

1050281



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 23, 1996

Mr. Frank A. Savoie  
Central Florida Enterprises  
212 Main Street  
Auburndale, Florida 33823

Dear Mr. Savoie:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 1996.

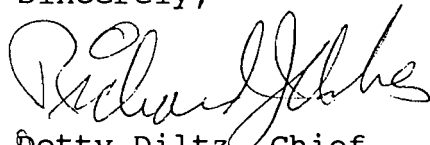
Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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):	CENTRAL FLORIDA ENTERPRISES
2. Site Name (For example, plant name or number):	SHEAROUSE CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 984 170 480
4. Facility Location: Street Address: City:                      County:                      Zip Code:	212 MAIN ST AUBURNDALE                      POLK FL                      33823
5. Facility Identification Number (DEP Use):	1050281

## Responsible Official

6. Name and Title of Responsible Official:	FRANK A. SAVOIE, OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:                      County:                      Zip Code:	CENTRAL FLORIDA ENTERPRISES 212 MAIN ST AUBURNDALE                      POLK FL                      33823
8. Responsible Official Telephone Number: Telephone:                      Fax:	941) 967-2287                      (941) 967-2287

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:  Street Address: City:                      County:                      Zip Code:	
11. Facility Contact Telephone Number: Telephone:                      Fax:	(     )                      -                      (     )                      -

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AUG 21 1996

**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
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	<i>1</i>	<i>7-Sept94</i>	<i>2-Sept94</i>						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months  
 Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's 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

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

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt   
No such units on-site

*Deisel fuel wt less than 1% Sulfur  
See MSDS sheet*

*Must Be  
Less than 1% Sulfur -*

**Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration 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) \_\_\_\_\_

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.*

*Frank Savio*  
Signature \_\_\_\_\_ Date 8-19-96  
*Frank Savio* \_\_\_\_\_ Date 1-28-97

# Perchloroethylene Dry Cleaning Facility Notification

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#1050281

9-6 Spoke to Frank  
Savoie, he is the  
owner

p. 13

6. add title - owner

p. 14

1 (c) should not be marked

p. 15

5. uses bet 2500-3000  
gal per year of  
diesel fuel

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- |   |   |
|---|---|
| Existing small area source <input type="checkbox"/> | New small area source <input checked="" type="checkbox"/> |
| Existing large area source <input type="checkbox"/> | New large area source <input type="checkbox"/>            |



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*2500 - 3000  
 gal per/yr*

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*I will promptly notify the Department of any changes to the information contained in this notification.*

Frank Savio  
Signature

8-19-96  
Date



*Low Sulfur*

MATERIAL SAFETY DATA SHEET

PRODUCT NAME: MARATHON NO. 2 FUEL OIL (0.05% SULFUR MAX)  
 MSDS NO: 246MAR001

THE FOLLOWING INFORMATION IS FURNISHED SUBJECT TO THE DISCLAIMER ON THE BOTTOM OF THIS FORM

**1. CHEMICAL PRODUCT AND COMPANY INFORMATION**

PRODUCT NAME: MARATHON NO. 2 FUEL OIL (0.05% SULFUR MAX)

MANUFACTURER / DISTRIBUTOR:  
 MARATHON OIL COMPANY  
 539 SOUTH MAIN STREET  
 FINDLAY, OH 45840

SYNONYMS:  
 LOW SULFUR DIESEL FUEL (0.05%); LOW SULFUR NO. 2 DIESEL FUEL (0.05% SULFUR MAX); LOW SULFUR NO. 2 FUEL OIL (0.05% SULFUR MAX); MARATHON NO. 2 FUEL OIL (0.05% SULFUR MAX); NO. 2 DIESEL FUEL W/0.05 SULFUR MAX; NO. 2 FUEL OIL W/0.05 SULFUR MAX

EMERGENCY PHONE NUMBERS:  
 (800) 424-9300  
 (419) 422-2121

CHEMICAL FAMILY: PETROLEUM HYDROCARBON  
 CHEMICAL FORMULA: MIXTURE  
 PRODUCT CODE: NONE

MSDS INFORMATION: (419) 421-3070  
 MSDS REVISION DATE: 08/14/95

INFORMATION SUPPLIED BY: CRAIG M. PARKER  
 COORDINATOR, TOXICOLOGY AND PRODUCT SAFETY

**2. COMPOSITION / INFORMATION ON INGREDIENTS**

PRODUCT INFORMATION:

MARATHON NO. 2 FUEL OIL (0.05% SULFUR MAX) (CAS # 64741-44-2) IS A/AN COMPLEX MIXTURE OF PARAFFINIC, CYCLOPARAFFINIC, OLEFINIC AND AROMATIC HYDROCARBONS (PREDOMINANTLY C11 THROUGH C20).

<u>COMPONENTS:</u>	<u>PERCENT RANGE</u>	<u>CAS NUMBER</u>
SATURATED HYDROCARBONS (PARAFFINS AND CYCLOPARAFFINS)	54.00- 85.00	MIXTURE
AROMATIC HYDROCARBONS	15.00- 45.00	MIXTURE
UNSATURATED HYDROCARBONS (OLEFINS)	1.00- 6.00	MIXTURE
SULFUR	< 0.05	7704-34-9
BENZENE	< 0.01	71-43-2

EXPOSURE GUIDELINES

<u>LIMIT</u>	<u>TYPE</u>	<u>SOURCE</u>
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PRODUCT:

MARATHON NO. 2 FUEL OIL (0.05% SULFUR MAX) NONE ESTABLISHED

COMPONENTS:

SATURATED HYDROCARBONS NONE ESTABLISHED



MATERIAL SAFETY DATA SHEET

PRODUCT NAME: MARATHON NO. 2 FUEL OIL (0.05% SULFUR MAX)
MSDS NO: 246MAR001

2. COMPOSITION / INFORMATION ON INGREDIENTS (CON'T)

Table with 4 columns: EXPOSURE GUIDELINES, LIMIT, TYPE, SOURCE. Rows include AROMATIC HYDROCARBONS, UNSATURATED HYDROCARBONS, SULFUR, BENZENE, and OSHA ACTION LEVEL.

3. HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW
NO. 2 FUEL OIL IS A CLEAR TO AMBER, COMBUSTIBLE, HYDROCARBON LIQUID.
WARNING!
COMBUSTIBLE LIQUID
ASPIRATION (INADVERTENT SUCTION) OF LIQUID INTO THE LUNGS CAN PRODUCE CHEMICAL PNEUMONIA OR EVEN DEATH
PRODUCES SKIN IRRITATION UPON PROLONGED OR REPEATED CONTACT

POTENTIAL HEALTH EFFECTS

EYE:

SHORT-TERM LIQUID OR VAPOR CONTACT MAY RESULT IN SLIGHT EYE IRRITATION.

SKIN:

PROLONGED OR REPEATED LIQUID CONTACT CAN CAUSE DEFATTING AND DRYING OF THE SKIN WHICH MAY PRODUCE SEVERE IRRITATION OR DERMATITIS.

INHALATION:

HIGH VAPOR CONCENTRATIONS MAY PRODUCE HEADACHE, GIDDINESS, VERTIGO, AND ANESTHETIC STUPOR.



## MATERIAL SAFETY DATA SHEET

PAGE 3 OF 8

PRODUCT NAME: MARATHON NO. 2 FUEL OIL (0.05% SULFUR MAX)  
MSDS NO: 246MAR001

**3. HAZARDS IDENTIFICATION (CON'T)**INGESTION:

INGESTION MAY RESULT IN NAUSEA, VOMITING, DIARRHEA AND RESTLESSNESS. ASPIRATION (INADVERTENT SUCTION) OF LIQUID INTO THE LUNGS MUST BE AVOIDED AS EVEN SMALL QUANTITIES IN THE LUNGS CAN PRODUCE CHEMICAL PNEUMONITIS, PULMONARY EDEMA/HEMORRHAGE AND EVEN DEATH.

CARCINOGEN LISTING:

THE INTERNATIONAL AGENCY FOR RESEARCH ON CANCER (IARC) HAS DETERMINED THAT THERE IS INADEQUATE EVIDENCE FOR THE CARCINOGENICITY OF FUEL OIL IN HUMANS.

IARC HAS DETERMINED THAT THERE IS SUFFICIENT EVIDENCE FOR THE CARCINOGENICITY IN EXPERIMENTAL ANIMALS OF WHOLE ENGINE EXHAUST AND EXTRACTS OF DIESEL ENGINE EXHAUST PARTICLES. IARC DETERMINED THAT THERE IS ONLY LIMITED EVIDENCE FOR THE CARCINOGENICITY IN HUMANS OF DIESEL ENGINE EXHAUST. HOWEVER, IARC'S OVERALL EVALUATION HAS RESULTED IN THE IARC DESIGNATION OF DIESEL ENGINE EXHAUST AS PROBABLY CARCINOGENIC TO HUMANS (GROUP 2A) BECAUSE OF THE PRESENCE OF CERTAIN ENGINE EXHAUST COMPONENTS.

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE:

PREEXISTING SKIN CONDITIONS AND RESPIRATORY DISORDERS MAY BE AGGRAVATED BY EXPOSURES TO COMPONENTS OF FUEL OILS.

**4. FIRST AID MEASURES**EYE:

FLUSH EYES WITH LARGE AMOUNTS OF WATER FOR AT LEAST 15 MINUTES. IF SYMPTOMS OR IRRITATION OCCUR, CALL A PHYSICIAN.

SKIN:

WASH WITH SOAP AND LARGE AMOUNTS OF WATER. REMOVE CONTAMINATED CLOTHING. IF SYMPTOMS OR IRRITATION OCCUR, CALL A PHYSICIAN.

INHALATION:

MOVE PERSON TO FRESH AIR. IF NOT BREATHING, GIVE ARTIFICIAL RESPIRATION. CALL A PHYSICIAN.

INGESTION:

DO NOT INDUCE VOMITING. DO NOT GIVE LIQUIDS. IMMEDIATELY CALL A PHYSICIAN.

**Marathon  
Oil Company**

## MATERIAL SAFETY DATA SHEET

PAGE 4 OF 8

PRODUCT NAME: MARATHON NO. 2 FUEL OIL (0.05% SULFUR MAX)  
MSDS NO: 246MAR001**4. FIRST AID MEASURES (CON'T)**NOTES TO PHYSICIAN:

NO DATA AVAILABLE.

**5. FIRE FIGHTING MEASURES**FLAMMABLE PROPERTIES:FLASH POINT: 130 (MIN) F  
AUTOIGNITION TEMP: C.A. 494 F  
EXPLOSIVE LIMITS (% BY VOLUME IN AIR)  
LOWER: 0.7  
UPPER: 5.0FIRE AND EXPLOSION HAZARDS:

NO DATA AVAILABLE.

EXTINGUISHING MEDIA:

CLASS B FIRE EXTINGUISHING MEDIA SUCH AS HALON, CO2, FOAM OR DRY CHEMICAL CAN BE USED. FIRE FIGHTING SHOULD BE ATTEMPTED ONLY BY THOSE WHO ARE ADEQUATELY TRAINED.

SPECIAL FIRE FIGHTING INSTRUCTIONS:

AVOID USE OF SOLID WATER STREAMS. WATER SPRAY AND FOAM MUST BE APPLIED CAREFULLY TO AVOID FROTHING. AVOID EXCESSIVE APPLICATION. USE WATER SPRAY TO COOL EXPOSED SURFACES.

**6. ACCIDENTAL RELEASE MEASURES**

KEEP PUBLIC AWAY. SHUT OFF SOURCE OF LEAK IF POSSIBLE TO DO SO WITHOUT HAZARD. ELIMINATE ALL IGNITION SOURCES. ADVISE NATIONAL RESPONSE CENTER (800-424-8802) IF PRODUCT HAS ENTERED A WATERCOURSE. ADVISE LOCAL AND STATE EMERGENCY SERVICES AGENCIES, IF APPROPRIATE. CONTAIN LIQUID WITH SAND OR SOIL. RECOVER AND RETURN FREE LIQUID TO SOURCE. USE SUITABLE SORBENTS TO CLEAN UP RESIDUAL LIQUIDS.



**Marathon  
Oil Company**

## MATERIAL SAFETY DATA SHEET

PAGE 5 OF 8

PRODUCT NAME: MARATHON NO. 2 FUEL OIL (0.05% SULFUR MAX)  
MSDS NO: 246MAR001

**7. HANDLING AND STORAGE**

PRODUCT SHOULD BE HANDLED AND STORED IN ACCORDANCE WITH INDUSTRY ACCEPTED PRACTICES. COMPLY WITH ALL APPLICABLE OSHA, NFPA, AND CONSISTENT LOCAL REQUIREMENTS. USE APPROPRIATE GROUNDING AND BONDING PRACTICES. STORE IN PROPERLY CLOSED CONTAINERS THAT ARE APPROPRIATELY LABELED. DO NOT EXPOSE TO HEAT, OPEN FLAME, STRONG OXIDIZERS OR OTHER SOURCES OF IGNITION. AVOID REPEATED AND PROLONGED SKIN CONTACT. EXERCISE GOOD PERSONAL HYGIENE INCLUDING REMOVAL OF SOILED CLOTHING AND PROMPT WASHING WITH SOAP AND WATER.

**8. EXPOSURE CONTROL / PERSONAL PROTECTION**ENGINEERING CONTROLS:

LOCAL OR GENERAL EXHAUST REQUIRED WHEN SPRAYING OR USING AT ELEVATED TEMPERATURES.

PERSONAL PROTECTIVE EQUIPMENT:RESPIRATORY PROTECTION:

USE APPROVED ORGANIC VAPOR CHEMICAL CARTRIDGE OR SUPPLIED AIR RESPIRATORS WHEN MATERIAL PRODUCES VAPORS THAT EXCEED PERMISSIBLE LIMITS OR EXCESSIVE VAPORS ARE GENERATED. OBSERVE RESPIRATOR PROTECTION FACTOR CRITERIA CITED IN ANSI Z88.2 (1992). SELF-CONTAINED BREATHING APPARATUS SHOULD BE USED FOR FIRE FIGHTING.

SKIN PROTECTION:

NEOPRENE, NITRILE OR PVA GLOVES TO PREVENT SKIN CONTACT.

EYE PROTECTION:

NO DATA AVAILABLE.

OTHER PROTECTIVE EQUIPMENT:

USE MECHANICAL VENTILATION EQUIPMENT THAT IS EXPLOSION-PROOF.

**Marathon  
Oil Company**

## MATERIAL SAFETY DATA SHEET

PAGE 6 OF 8

PRODUCT NAME: MARATHON NO. 2 FUEL OIL (0.05% SULFUR MAX)  
MSDS NO: 246MAR001**9. PHYSICAL AND CHEMICAL PROPERTIES**

BOILING POINT: 350-660 F  
MELTING POINT: NO DATA AVAILABLE  
SPECIFIC GRAVITY (H2O=1): C.A. 0.8  
PACKING DENSITY (KG/M3): NO DATA AVAILABLE  
% SOLUBILITY IN WATER: NEGLIGIBLE  
VAPOR DENSITY (AIR=1): 4-5  
VAPOR PRESSURE: 1-10 MM HG @ 100F  
PH INFORMATION: NO DATA AVAILABLE  
% VOLATILES BY VOL: NO DATA AVAILABLE  
EVAPORATION RATE: NO DATA AVAILABLE  
APPEARANCE: CLEAR OR AMBER LIQUID  
ODOR: FUEL OIL  
ODOR THRESHOLD (PPM): NO DATA AVAILABLE

ADDITIONAL PROPERTIES:

NO DATA AVAILABLE.

**10. STABILITY AND REACTIVITY**STABILITY:

THE MATERIAL IS STABLE AT 70 F, 760MM PRESSURE.

CONDITIONS TO AVOID:

EXCESSIVE HEAT, SOURCES OF IGNITION.

HAZARDOUS DECOMPOSITION PRODUCTS:

CARBON MONOXIDE, ALDEHYDES, AROMATICS, OTHER HYDROCARBONS.

INCOMPATIBLE MATERIALS:

OXIDIZERS.

HAZARDOUS POLYMERIZATION:

WILL NOT OCCUR.

CONDITIONS TO AVOID:

NO DATA AVAILABLE.

ADDITIONAL COMMENTS:

NO DATA AVAILABLE.





**Marathon  
Oil Company**

## MATERIAL SAFETY DATA SHEET

PAGE 7 OF 8

PRODUCT NAME: MARATHON NO. 2 FUEL OIL (0.05% SULFUR MAX)  
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**11. TOXICOLOGICAL INFORMATION**

LIFETIME SKIN PAINTING STUDIES IN ANIMALS WITH SIMILAR DISTILLATE FUELS HAVE PRODUCED WEAK TO MODERATE CARCINOGENIC ACTIVITY FOLLOWING PROLONGED AND REPEATED EXPOSURE. REPEATED DERMAL APPLICATION HAS PRODUCED SEVERE IRRITATION AND SYSTEMIC TOXICITY IN SUBACUTE TOXICITY STUDIES. SOME COMPONENTS OF DISTILLATE FUELS, I.E., PARAFFINS AND OLEFINS, HAVE BEEN SHOWN TO PRODUCE A SPECIES SPECIFIC, SEX HORMONAL DEPENDENT KIDNEY LESION IN MALE RATS FROM REPEATED ORAL OR INHALATION EXPOSURE. SUBSEQUENT RESEARCH HAS SHOWN THAT THE KIDNEY DAMAGE DEVELOPS VIA THE FORMATION OF ALPHA-2U-GLOBULIN, A MECHANISM UNIQUE TO THE MALE RAT. HUMANS DO NOT FORM ALPHA-2U-GLOBULIN, THEREFORE, THE KIDNEY EFFECTS RESULTING FROM THIS MECHANISM ARE NOT RELEVANT IN HUMANS. NO. 2 FUEL OIL WAS FOUND TO BE POSITIVE IN A FEW MUTAGENICITY TESTS WHILE NEGATIVE IN THE MAJORITY OF OTHERS. THE EXACT RELATIONSHIP BETWEEN THESE RESULTS AND HUMAN HEALTH IS NOT KNOWN.

DIESEL ENGINE EXHAUST ANIMAL STUDIES - CHRONIC INHALATION STUDIES OF WHOLE DIESEL ENGINE EXHAUST IN MICE AND RATS PRODUCED A SIGNIFICANT INCREASE IN LUNG TUMORS.

**12. ECOLOGICAL INFORMATION**

LIQUID CAN BE TOXIC TO AQUATIC LIFE.

**13. DISPOSAL CONSIDERATIONS**

DISPOSE OF CLEANUP MATERIALS IN ACCORDANCE WITH APPLICABLE LOCAL, STATE AND FEDERAL REGULATIONS.

**14. TRANSPORTATION INFORMATION**

49 CFR 172.101:

PROPER SHIPPING NAME:	FUEL OIL, NO. 2
DOT CLASSIFICATION:	3
DOT IDENTIFICATION NUMBER:	NA 1993
PACKING GROUP:	PG III



MATERIAL SAFETY DATA SHEET

PRODUCT NAME: MARATHON NO. 2 FUEL OIL (0.05% SULFUR MAX)  
 MSDS NO: 246MAR001

15. REGULATORY INFORMATION

SARA TITLE III/SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT OF 1986 - SECTIONS 302, 304, 311, 312 AND 313.

THE FOLLOWING REGULATIONS APPLY TO THIS PRODUCT:

SECTIONS 311 AND 312 - MATERIAL SAFETY DATA SHEET REQUIREMENTS:

40 CFR PART 370 (52 FR 38344 - OCTOBER 15, 1987).

DEPENDING ON LOCAL, STATE, AND FEDERAL REGULATIONS, MATERIAL SAFETY DATA SHEETS (MSDS'S) OR LISTS OF MSDS'S (PRODUCT NAMES) MAY BE REQUIRED TO BE SUBMITTED TO THE STATE EMERGENCY RESPONSE COMMISSION, LOCAL EMERGENCY PLANNING COMMITTEE, AND LOCAL FIRE DEPARTMENT IF YOU HAVE:

10,000 POUNDS OR MORE OF AN OSHA HAZARDOUS SUBSTANCE\* OR  
 500 POUNDS OR THE THRESHOLD PLANNING QUANTITY WHICHEVER IS LESS,  
 OF AN EXTREMELY HAZARDOUS SUBSTANCE.

\* REPORTABLE QUANTITY LEVELS CAN VARY FROM STATE TO STATE AND YEAR TO YEAR DEPENDING ON APPLICABLE STATE AND/OR FEDERAL REGULATIONS.

THIS PRODUCT IS COVERED UNDER THE CRITERIA DEFINED IN OSHA'S HAZARD COMMUNICATION STANDARD 29 CFR 1910.1200 (52 FR 31852 - AUGUST 24, 1987) AND SHOULD BE REPORTED UNDER THE FOLLOWING EPA HAZARD CATEGORIES:

- XX IMMEDIATE (ACUTE) HEALTH HAZARD
- XX DELAYED (CHRONIC) HEALTH HAZARD
- XX FIRE HAZARD
- XX SUDDEN RELEASE OF PRESSURE HAZARD
- XX REACTIVE HAZARD

16. OTHER INFORMATION

NFPA CLASSIFICATION		HMIS CLASSIFICATION		HAZARD RATING
HEALTH:	1	HEALTH:	1	0 - LEAST
FIRE:	2	FIRE:	2	1 - SLIGHT
REACTIVITY:	1	REACTIVITY:	1	2 - MODERATE
OTHER:	-	PERSONAL PROTECTION:	-	3 - HIGH
				4 - EXTREME

COMMENTS:

NO DATA AVAILABLE.

\*\*\* DISCLAIMER \*\*\*

THIS INFORMATION RELATES ONLY TO THE SPECIFIC MATERIAL DESIGNATED AND MAY NOT BE VALID FOR SUCH MATERIAL USED IN COMBINATION WITH ANY OTHER MATERIALS OR IN ANY PROCESS. SUCH INFORMATION IS, TO THE BEST OF MARATHON OIL COMPANY'S KNOWLEDGE AND BELIEF, ACCURATE AND RELIABLE AS OF THE DATE INDICATED. HOWEVER, NO REPRESENTATION, WARRANTY OR GUARANTEE IS MADE AS TO ITS ACCURACY, RELIABILITY OR COMPLETENESS. IT IS THE USER'S RESPONSIBILITY TO SATISFY HIMSELF AS TO THE SUITABLENESS AND COMPLETENESS OF SUCH INFORMATION FOR HIS OWN PARTICULAR USE.

AIRS ID#: 1050281

Revised 10/10/96

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

FACILITY NAME: Central Florida Enterprises DATE: 1/28/97  
 FACILITY LOCATION: 212 Main St.  
Auburndale, FL 33823

Annual Reporting Period: 9-1 1996 TO 1/28 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: FRANK A. SAVOIE Frank Savoie 1-28-97  
 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.

*aw*

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1050281
CENTRAL FLORIDA ENTERPRISES FRANK A SAVOIE 212 MAIN STREET AUBURNDALE FL 33823

Do **NOT** Remove Label

Annual Reporting Period: \_\_\_\_\_ 19\_\_\_\_ TO \_\_\_\_\_ 19\_\_\_\_

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  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: \_\_\_\_\_

**RECEIVED**

JAN 21 1998

Bureau of Air Monitoring  
& Mobile Sources

*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 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:

FRANK A. SAVOIE  
Name (Please Print)

*Frank Savoie* 1-12-98  
Signature Date

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

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ AIRS ID#: 1050281

TYPE OF FACILITY: DC

FACILITY NAME: ~~Shearouse~~ Shearouse DATE: 1/28/97

FACILITY LOCATION: 212 Main St

Auburndale

RESPONSIBLE OFFICIAL: Frank Savio PHONE NUMBER: 941/967-2287

- 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  NO

DATE OF NEXT INSPECTION: Jan 1998  
(Approximate)

INSPECTION CONDUCTED BY: Margaret Cangro  
(Please Print)

INSPECTOR'S SIGNATURE: Margaret Cangro PHONE NUMBER: 813/744-6000

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 1050281 DATE: 1/28/97 TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_  
FACILITY NAME: Shearouse Cleaners  
FACILITY LOCATION: 212 Main St  
Auburndale Fl 33823

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 115 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
- 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 **NA**  
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	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		

Frank Savoie  
Name of Responsible Official

Margaret Cangro  
Inspector's Name (Please Print)

Margaret Cangro  
Inspector's Signature

1/28/97  
Date of Inspection

Jan '98  
Approximate Date of Next Inspection

du

Revised 10/10/96

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

**RECEIVED**  
APR 9 1998  
Bureau of Air Monitoring  
& Mobile Sources

FACILITY NAME: Shearouse Cleaners DATE: 3/19/98  
 FACILITY LOCATION: 212 Main St  
Auburndale, FL 33823

Annual Reporting Period: 1-28- 1997 TO 4-3- 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:

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

Leak log

Exact period of non-compliance: from 1-28-97 to 4-3-98

Action(s) taken to achieve compliance: Recordkeeping started

Method used to demonstrate compliance: Calendar Logs

#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: Frank Savoie Frank Savoie 4/3/98  
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

RECEIVED  
APR 9 1998  
Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  
RE-INSPECTION

AIRS ID#: 1050281 DATE: 4/3/98 TIME IN: 12:45 TIME OUT: 1:15  
 FACILITY NAME: Shearouse Cleaners  
 FACILITY LOCATION: 212 Main St  
Aurumdale 33823  
 RESPONSIBLE OFFICIAL: Frank Savoie PHONE: 941-967-2287  
 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:  
(check appropriate box)

- No notification form  
 Drop store/out of business/petroleum

A.

- |  |  |
|--|--|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/>   | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) <input checked="" type="checkbox"/>                                |
| 3. Existing large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/> |
5. This is a correct facility classification    Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number 4 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 165 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 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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)

4/3/98  
 Date of Inspection

*Margaret Cangro*  
 Inspector's Signature

April '99  
 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#: 1050281 DATE: 4/14/99 TIME IN: 10:50 TIME OUT: 11:20  
 FACILITY NAME: Shearouse Cleaners  
 FACILITY LOCATION: 212 Main St  
Auburndale 33823  
 RESPONSIBLE OFFICIAL: Frank Savrie PHONE: 941-967-2287  
 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.

<p>1. Existing small area source <input type="checkbox"/>                  dry-to-dry only, <math>x &lt; 140</math> gal/yr                  transfer only, <math>x &lt; 200</math> gal/yr                  both types, <math>x &lt; 140</math> gal/yr                  (constructed before 12/9/91)</p>	<p>2. New small area source <input checked="" type="checkbox"/>                  dry-to-dry only, <math>x &lt; 140</math> gal/yr                  transfer only, <math>x &lt; 200</math> gal/yr                  both types, <math>x &lt; 140</math> gal/yr                  (constructed on or after 12/9/91)</p>
<p>3. Existing large area source <input type="checkbox"/>                  dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                  transfer only, <math>200 \leq x \leq 1,800</math> gal/yr                  both types, <math>140 \leq x \leq 1,800</math> gal/yr                  (constructed before 12/9/91)</p>	<p>4. New large area source <input type="checkbox"/>                  dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                  transfer only, <math>200 \leq x \leq 1,800</math> gal/yr                  both types, <math>140 \leq x \leq 1,800</math> gal/yr                  (constructed on or after 12/9/91) :</p>

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 4 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 150 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	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<del>Muck cookers</del>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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 CANERO  
Inspector's Name (Please Print)

4-14-99  
Date of Inspection

Margaret Canero  
Inspector's Signature

April 2000  
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#: 1050281 DATE: 12/18/98 TIME IN: 8:45 TIME OUT: 9:00  
FACILITY NAME: Shearouse Cleaners  
FACILITY LOCATION: 212 Main St  
Andoverdale, Pa  
RESPONSIBLE OFFICIAL: Frank Savic PHONE: 941-967-2287  
CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PART I: NOTIFICATION

RECEIVED

(check appropriate box)

1. New facility notified DARM 30 days prior to startup  DEC 28  
2. Facility failed to notify DARM to use general permit  Bureau of Air Monitoring & Mobile Sources

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

- No notification form  
 Drop store/out of business/petroleum

(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,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed before 12/9/91)
4. New large area source   
dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed on or after 12/9/91)

5. This is a correct facility classification    Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number 4 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 175 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

**RECEIVED**

**DEC 28 1998**

**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	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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 CARGO  
 Inspector's Name (Please Print):

12/18/98  
 Date of Inspection

*Margaret Cargo*  
 Inspector's Signature

April 1999  
 Approximate Date of Next Inspection

*Acc*

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

FACILITY NAME: Shearouse Cleaners DATE: 4/13/00  
 FACILITY LOCATION: 212 Main St.  
Auburndale, FL 33823

Annual Reporting Period: 4-15-1999 TO 4-13-2000

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:

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: \_\_\_\_\_

RECEIVED  
APR 18 2000  
Bureau of Air Monitoring & Mobile Sources

*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: Frank Savoie [Signature] 4/13/00  
 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.

ACC

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

FACILITY NAME: Shearouse Cleaners DATE: 4-14-99  
 FACILITY LOCATION: 212 Main St  
Auburndale, FL 33823

Annual Reporting Period: 4-4-1998 TO 4-14-1999

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: \_\_\_\_\_

RECEIVED  
APR 20 1999  
Bureau of Air Monitoring  
& Mobile Sources

*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: Frank Savoie Frank Savoie 4/14/99  
 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

Bureau of Air Monitoring  
& Mobile Sources  
APR 16 2003

RECEIVED

AIRS ID#: 1050281 DATE: 4/13/00 TIME IN: 11:40 TIME OUT: \_\_\_\_\_

FACILITY NAME: Shearouse Cleaners

FACILITY LOCATION: 212 Main St.  
Auburndale 33823

RESPONSIBLE OFFICIAL: Frank Swoie PHONE: 803/967-2287

CONTACT NAME: ~~Frank~~ 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ 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 100 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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 CANIKO  
Inspector's Name (Please Print)

4-13-00  
Date of Inspection

Margaret Caniko  
Inspector's Signature

April 2001  
Approximate Date of Next Inspection

- #1050281

Spoke with Frank Savoie  
(9-6)

- No. 2 w/ 19% sulfur

P.15 - annual purchase  
- 3,000 gal

NMTOC = 1.02 lb/yr

PM = 6 lb/yr

SO<sub>2</sub> = 426 lb/yr

NO<sub>x</sub> = 60 lb/yr

CO = 15 lb/yr

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258221

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 16 97

Do NOT Remove Label

AIRS ID# 1050281  
CENTRAL FLORIDA ENTERPRISES  
FRANK A SAVOIE  
212 MAIN STREET  
AUBURNDALE FL 33823

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300137

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  
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AIRS ID#1050281  
CENTRAL FLORIDA ENTERPRISES  
FRANK A SAVOIE  
212 MAIN STREET  
AUBURNDALE FL 33823

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

01

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354744

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TOTAL AMOUNT DUE: \$50.00

DEC 23 1998

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AIRS ID # 1050281

SHEAROUSE CLEANERS  
FRANK A SAVOIE  
212 MAIN STREET  
AUBURNDALE FL 33823

Bureau of Air Monitoring  
& Mobile Sources

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

RECEIVED  
MAIL ROOM  
DEC 16 98

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389599

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 # 1050281

SHEAROUSE CLEANERS  
FRANK A SAVOIE  
212 MAIN STREET  
AUBURNDALE FL 33823

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

RECEIVED  
MAIL ROOM  
DEC 16 99

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

RECEIVED

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

3755

2273

DEC 21 2000

Bureau of Air Monitoring  
& Mobile Sources

TOTAL AMOUNT DUE: \$50.00 ✓

Do NOT Remove Label

AIRS ID # 1050281

SHEAROUSE CLEANERS  
FRANK A SAVOIE  
212 MAIN STREET  
AUBURNDALE FL 33823

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

CENTRAL FLORIDA ENTERPRISES  
D/B/A  
SHEAROUSE & TOP HAT CLEANERS  
212 MAIN STREET  
AUBURNDALE, FLORIDA 33823

Bureau of Waste Cleanup  
DEC 18 2000  
LAKELAND FL 338  
15 DEC 2000  
Hazardous Waste  
Cleanup Division



*Air Resources  
MS \$500*

RECEIVED

DEC 22 2000

Bureau of Finance  
and Accounting  
REVENUE

*Dept of Environmental Protection  
by Cheryl Regester 2600 Blair Stone Rd  
Tallahassee, FL 32399-7905  
MSY*

32399/2405





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

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

TOP HAT CLEANERS  
FRANK A SAVOIE  
212 MAIN STREET  
AUBURNDALE FL  
33823

AIRS ID#1050281

**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

Z 210 662 414

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

10 AIRS ID # 1050281001AG  
FRANK A SAVOIE  
SHEAROUSE CLEANERS  
212 MAIN STREET  
AUBURNDALE FL 33823

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:  
2210 662 414 (OLD)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

Name (Please Print Clearly) (to be completed by mailer)  
Frank Savoie  
Street, Apt. No., or PO Box No.  
# 1050281001AG  
City, State, ZIP+4

PS Form 3800, July 1999 See Reverse for Instructions

**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:

AIRS ID # 1050281001AG  
FRANK A SAVOIE  
SHEAROUSE CLEANERS  
212 MAIN STREET  
AUBURNDALE FL 33823

2. Article Number (Copy from service label)

~~Z 210 662 414~~ 7000 0600 0021 6527003

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
6-13-01

C. Signature  
X Frank Savoie  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789