

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. Robert E. Lohr A Personal Touch Dry Cleaner 1577 Fruitville Road Sarasota, Florida 34236

Dear Mr. Lohr:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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 Dixtz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Louis Fernandez, Southwest 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):
	Robert E. Lohr.
2.	
	Site Name (For example, plant name or number): A Pensonal Touch Dey Cleaner.
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: Street Address: 1577 Faut-tuille Rd.
	Street Address: 18 11 Paul 4 011 12
	Street Address: 13 11 County: Sana sota Zip Code: 34236
5.	Facility Identification Number (DEP Use):
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Responsible Official
6.	Name and Title of Responsible Official:
	Robert F. Lole Owner.
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address:
	City: County: Zip Code:
	2.p 0000.
8.	Responsible Official Telephone Number:
	Telephone: (941) 952 - 160 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
10.	activity 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 # 1150073.

P.13

7 should be filled in

P. 14

- 1. (c) should not be marked
- 2 (a) spoke to John Lohron
 9/10/96 and ne has used
 35 gal in the past
 10 months. this amount
 should be filled in.
 P.15
 - 5. Mr. Lonr informed me that he uses natural gas_ therefore the first box should be marked

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	lD	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 .							
(1) w/ ref. condenser	# 1	POCT 95	10 Oct 95						
(2) w/ carbon adsorber		· ·							
(3) w/ no controls			_						
Washer Unit			Į.		<u>.</u>			•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber			_			ł			
(6) w/ no controls									-
Dryer Unit									1
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		•			•				
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are re	equired to be ity of perchlo	installed [perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found	\ <u></u>	3) of '	Part II?	
_									
Existing large are	ea sou	urce []	Ne	w lar	ge area sour	ce []			

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser [X]
New large area source Refrigerated condenser []
5. A facility which contains non assessed emissions write shall not be aliable to use the general name transport
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
0
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
(e) Instrument calibration (f) Start-up, shutdown, malfunction plan
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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)
ιXί	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 cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prot	mptly notify the Department of any changes to the information contained in this notification.

Signature



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

Ķχ

COMPLAINT/DISCOVERY

RE-INSPECTION

. 1		
AIRS ID#: 1150073 DATE:	TIME IN: 2:35 /TIME OUT:	_
FACILITY NAME: A PERSONAL	TOUCH DRYCLEANER)
FACILITY LOCATION: 1577 FRUITY	VILLE RD. Papeled up of 15/00	$ _ / $
SARASOTA, F	FL 34236 No longer at this is)
RESPONSIBLE OFFICIAL: ROBERT LO		
CONTACT NAME:	PHONE: HELD HOVE	
	/ /I.S. 4	
PART I: NOTIFICATION	2000 0018	
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	artup /	
2. Facility failed to notify DARM to use general pe	ermj(
	/	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum	
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source \square	70 m
both types, x < 140 gal/yr (constructed before 12/9/91)	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)	
both types, x < 140 gal/yr	both types, $x < 140 \text{ gal/yr}$ (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ (constructed on or after 12/9/91)	
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 < x < 1,800 gal/yr	both types, $140 \le x \le 1,800$ gabyi	
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 (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a ge	(constructed on or after $12/9/91$) $\square Y \qquad \square N \qquad \square Can not determine$	



Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A Personal Touch Dry Cleaner DATE: 7/22/97
FACILITY LOCATION: 1577 Fruituille Rd
Sovasata
Annual Reporting Period: Sept (, 1996 TO , July 22, 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. TYES
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: Record keeping - leak the ck log + temperature versule Exact period of non-compliance: from Q / 9 6 to 7/22/97 Action(s) taken to achieve compliance: Logs Created Method used to demonstrate compliance: Logs Created #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 rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

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*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.

AUG 6 1997

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Robert E. Lohr.
2.	Site Name (For example, plant name or number):
	A Pensonal Touch Dey Cleaner.
3.	Hazardous Waste Generator Identification Number:
	CESQG
4.	Facility Location: Street Address: 1577 Faut toille Rd.
	City: Sansota Zip Code: 34236
.5.s.	Facility Identification Number (DEP Use): 415 007.3
	Responsible Official
6.	Name and Title of Responsible Official: Robert F. Lole Owner.
7.	Name and Title of Responsible Official: Responsible Official Mailing Address: Organization/Firm: A Personal Touch Dry Cleaner Street Address: City: Sarasota Zip Code: 34236
8.	Responsible Official Telephone Number:
	Telephone: (941) 952 - 160 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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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-
Dry-to-Dry Unit	<u> </u>	1	_						
(1) w/ ref. condenser	# 1	10ct 95	10 Oct 95	T					
(2) w/ carbon adsorber			ĺ						
(3) w/ no controls									
Washer Unit		<u> </u>	•		:			•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		· · ·	•					•	
(7) w/ ref. condenser									,
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			•			·			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls			_						
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol Check why it is less	are re quant	equired to be ity of perchlo	installed E	perc)			٠.		
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sm	nall area sour	ce 🔀	3) of	Part II?	
Existing large are	a sol	11 CE	Ne	w Idi	ge area sour	LE			

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	control technology is requate with an "X".)	ired on machines	pursuant to section (5) of F	Part II of this notification form?
	Existing large area source Carbon adsorber		Refrigerated condenser	
	New small area source Refrigerated condenser	LX		
	New large area source Refrigerated condenser			
to Rule 62		that all steam and		use the general permit pursuant s on-site meet the following
boiler HP	or less), and (2) are fired	d exclusively by no		0 million BTU/hr or less (298 ds of natural gas curtailment fired.
	and hot water generating units on-site	units exempt		
	Equipme	ent Monitoring a	nd Recordkeeping Inform	nation
Check all	logs which are required t	o be kept on-site i	n accordance with the requ	irements of this general permit:
(a) Purcha	ase receipts and solvent p	urchases		, K
(b) Leak of	detection inspection and re	epair		(X)
(c) Refrig	erated condenser tempera	ture monitoring		
(d) Carbo	n adsorber exhaust perc c	oncentration mon	itoring	
(e) Instrur	ment calibration			
(f) Start-u	up, shutdown, malfunction	n plan		ĹΧ̈́

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)
ιXί	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	mptly notify the Department of any changes to the information contained in this notification.
Signature	1118. Pl
	JS-AD 7/22/97

acc

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	
FACILITY NAME: A Parsonial FACILITY LOCATION: 1577	S. S. S. C. C. Linking	
PART I: NOTIFICATION		
(check appropriate box) 1. Existing facility notified DARM by 9/1/96		
New facility notified DARM 30 days prior to star	dun	
3. Facility failed to notify DARM to use general per	•	0
	· ·	
PART II: CLASSIFICATION		
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (source="" 100="" 140<x<2,="" 200<x<1,800="" dry-to-dry="" gal="" only,="" td="" transfer="" yr="" yr<=""><td>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) 4. New large area source dry-to-dry only, 140<x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td></x<2,></td></x<2,>	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) 4. New large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td></x<2,>	
both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)="" a="" before="" classification<="" correct="" facility="" gal="" is="" td="" this="" yr=""><td>both types, 140<x<1,800 (constructed="" 12="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td></td></x<1,800></td></x<1,800>	both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td></td></x<1,800>	
If no, please check the appropriate classification:		
facility qualified for a general permoderate facility exceeds above limits and is B. The total quantity of perchloroethylene (perc) pure facility was gallons.	s not eligible for a general permit	y cleaning

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 scaled containers for at ND YK least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber □Y □N XN/A 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: (ckéck appropriate boxes) 1. Equipped all machines with the appropriate vent controls? \mathbf{A} Y \square \square \square \square \square 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 XY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 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:	_
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
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
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?	ОУ ОИ
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)	
	XY □N
(check appropriate boxes)	/ \
(Check appropriate boxes) 1. Maintained receipts for perc purchased?	MAX DA
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	/ \
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 	/ \
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	DY XIN
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	OY XV OY XV OY XV
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) 	OY AN OY AN OY AN OY ON AN
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? 	OY AN OY AN OY AN OY ON AN OY ON AN OY ON AN
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	OY AN OY AN OY AN OY AN OY ON AN OY ON AY OY ON AY ON OY ON ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? 	OY AN OY AN OY AN OY AN OY ON OY OY OY OY OY OY OY OY OY
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable? 	
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	

2 11/15	nich method of detection is used by t	he respor	sible official?			
2. ***	•	-		oc)	<u>-</u> }a′	
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt th	rough ga	skels)		E (
	Odor (noticeable perc odor)				À	
	Use of direct-reading instrumenta	ition (FII)/PID/calorimet	ric tubes)		NID
	If using direct-reading instrume	entation,	is the equipme	ent:		10/7
,	a. Capable of detecting	perc vapo	r concentration	s in a range of 0-500 ppm?		אנ
	b. Calibrated against a s (PID/FID only)?	standard į	gas prior to and	after each use		ואו
	c. Inspected for leaks an	ıd obviou	s signs of wear	on a weekly basis?	OY ON	
d. Kept in a clean and secure area when not in use?					אם אם	
c. Verified for accuracy by use of duplicate samples (calorimetric only)?					OY ON	
3. Has the facility maintained a leak log?					□Y BX	
4. Do	es the responsible official check the	following	g areas for leaks	?		
	Hose connections, fittings, couplings, and valves	A Y	□N	Muck cookers	βJY	□Ν
	Door gaskets and scating	Y	□N	Stills	⊠ÝY	□и
	Filter gaskets and seating	BY	□N	Exhaust dampers	ΥĢ	□и
	Punips	Ŷ ⊠ Υ	□N	Diverter valves	ÐΥ	□и
	Solvent tanks and containers	ØΥ	□N	Cartridge filter housings	βγ	□и
	Water separators	A A	□N			

Name of Responsible Official

Inspector's Name (Please Print)

Inspector's Signature

7-22-97
Date of Inspection

Approximate Date of Next Inspection

Perkmatic - No trag

all

RECEIVED FER 1 4 MUNITORING Bureau A A MUNITORING & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1150073

ROBERT E LOHR
ROBERT E LOHR
1577 FRUITVILLE ROAD
SARASOTA FL 34236

Do NOT Remove Label

Annual Reporting Period:	March	1	19 <u>98</u>	ТО	March				1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F							rith D	EP Rul	
If NO, complete the following:									
#1. Term or condition of the general permit	that has not bee	en in con	tinuous c	omplia	nce during the	reporting	g peri	od state	ed 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 bee	en in cont	tinuous co	ompliar	nce during the	reporting	₩	od state	ed pro ve:
Exact period of non-compliance: from				1	to	Mobile Sources		8	СП
Action(s) taken to achieve compliance:			•			So	<u>₹</u>	S	
Method used to demonstrate compliance:						rces	Monitoring	1998	П
							<u> </u>		D ,

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:

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

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

RE-INSPECTION	и п
AIRS ID#: 1500 13 DATE: \$ 5/9/	TIME IN: 3 OF TIME OUT: 1:30
FACILITY NAME: A FERSONAL TOW	
FACILITY LOCATION: 511 Fruit	-ville 7d.
SAra SHA.	FL 34236
RESPONSIBLE OFFICIAL: Robert L.	PHONE: 941 952-160
CONTACT NAME:	PHONE:
DADEL NOBELICATION	8
PART I: NOTIFICATION	
(check appropriate box)	rtup
1. New facility notified DARM 30 days prior to sta	rtup & Z O
2. Facility failed to notify DARM to use general pe	rtup mit Solventia
	Ç 6
PART II: CLASSIFICATION	18
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 dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,300 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y ON OCan not determine
	cation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchlorocthylenc (perc) pu facility was gallons.	urchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers? Fates Right in MacHine	DY DN DNA
2. Examining the containers for leakage?	DY DN DN/A
3. Closing and securing machine doors except during loading/unloading?	QY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	Y ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON DN/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A: Wit Haz (Prigerated Conderses	
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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus installed prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
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?	DY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO TA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אאם אם צאָל
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? The tip that is below 4500. 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the	by ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the Help condenser exceeded 45°F?	OY ON ONIA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	₩Y □N

PART III: GENERAL CONTROL REQUIREMENTS

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?	ПΥ	DΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20°77.	ПΥ	ПN	□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?	\Box Y	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩУ	ΠИ	□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?	ΩΥ	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	□Y □N
2. Maintained rolling monthly averages of perc consumption?	XY ON /
3. Maintained leak detection inspection and repair reports for the following:	` ,
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON DONA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON DANA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ANA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DNA
6. Maintained startup/shutdown/malfunction plan?	DAY ON
7. Maintained deviation reports?	AVA NO YO
Problem corrected?	OY ON WIN/A
8. Maintained compliance plan, if applicable?	DY DN DN/A
recording a pead A 508	•

Revised 8/11/97

1'.	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			ØY □N			
2.	Has the facility maintained a leak log	??		φy ON			
3.	Does the responsible official check th	ic following areas for leaks	?	1 \			
	Hose connections, fittings, couplings, and valves	AVO NO VA	Muck cookers	AY ON ON/A			
	Door gaskets and scating	אואם אם צק	Stills	אואם אם אוא			
	Filter gaskets and seating	AND NO YOU	Exhaust dampers	AND ND YA			
	Pumps	אואם אם צל.	Diverter valves	AND NO Y			
	Solvent tanks and containers	DRY ON ONIA	Cartridge filter housings	DN DN/A			
	Water separators	AND NO Y \mathcal{D}'					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surface	es)	4			
	Physical detection (airflow felt	through gaskets)		#K			
	Odor (noticeable perc odor)			A			
	Use of direct-reading instrumer	ntation (FID/PID/calorimet	ric tubes)	ם			
	Halogen leak detector						
	If using direct-reading ins	trumentation, is the equip	oment:	ØN/A			
	a. Capable of detectin	g perc vapor concentration	s in a range of 0-500 ppm?	מם צם			
	b. Calibrated against a (PID/FI) only)?	a standard gas prior to and	after each use	אם צם			
•	OY ON						
	se?	OY ON					
	e. Verified for accurac	cy by use of duplicate samp	les (calorimetric only)?	OY ON			
	_ .						

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUALXX	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:		AIRS ID#: <u>115(</u>	0073
TYPE OF FACILITY:	Dry Cleaner			
FACILITY NAME:				
FACILITY LOCATION:	1577 Fruitville Ro	oad		<u> </u>
	Sarasota, FL			
RESPONSIBLE OFFICIAL:	Robert Lohr		PHONE NUMBER:	941/952-1601
compliance with DE	of the compliance requireme P Rule 62-213.300, Florida A of the compliance requireme	Administrative Co	ode (F.A.C.).	
discrepancies were n	•		····	
	QUIREMENT/PROBI		FOLLOW-UP ACTI	ON REQUIRED
not recording	actual ter	np. haust	Will record	Starting
Out He is	stream secording the book or below	at	to	day.
Calendar	indicates belo		RE	
			Bureau of A	
			1948 Air Monitoria Aie Sources	ED
			<i>g</i> a.	
COMMENTS:			-	
The Annual Compliance Certi	fication form has been prope	erly certified and s	submitted to the inspector.	YES NO
DATE OF NEXT INSPECT	ION: 08/99	(Approxima	ate)	
INSPECTION CONDUCTE	D BY: Susan Ca		•	
2. O. Berron Combotil		(Please Pri	nt)	
INSPECTOR'S SIGNATUR	Eyus Cone.		PHONE NUMBER:_	378-6128
	_	Page of		Revised 10/96



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	_ _
FACILITY NAME: A PUSONAL TON'H Dry Cleaner D.	ATE: 18/0=/98
FACILITY LOCATION: 511 Fruitville Rd.	
Darasofa FU 34236	
Annual Reporting Period: 1/22/91 19 TO	19]
Based on each term or condition of the Title V general air permit, my facility has remained in compliance wi 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES	th DEP Role
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting	
Mot Recording temperature of Contensor patlet exhauses the cking regularly to ensure below 45°F. Exact period of non-compliance: from 1/22/91 to 1/5/9,	8
Action(s) taken to achieve compliance: Began recording femperature realization	iding AS OF
Method used to demonstrate compliance: Following inspection	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting	period stated above:
- Q	
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	3 1
Wethod used to demonstrate compitance:	<u> </u>
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-tocilities o	lene solvent, based
year for transfer or combination facilities.	. 1 / /
RESPONSIBLE OFFICIAL: Name (Please Print) Signature	#5/48 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	XX	COMPLAINT/DISCOVERY	
	RE-INSPECTION			
AIRS ID#: 1150073	DATE: 9/20/99	TIME I	N: STUME OUT	: 1
FACILITY NAME: A	PERSONAL TOUC	H DRYCLEA	NER ST.	
FACILITY LOCATION:	1577 FRUITVIL	LE RD.	orces of the control	
	SARASOTA, FL	34236	(7	
RESPONSIBLE OFFICIAL	: ROBERT LOHR		PHONE: 941/952-16	501
CONTACT NAME:			_ PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	M 30 days prior to starty	ın.		
New facility hodiled DAN Facility failed to notify DA	•	•		0
PART II: CLASSIFICATIO	אַי			
PART II: CLASSIFICATION Facility indicated on notification (check appropriate box)			☐ No notification form ☐ Drop store/out of business	/petroleum
Facility indicated on notifica	tion form that it is: aree 2 1/yr d 'r tr	e. New small a lry-to-dry only, ransfer only, x ooth types, x < 1 constructed on	☐ Drop store/out of business rea source x < 140 gal/yr < 200 gal/yr	/petroleum 20gal 20gal
Facility indicated on notifica (check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/yboth types, x < 140 gal/yr	tion form that it is: arce 2 l/yr d r tr b .) (0 arce 4 2,100 gal/yr d 800 gal/yr tr b gal/yr b	lry-to-dry only, ransfer only, x sooth types, x < 1 constructed on large at lry-to-dry only, ransfer only, 20 to types, 140 to types, 140 to the types, 140	☐ Drop store/out of business rea source $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91) ☐ 99	/petroleum 10gal 10gal 7 Jogal
Facility indicated on notifica (check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	tion form that it is: arce 2 l/yr d r tr b () (0) arce 4 2,100 gal/yr d 800 gal/yr tr b gal/yr b () (0)	lry-to-dry only, ransfer only, x sooth types, x < 1 constructed on large at lry-to-dry only, ransfer only, 20 to types, 140 to types, 140 to the types, 140	Drop store/out of business rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,300 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	Dogal Dogal
Facility indicated on notifical (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the faci	tion form that it is: arce 2 l/yr d r tr b c) (6 arce 4 2,100 gal/yr d 800 gal/yr tr b gal/yr b classification c e appropriate classificati	lry-to-dry only, ransfer only, x ransfer only, x roth types, x < 1 constructed on a large and lry-to-dry only, ransfer only, 20 to th types, 140 constructed on a large and lry and lry large and lry large and lry-to-dry only, ransfer only, 20 to the types, 140 constructed on a large and lry large	Drop store/out of business rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,300 \text{ gal/yr}$ or after $12/9/91$) Can not determine	Dogal Dogal

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? Puts into 2. Examining the containers for leakage? AD YE 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON ON/A 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 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 □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 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?

PART III: GENERAL CONTROL REQUIREMENTS

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?	ПΥ	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩΥ	ПΝ	□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,		ΟN	
	if machines are equipped with a carbon adsorber?			□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟΥ	ΠИ	□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?	\Box Y	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ΠИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	Ay □n
2. Maintained rolling monthly averages of perc consumption?	da on
3. Maintained leak detection inspection and repair reports for the following:	1
a. documentation of leaks repaired w/in 24 hrs? or;	OY 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 ON DYNA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON QN/A
6. Maintained startup/shutdown/malfunction plan?	φy □n `
7. Maintained deviation reports?	OY ON CANA
Problem corrected?	OY ON ONA
8. Maintained compliance plan, if applicable?	באא מם צם

3 of 5

P.	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			ф _Y Y Пи	
2.	Has the facility maintained a leak log	?		y □n	
3.	Does the responsible official check the	e following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	AVO NO YA	Muck cookers	AY ON ON/A	
	Door gaskets and seating	Y ON ON/A	Stills	Y ON ON/A	
	Filter gaskets and seating	אומם מם צם	Exhaust dampers	Y ON ON/A	
	Pumps	AND NO YA	Diverter valves	AV ON ON/A	
	Solvent tanks and containers	AND NO NO	Cartridge filter housings	DYY ON ONA	
	Water separators	AND NO YE			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surface	s)	×	
	Physical detection (airflow felt the	rough gaskets)		₩ ₩	
	Odor (noticeable perc odor)			XI	
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	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	□У □И	
	c. Inspected for leaks a	nd obvious signs of wear o	on a weekly basis?	DY DN	
		secure area when not in us		OY ON	
	e. Verified for accuracy	by use of duplicate sampl	les (calorimetric only)?	OY ON	
			•		
_					
\leq	Inspector's Name (Please Pr	int)	Date of Inspe	ction	
	Sugar () 1		9/200-		
Inspector's Signature Approximate				Next Inspection	

AIRS ID#: ___1150073

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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	_	`					
FACILITY NAME:	A PERSONAL T	OUCH DRY	CLEANER		·]	DATE:	3/22/99
FACILITY LOCATION: _	1577 FRUITVI	LLE RD.					
	SARASOTA, FL	34236					
<u> </u>							
Annual Reporting Period:	08/05/98		_19 T	ro	9/22		19 <u>_99</u>
Based on each term or conditi	on of the Title V gene	ral air permit, i	ny facility ha	s remained in	n compliance v	vith DEP R	ule
62-213.300, Florida Administ	rative Code (F.A.C.),	during the peri	od covered by	this stateme	nt. YES		lno
If NO, complete the following	:				\		
#1. Term or condition of the	general permit that ha	s not been in co	ntinuous con	npliance duri	ng the reportir	ng period st	ated above:
Exact period of non-complian	ce: from	_	_	to			
Action(s) taken to achieve cor	mpliance:			:			
Method used to demonstrate c	ompliance:						·
#2. Term or condition of the	general permit that ha	s not been in co	ntinuous con	npliance duri	ng the reportin	ng period st	ated above:
				•			
Exact period of non-complian	ce: frøm			to			
Action(s) taken to achieve con	apliance:						
Method used to demonstrate o	ompliance:		•				
	,				<u></u>		
As the responsible official, I he made in this notification are to upon rolling averages of purchyear for transfer or combination RESPONSIBLE OFFICIAL	rue, accurate and com hase receipts, does no on facilities	plete. Further, t exceed 2,100	my annual c	consumption of	of perchloroeth odry facilities	hylene solv	ent, based
	_						

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	XX JAUNNA	COMP	LAINT/DIŚCOVERY		RE-INSPECTION
TIME IN:	TIME OUT:		AIRS IE)#: 115(0073
TYPE OF FACILITY:	DRYCLEANER				
FACILITY NAME:	A PERSONAL TOU	ЈСН			DATE: 9/22/99
FACILITY LOCATION:		E RD.	·		
	SARASOTA, FL				
RESPONSIBLE OFFICIAL:	ROBERT LOHR		PHONE NU	JMBER:_	941/952-1601
compliance with DEP Ru	e compliance requirements le 62-213.300, Florida Adn e compliance requirements	ninistrati	ve Code (F.A.C.).		
discrepancies were noted:	•	evaluate	a during this inspection	, the folio	wing comphance
COMPLIANCE REQUI		M	FOLLOW-UP	ACTIC	ON REQUIRED
					•
				_	
COMMENTS:		•			
The Annual Compliance Certificati	on form has been properly	certified	and submitted to the in	spector.	YES NO
DATE OF NEXT INSPECTION:	19/2000				<i>i</i> ×
			oximate)		
INSPECTION CONDUCTED BY	:SUSAN CA				
INSPECTOR'S SIGNATURE:	Jun Com	(Pleas	e Print)PHONE NUI	MBER:	941/378-6128

Revised 10/96

on the reverse side?	■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. □ Addressee's Address 2. □ Restricted Delivery Consult postmaster for fee.
IN ADDRESS completed o	AIRS ID 1150073 ROBERT E LOHR ROBERT E LOHR 1577 FRUITVILLE ROAD SARASOTA FL 34236	4b. Service Registere Express I	Type ed Certified Mail Insured ceipt for Merchandise COD celivery 2
Is your <u>RETUF</u>	5. Received By Print Name 6. Signature: (Addressee de Agent) PS Form 3811, December 1994	8. Addresses and fee is	e's Address (Only if requested 🗧 🛨

° Z 333 612 778

US Postal Service

Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See 2017)

AIRS ID 1150073

ROBERT E LOHR ROBERT E LOHR 1577 FRUITVILLE ROAD SARASOTA FL 34236

		<u>_</u>
	Certified Fee	
	Special Delivery Fee	
_	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whorn & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
2	Postmark or Date	
rs ronn sou	***	
r.		

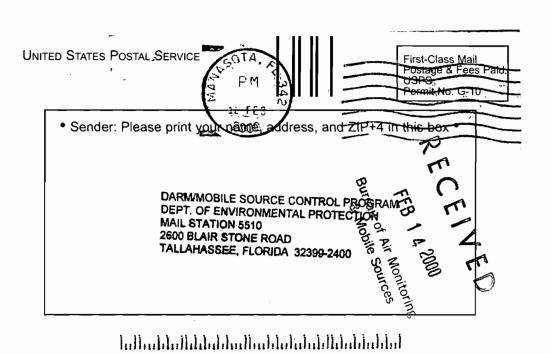
P 174 052 528

US Postal Service Receipt for Certified Mail

A PERSONAL TOUCH DRY CLEANER
ROBERT E LOHR
1577 FRUITVILLE ROAD
SARASOTA FL 34236

F	Postage	\$
c	Certified Fee	
s	Special Delivery Fee	
R	lestricted Delivery Fee	
R & R.C.	leturn Receipt Showing to Whom & Date Delivered	
R/ Da	eturn Receipt Showing to Whom, ate, & Addressee's Address	
T	OTAL Postage & Fees	\$
Po	ostmark or Date	

SENDER: COMPLETE TI	AND Fold at line over top
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Adervery address different from item 1? Yes
1_Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 1150073 COBERT E LOHR 577 FRUITVILLE ROAD ARASOTA FL 34236	
	3. Service Type Certified Mail
P174052528	4. Restricted Delivery? (Extra Fee)



260121

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 10 97

Do NOT Remove Label

AIRS ID# 1150073
A PERSONAL TOUCH DRY CLEANER
ROBERT E LOHR
1577 FRUITVILLE ROAD
SARASOTA FL 34236

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0359137

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 # 1150073

A PERSONAL TOUCH DRY CLEANER ROBERT E LOHR 1577 FRUITVILLE ROAD SARASOTA FL 34236 FOR GOVERNMENT USE ONLY OF 137550101000 EO: BY OF 1001: 002273

Z 570 PPS 58P

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID # 1150073 A PERSONAL TOUCH DRY CLEANER ROBERT E LOHR 1577 FRUITVILLE ROAD SARASOTA FL 34236

	Postage	3	ı
	Certified Fee		1
	Special Delivery Fee		
10	Restricted Delivery Fee		
PS Form 3800 , April 1995	Return Receipt Showing to Whom & Date Delivered		
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
Ē	Postmark or Date		
S Fo			
م			

over top of envelope to	Fold at line
SENDER: COMPLETE THIS SECTION :	COMPLETE ITIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Received by (Please Print Clearly). B. Date of Delivery C. Signature Agent Addressee O. Is delivery address different from item 1? Yes EVES, enter delivery address below: No
AIRS ID # 1150073 A PERSONAL TOUCH DRY CLEANER ROBERT E LOHR 1577 FRUITVILLE ROAD SARASOTA FL 34236	3. Service Type Certified Mail
7 210 662 286	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302604

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#1150073

ROBERT E LOHR ROBERT E LOHR 1577 FRUITVILLE ROAD SARASOTA FL 34236 FOR GOVERNMENT USE ONLY

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

Obj.: 002273



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392149

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 # 1150073

A PERSONAL TOUCH DRY CLEANER ROBERT E LOHR 1577 FRUITVILLE ROAD SARASOTA FL 34236 EB 14 OF

FOR GOVERNMENT USE ONLY

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

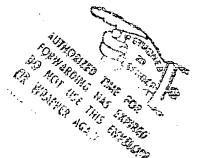
Obj.: 002273

STATE OF FLURIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

Z 210 662 911







2006.01

10 AIRS ID # 1150073001AG ROBERT E LOHR A PERSONAL TOUCH DRY CLEANER 1577 FRUITVILLE ROAD SARASOTA FL 34236

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Fold at tine over top of envelope to	OMPLETE THIS SECTION ON DELIVERY
□ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
 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. 	C. Signature X
Article Addressed to:	D. Is delivery address different from item 1?
10 AIRS ID # 1150073001AG ROBERT E LOHR A PERSONAL TOUCH DRY CLEANER	
1577 FRUITVILLE ROAD SARASOTA FL 34236	3. Service Type 2. Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789
÷	· · · ·
Z 510 665 411	

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID # 1150073001AG 10 ROBERT E LOHR A PERSONAL TOUCH DRY CLEANER 1577 FRUITVILLE ROAD SARASOTA FL 34236

١	Lroraña	Φ .
	Certified Fee	
	Special Delivery Fee	
۱	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
3800	TOTAL Postage & Fees	\$
ණ E	Postmark or Date	