920 TIME OUT: 69	140
FACILITY NAME Executive Dry Cleaners	
FACILITY LOCATION: 707 HWY 98 EAST	
Destin FC 3 32541	
RESPONSIBLE OFFICIAL: MARY JANE DUD, VANTHONE: 850-650-160	17_
CONTACT NAME:PHONE:	
<u></u>	
PART I: NOTIFICATION	
(check appropriate box)	`
1. New facility notified DARM 30 days prior to startup	α .

2. Facility failed to notify DARM to use general pe	·mit	
PART II: CLASSIFICATION		_
Facility indicated on notification form that it is:	☐ No notification form	
(check appropriate box)	☐ Drop store/out of business/petroleum	
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)	
5. This is a correct facility classification	YY ON OCan not determine	
facility exceeds above lin	cation: eneral permit as number above mits and is not eligible for a general permit urchased within the preceding 12 months by this dry cleaning	
facility was gallons.	urchased within the preceding 12 months by this dry 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?	* 1	UIV	•
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	λ_{Y}	ПΝ	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	XY	ПΝ	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	X	ПN	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the	M	ΠN	□N/A

6. Conducted all temperature monitoring after an appropriate cooldown period and after 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?	ΠY	ПN	
	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?	ΠY	ΠN	□N/A
	 Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, 			
	if machines are equipped with a carbon adsorber?	ΩY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	□N/A
	4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПИ	□N/A
	5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
	6. Routed airflow to the carbon adsorber (if used) at all times?	ΠY	DИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	b XY □N
2. Maintained rolling monthly total of perc consumption?	Ж А П И
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MA DN MA
4. Maintained calibration data? (for applicable direct reading instruments)	My No 📆
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON M N/A
6. Maintained startup/shutdown/malfunction plan?	Ф (Y 🗆 N
7. Maintained deviation reports?	אמ לק אם עם .
Problem corrected?	A/או לל אם צם
8. Maintained compliance plan, if applicable?	אואלע אם עם

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ÆΥ ПN 2. Has the facility maintained a leak log? ΣY $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, NY ON ON/A couplings, and valves Muck cookers DY DN DANA AVAD NO YX Door gaskets and seating MYM M P P P Stills DY DN XN/A Filter gaskets and seating XXY ON ON/A Exhaust dampers A'NO NO YA Pumps AVACO NO YOR Diverter valves Solvent tanks and containers DYY ON ON/A Cartridge filter housings DAY ON ON/A N/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 XN/A If using direct-reading instrumentation, is the equipment: DY DN 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 DY DN (PID/FID only)? DY DN 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? OY ON • e. Verified for accuracy by use of duplicate samples (calorimetric only)? אם צם

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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	•	
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		-

AIRS ID# 57 / CC7 3 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME SACUTION	= Day Cleys	IE86	DATE: 0	198/0
70.7 /	11 28 F		DATE.	y Light
FACILITY LOCATION: 707/	TWY 10 E			
Destin	FL 3250	<i>[]</i> [
Annual Reporting Period: $06/0.3$	199	то <u>С</u>	t/28	20 <u>00</u>
Based on each term or condition of the Title	V general air permit, my fa	icility has remained in	compliance with DEP Ru	ıle
52-213.300, Florida Administrative Code (F	F.A.C.), during the period co	overed by this stateme	nt. 🖾 YES	NO
If NO, complete the following:	. •			tettrapose.
#1. Term or condition of the general permit	t that has not been in continu	uous compliance durir	Burea.	200
Exact period of non-compliance: from		tò_	& Λ	l of Air Monito Nobile Sources
Action(s) taken to achieve compliance:	JUL 0 5 2000	(A)	REVIEWE	J
Method used to demonstrate compliance:			JUL 05 20.	
			· •	•
2. Term or condition of the general permit	t that has not been in continu	uous compliance duri	n -	
· · · · · · · · · · · · · · · · · · ·			<u> </u>	<i>3</i>
Exact period of non-compliance: from		to	Jol die wese	
Action(s) taken to achieve compliance:		SOL SIGNATURE ELORIDA		
Method used to demonstrate compliance:	NOSIMACO			
realist used to demonstrate compilative.				
As the responsible official, I hereby certify, in this notification are true, accurate and confidence receipts, does not exceed 2,100 go combination facilities. RESPONSIBLE OFFICIAL: Marky J. Na	omplete. Further, my annuc allons per year for dry-to dr	nd consumption of percy facilities or 1,800 go	chloroethylene solvent, ba	sed upon

^{*}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.

		MAIL REC	IPT Sovered Provided)
5704			
12	Postage	\$	
4751	Certified Fee		Postmark ·
<u> </u>	Return Receipt Fee (Endorsement Required)		Here
9200	Restricted Delivery Fee (Endorsement Required)		
	AIRS ID # 0910073		
0090	EXECUTIVE DRY CLEANERS MARY JANE DUNIVANT		
	313 SAND MYRTLE TRAIL		
7000	DESTIN FL 32541		,
	FS Fam 3300, February	2000	See Reverse for Instructions

THORIES WI TOP OF ENVELOPE.	S SOAUA SHIT OIT		
SENDER	COMPCEDE MISSECTION ON DELIVERY		
And the state of t	A. Place of Delivery		
© Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Pelivery		
☐ Print your name and address on the reverse	- Cultivital sate 101		
so that we can return the card to you.	C. Signature		
Attach this card to the back of the mailpiece, or on the front if space permits.	X Agent Addressee		
	D. Is delivery address different from item 1? ☐ Yes		
Article Addressed to:	If YES, enter delivery address below: No		
AIRS ID # 0910073]		
EXECUTIVE DRY CLEANERS			
MARY JANE: DUNIVANT			
313 SAND®MYRTLE TRAIL DESTIN FL 32541			
DESTINIE 32541	3. Service Type		
	Certified Mail		
ر چی ستانی ا	Registered Return Receipt for Merchandise		
Í	☐ Insured Mail ☐ C.O.D.		
	4. Restricted Delivery? (Extra Fee) Yes		
Article Number (Copy from service label)			
7000 0600 0026 4/26 5704			
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789		
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U.S. Postal Savisa CERTIFIED MAIL (Poincette Meil Only)	RECEIPT No Insurance Coverage Provided)
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Recip 0 AIR MARY JANE DUN Street, XECUTIVE DRY 113 SAND MYRTL City, SDESTIN FL 32541	CLEANERSE TRAIL
SENDER; CO SHOTEWIN 3000, February 200 SSENGEV NUMLEY 40 SENDER; CO SHOTEWIN 40 401 1V 1	THOUS BHY OF COLK
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
1. Article Addressed to: 10 AIRS ID # 0910073001AG, MARY JANE DUNIVANT	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
EXECUTIVE DRY CLEANERS 313 SAND MYRTLE TRAIL DESTIN FL 32541	3. Service Type Certified Mail
700005200020 9372 53/8 2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
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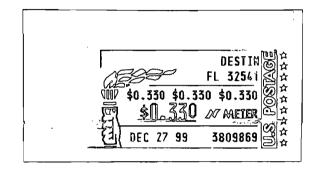
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