Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

June 17, 1999

Ms. Anna Herig
Tower Oaks
12119 Little Road
Hudson, Florida 34667

Re: Facility No.: 1010370

Dear Ms. Herig:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 4, 1999.

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

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

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

If there are any changes in the facility status, including change of operating parameters or equipment, of 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 Fernandez, Southwest District

1010370

6/15/99 Spoke to Anna Herig and she stated that she and her daughter are co-owners of Tower Oaks.

p 13

6. Title: Mark out title of court payable and add Co-owner.

p16

Responsible Official sign and date for changes made.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Anna Heri

2. Site Name (For example, plant name or number): Tower Oaks

3. Hazardous Waste Generator Identification Number:

4. Facility Location:
   Street Address: 12719 Little Rd
   City: Hudson County: Pasco Zip Code: 34667

5. Facility Identification Number (DEP Use ONLY - do not fill in): 1010370

RECEIVED
JUN - 4 1999
Bureau of Air Monitoring & Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:
   Name: Anna Heri Title: Count-Payable

7. Responsible Official Mailing Address:
   Organization/Firm: Same as above
   Street Address: 12719 Little Rd.
   City: Hudson County: PASCO Zip Code: 34667

8. Responsible Official Telephone Number:
   Telephone: (727) 868-9155 Fax: ( ) -
   (352) 684-0033

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: ( ) -

Facility Information

1.(a) **DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site? [1]

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
9/92	Existing/New	RC/CA/None required	same
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) **TRANSFER MACHINES ONLY**

How many washers do you have on-site? [X 0]

How many dryers/reclaimers do you have on-site? [X]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	same
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[35] gallons (You must fill this in)

(b) If less than 12 months, how many? [10] months

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

New store: [ ] New machine [ ]

Unopened store [ ] (date of expected opening _____)

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.)

Small Area Source [✓]

Dry-to-dry machines only on-site ✓	(used less than 140 gallons of perc per year)
Transfer only on-site	(used less than 200 gallons of perc per year)
Both machine types on-site	(used less than 140 gallons of perc per year)

Large Area Source [ ]

Dry-to-dry machines only on-site	(used 140 - 2,100 gallons of perc per year)
Transfer only on-site	(used 200 - 1,800 gallons of perc per year)
Both machine types on-site	(used 140 - 1,800 gallons of perc per year)

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

Existing machines at small area source	New machines at small area source
(NONE REQUIRED) [ ]	Refrigerated condenser [X]
Existing machines at large area source	New machines at large area source
Carbon adsorber [ ]	Refrigerated condenser [ ]
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 (see attached memo for the criteria).

All steam and hot water generating units exempt [ ] **OR**
No such units on-site [X]

How many boilers do you have on-site? [ ]

For each boiler, indicate its horsepower (HP) rating: [ ] [ ] [ ]

What type of fuel do you use?

[ ] propane	[ ] natural gas
[ ] No. 2 fuel oil	[ ] No. 4 fuel oil
[ ] No. 6 fuel oil	[X] Other (please list) Electric

6. 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/solvent addition log [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Startup, shutdown, malfunction plan [X]

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

[___] I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____.

[X] No DEP 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.

Anna Herig ANNA HERIG

Print name of responsible official

Anna Herig

Signature

May 20, 1999

Date

File

1010370

CONDENSER TEMP LOG

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
		(Y) N
		(Y) N
		(Y) N
		(Y) N
		(Y) N

MARCH 1999
RC PURCHASES RUNNING TOTAL

TOTAL FROM LAST MONTH	5 gal
SUBTRACT PERC PURCHASED MARCH 1998	-
SUBTOTAL	

PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
2-9	+	.
	+	

NOTES

INSPECTIONS

Tower oaks Chemicals

INSPECTED	LEAKING? DATE					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	2-	(N) Y	N Y	N Y	N Y	N Y			
HOSES	(N) Y	(N) Y	N Y	N Y	N Y			
DOOR	(N) Y	(N) Y	N Y	N Y	N Y			
PUMP	(N) Y	(N) Y	N Y	N Y	N Y			
SOLVENT TANK	(N) Y	(N) Y	N Y	N Y	N Y			
WATER SEPARATOR	(N) Y	(N) Y	N Y	N Y	N Y			
MUCK COOKER	(N) Y	(N) Y	N Y	N Y	N Y			
STILL	(N) Y	(N) Y	N Y	N Y	N Y			
EXHAUST DAMPER	(N) Y	(N) Y	N Y	N Y	N Y			
DIVERTER VALVE	(N) Y	(N) Y	N Y	N Y	N Y			
FILTER GASKET	(N) Y	(N) Y	N Y	N Y	N Y			
CARTRIDGE FILTER	(N) Y	(N) Y	N Y	N Y	N Y			
WASTE CONTAINERS	(N) Y	(N) Y	N Y	N Y	N Y	LABLED Y N	DATED Y N	

FEBRUARY 1999

CONDENSER TEMP LOG

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
	400	(Y) N
	40°	(Y) N
		Y N
		Y N
		Y N

PERC PURCHASES RUNNING TOTAL

TOTAL FROM LAST MONTH	5 gal
SUBTRACT PERC PURCHASED FEBRUARY 1998	-
SUBTOTAL	

PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
1-9	+	
	+	

NOTES

INSPECTIONS

Tower Oaks Cleaners

INSPECTED	LEAKING?	DATE				DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
HOSES	N Y	N Y	N Y	N Y	N Y			
DOOR	N Y	N Y	N Y	N Y	N Y			
PUMP	N Y	N Y	N Y	N Y	N Y			
SOLVENT TANK	N Y	N Y	N Y	N Y	N Y			
WATER SEPARATOR	N Y	N Y	N Y	N Y	N Y			
MUCK COOKER	N Y	N Y	N Y	N Y	N Y			
STILL	N Y	N Y	N Y	N Y	N Y			
EXHAUST DAMPER	N Y	N Y	N Y	N Y	N Y			
DIVERTER VALVE	N Y	N Y	N Y	N Y	N Y			
FILTER GASKET	N Y	N Y	N Y	N Y	N Y			
CARTRIDGE FILTER	N Y	N Y	N Y	N Y	N Y			
WASTE CONTAINERS	N Y	N Y	N Y	N Y	N Y	LABLED Y N	DATED Y N	

JANUARY 1999

CONDENSER TEMP LOG

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
1-4	40°	(Y) N
1-11	40°	(Y) N
1-18	40°	(Y) N
1-25	40°	(Y) N
	40°	(Y) N

PERC PURCHASES RUNNING TOTAL

TOTAL FROM LAST MONTH		
SUBTRACT PERC PURCHASED JANUARY 1998	-	
SUBTOTAL		

PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
1-12	+ -	
	+	

NOTES

← I like this - always 40° - even when they don't check it!

INSPECTIONS

Tower Oaks Cleaners

INSPECTED	LEAKING? DATE					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
HOSES	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
DOOR	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
PUMP	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
SOLVENT TANK	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
WATER SEPARATOR	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
MUCK COOKER	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
STILL	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
EXHAUST DAMPER	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
DIVERTER VALVE	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
FILTER GASKET	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
CARTRIDGE FILTER	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
WASTE CONTAINERS	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
						LABLED Y N	DATED Y N	

MAY 1999

CONDENSER TEMP LOG

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
		Y N
		Y N
		Y N
		Y N
		Y N

PERC PURCHASES RUNNING TOTAL

TOTAL FROM LAST MONTH	5 gal
SUBTRACT PERC PURCHASED MAY 1998	- 5
SUBTOTAL	

PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
	+	
	+	

NOTES

Note:
FAXED on 5/20 -
but completed for
the whole month!

INSPECTIONS

Tower Oaks Cleaners

INSPECTED	LEAKING? DATE					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
HOSES	N Y	N Y	N Y	N Y	N Y			
DOOR	N Y	N Y	N Y	N Y	N Y			
PUMP	N Y	N Y	N Y	N Y	N Y			
SOLVENT TANK	N Y	N Y	N Y	N Y	N Y			
WATER SEPARATOR	N Y	N Y	N Y	N Y	N Y			
MUCK COOKER	N Y	N Y	N Y	N Y	N Y			
STILL	N Y	N Y	N Y	N Y	N Y			
EXHAUST DAMPER	N Y	N Y	N Y	N Y	N Y			
DIVERTER VALVE	N Y	N Y	N Y	N Y	N Y			
FILTER GASKET	N Y	N Y	N Y	N Y	N Y			
CARTRIDGE FILTER	N Y	N Y	N Y	N Y	N Y			
WASTE CONTAINERS	N Y	N Y	N Y	N Y	N Y	LABLED Y N	DATED Y N	

APRIL 1999

CONDENSER TEMP LOG

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
		Y N
		Y N
		Y N
		Y N
		Y N

PERC PURCHASES RUNNING TOTAL

TOTAL FROM LAST MONTH	5
SUBTRACT PERC PURCHASED APRIL 1998	- 5
SUBTOTAL	

PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
	+	
	+	

NOTES

INSPECTIONS

Tower Oaks Cleaners

INSPECTED	LEAKING? DATE					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
HOSES	N Y	N Y	N Y	N Y	N Y			
DOOR	N Y	N Y	N Y	N Y	N Y			
PUMP	N Y	N Y	N Y	N Y	N Y			
SOLVENT TANK	N Y	N Y	N Y	N Y	N Y			
WATER SEPARATOR	N Y	N Y	N Y	N Y	N Y			
MUCK COOKER	N Y	N Y	N Y	N Y	N Y			
STILL	N Y	N Y	N Y	N Y	N Y			
EXHAUST DAMPER	N Y	N Y	N Y	N Y	N Y			
DIVERTER VALVE	N Y	N Y	N Y	N Y	N Y			
FILTER GASKET	N Y	N Y	N Y	N Y	N Y			
CARTRIDGE FILTER	N Y	N Y	N Y	N Y	N Y			
WASTE CONTAINERS	N Y	N Y	N Y	N Y	N Y	LABLED Y N	DATED Y N	

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 1010370 DATE: 8/10/99 TIME IN: 10:35 TIME OUT: 11:05
FACILITY NAME: Tower Oaks Cleaners
FACILITY LOCATION: 12119 Little Rd
Hudson, FL
RESPONSIBLE OFFICIAL: Anne Herig PHONE: 352-684-0033
CONTACT NAME: _____ PHONE: 727-868-9155

RECEIVED
AUG 12 1999
Bureau of Air Monitoring & Mobile Sources

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 45 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)

8/10/99
Date of Inspection

Margaret Cangro
Inspector's Signature

Dec 1999
Approximate Date of Next Inspection

Neil and Spencer
Sprint Serial # 3155 Model 160P

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID# 1010370 DATE: 12/6/99 TIME IN: 10:35 TIME OUT: 11:00

FACILITY NAME: Tower Oaks Cleaners

FACILITY LOCATION: 12119 Little Rd
Hudson, FL 34667

RESPONSIBLE OFFICIAL: Anne Nevig PHONE: 352/684-0033

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 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)

12/6/99
Date of Inspection

Margaret Cangro
Inspector's Signature

Will Call
Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 1010370 DATE: 12/3/98 TIME IN: 12:05 TIME OUT: 12:40

FACILITY NAME: Tower Oaks Cleaners

FACILITY LOCATION: 12119 Little Rd
Hudson, FL 34667

RESPONSIBLE OFFICIAL: Anna Herig PHONE: 813 868 9155

CONTACT NAME: _____ PHONE: _____

RECEIVED
DEC - 8 1998
Bureau of Air Monitoring & Mobile Sources

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 _____ gallons. 2

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)

12/3/98
Date of Inspection

Margaret Cangro
Inspector's Signature

Feb 99
Approximate Date of Next Inspection

Tower Oaks Cleaners
12119 Little Rd.
Hudson, FL 34667

March 16, 2000

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

Re: General Permit #1010370

Please note that effective March 1, 2000, Anne Herig is no longer the responsible official for Tower Oaks Cleaners. Please change your records to reflect the new responsible official; Doug Heimbuch.

Thank you for your assistance.

Sincerely,

Doug Heimbuch

AIRS ID#: 1010370

Acc

DEP

Revised 10/10/96

MAR 24 2000

Southwest District Tampa

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Tower Oaks Cleaners DATE: 3/16/00

FACILITY LOCATION: 12119 Little Rd.
Hudson, FL 34667

Annual Reporting Period: 12-3-1998 TO 3-16-2000

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:
Recordkeeping for refrigerated Condenser and leak Checks

Exact period of non-compliance: from 12-3-98 to 3-16-00

Action(s) taken to achieve compliance: All records centralized and recorded weekly.

Method used to demonstrate compliance: Logs (DEP Calendar)

#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: DOUG HEIMBUCH 3/16/00
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.

BEST AVAILABLE COPY

Fold at line over top of envelope to the right of the return

SENDER: COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by *(Please Print Clearly)* | B. Date of Delivery 2-26-01

C. Signature

X [signature] ☐ Agent ☐ Addressee

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

1. Article Addressed to:

AIRS ID # 1010370
TOWER OAKS
ANNA HERIG
2119 LITTLE ROAD
HUDSON FL 34667

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)*
Z 210 662 382

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 210 662 382

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to
AIRS ID # 1010370
TOWER OAKS
ANNA HERIG
12119 LITTLE ROAD
HUDSON FL 34667

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

392960

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

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 1010370
TOWER OAKS
ANNA HERIG
12119 LITTLE ROAD
HUDSON FL 34667

Bureau of Air Monitoring & Mobile Sources

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MAR - 3 2000

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