

## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 13, 1996

Ms. Becky Maughon One Hour Martinizing 2809 Gulf Breeze Parkway Gulf Breeze, Florida 32561

Re: Facility I.D. No. 1130157

Dear Ms. Maughon:

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

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

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

#### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	NU-WAY DRY Cleaning of dy Inc
2.	Site Name (For example, plant name or number):
	ONE Hour Martinizing.
3.	Hazardous Waste Generator Identification Number:
	FLD 980 847628
4.	Facility Location:
	Street Address: 2809 GVB BREEZE PKNY City: GVB BREEZE, County: South Rosh Zip Code: 3561
	FL SALLANDER - FOR SALLANDER
5.	Facility Identification Number (DEP Use):
	1130157
	Responsible Official
(6) <sup>3</sup>	Name and Title of Responsible Official:
•	
	BECKY MAUGHON
7.	Responsible Official Mailing Address: Organization/Firm:
	Street Address: 2809 Gulf Bases PV
	Street Address: 2809 GNB BREEZE PKWY City: GNB BREEZE FL County: Sonta Rosa Zip Code: 32561
8.	Responsible Official Telephone Number:
	Telephone: (94) 932-0352 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -
	reiephone. ( ) -
	and Filth

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SEP 3 1996

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Bureau of Air Monitoring & Mobile Sources

# #1130157

· · · · · · · · · · · · · · · · · · ·	One Hour Martinizing
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· · · · · · · · · · · · · · · · · · ·	Spoke W/ Becky Maughon-10/2/96
p./3	le add title-President
D./4	3 should be existing large
<u> </u>	3. Should be existing large area source

#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	7.				· · · · · · · · · · · · · · · · · · ·	; · ·			<u> </u>
(1) w/ ref. condenser									<u> </u>
(2) w/ carbon adsorber	#/	SEPT 84	Sipt 84						
(3) w/ no controls			7 7 7						
Washer Unit	100	Profit in			100			<u> </u>	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	9.5%	Jan Dan Barra		1	1 1 2 2 3 22				-1341
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				100					ig North
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of the control of the contr</li></ul>	are ro	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	perc)	purchased in				[]
What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	urce [X]	cation only.)	ew sn	initions found nall area sour	rce [	3) of   	Part II?	
		Francisco Constitution of the Constitution of	• • •		J	·	•		

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4. What control technology is required on machines p (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber  [ ]	Refrigerated condenser []
New small area source Refrigerated condenser  []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions up to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	ave a total heat input of 10 million BTU/hr or less (298 tural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring an	d 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	$\angle\!$
(b) Leak detection inspection and repair	$\mathcal{L}$
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monit	coring  L  L
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	$\angle$

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

Please indicat	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
X	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
1	2 $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$

CORRECTED COPY)

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	NU-WAY DRY Cleaning what Trace Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	ONE Hour Martinizing.
3.	Hazardous Waste Generator Identification Number:
	FLD 980 847628
4.	Facility Location: Street Address: "3 80 9 6 15 8 8 5 5 6 6 6 7 15
	Street Address: 2809 GVB BREEZE PKNY City: GVB BREEZE County: South Rosh Zip Code: 32561
5.	Facility Identification Number (DEP Use):
	1430157
	Responsible Official
6.	Name and Title of Responsible Official:
	BECKY MAUGHON, PRESIDENT 1/14/97 Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 2809 (4) 15 Bale 20 PK
	Street Address: 2809 GNB BREEZE PKMY City: GNB BREEZE FL County: Sp. Ho. Ros. b. Zip Code: 32561
8.	
	Telephone: (94) 932-0352 Fax: (. )
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device	·	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber	*/	SEPT84	S:01-84						
(3) w/ no controls		,,,,,	770						
Washer Unit	-					1			
(4) w/ ref. condenser				_					
(5) w/ carbon adsorber								<del>                                     </del>	
(6) w/ no controls				_				<u> </u>	
Dryer Unit						·		_ <del></del>	<u> </u>
(7) w/ ref. condenser									
(8) w/ carbon adsorber				_					
(9) w/ no controls			-						
Reclaimer Unit		,			:	<u> </u>		<del>'</del> .	<del>'</del> .
(10) w/ ref. condenser									1
(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 of			proethylene (	perc)	purchased in	n the latest 12	2 mor	nths?	
(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 so (Indicate with an "X".	Selec	t one classifi	cation only.)				3) of	Part II?	
Existing small are	ea soi	urce [	1/14/97	w sm	nall area sour	rce [	]		
Existing large are	ea sou	irce [X]	S. Ne	w lar	ge area sour	ce [	1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

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

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	<b>D</b>	COMPLAINT/DISC	COVERY	
	RE-INSPECTION		,	,	
		114/9731	085 to 10.	504	
AIRS ID#: 1130/57	/// 3/ TIME IN	97:1400	TIME OUT	:_152X	<u></u>
FACILITY NAME: NU U  DAA  FACILITY LOCATION:	Ay Day C	LEANI	Va glaval	DR. 1 I	, NCs
FACILITY LOCATION:	NE ITCO	L MINWI	TIVITIOL-	- /	
Ð	809 6,13	PKN	/		
<u>G.</u>	B. FL	3256	/		<del></del>
a na mine a se a consecuencia de Antesino e especialista de Alebra (Alebra), como especiações			-		
PART I: NOTIFICATION			=======================================		
(check appropriate box)					_
1. Existing facility notified DARM	M by 9/1/96	•			
2. New facility notified DARM 30	days prior to starti	пр			
3. Facility failed to notify DARM	to use general pern	nit			
econologie del material consequences quality of the second consequence and delicate			v. ottaga		
PART II: CLASSIFICATION					
Facility indicated on notification	form that it is:				
(check appropriate box)	• • • • • • • • • • • • • • • • • • • •				
A.	ı				Ì
1. Existing small area source	/ <b>V</b>	2. New small a			
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr		dry-to-dry only, transfer only, x			
both types, x<140 gal/yr		both types, x<14	40 gal/yr		
(constructed before 12/9/91)		(constructed on	or after 12/9/91)		
3. Existing large area source	<b>*</b>	4. New large a	rea source		
dry-to-dry only, $140 < x \le 2$ , $100$	gal/yr	dry-to-dry only,	140 <x<2, 100="" gal="" td="" yr<=""><td></td><td></td></x<2,>		
transfer only, 200 <x<1,800 ga<br="">both types, 140<x<1,800 gal="" td="" y<=""><td>•</td><td>transfer only, 20 both types, 140</td><td>00<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></td></x<1,800></x<1,800>	•	transfer only, 20 both types, 140	00 <x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800>		
(constructed before 12/9/91)			or after 12/9/91)		
This is a correct facility classifica	ition	□Y Œ			
If no, please check the appropriat	e classification:	/ `			ļ
			<b>→</b>		
	I for a general permabove limits and is				
<b>B</b> . The total quantity of perchloro	oethylene (perc) pur	chased within the	he preceding 12 month	hs by this dry	cleaning
facility was 195 gallons.					

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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

- 1. Equipped all machines with the appropriate vent controls?
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?
- B. Has the responsible official of an existing large or new large area source also:
- 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?

ND AD

DIY ON ON/A

- אמם אם אם
- MV NO YO
- DY DN N
- DY DAR



2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	[A VINO	
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N N N	
	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?   Once   Chacheel   Ch	<u></u>	DN ON/A	tiúi .
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?	YE	□и	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ON SIN/A	
6.	Routed airflow to the carbon adsorber (if used) at all times?	YE	□N □N/A	
	en and the second of the secon			
PA	ART V: RECORDKEEPING REQUIREMENTS			
H (c)	Maintained rolling monthly averages of perc consumption? Sex up Lunis 21 min	Nu	apoles 1/	14
$  _{1}$	Maintained receipts for perc purchased? Not and the College from the control of t	ς Σ	ON Real	572
2.	Maintained rolling monthly averages of perc consumption? Six up during 2 d mine	C) OY	N V	J. 3
[3.	Maintained leak detection inspection and repair reports for the following: Alat a or c. Y.		,	¥
	a. documentation of leaks repaired w/in 24 hrs? or; 1400 Revords but dat		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?	-Mus OY	Can & con	hurn to
4.	Maintained calibration data? (for direct reading instruments only)	ΠY	_ □N \dan\\A	TO MAJO
5.	Maintained exhaust duct monitoring data on perc concentrations? Just got withuntil	ΠY	ди	Lak-
6.	Maintained startup/shutdown/malfunction plan?	Y	Ŭ□N	rocks
7.	Maintained deviation reports?	ΠY	□И	
	Problem corrected?	ΠY	ี่⊓ท	
8.	Maintained compliance plan, if applicable?	ΠY	A/אנפ אם A	
				•
P	ART VI: LEAK DETECTION AND REPAIRS			
1.	Does the responsible official conduct a weekly leak detection and repair inspection?	Z Y	ПП	
2.	Which method of detection is used by the responsible official?			
	Visual examination (condensed solvent on exterior surfaces)	/Z		
	Physical detection (airflow felt through gaskets)	<i>`</i> ∕ <b>□</b>		
	Odor (noticeable perc odor)	<u>_</u> 3		
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			

If using direct-reading instruc	nentation,	, is the equ	ipment:					
a. Capable of detecting	AG	DN N∪						
b. Calibrated against a (PID/FID only)?	ΠY	□N						
c. Inspected for leaks	c. Inspected for leaks and obvious signs of wear on a weekly basis?							
d. Kept in a clean and	ŊΥ	□N						
e. Verified for accurac	y by use o	f duplicate	samples (calorimetric only)?	YØ	ON JUST OF			
3. Has the facility maintained a leak log	? .			Y	□N			
4. The following areas should be checked	d for leale		<del>pant</del> or:					
	Leak I	Detected?		Leak	Detected?			
Hose connections, fittings, couplings, and valves	ΔIY	□N	Muck cookers	ΠY	□N			
Door gaskets and seating	BY	□N	Stills	ΔY	$\square$ N			
Filter gaskets and seating	DY	□N	Exhaust dampers	ДY	— <b>□</b> N_			
Pumps	ΔIY	□N	Diverter valves	<del>-DY</del>				
Solvent tanks and containers	$\supset_{\Box Y}$	ΠN	Cartridge filter housings	ΔY	□N			
Water separators	υY	□N						
The state of the s	n t steld o − P stade	ar an ara al al al al as William	en e					
-								
Name of Responsible Office	cial							
Inspector's Name (Please P	rint)		Date of Inspe	ection				
	_							
Inspector's Signature			Approximate Date of	Nevt I	nenection			

#### ADDITIONAL SITE INFORMATION:

1. Explained valling tetal
2. Expland lichdelection reprin log.
3. Ordered perc. records from venelor.
to determine it sonall or large. That's inquation.

AIRS ID#: 1130/57

Revised 10/10/96

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

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

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

TYPE OF INSPECTION: ANY	NUAL 💢	COMPLAINT/	DISCOVERY	RE-INSP	ECTION
TIME IN: 1015  TYPE OF FACILITY: 5	TIME OUT: 15	50	AIRS ID#:	11 30157	
FACILITY NAME: ON HOU.				DATE:	13/97
FACILITY LOCATION: 2809		30 PKW			<del></del>
	CKY MAUG	1		er: 94 9 32	0352
Based on the results of the com compliance with DEP Rule 62-	-	_		facility is found to	be in
Based on the results of the com discrepancies were noted:	-				
COMPLIANCE REQUIREM		[ FO	OLLOW-UP AC	CTION REQUI	RED
time lead ditretor us neg	our.	Lisco	nood to me	le to time of Pas-leah ni	pari.
·	11	111/1/2	15 /		
	41.517			20	
			j		
				No.	ı
			<i>y</i>		
COMMENTS:					
The Annual Compliance Certification fo	rm has been properly o	ertified and sul	hmitted to the inspec	tor. YES	NO[]
DATE OF NEXT INSPECTION:	Dan's	18	-	125/	\ 
INSPECTION CONDUCTED BY:	Charles	(Approximate	1		
INSPECTOR'S SIGNATURE:	old March	(Please Print	· · · · · · · · · · · · · · · · · · ·	ER. 444-	8368
A STORY OF STORY OR EXPLORED	Pag	1 1	,		Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

		DOTTON C.	HECKLIS I	
TYPE OF INSPECTION:	ANNUAL	780	COMPLAINT/DISCO	VERY NO.
	RE-INSPECTION			Olie Ti
	<u>.                                      </u>			Solve
AIRS ID#: // 30/57	DATE: 4/7/98	TIME II	n: <u>/240</u> time	E OUT: / 3 6
FACILITY NAME: ONE	Hour mach	IN: 2	', NC	
FACILITY LOCATION:		_	~~`)	
	al Breeze	9	32561	
RESPONSIBLE OFFICIAL:	Bock Mang			732-0352
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)	20.1 1			
1. New facility notified DARM	• • •			
2. Facility failed to notify DARI	M to use general permit			
PART II: CLASSIFICATION				
Facility indicated on notification			☐ No notification for	
Facility indicated on notification (check appropriate box)			☐ No notification for ☐ Drop store/out of be	
Facility indicated on notification	on form that it is:	New small a	☐ Drop store/out of be	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y	on form that it is:  ce	-to-dry only,	☐ Drop store/out of be rea source x < 140 gal/yr	usiness/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	on form that it is:  ce	r-to-dry only, nsfer only, x	☐ Drop store/out of be rea source x < 140 gal/yr < 200 gal/yr	usiness/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is:  ce	x-to-dry only, nsfer only, $x$ th types, $x < 1$	□ Drop store/out of be rea source x < 140 gal/yr < 200 gal/yr .40 gal/yr	usiness/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	on form that it is:  ce	x-to-dry only, nsfer only, $x$ th types, $x < 1$	☐ Drop store/out of be rea source x < 140 gal/yr < 200 gal/yr	usiness/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source	on form that it is:  ce	r-to-dry only, nsfer only, x th types, x < 1 nstructed on New large a	☐ Drop store/out of better a source  x < 140 gal/yr < 200 gal/yr .40 gal/yr or after 12/9/91)  rea source	usiness/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,	on form that it is:  ce	r-to-dry only, nsfer only, x th types, x < 1 nstructed on New large a r-to-dry only,	☐ Drop store/out of better a source  x < 140 gal/yr < 200 gal/yr .40 gal/yr or after 12/9/91)  rea source  140 ≤ x ≤ 2,100 gal/yr	usiness/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800	on form that it is:  ce	r-to-dry only, nsfer only, x ch types, x < 1 nstructed on New large a r-to-dry only, nsfer only, 20	Drop store/out of better a source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $.40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $.100 \le x \le 1,800 \text{ gal/yr}$	usiness/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,	on form that it is:  ce	r-to-dry only, nsfer only, x th types, x < 1 nstructed on  New large a r-to-dry only, nsfer only, 20 th types, 140	☐ Drop store/out of better a source  x < 140 gal/yr < 200 gal/yr .40 gal/yr or after 12/9/91)  rea source  140 ≤ x ≤ 2,100 gal/yr	usiness/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2, transfer only, 200 \le x \le 1,800 gets both types, 140 \le x \le 1,800 gets	on form that it is:  ce	r-to-dry only, nsfer only, x th types, x < 1 nstructed on  New large a r-to-dry only, nsfer only, 20 th types, 140	Drop store/out of better a source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $.40 \text{ gal/yr}$ or after $12/9/91$ )  The source $140 \le x \le 2,100 \text{ gal/yr}$ $.100 \le x \le 1,800 \text{ gal/yr}$	usiness/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 good both types, 140 ≤ x ≤ 1,800 good (constructed before 12/9/91)  5. This is a correct facility classical desired appropriate to the source of	on form that it is:  ce	r-to-dry only, nsfer only, x ch types, x < 1 nstructed on New large a r-to-dry only, nsfer only, 20 ch types, 140 nstructed on	Drop store/out of better a source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $< 0 \le x \le 1,800 \text{ gal/yr}$ $< x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	usiness/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 go (constructed before 12/9/91)  5. This is a correct facility classification, please check the angle of facility of the constructed before 12/9/91)	on form that it is:  ce	r-to-dry only, nsfer only, x th types, x < 1 nstructed on  New large a r-to-dry only, nsfer only, 20 th types, 140 th types, 140 th types and returned on the return of th	Drop store/out of better a source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$ )  The source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$ or after $= 12/9/91$ )  The contraction of the source $= 12/9/91$ or after $= 12/9/91$ above $= 12/9/91$ above	usiness/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 go (constructed before 12/9/91)  5. This is a correct facility classification, please check the angle of facility of the constructed before 12/9/91)	on form that it is:  ce	r-to-dry only, nsfer only, x th types, x < 1 nstructed on  New large a r-to-dry only, nsfer only, 20 th types, 140 th types, 140 th types and returned on the return of th	Drop store/out of better a source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$ )  The source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$ or after $= 12/9/91$ )  The contraction of the source $= 12/9/91$ or after $= 12/9/91$ above $= 12/9/91$ above	usiness/petroleum

#### PART III: GENERAL CONTROL REQUIREMENTS

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

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

ΉY	$\square N$	□N/A
YE	ΠN	□N/A

- NO YO
- YOY ON ON/A
- AVA UN AYE

#### 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?

- NO YOU
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- DY ON ON/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- DY DN DN/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
- DY DWW
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?
- DY DN DWA
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?
- OY ON

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

#### PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	\·	
1. Maintained receipts for perc purchased?	NO AG	
2. Maintained rolling monthly averages of perc consumption?	ND AGS	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	SIY ON ON/A	
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY QN ON/A	
4. Maintained calibration data? (for applicable direct reading instruments)	A/WE NO YO	
5. Maintained exhaust duct monitoring data on perc concentrations?		
6. Maintained startup/shutdown/malfunction plan?		
7. Maintained deviation reports?		
Problem corrected?		
8. Maintained compliance plan, if applicable?		

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			ИО УФ		
2.	Has the facility maintained a leak log	<u>;</u> ?		NO YES		
3.	3. Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A		
	Door gaskets and seating	BY ON ON/A	Stills	OY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN BIN/A		
	Pumps	DY ON ON/A	Diverter valves	AVAC NO YO		
	Solvent tanks and containers	EIY ON ON/A	Cartridge filter hous	sings DY DN DN/A		
	Water separators	AVO NO YE				
4.	Which method of detection is used by	the responsible official?	•			
	Visual examination (condensed	l solvent on exterior surfac	ees)	B		
	Physical detection (airflow felt	through gaskets)		Ø.		
	Odor (noticeable perc odor)			Q		
	Use of direct-reading instrumer	ntation (FID/PIII/calorime	tric tubes)	· 🗖		
	Halogen leak detector	1		0		
	If using direct-reading ins	strumentation, is the equi	pment:	DN/A		
	a. Capable of detectin	g perc vapor concentration	ns in a range of 0-500 ppr	m? Y-ON		
	b. Calibrated against (PID/FID only)?	a standard gas prior to and	l after each use	MARY ON		
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	BY ON		
	d. Kept in a clean and	l secure area when not in t	ise?	NOSTE		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			NO X		
_		·				

Inspector's Name (Please Print)

Oate of Inspection

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE	INFORMATION:		
		•	\$
		·	•
			•

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1240	TIME OUT: /30		30157
TYPE OF FACILITY: DC	,		
FACILITY NAME: () N	· Hour Morting	· ,	DATE: 4/7/92
FACILITY LOCATION:	2809 Gulf Bre	ene IKw r	
	Who Breeze +	L 32561	1.3
RESPONSIBLE OFFICIAL:	echy Many from	PHONE NUMBER:	850-932-0352
Based on the results of t	he compliance requirements evaluate	ted during this inspection, the facil	ity is found to be in
compliance with DEP R	ule 62-213.300, Florida Administra	tive Code (F.A.C.).	
Based on the résults of t discrepancies were noted	he compliance requirements evaluat d:	ted during this inspection, the follo	wing compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
			70
	_		THE PLANT
			130 A
	~		Modern 4
	/ \		Su Non
•	الم مده وم الله المرين )	Love Hy passing)	Ces
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		•	
COMMENTS:			
•			
			<del>\</del>
The Annual Compliance Certifica	ation form has been properly certifie	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION		249	
	/ had of or Al-	oroximate)	
INSPECTION CONDUCTED I		ase Print)	
INODE CTORES CLOSE - TORE	VI OZOZI	,	595-07/11
INSPECTOR'S SIGNATURE	MINE /// /loon	PHONE NUMBER:	3/3 0 04
	Page /	of <u>/</u> .	Revised 10/96

AIRS ID#: 113 6157

Revisco 10 75/96
PERMIT Sureau 9/96
PRM 9/96

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

·	\$ 1.05 190
FACILITY NAME: ONE 1 FOUR MARTINIZING DAY FACILITY LOCATION: 2809 Gulb Breeze BKWY	TE: 4 POR STORY
Gulf Breeze FL 3256/	
Annual Reporting Period: 15 Jan 97 19 TO 7 NPR 98	19
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES	n DEP Rule
If NO, complete the following:	•
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting process.	period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting	period stated above:
Exact period of non-compliance: from	
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, made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethy upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: RESPONSIBLE OFFICIAL: Name (Please Print)	lene solvent, based

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

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID 1130157 NU-WAY DRY CLEANERS & LDY INC BECKY MAUGHON 2809 GULF BREEZE PARKWAY GULF BREEZE FL 32561

#### Do NOT Remove Label

Annual Reporting Period: January 1997 TO DEC 31 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 52-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
f 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
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
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 purchase receipts, loes not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
Name (Please Print)  Signature  Date

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: ///0	TIME OUT: 1200	AIRS ID#: //	30157
TYPE OF FACILITY: DC			
FACILITY NAME: ONG	HONR MARTINIZI	Na 2809GulBress Pith	DATE: 7/27/99
FACILITY LOCATION: Gu	If Rassys, Fl	. 3256/	· · · · · · · · · · · · · · · · · · ·
	7	· · · · · · · · · · · · · · · · · · ·	0.7.7.0
RESPONSIBLE OFFICIAL:	EXY MAUGION	PHONE NUMBER:	932-0382
	the compliance requirements eva Rule 62-213.300, Florida Admini	luated during this inspection, the facil strative Code (F.A.C.).	ity is found to be in
Based on the results of discrepancies were note	- · · · · · · · · · · · · · · · · · · ·	luated during this inspection, the follo	wing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
			REC
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	A Table of A
	REVIEWED		K D Woulder
	ENTERED		<i>a</i>
λ	JUL 28 1999		
RECOMMEN	AT RECORDING YOU, IP PUTTING THEM IS DEP CALENDAR.	M PERCLONCENTRATION	S 16AIN.
•			
		tified and submitted to the inspector.	YESE NO.
DATE OF NEXT INSPECTIO	N: ZIAMOS	Approximate)	
INSPECTION CONDUCTED	BY /MALES /	• •	
INSPECTOR'S SIGNATURE	Yearla Mor	PHONE NUMBER:	595-8364
	Page	1 of 1.	22 / Revised 10/96

AIRS ID#: 1/36/57

P. Revised 10/10/96

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

			<del></del> -			<del></del>	<del></del> -
FACILITY NAME: ONE HOUR	MARTINE	1NG	• '		DATE:	7/27/	199
FACILITY LOCATION: 2809 Gu	LF BREE	25					
GULF	BAGEZO	S F	- 3a	2561			
Annual Reporting Period: 8 RPR 98		19_	ТО	27 542	99	1	9
Based on each term or condition of the Title \	V general air per	mit, my fac	cility has ren	nained in comp	oliance with DI	EP Rule	
62-213.300, Florida Administrative Code (F.	A.C.), during the	e period co	vered by this	statement.	YES	□ио	
If NO, complete the following:							
#1. Term or condition of the general permit t	hat has not been	in continu	ous complia	ince during the	reporting perio	od stated ab	ave:
			_	-	<u> </u>	)	M
	<del></del>				80 0		
Exact period of non-compliance: from		(M)	LNTE	_ to	W N	2 70	
Action(s) taken to achieve compliance:	REVIEV	NED	ENTE		ેં <u>છ</u>	P .	
Method used to demonstrate compliance:	JUL 28	1999	JUL 28	1999		Monitor Monitor	<u> </u>
					,	oring	
#2. Term or condition of the general permit	that has not been	in continu	ious complia	ince during the	reporting peri	od stated ab	ove:
		_				·	
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, b	ased on informa	ition and b	elief formed	after reasonab	le inauiry. tha	t the stateme	ents
made in this notification are true, accurate a	nd complete. Fu	urther, my	annual consi	umption of perd	chloroethylene	solvent, bas	sed
upon rolling averages of purchase receipts, a year for transfer or combination facilities.	loes not exceed ?	2,100 gallo	ns per year	for dry-to dry f	acilities or 1,8	100 gallons j	per
	~~~	5 . <i>d</i>				7/27/	100
RESPONSIBLE OFFICIAL: Brck	na (Plassa Print)	MON,	f. Sec	Signatura		Date	77

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

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY

TYPE OF INSPECTION:

· ·
AIRS ID#: 1130157 DATE: 42799 TIME IN: 1110 TIME OUT 200
FACILITY NAME: ONE HOUR MARTINIZING
FACILITY LOCATION: 2809 GULF BREEZE PRWY
Gulf BREETS FL 32561 Mobiler 1990
RESPONSIBLE OFFICIAL: BECKY MAUGHON PHONE: \$923-035
CONTACT NAME: SAME PHONE:
PART I: NOTIFICATION
(check appropriate box)
FNTEDER
1. New facility notified DARM 30 days prior to startup REVIEWED UL 28 1999  2. Facility failed to notify DARM to use general permit JUL 28 1999
<b>COL 20</b> 1335
PART II: CLASSIFICATION
Facility indicated on notification form that it is:
(check appropriate box)   ☐ Drop store/out of business/petroleum
A.  1. Existing small area source   2. New small area source
dry-to-dry only, $x < 140 \text{ gal/yr}$ dry-to-dry only, $x < 140 \text{ gal/yr}$
transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr
transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr
transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr
transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr
transfer only, $x < 200 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$ ) (constructed on or after $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $x < 200 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$ ) (constructed on or after $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  6. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  7. Constructed on or after $12/9/91$ )
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$ )  5. This is a correct facility classification  All Y  \text{New large area source}  \text{dry-to-dry only, } \text{140} \le x \le 2,100 \text{ gal/yr} \text{ transfer only, } \text{200} \le x \le 1,800 \text{ gal/yr} \text{ both types, } \text{140} \le x \le 1,800 \text{ gal/yr} \text{ both types, } \text{140} \le x \le 1,800 \text{ gal/yr} \text{ (constructed on or after } \text{12/9/91})  5. This is a correct facility classification  All Y  \text{\text{New large area source}  \text{dry-to-dry only, } \text{140} \le x \le 2,100 \text{ gal/yr} \text{ both types, } \text{140} \le x \le 1,800 \text{ gal/yr} \text{ constructed on or after } \text{12/9/91})
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \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 both types, 140 \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 before 12/9/91)  5. This is a correct facility classification  Ay \( \text{ \text{New large area source}} \) (constructed on or after 12/9/91)  5. This is a correct facility classification:  \(  \text{ \
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$ )  5. This is a correct facility classification  All Y  \text{New large area source}  \text{dry-to-dry only, } \text{140} \le x \le 2,100 \text{ gal/yr} \text{ transfer only, } \text{200} \le x \le 1,800 \text{ gal/yr} \text{ both types, } \text{140} \le x \le 1,800 \text{ gal/yr} \text{ both types, } \text{140} \le x \le 1,800 \text{ gal/yr} \text{ (constructed on or after } \text{12/9/91})  5. This is a correct facility classification  All Y  \text{\text{New large area source}  \text{dry-to-dry only, } \text{140} \le x \le 2,100 \text{ gal/yr} \text{ both types, } \text{140} \le x \le 1,800 \text{ gal/yr} \text{ constructed on or after } \text{12/9/91})

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) A/NED NO Y 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN WN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? NO YE 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? A/N UN PR 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? STY ON ON/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). (f 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? NO YE A/ND ND YE 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the

PART III: GENERAL CONTROL REQUIREMENTS

condenser upon opening the door?

condenser exceeded 45° F?

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

DY DN SIN/A

DY DN NA

אונ**של** אם אם

OY ON

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

B. Has the responsible official of an existing large or new large area sour	rce also:
Measured and recorded the exhaust temperature on the outlet side of the c on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ondenser located □Y↓□N N★
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	באר עם אם אם ארעם אם אינער
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream week at the end of the final drying cycle while the machine is venting to the ads if machines are equipped with a carbon adsorber?  NOTE: HOD RECORDS VALUE STREET USES OF CARES OF CARE	Ely Sorber,  LETUDAN.  LET
or expansion; is at least 2 duct diameters upstream from any bend, contract or expansion; and downstream from no other inlet?  Replaced that work 3/25/79 - measured out of the state of th	- DY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	MY ON A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? MD AB 2. Maintained rolling monthly total of perc consumption? MD AB 3. Maintained leak detection inspection and repair reports for the following: YAN UN YE a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days Y ON ON/A and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) A/ND (NEC 5. Maintained exhaust duct monitoring data on perc concentrations? NOTE O TO STACE MD AE 6. Maintained startup/shutdown/malfunction plan? אמם אם צם 7. Maintained deviation reports? A/NED NO YO Problem corrected? אמם אם אם אם 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection	and repair	
inspection?			ZIY ON	
2. Haš the facility maintained a leak log	?	~	MO A	
3. Does the responsible official check th	e following areas for leaks	?		
Hose connections, fittings, couplings, and valves	אואם אם צום	Muck cookers	DY DN WNA	
Door gaskets and seating	DIY ON ON/A	Stills	Y ON DN/A	
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	A/אפל אם צם	
Pumps	DY ON ON/A	Diverter valves	DY ON DN/A	
Solvent tanks and containers	BY ON ON/A	Cartridge filter housings	DY ON ON/A	
Water separators	DY ON ON/A			
4. Which method of detection is used by	the responsible official?	er en	,	
Visual examination (condensed	solvent on exterior surface	es)	Ø	
Physical detection (airflow felt	through gaskets)		Ø	
Odor (noticeable perc odor)	-		Ø	
Use of direct-reading instrumen	tation (FID/PID/caterane	( Trubes)	ti '	
Halogen leak detector	<u> </u>		<b>D</b>	
If using direct-reading ins	trumentation, is the equi	oment:	QIN/A	
a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	OY ON	
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	מם עם	
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON	
d. Kept in a clean and	secure area when not in us	se?	OY ON	
e. Verified for accurac	y by use of duplicate samp	oles (calorimetric only)?	OY ON	

CHARLES M NORMAN	7/27/99
Inspector's Name (Please Print)	Date of Inspection
Clark M Horman	212 mos
Inspector's Signature	Approximate Date of Next Inspection

to the second of the second o
•

#### INTEROFFICE MEMORANDUM

Date:

26-Apr-2000 12:24pm

From:

Charles Norman PEN 850/595-836

NORMAN\_C@al.deppns.dep.state.fl.us

Dept: Tel No:

To:

Rick Butler TAL

( BUTLER\_R@A1 )

Subject: One Hour Martinizing, 1130157

Please change address to 2831 Gulf Breeze Parkway. Facility did not move, Post Office changed numbers.

Acc

Revised 01/18/00

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

FACILITY NAME: Our Hove Monting DATE	4/0%
FACILITY LOCATION: 283/ GV15 BREEZE PRICE	P. C.
GV/5 BREEZE F23256/ 3/3	A CONTRACTOR
Annual Reporting Period: 28 July 199920 TO 4/25/	20_0
Based on each term or condition of the Title V general air perinit, my facility has remained in compliance with DE	P Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	□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	d stated above:
Sa El I de la Maria de Caractería de Caracte	
Exact period of non-compliance: from to	
APR 2 0 2000  Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	<del></del>
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period	d stated above:
Exact period of non-compliance: from	
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 is in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for traccombination facilities.	t, based upon
RESPONSIBLE OFFICIAL: Lech S. Marie (Please Print)  Name (Please Print)  Signature	ate

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0900	TIME OUT: 0945	AIRS 1D#: 1/3	0157
TYPE OF FACILITY: DC			•
FACILITY NAME: ONe	House Mastinizin	G-	DATE: 4/20/00
FACILITY LOCATION: 25		Kwy	
Gu	If Breen FC 3.	256 Ś	
RESPONSIBLE OFFICIAL: Be	0 -	PHONE NUMBER:	932-0353
لخستر	ne compliance requirements evalua ule 62-213.300, Florida Administra	ted during this inspection, the faciliative Code (F.A.C.).	ty is found to be in
Based on the results of the discrepancies were noted	-	ted during this inspection, the follo	wing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTIO	ON REQUIRED
	ENTERED		
	APR 2 0 2000		
<del></del>			
··.			
COMMENTS:			
	•		·
The Annual Compliance Certifica	tion form has been properly certifi	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION			
INSPECTION CONDUCTED E		proximate) 2218-10	
,	, ,	ease Print)	- 22 · A
INSPECTOR'S SIGNATURE:	Month // former	PHONE NUMBER:	
	Page	of .	1227 Revised 10/96

# TITLE V AIR QUALITY GENERAL PERMIT -INSPECTION SUMMARY REPORT

AIRS ID#:
113015/
DATE: 4/20/00
/
PHONE NUMBER:
g this inspection, the facility is found to be in
e (F.A.C.).
g this inspection, the following compliance
OLLOW-UP ACTION REQUIRED
,
<u> </u>
bmitted to the inspector.  YES  NO  NO
re)
•
t)
PHONE NUMBER:

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	′ 🗅
AIRS ID#: 1130157 E	DATE: 4 20/05	O TIME IN	N: 0900 TIME OUT:	0045
FACILITY NAME:	1		1000	-
FACILITY LOCATION: 25	001 ~ 4	Sam of		
<u>G</u>	ul Baren		32561	
RESPONSIBLE OFFICIAL :	Back Way	a lans	PHONE: 932-035	52_
CONTACT NAME:	0 0	good	PHONE:	
CONTACT NAME:			PRONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	30 days prior to startup			ם
2. Facility failed to notify DARN	I to use general permit		·	<b>Q</b> .
DADTIL OF ACCIPICATION				
PART II: CLASSIFICATION	ENTEREN			
Facility indicated on notificatio (check appropriate box)	ENTEREN		☐ No notification form ☐ Drop store/out of business	s/petroleum
Facility indicated on notification	APRZ W ŻÓŚ	New small a	☐ Drop store/out of business	:/petroleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area sourc dry-to-dry only, x < 140 gal/y	APR 2 to 2000 co	y-to-dry only,	☐ Drop store/out of business rea source ☐ x < 140 gal/yr	:/petroleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	APR 2 that it is is a constant of the constant	y-to-dry only, ansfer only, $x < 1$ oth types, $x < 1$	☐ Drop store/out of business  rea source ☐  x < 140 gal/yr < 200 gal/yr 40 gal/yr	:/petroleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	APR 2 that it is is a constant of the constant	y-to-dry only, ansfer only, $x < 1$ oth types, $x < 1$	☐ Drop store/out of business  rea source ☐  x < 140 gal'yr < 200 gal/yr	:/petroleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source	APR 2 that 2000  The Control of the	y-to-dry only, ansfer only, $x = 0$ on types, $x < 1$ on onstructed on New large as	☐ Drop store/out of business  rea source ☐  x < 140 gal/yr < 200 gal/yr  40 gal/yr or after 12/9/91)  rea source ☐	:/petroleum
Facility indicated on notificatio (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)	APR 2 that 2000  The control of the	y-to-dry only, ansfer only, x of types, x < 1 onstructed on New large at y-to-dry only,	☐ Drop store/out of business  rea source ☐  x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	:/petroleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,1 transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	APR 2 that 2000  The 2. The street of the st	y-to-dry only, ansfer only, x oth types, x < 1 onstructed on New large at y-to-dry only, ansfer only, 20 oth types, 140	Drop store/out of business  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 50 \le x \le 1,800 \text{ gal/yr}$ $= 50 \le x \le 1,800 \text{ gal/yr}$ $= 50 \le x \le 1,800 \text{ gal/yr}$	:/petroleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91)	APR 2 that 2000  The 2. The strain of the st	y-to-dry only, ansfer only, x oth types, x < 1 onstructed on New large at y-to-dry only, ansfer only, 20 oth types, 140 onstructed on	☐ Drop store/out of business  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 50 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	:/petroleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,1 transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	APR 2 that 2000  The 2. The strain of the st	y-to-dry only, ansfer only, x oth types, x < 1 onstructed on New large at y-to-dry only, ansfer only, 20 oth types, 140	Drop store/out of business  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 50 \le x \le 1,800 \text{ gal/yr}$ $= 50 \le x \le 1,800 \text{ gal/yr}$ $= 50 \le x \le 1,800 \text{ gal/yr}$	:/petroleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gr (constructed before 12/9/91)  5. This is a correct facility clauling approach the authorized before the authorized the second constructed before 12/9/91)	APR 2 that it is  the 2.  Tr dry  tra  bo  (co  e 4.  100 gal/yr dry  gal/yr tra  al/yr bo  assification  appropriate classification	y-to-dry only, ansfer only, x oth types, x < 1 onstructed on New large at y-to-dry only, ansfer only, 20 oth types, 140 onstructed on	Drop store/out of business  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine	:/petroleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,1 transfer only, 200 \le x \le 1,800 gal (constructed before 12/9/91)  5. This is a correct facility cla  If no, please check the a	AFR 2 that 2000  The 2. The transposition of the tr	y-to-dry only, ansfer only, x on the types, x < 1 on structed on New large any-to-dry only, ansfer only, 20 on types, 140 on structed on New large and New l	Drop store/out of business  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine	:/petroleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	\
1. Storing perchloroethylene in tightly sealed and impervious containers?	A/או <b>גק</b> אם צם
2. Examining the containers for leakage?	בא עם אם ארע (A
3. Closing and securing machine doors except during loading/unloading?	MO YE
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ØaY □N ŪN/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אוחם אם צופע
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 refr. (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mi prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A) Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	ş:
Equipped all machines with the appropriate vent controls?	MY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AYNO NO YE
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	בא בא אם אם או
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON WID
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON BIN/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ראש אם צם

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON WAY
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DONA
	Is the temperature differential equal to or greater than 20° F?	DY DN DNIA
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?	day on on/a
	Is the perc concentration equal to or less than 100 ppm?	ANA DN DN/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?	MY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN DNYA
6.	Routed airflow to the carbon adsorber (if used) at all times?	אואם אם עם

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	אם אפ
2. Maintained rolling monthly total of perc consumption?	MA OK
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ANG NO YES
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	QY ON ONA
6. Maintained startup/shutdown/malfunction plan?	שא מא "
7. Maintained deviation reports?	איאפל אָם צם
Problem corrected?	AND YO
8. Maintained compliance plan, if applicable?	איאפ אם אם

& Go #= 19. Zgne

282 A C 82:

PART VI:	LEAK	DETECTION	AND REPA	IRS
----------	------	-----------	----------	-----

l.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
r	inspection?		•	BY ON	
2.	Has the facility maintained a leak lo	g?	•	MD AES	
3.	Does the responsible official check to	he following areas for leak	rs?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	A'NG NO YO	
:	Door gaskets and seating	DY ON ON/A	Stills '	OY ON ON/A	
	Filter gaskets and seating	AND ND YES	Exhaust dampers	DY DN 20N/A	
	Pumps	MY ON ON/A	Diverter valves	DY DY QNYA	
	Solvent tanks and containers	אואם אם אפ	Cartridge filter housings	DY ON ON/A	
	Water separators	DY ON ON/A			
4.	Which method of detection is used b	by the responsible official?			
	Visual examination (condense	d solvent on exterior surfac	ces)	O	
	Physical detection (airflow fel	t through gaskets)		<b>2</b>	
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector				
	If using direct-reading in	strumentation, is the equi	ipment:	□N/A	
	a. Capable of detecti	ng perc vapor concentration	ns in a range of 0-500 ppm?	□Y □N	
	b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?				
	c. Inspected for leaks	s and obvious signs of wear	r on a weekly basis?	DY DN	
	d. Kept in a clean an	d secure area when not in u	ise?	OY ON	
	e. Verified for accura	acy by use of duplicate sam	nples (calorimetric only)?	DY DN	

( HANLES NICE MAN)	4/20/00
Inspector's Name (Please Print)	Date of Inspection
Much Many	
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		·
	·	·•
		•
·		·
		·

8

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

RECEIVED MAIL ROOM

JAN 15 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 1130157 NU-WAY DRY CLEANING & LDY INC BECKY MAUGHON 2809 GULF BREEZE PARKWAY GULF BREEZE FL 32561 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

ОЫ: 002273



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

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**TOTAL AMOUNT DUE: \$50.00** 

FEB 17 98

302802

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AIRS ID 1130157 NU-WAY DRY CLEANERS & LDY INC BECKY MAUGHON 2809 GULF BREEZE PARKWAY GULF BREEZE FL 32561

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Оьј.: 002273

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#### **TOTAL AMOUNT DUE: \$50.00**

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AIRS 1D # 1130157

2831

ONE HOUR MARTINIZING
BECKY MAUGHON
2809 GULF BREEZE PARKWAY
GULF BREEZE FL 32561

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Sparset #

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-0390061

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TOTAL AMOUNT DUE: \$50.00 pure and of Air

Do NOT Remove Label

AIRS ID # 1130157

ONE HOUR MARTINIZING BECKY MAUGHON 2813 GULF BREEZE PARKWAY **GULF BREEZE FL 32561** 

FOR COVERNMENT USE ONLY Ong.: 37550101000 EQ: B1

Fund: 20-2-035001 Obj.: 002273

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 0

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 # 1130157

ONE HOUR MARTINIZING BECKY MAUGHON 2831 GULF BREEZE PARKWAY GULF BREEZE FL 32561 FOR GOVERNMENT USE ONLY—
Org.: 37550101000 EO: A1 OV
Fund: 20-2-035001 Obj.: 002273



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

	Z 333 L US Postal Service Receipt for Cer No Insurance Coverage	tified Mail		
I 2	NU-WAY DRY CLEANE BECKY MAUGHON 1809 GULF BREEZE PA GULF BREEZE FL 3256	RKWAY		
	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
1995	Return Receipt Showing to Whorn & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
800,	TOTAL Postage & Fees	\$		
PS Form <b>3800</b> , April 1995	Postmark or Date			

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spac permit.  Write 'Return Receipt Requested' on the mailpiece below the article  The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery  Consult postmaster for fee.	ceipt Service.
ADDRESS completed	3. Article Addressed to:  AIRS ID 1130157  NU-WAY DRY CLEANERS & LDY INC BECKY MAUGHON 2809 GULF BREEZE PARKWAY GULF BREEZE FL 32561	4a. Article N 4b. Service Registere Express Return Rec	Type  ed Certified  Mail Insured  ceipt for Merchandise COD	you for using Return Rec
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994	9. Addressed and lee is		Thank

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75	Postage	\$	ž
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0520	Recipi BECKY M	AIRS ID # 1130 AUGHON	)157001AG
		R MARTINIZING BREEZE PARKWA	AV
7000		EZE FL 32561	
	PS Form 3800, Februa	ary 2000	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	AND TO THE RIGHT OF B
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  Received by (Please Print Clearly)  B. Date of Delivery  Received by (Please Print Clearly)  B. Date of Delivery  Addressee  Addressee  D. Is delivery address different from item 19 Yes  If YES, enter delivery address below:
AIRS ID # 1130157001AG ECKY MAUGHON NE HOUR MARTINIZING 331 GULF BREEZE PARKWAY ULF BREEZE FL 32561  DS20020 9372 6681  2. Article Number (Copy from service label)	3. Service Type Certified Mail
PS Form 3811, July 1999 Domestic Re	all Magazin morning garantee conference for the latest conference for