Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 4, 1996

Ms. Sharon Hoffman
Touch of Quality Dry Cleaners
of Dade City
37948 East Meridian Avenue
Dade City, Florida 33525

Re: Facility I.D. No. 1010338

Dear Ms. Hoffman:

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

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

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

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

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

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 19, 1996

Ms. Sharon Hoffman
Touch of Quality Dry Cleaners
of Dade City
~~7127 Pebble Pass Loop~~ 37948 East Meridian Ave.
Dade City, Florida 33525

Re: Facility I.D. No. 1010338

Dear Ms. Hoffman:

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

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Sincerely,

Sandra Bowman for DD

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 19, 1996

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Touch of Quality Dry Cleaners
of Dade City
7127 Pebble Pass Loop
Dade City, Florida 33525

Re: Facility I.D. No. 1010338

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Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

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Sincerely,

Sandra Bauman
for D.D.

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
STEPHEN HOFFMAN
SHARON HOFFMAN TOUCH OF QUALITY DRY CLEANERS OF DADE CITY
2. Site Name (For example, plant name or number):
TOUCH OF QUALITY DRY CLEANERS OF DADE CITY
3. Hazardous Waste Generator Identification Number:
FLD CESQG
4. Facility Location:
Street Address: 37948 E. MERIDIAN AVE.
City: DADE CITY County: PASCO Zip Code: 33525
5. Facility Identification Number (DEP Use): 1010338

Responsible Official

6. Name and Title of Responsible Official:
SHARON HOFFMAN OWNER.
7. Responsible Official Mailing Address:
Organization/Firm: TOUCH OF QUALITY DRY CLEANERS OF DADE CITY
Street Address: 7127 PEBBLE PASS LOOP
City: LAKELAND County: POLK Zip Code: 33810
8. Responsible Official Telephone Number:
Telephone: (941) 858 - 7538 Fax: (941) 815 - 9273
OFFICE 352-521-7030

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: ( ) -

RECEIVED
FEB 10 1997
Bureau of Air Monitoring & Mobile Sources

RECEIVED
SEP 3 1996
Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#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	8-18-95	8-18-95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed [____]

(c) No control devices are required to be installed [N/A]

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
[97.9] 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 source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Existing small area source [____] New small area source [X]

Existing large area source [____] New large area source [____]

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source			
Carbon adsorber	[ ]	Refrigerated condenser	[ ]
New small area source			
Refrigerated condenser	[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	[X]
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	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	[ ]
(e) Instrument calibration	[ ]
(f) Start-up, shutdown, malfunction plan	[X]

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

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.

Sharon E. Hoffman — Signature — August 26, 1996 — Date

Sharon E. Hoffman February 4, 1997

#1010338

P. 13

7. add org / firm name

P. 14

1. (a) add date control device installed

1. (c) should not be marked

P. 15

(f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
STEPHEN HOFFMAN
SHARON HOFFMAN TOUCH OF QUALITY DRY CLEANERS OF DADE CITY

2. Site Name (For example, plant name or number):
TOUCH OF QUALITY DRY CLEANERS OF DADE CITY

3. Hazardous Waste Generator Identification Number:
FLD CES0 G

4. Facility Location:
Street Address: 37948 E. MERIDIAN AVE.
City: DADE CITY County: PASCO Zip Code: 33525

5. Facility Identification Number (DEP Use): 1010338

Responsible Official

6. Name and Title of Responsible Official:
SHARON HOFFMAN OWNER.

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 7127 PEBBLE PASS LOOP
City: LAKELAND County: POLK Zip Code: 33810

8. Responsible Official Telephone Number:
Telephone: (941) 858 - 7538 Fax: (941) 815 - 9273
OFFICE 352-521-7030

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: ( ) -

RECEIVED
SEP 3 1996
Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#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	8-18-95							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed [____]

(c) No control devices are required to be installed [X]

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
[redacted] 97.9] 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 source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Existing small area source [____] New small area source [X]

Existing large area source [____] New large area source [____]

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source
Carbon adsorber [ ] Refrigerated condenser [ ]

New small area source
Refrigerated condenser [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 [X]
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 [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Instrument calibration [ ]

(f) Start-up, shutdown, malfunction plan [ ]

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

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.

Sharon E. Hoffman
Signature

August 26, 1996
Date

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: _____ TIME OUT: _____ AIRS ID#: 1010338

TYPE OF FACILITY: DC

FACILITY NAME: Touch of Quality Cleaners DATE: 2/4/97

FACILITY LOCATION: 37948 E. Meridian Ave

Dade City Fl 33525 352

RESPONSIBLE OFFICIAL: Sharon Hoffman PHONE NUMBER: ~~813~~ 521-7030

[X] 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

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES [X] NO [ ]

DATE OF NEXT INSPECTION: Feb 98
(Approximate)

INSPECTION CONDUCTED BY: Margaret Cangro
(Please Print)

INSPECTOR'S SIGNATURE: Margaret Cangro PHONE NUMBER: 813/744/6100 x125

AIRS ID#: 1010338

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touch of Quality Dry Cleaners of Dade City DATE: 2/4/97

FACILITY LOCATION: 37948 E. Meridian Ave
Dade City Fl 33525

Annual Reporting Period: Sept 1 1996 TO Feb 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. ☒ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

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 continuous 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 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: SHARON E. HOFFMAN (Name Please Print) Sharon E Hoffman (Signature) 2-4-97 (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.

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1010338 DATE: 2/4/97 TIME IN: _____ TIME OUT: _____

FACILITY NAME: Touch of Quality Cleaners

FACILITY LOCATION: 37948 E. Meridian Ave.
Dade City, Fl 33525

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96 ☒
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use general permit ☐

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)

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 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed before 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)

This is a correct facility classification ☒Y ☐N

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

ADDITIONAL SITE INFORMATION:

Sovrana
Model SF 353
serial # 18081/95

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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? ☐Y ☐N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☐N

   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? ☐Y ☐N ☐N/A

   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ☐Y ☐N

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? ☒Y ☐N
2. Maintained rolling monthly averages of perc consumption? ☒Y ☐N
3. Maintained leak detection inspection and repair reports for the following:
   a. documentation of leaks repaired w/in 24 hrs? or; ☒Y ☐N
   b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ☒Y ☐N
4. Maintained calibration data? *(for direct reading instruments only)* ☐Y ☐N ☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations? ☐Y ☐N N/A
6. Maintained startup/shutdown/malfunction plan? ☒Y ☐N
7. Maintained deviation reports? ☒Y ☐N
   Problem corrected? ☒Y ☐N
8. Maintained compliance plan, if applicable? ☐Y ☐N ☒N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? ☒Y ☐N

2. 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)	☐

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	☐Y ☐N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
d. Kept in a clean and secure area when not in use?	☐Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y ☐N

3. Has the facility maintained a leak log? ☐Y ☐N

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

Hose connections, fittings, couplings, and valves	☒Y	☐N	Muck cookers	☒Y	☐N
Door gaskets and seating	☒Y	☐N	Stills	☒Y	☐N
Filter gaskets and seating	☒Y	☐N	Exhaust dampers	☒Y	☐N
Pumps	☒Y	☐N	Diverter valves	☒Y	☐N
Solvent tanks and containers	☒Y	☐N	Cartridge filter housings	☒Y	☐N
Water separators	☒Y	☐N			

Sharon Hoffman
Name of Responsible Official

Margaret Cangro
Inspector's Name (Please Print)

Margaret Cangro
Inspector's Signature

2/4/97
Date of Inspection

Feb '98
Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1010338 DATE: 2/4/99 TIME IN: 1:40 TIME OUT: 2:10

FACILITY NAME: Touch of Quality - Dade

FACILITY LOCATION: 37948 E. Meridian Ave
Dade City 33525

RESPONSIBLE OFFICIAL: Sharon Hoffman PHONE: 352/521-7030

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ 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 ≤ 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)

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)

5. This is a correct facility classification ☒Y ☐N ☐Can not determine

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 59 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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?	☐Y ☐N
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 ☐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, 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?	☐Y ☐N
2. Maintained rolling monthly total of perc consumption?	☐Y ☐N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	☐Y ☐N ☐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?	☐Y ☐N ☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☐N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☐N/A
6. Maintained startup/shutdown/malfunction plan?	☐Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☐N/A
Problem corrected?	☐Y ☐N ☐N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☐N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☒Y ☐N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☒Y ☐N ☐N/A	Muck cookers	☒Y ☐N ☐N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☒Y ☐N ☐N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☒Y ☐N ☐N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☒Y ☐N ☐N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☒Y ☐N ☐N/A		

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

Visual examination (condensed solvent on exterior surfaces)	☒
Physical detection (airflow felt through gaskets)	☒
Odor (noticeable perc odor)	☒
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	☐
Halogen leak detector	☐
If using direct-reading instrumentation, is the equipment:	☒N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	☐Y ☐N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
d. Kept in a clean and secure area when not in use?	☐Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y ☐N

MARGARET CANGRO
Inspector's Name (Please Print)

2-4-99
Date of Inspection

Margaret Cangro
Inspector's Signature

Feb 2000
Approximate Date of Next Inspection

AIRS ID#: 1010338

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touch of Quality - Dade **DATE:** 2-4-99

FACILITY LOCATION: 37948 E. Meridian Ave
Dade City, FL 33525

Annual Reporting Period: 2-10-98 TO 2-4-99

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. ☒ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED
FEB 15 1999
Bureau of Air Monitoring & Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable 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: Sharon Hoffman (Name (Please Print)) Sharon E Hoffman (Signature) 2/4/99 (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#: 1010338 ✓

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touch of Quality Cleaners DATE: 2/9/98

FACILITY LOCATION: 37948 E. Meridian Ave.
Dade City, FL 33525

Annual Reporting Period: 2-1 1997 TO 2-9 1998

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. ☒YES ☐NO

If NO, complete the following:

0

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED
FEB 13 1998
Bureau of Air Monitoring & Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable 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: Sharon Hoffman Sharon E. Hoffman 2/9/98
Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1010338 DATE: 2/9/98 TIME IN: 10:30 TIME OUT: 11:05

FACILITY NAME: Touch Of Quality Cleaners

FACILITY LOCATION: 37948 E. Meridian Ave
Dade City 33525

RESPONSIBLE OFFICIAL: Sharon Hoffman PHONE: 352/521-7030

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ 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 ≤ 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)

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)

5. This is a correct facility classification ☒Y ☐N ☐Can not determine

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 55 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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?	☐Y	☐N	
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	☐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, 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?	☒Y	☐N	
2. Maintained rolling monthly averages of perc consumption?	☒Y	☐N	
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	☒Y	☐N	☐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?	☐Y	☐N	☒N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☒N/A
6. Maintained startup/shutdown/malfunction plan?	☒Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☒N/A
Problem corrected?	☐Y	☐N	☒N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☒N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☒Y ☐N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☒Y ☐N ☐N/A	Muck cookers	☒Y ☐N ☐N/A
Door gaskets and seating	☐Y ☐N ☐N/A	Stills	☐Y ☐N ☐N/A
Filter gaskets and seating	☐Y ☐N ☐N/A	Exhaust dampers	☐Y ☐N ☐N/A
Pumps	☐Y ☐N ☐N/A	Diverter valves	☐Y ☐N ☐N/A
Solvent tanks and containers	☐Y ☐N ☐N/A	Cartridge filter housings	☐Y ☐N ☐N/A
Water separators	☐Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☒
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☒
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐
   - **If using direct-reading instrumentation, is the equipment:** ☒N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

MARGARET CANGRO
Inspector's Name (Please Print)

2/9/98
Date of Inspection

Margaret Cangro
Inspector's Signature

Feb 99
Approximate Date of Next Inspection

AIRS ID#: 1010338-

ACC

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED
FEB 17 2000
Bureau of Air Monitoring & Mobile Sources

FACILITY NAME: Touch of Quality Cleaners DATE: 2/3/00

FACILITY LOCATION: 37948 E. Meridian Ave.
Dade City, FL 33525

Annual Reporting Period: 11-1-1999 TO 2-3-2000

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. ☐ YES ☒ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Notification for Title V General Permit

Exact period of non-compliance: from 11-1-99 to 2-3-2000

Action(s) taken to achieve compliance: Completed notification form.

Method used to demonstrate compliance: Notification filed

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable 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: Sandra S. Powell (Name (Please Print)) Sandra S. Powell (Signature) 2/11/00 (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.

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1010338 DATE: 2/3/00 TIME IN: 10:30 TIME OUT: 12:50

FACILITY NAME: Touch of Quality Cleaners

FACILITY LOCATION: 37948 E. Meridian Ave
Dade City, FL 33525

RESPONSIBLE OFFICIAL: Sandra Powell PHONE: 352/521-7030

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ 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 ≤ 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)

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)

5. This is a correct facility classification ☒Y ☐N ☐Can not determine

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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?	☐Y	☐N	
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	☐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, 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?	☒Y	☐N	
2. Maintained rolling monthly total of perc consumption?	☒Y	☐N	
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	☒Y	☐N	☐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?	☒Y	☐N	☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☒N/A
6. Maintained startup/shutdown/malfunction plan?	☒Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☒N/A
Problem corrected?	☐Y	☐N	☒N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☒N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☒Y ☐N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☒Y ☐N ☐N/A	Muck cookers	☒Y ☐N ☐N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☒Y ☐N ☐N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☒Y ☐N ☐N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☒Y ☐N ☐N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☒Y ☐N ☐N/A		

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

- Visual examination (condensed solvent on exterior surfaces) ☒
- Physical detection (airflow felt through gaskets) ☒
- Odor (noticeable perc odor) ☒
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
- Halogen leak detector ☐
- **If using direct-reading instrumentation, is the equipment:** ☒N/A
  - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
  - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
  - c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
  - d. Kept in a clean and secure area when not in use? ☐Y ☐N
  - e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

MARGARET CANGRO
Inspector's Name (Please Print)

2/3/00
Date of Inspection

Margaret Cangro
Inspector's Signature

Feb 2001
Approximate Date of Next Inspection

SENDER: *COMPLETE THIS SECTION*

- 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.

1. Article Addressed to:

10 AIRS ID # 1010338001AG
SHARON HOFFMAN
TOUCH OF QUALITY DRY CLEANERS OF DADE CY
37948 MERIDIAN AVE
DADE CITY FL 33525

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*

B. Date of Delivery 8/17/01

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0020 9372 9613

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

7000 0520 0020 9372 9613

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

10 AIRS ID # 1010338001AG
SHARON HOFFMAN
TOUCH OF QUALITY DRY CLEANERS OF DADE CY
37948 MERIDIAN AVE
DADE CITY FL 33525

by mailer

PS Form 3800, January 2000 See Reverse for Instructions

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259247

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

RECEIVED
MAIL ROOM
JAN 29 97

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID# 1010338
TOUCH OF QUALITY DRY CLEANERS OF
DADE CITY
SHARON HOFFMAN
7127 PEBBLE PASS LOOP
LAKELAND FL 33810

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

TOUCH OF QUALITY DRY CLEANERS

Florida Dept of Env

Check Number: 100937
Check Date: Jan 25, 1997

Check Amount: $50.00

Item to be Paid - Description	Discount Taken	Amount Paid
AP010197		50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0358086

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

RECEIVED
MAIL ROOM
JAN 22 9

Do NOT Remove Label

AIRS ID # 1010338
TOUCH OF QUALITY DRY CLEANERS OF DADE CY
SHARON HOFFMAN
7127 PEBBLE PASS LOOP
LAKELAND FL 33810

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

TOUCH OF QUALITY DRY CLEANERS

Florida Dept of Env

Check Number: 102011
Check Date: Jan 18, 1999

Check Amount: $50.00

Item to be Paid - Description	Discount Taken	Amount Paid
AGP120198		50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301451

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

RECEIVED
MAIL ROOM
JAN 30 98

TOTAL AMOUNT DUE: $50.00

RECEIVED
FEB 3 1998
Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID#1010338
SHARON HOFFMAN
SHARON HOFFMAN
7127 PEBBLE PASS LOOP
LAKELAND FL 33810

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

TOUCH OF QUALITY DRY CLEANERS

Florida Dept of Env

Check Number: 101460
Check Date: Jan 27, 1998

Check Amount: $50.00

Item to be Paid - Description	Discount Taken	Amount Paid
AIRS		50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING ✓ 0391060

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

TOTAL AMOUNT DUE: $50.00

Please change!

Do NOT Remove Label

AIRS ID # 1010338
TOUCH OF QUALITY DRY CLEANERS ~~OF~~
~~DADE CY~~ INC.
~~SHARON HOFFMAN~~ 37948 Meridian Ave
~~7127 PEBBLE PASS LOOP~~
~~LAKELAND FL 33810~~ Dade City FL 33525

RECEIVED
MAIL ROOM
JAN 14 00

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273