

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

October 14, 1996

Mr. Roy G. Wright Touch of Class Cleaners 935 North Beneva Road Sarasota, Florida 34232

Dear Mr. Wright:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Louis Fernandez, Southwest District



Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 July 17, 2001

David B. Struhs Secretary

Mr. Roy G. Wright Touch of Class Cleaners 935 North Beneva Road Sarasota, Florida 34232

Dear Mr. Wright:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 16.

In reviewing your submittal, it was noted that Touch of Class Cleaners, Inc., elected to surrender its existing Title V air general permit (AIRS ID 1150077). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/jw Enclosure

cc: Mr. Bill Proses, Southwest District

"More Protection, Less Process"

Printed on recycled paper.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
1.	
	ROXANNA ENTERPRISES
2.	Site Name (For example, plant name or number):
	TOUCH OF CLASS CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 981028309
4.	Facility Location: Street Address: 935 N. BENEVA RD
	Street Address: 700 W. School 120 City: SARASOTA Zip Code: 34232
	City. 37777738777 /2, County. 37771770 C777 Zip Couc. 0 / 2 C C
5.	Facility Identification Number (DEP Use):
	1150077
	Responsible Official
6.	Name and Title of Responsible Official:
	ROY G. WRIGHT OWNER
7	Responsible Official Mailing Address:
,. 	Organization/Firm:
	Street Address:
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: $(94/) 365 - 6837$ Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
- •	
10	The state of the s
10.	Facility Contact Address:
1	Street Address:
	City: Zip Code:
1 1	Facility Contact Talankana Number
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
	Totophone. () -
	F) 100

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AUG 29 1996

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Same Land

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Bureau of Air Monitoring & Mobile Sources

#1150077

	Touch of Class Cleaners
p./4	1.(a) add date control device installed
p.15	3. Should be new small area source 4 should be new small area source W/refrig. con.

Facility Information

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									
(1) w/ ref. condenser	#/	22 may9	<u> </u>						T .
(2) w/ carbon adsorber	–	,,,,,,						-	
(3) w/ no controls									
Washer Unit									<u></u>
(4) w/ ref. condenser				Ī					
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				<u> </u>				· .	market in the
(7) w/ ref. condenser					Ī				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		٠.	<u> </u>				l .		· : : .
(10) w/ ref. condenser									
(11) w/carbon adsorber						-			
(I2) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of the second o	are r quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (] months	perc)	purchased in	••			
(Indicate with an "X". Existing small ar	Selec	et one classifi	cation only.)		nitions found		3) of	Part 11?	
Existing large ar	ea so	urce []	Ne	ew la	rge area sour	ce []		

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(Indicate with an "X".)	pursuant 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 []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	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	ĹXJ
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration more	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

Please indicate	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 notific statements maintain t comply wi	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form. I will promptly notify the Department of any changes to the information contained in this notification.							
Signature	y 17. Wright 27 Aug 1996 Date							

DEP Form No. 62-213.900(2)

Effective: 6-25-96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION)X O	COMPLAINT/DISCO\	VERY 🗅
AIRS ID#: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
5	arasota			
RESPONSIBLE OFFICIAL : CONTACT NAME:				· 68 <u>37</u> "
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	30 days prior to startup			
2. Facility failed to notify DARN	1 to use general permit	: 		٥
PART II: CLASSIFICATION			· · · · · · · · · · · · · · · · · · ·	
Facility indicated on notificatio (check appropriate box)	n form that it is:		☐ No notification form☐ Drop store/out of bus	:
(check appropriate box)				iness/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)	r dry tra bot	unsfer only, x th types, $x <$	rea source □ x < 140 gal/yr < 200 gal/yr	_
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	r dry tra bor (cc e □ 4. 00 gal/yr dry gal/yr tra al/yr bor	y-to-dry only, unsfer only, x th types, x < onstructed on New large a y-to-dry only, unsfer only, 20 th types, 140	x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	
 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 gaboth types, 140 ≤ x ≤ 1,800 gaboth 	e	y-to-dry only, xunsfer only, x th types, x < onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on	area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,300 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	
 A. 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) This is a correct facility cla If no, please check the a facility 	tra tra bot (cc e	y-to-dry only, unsfer only, x th types, x < onstructed on New large a y-to-dry only, unsfer only, 20 th types, 140 onstructed on Y	area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,300 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) \square Can not determine	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MY DN 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A 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? DY DN MN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? XYY ON ON/A 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? MY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY DN 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? -DY DN MN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after MA DN 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?	ΟΥ	DN
2.	Measu.ed and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПΥ	□N □N/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	□N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□N □N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□N □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□n □n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	XY DN
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 XIN/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 MOYA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON X√N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	ол ои Жи́и∖а
6. Maintained startup/shutdown/malfunction plan?	XY □N
7. Maintained deviation reports?	ANN X NO YO
Problem corrected?	אוא 💢 אם צם
8. Maintained compliance plan, if applicable?	OY ON XXIN/A

							, i .
P.	ART VI: LEAK DETECTION AND I	REPAI	RS				
1.	Does the responsible official conduct a	weekly	y (for	small sources, b	oi-weekly) leak detection a	nd rep	pair
	inspection?					Άλ	ПN
2.	Has the facility maintained a leak log?					ΣY	□N
3.	Does the responsible official check the	follow	ing a	reas for leaks?			
	Hose connections, fittings, couplings, and valves	XY	□и	□N/A	Muck cookers	×Υ	□N □N/A
	Door gaskets and seating	ΣΥ	ΠN	□N/A	Stills	ХY	□N □N/A
	Filter gaskets and seating	×Υ	ΠN	□N/A	Exhaust dampers	XY	□N □N/A
	Pumps	XY	ПN	□N/A	Diverter valves	XY	□N □N/A
	Solvent tanks and containers	ΣΥ	ПΝ	□N/A	Cartridge filter housings	XY	□N □N/A
	Water separators	×Υ	ПΝ	□N/A			
4.	Which method of detection is used by the	ne resp	onsib	ole official?			
	Visual examination (condensed so	lvent	on ex	terior surfaces)		Ħ	
	Physical detection (airflow felt the	ough	gaske	ts)		Ø	
	Odor (noticeable perc odor)					×	
	Use of direct-reading instrumenta	tion (F	TD/P	ID/calorimetric	tubes)		
	Halogen leak detector						
	If using direct-reading instru	ıment	ation	, is the equipme	ent:	ממם	'A
	a. Capable of detecting p	erc va	por c	oncentrations in	a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a s (PID/FID only)?	tandar	d gas	prior to and afto	er each use	ΠY	□N
	c. Inspected for leaks an	d obvi	ous si	gns of wear on a	a weekly basis?	\Box Y	□N
•	d. Kept in a clean and se	cure a	rea w	hen not in use?		ΠY	□N
	e. Verified for accuracy	oy use	of du	plicate samples	(calorimetric only)?	ΠY	□N
	-		,				

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

Perchloroethylene Dry Cleaning Facility Notification **Facility Name and Location** 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner) ROXANNA ENTERPRISES 2. Site Name (For example, plant name or number): TOUCH OF CLASS CLEANERS 3. Hazardous Waste Generator Identification Number: FLD 981028509 4. Facility Location: 935 N. BENEVA RD Street Address: City: SARASOTA F1, County: SARASOTA Zip Code: 34232 Facility Identification Number (DEP Use): 1150077

Responsible Official

6.	Name and Title of Responsib	ole Official:				
	ROY G. W	RIGHT		OWNER	P	
7.	Responsible Official Mailing	Address:				
	Organization/Firm:	4			•	
	Street Address:	. •				
	City:	•	County:			Zip Code:
		•				
8.	Responsible Official Telepho					
	Telephone: (9%) 3	(5-683	7	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	ΙĎ	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		. •	· :						
(1) w/ ref. condenser	#/	22 may9	422 May	14					
(2) w/ carbon adsorber		,,,,,,	- Samey	1					
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									1.11
(7) w/ ref. condenser									
(8) w/ carbon adsorber								_	
(9) w/ no controls				·					
Reclaimer Unit		·							
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	et one classif	ication only.))	nitions found		3) of 	Part II?	
Existing large ar	ea so	urce []	Ne	ew lai	rge area sour	ce []		

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Pa	art 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 to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site.	d hot water generating units	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by n during which propane or fuel oil containing no more	atural gas except for period	s of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
	and Recordkeeping Inform	
Check all logs which are required to be kept on-site	in accordance with the requ	- ,
(a) Purchase receipts and solvent purchases		
(b) Leak detection inspection and repair		(<u>X</u>)
(c) Refrigerated condenser temperature monitoring		
(d) Carbon adsorber exhaust perc concentration mor	itoring	
(e) Instrument calibration		[]
(f) Start-up, shutdown, malfunction plan		(X)

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 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 prod	mptly notify the Department of any changes to the information contained in this notification. The standard of the information contained in this notification. The standard of the information contained in this notification. The standard of the information contained in this notification. The standard of the information contained in this notification. The standard of the information contained in this notification.

Effective: 6-25-96

AIRS ID#: 1150077

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touch of Class	DATE: 8-27-97
FACILITY LOCATION: 935 N. Beneva	
	116
Sarasota	
	
Annual Reporting Period:	<u>8-27</u> 19 <u>97</u>
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 t	his statement. YES UNO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous comp	liance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	. :
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous comp	liance during the reporting period stated above:
Exact period of non-compliance: from	_to_ RECEIVED
Action(s) taken to achieve compliance:	SEP 8 1997
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on information and belief formed made in this notification are true, accurate and complete. Further, my annual coupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Roy G, WRIGHT Rame (Please Print)	nsumption of perchloroethylene solvent, based or for dry-to dry facilities or 1,800 gallons per
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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1150077

ROXANNA ENTERPRISES ROY G WRIGHT 935 N BENEVA RD SARASOTA FL 34232 Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

Annual Reporting Period:		_19 <i>_98</i> _TO	Jan 1	1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	V general air permit A.C.), during the peri	my facility has rer od covered by this	mained in complicate was statement.	ith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in co	ontinuous complia	nce during the reporting	g period stated above:
Exact period of non-compliance: from			_to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in co	ontinuous complia	nce during the reporting	period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:		· 		
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, base notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-to-	urther, my annual consi	umption of perchlor	roethylene solvent, based i	ipon purchase receipts,
RESPONSIBLE OFFICIAL: //o / Nan	G WR/G//T ne (Please Print)	_ Boy	J. Signature	17 Feb 98 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 RE-INSPECT	COMPLAINT/DISCOVERY D
· · · · · · · · · · · · · · · · · · ·	98 TIME IN: 9:602 TIME OUT: 9:400
FACILITY NAME: OUCH OF C	as
	N. Beneva Rd.
	sta FL 34232
RESPONSIBLE OFFICIAL: Antoinet	e Wight PHONE: 365-6831
CONTACT NAME:	PHONE:
DANGE NORMALINAN	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to st	lartup Z
2. Facility failed to notify DARM to use general p	permit
	Que de la companya de
PART II: CLASSIFICATION	Cestor
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)	New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification 	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) $\square Y$ $\square V$
II	incation: general permit as number above simits and is not eligible for a general permit

Revised 8/11/97

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

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? The Muchine Part right in the Muchine 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 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? ON ON/A 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 DN DN/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 ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

PART III: GENERAL CONTROL REQUIREMENTS

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?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppin?	ΠY	ПΝ	□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.	Royted airflow to the carbon adsorber (if used) at all times?	ПΥ	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) NO YE 1. Maintained receipts for perc purchased? ΠN 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ON ON/A 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 DN DNA and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DNA 5. Maintained exhaust duct monitoring data on perc concentrations? MY DN 6. Maintained startup/shutdown/malfunction plan? DIY ON ON/A 7. Maintained deviation reports? DY ON ON/A Problem corrected? DY DN ØN/A 8. Maintained compliance plan, if applicable?

P.4	ART VI: LEAK DETECTION AND F	(EPA)	IRS				
1.	Does the responsible official conduct a	weekl	(for	small sour	ces, bi-weekly) leak detectio	u and tet	oair
	inspection?					ΔY	ПИ
2.	Has the facility maintained a leak log?					μY	\square N
3.	Does the responsible official check the	lollow	ing a	reas for lea	ks?		
	Hose connections, fittings, couplings, and valves	PY	ПN	□N/A	Muck cookers	YY	□N □N/A
	Door gaskets and seating	Y	ΠИ	□N/A	Stills	YY	□N □N/A
	Filter gaskets and seating	XY	ПN	□N/A	Exhaust dampers	άY	□N □N/A
	Pumps	ŔΥ	ПΝ	□N/A	Diverter valves	BA	□N □N/A
	Solvent tanks and containers	A YY	ПN	□N/A	Cartridge filter housing	gs 獅 Y	□N □N/A
	Water separators	ÞΊΥ	ПN	□N/A			
4.	Which method of detection is used by the	ie resp	onsit	ole official?		1/	
	Visual examination (condensed so	lvent	on ex	terior surfa	ices)	A	
	Physical detection (airflow felt thr	ough	gaske	ts)		Å	
	Odor (noticeable perc odor)					Ø	
	Use of direct-reading instrumental	lion (F	ID/P	ID/calorim	etric tubes)		
	Halogen leak detector one	u	W	Olean	ers Foeipment	. X	
	If using direct-reading instru			<u> </u>		ZN.	/A
	 Capable of detecting p 	erc va	por c	oncentratio	ons in a range of 0-500 ppm	ΥΩ	ПΝ
i	b. Calibrated against a st (PID/FID only)?	andar	d gas	prior to an	d after each use	ΩY	ПИ
	c. Inspected for leaks and	d obvi	ous si	igns of wea	r on a weekly basis?	ΠY	ПN
	d. Kept in a clean and se	cure a	rea w	hen not in	use?	ΠY	ПN
	e. Verified for accuracy b	oy use	of du	plicate san	ples (calorimetric only)?	ΠY	□N
						^	
			,				
	Disan (Ameor				8/1/0	18	
	Inspector's Name (Please Prin	t)			Date of In	spection	
_	\sim				x/a9		
\leftarrow	Inspector's Signature				Approximate Date	of Next I	Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL XX COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:00 TIME OUT: 9:40	AIRS ID#: 1150077
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: A Touch of Class Cleane	DATE: <u>08/07/98</u>
FACILITY LOCATION: 935 N. Benmeva Road	
Sarasota, FL 34232	
RESPONSIBLE OFFICIAL: Roy Wright	PHONE NUMBER: 941/365-6837
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
· · · · · · · · · · · · · · · · · · ·	
	RE
	Bureau of Files 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	the Sources and Monitority
COMMENTS:	
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 08/99	
	proximate)
INSPECTION CONDUCTED BY: Susan CAmeron (Ple	ase Print)
INSPECTOR'S SIGNATURE: OS MARE	PHONE NUMBER: 378-6128

Revised 10/96

AIRS ID#:	50011
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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A TOWN	06 () (142)		DAT	F. \$ 1/9 V
FACILITY LOCATION: 935	N. Beneva			Z. 1
FACILITY LOCATION:	(-0 21	2.40		
Araso	ha, P.C. 34	757		
Annual Reporting Period:	21	19 <u>9</u> 1 TO	8/1	19_7}
Based on each term or condition of the Title	V general air permit,	my facility has rema	ined in compliance with	DEP Rule
62-213.300, Florida Administrative Code (F			(T)	\square NO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in o	continuous compliano	e during the reporting pe	eriod stated above:
	·			
Exact period of non-compliance: from		t	0	
Action(s) taken to achieve compliance:			:	
Method used to demonstrate compliance:		_		
Z				
#2. Term or condition of the general permit	that has not been in o	continuous compliand	ce during the reporting pe	eriod-stated above:
				M
Exact period of non-compliance: from		to_	Bure	
Action(s) taken to achieve compliance:			NOT OF	3
Method used to demonstrate compliance:		-	Jile St	3
,		_	durces	
			i.	কি •
As the responsible official, I hereby certify, made in this notification are true, accurate to	-			
upon rolling averages of purchase receipts, year for transfer or combination facilities.	does not exceed 2,100	gallons per year for	dry-to dry facilities or 1	,800 gallons per
RESPONSIBLE OFFICIAL: ANTOIN	ETTE WRIGH	T Suite	with R. Mryl	-8/1/98
	ne (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 I	NSPECTION (CHECKLIST	3°0.	1
TYPE OF INSPECTION:	ANNUAL	XXX	COMPLAIN	T/DISCOVERY	C· A
TITE OF INSPECTION.			COMILAIN	TIDISCOVERI S	
	RE-INSPECTIO	N 🗆		T/DISCOVERY	hitch
1150077	9/20/00				62
AIRS 1D#: 1150077	DATE:	TIME	IN:	_ TIME OUT: _	
FACILITY NAME:	TOUCH OF CLAS	SS			
FACILITY LOCATION: _	935 NORTH BEI	NEVA ROAD			
_	SARASOTA, FL	34232			
RESPONSIBLE OFFICIAL	L: ANTOINETTE	WRIGHT	_ PHONE:	941/365-6	5837
	-				
CONTINCT MARKE.					
PART I: NOTIFICATION	<u> </u>				
(check appropriate box)					
1. New facility notified DAF	RM 30 days prior to star	tup			
2. Facility failed to notify D	ARM to use general per	mit			
PART II: CLASSIFICATI					
PART II: CLASSIFICATI	ON				
Facility indicated on notific			☐ No notific		
Facility indicated on notific (check appropriate box)				ation form c/out of business/pe	troleum
Facility indicated on notific (check appropriate box) A.	cation form that it is:	2. New small	☐ Drop store		etroleum
Facility indicated on notific (check appropriate box)	eation form that it is:		☐ Drop store	c/out of business/pe	etroleum Syal
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal	eation form that it is: ource gal/yr /yr	dry-to-dry only transfer only, x	☐ Drop store area source $f(x) \le 140 \text{ gal/yr}$ $f(x) \le 200 \text{ gal/yr}$	c/out of business/pe	etroleum Sgal
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal both types, x < 140 gal/yr	eation form that it is: ource gal/yr /yr	dry-to-dry only transfer only, x both types, x <	☐ Drop store area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr	e/out of business/pe	etroleum Sgal
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal	eation form that it is: ource gal/yr /yr	dry-to-dry only transfer only, x both types, x <	☐ Drop store area source $f(x) \le 140 \text{ gal/yr}$ $f(x) \le 200 \text{ gal/yr}$	e/out of business/pe	Sgal S
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal both types, x < 140 gal/yr (constructed before 12/9/9	eation form that it is: ource gal/yr /yr	dry-to-dry only transfer only, x both types, x < (constructed or	□ Drop store area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/9	e/out of business/pe	Sgal S
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤	eation form that it is: ource gal/yr /yr 01) ource 2,100 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large	□ Drop store area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/9	e/out of business/pe	Sgal S
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1	eation form that it is: ource gal/yr /yr 91) ource 2,100 gal/yr ,800 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2	Drop store area source y, $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \le x \le 2,100$ $x < 1,300 \le x \le 1,300$	e/out of business/pe	Sgal S
Facility indicated on notifice (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80	eation form that it is: ource gal/yr /yr 21) ource 2,100 gal/yr ,800 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	Drop store area source (, $x < 140 \text{ gal/yr}$ (< 200 gal/yr 140 gal/yr n or after 12/9/9 area source (, $140 \le x \le 2,10$ $0 \le x \le 1,300$ gal/yr garea source (, $140 \le x \le 1,300$ garea source () $0 \le x \le 1,800 \text{ gal}$	e/out of business/pe	Sgal S
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1	eation form that it is: ource gal/yr /yr 21) ource 2,100 gal/yr ,800 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	Drop store area source y, $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \le x \le 2,100$ $x < 1,300 \le x \le 1,300$	e/out of business/pe	stroleum Squal Solo Solo Solo Solo Solo Solo Solo So
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80	eation form that it is: ource gal/yr /yr 91) ource 2,100 gal/yr ,800 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	Drop store area source (, $x < 140 \text{ gal/yr}$ (< 200 gal/yr 140 gal/yr n or after 12/9/9 area source (, $140 \le x \le 2,10$ $0 \le x \le 1,300$ gal/yr garea source (, $140 \le x \le 1,300$ garea source () $0 \le x \le 1,800 \text{ gal}$	c/out of business/pe	Sgal S
Facility indicated on notifice (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9) 5. This is a correct facility	eation form that it is: ource gal/yr /yr 91) ource 2,100 gal/yr ,800 gal/yr 00 gal/yr 91) y classification	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or	Drop store area source (, $x < 140 \text{ gal/yr}$ 140 gal/yr 1 or after 12/9/9 area source (, $140 \le x \le 2,10$ $100 \le x \le 1,300$ $100 \le x \le 1,800 \text{ gal}$ area for after 12/9/9	c/out of business/pe	Sgal S
Facility indicated on notifice (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9 5. This is a correct facility.	eation form that it is: ource gal/yr /yr 91) ource 2,100 gal/yr ,800 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or $\Box Y$ $\Box N$	□ Drop store area source y, $x < 140 \text{ gal/yr}$ y < 200 gal/yr 140 gal/yr n or after 12/9/9 area source y, $140 \le x \le 2,10$ y < x ≤ 1,300 y ≤ x ≤ 1,800 gal n or after 12/9/9 □ Can not de	clout of business/pe	Sgal S
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gall both types, x < 140 gal/yr (constructed before 12/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9	eation form that it is: ource gal/yr /yr 21) ource 2,100 gal/yr ,800 gal/yr 00 gal/yr 21) y classification the appropriate classification	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or $\Box Y$ $\Box N$) ation:	□ Drop store area source y, $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$	clout of business/per displays	Sgal S
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gall both types, x < 140 gal/yr (constructed before 12/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9	eation form that it is: ource gal/yr /yr 91) ource 2,100 gal/yr ,800 gal/yr 00 gal/yr y classification the appropriate classification gualified for a general cility exceeds above lime	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or \Box Y \Box N ation: teral permit as no its and is not elicitation.	□ Drop store area source (x < 140 gal/yr 140 gal/yr 1 or after 12/9/9 area source (140 ≤ x ≤ 2,10 0 ≤ x ≤ 1,800 ga 1 or after 12/9/9 □ Can not definition	clout of business/pe	59al 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

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? □N □N/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete X 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? DY DN 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 DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after

PART III: GENERAL CONTROL REQUIREMENTS

DY DN

verifying that the coolant had been completely charged?

n			
B.	. Has the responsible official of an existing large or new large area source also:	-	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON	Α
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/	Α
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/	Α
	Is the perc concentration equal to or less than 100 ppin?	אם אם אם	Α
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?	חט אם אם	A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		Α
6.	Royled airflow to the carbon adsorber (if used) at all times?	DY DN DN/	A
_			
		· · · · · · · · · · · · · · · · · · ·	
PA	ART V: RECORDKEEPING REQUIREMENTS	· · · · · · · · · · · · · · · · · · ·	
н	as the responsible official:		
H (c)	as the responsible official: heck appropriate boxes)	May on	
H (c)	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	NOY ON	
H (c) 1. 2.	as the responsible official: heck appropriate boxes)	NO YOU	
H (c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	Фу ои Фу ои	A
H (c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	1	A
H. (cc. 1. 2. 3.	as the responsible official: heck 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	OY ON ON	
H. (c: 1. 2. 3.	as the responsible official: heck 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 ON DON	A
H. (c. 1. 2. 3. 4. 5.	as the responsible official: heck 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? **Gor applicable direct reading instruments**)	OY ON ON/	A
H. (c. 1. 2. 3. 4. 5. 6.	as the responsible official: heck 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 applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations?		A A
H. (c. 1. 2. 3. 4. 5. 6.	as the responsible official: heck 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 applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?		A A A

PART V	'I: LEAK DETECTION AND R	EPAIRS		, ,		
I. Does	the responsible official conduct a	veekly (for small sources,	bi-weekly) leak detection as	nd, repair		
inspe	ction?			MD N□		
2. Has t	he facility maintained a leak log?			ATY ON		
3. Does	the responsible official check the f	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	∰Y □N □N/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	MY ON ONA	Stills	אוחם אם צים		
	Filter gaskets and seating	AND NO Y	Exhaust dampers	AND NO AND		
	Pumps	V Y □N □N/A	Diverter valves	AND NO YA		
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	A/N UU TY/A		
	Water separators	AND NO LA				
4. Whic	h method of detection is used by th	e responsible official?				
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)			Ø.		
	Use of direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)			
	Halogen leak detector					
	If using direct-reading instru	mentation, is the equipm	ent:	À(N/A		
	a. Capable of detecting p	erc vapor concentrations in	n a range of 0-500 ppm?	□Y □N		
	□Y □N					
	□Y □N					
	d. Kept in a clean and se	cure area when not in use?		OY ON		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					
	ч	e e				

Susan CAnean	9/22/99
Inspector's Name (Please Print)	Date of Inspection
Juse Come	9/2000
Inspector's Signature	Approximate Date of Next Inspection



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u> </u>				•		treater
FACILITY NAME:	TOUCH OF CLASS)	DATE:	1/18/99
FACILITY LOCATION:	935 NORTH BENEVA	ROAD		<u>.</u>		
	SARASOTA, FL 3423	32				
Annual Reporting Period:	08/07/98	19	то	9/22/9	9	19 <u>9</u> 9
Based on each term or condition 62-213.300, Florida Administration of NO, complete the following:	= -	-		-1-/	_	ule NO
#1. Term or condition of the gen	eral permit that has not been is	n continuous c	compliance du	ring the reporting	ng period st	ated above:
Exact period of non-compliance:	from		to			
Action(s) taken to achieve compli	iance:			• •		
Method used to demonstrate comp	pliance:					
#2. Term or condition of the gen	eral permit that has not been in	n continuous c	ompliance du	ing the reportir	ng period st	ated above:
Exact period of non-compliance:	from		to			
Action(s) taken to achieve compliant	iance:					
Method used to demonstrate comp	pliance:			·		
As the responsible official, I here made in this notification are true, upon rolling averages of purchas year for transfer or combination	accurate and complete. Furt e receipts, does not exceed 2,1	her, my annua	l consumption	of perchloroet	hylene solv	ent, based
RESPONSIBLE OFFICIAL: _	ANTOINETTE R.W Name (Please Print)	RIGHT_	G.R.J. Sig	Myss nature		//21/99. Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#: 1150077
TYPE OF FACILITY:	DRYCLEANER	<u> </u>
FACILITY NAME:	TOUCH OF CLA	ASSDATE:
FACILITY LOCATION:	935 NORTH BE	ENEVA ROAD
	SARASOTA, FL	G 34232
RESPONSIBLE OFFICIAL:	ANTOINETTE W	WRIGHT PHONE NUMBER: 941/365-6837
المكاء	the compliance requirements Aule 62-213.300, Florida Adn	evaluated during this inspection, the facility is found to be in ninistrative Code (F.A.C.).
Based on the results of t discrepancies were note	•	evaluated during this inspection, the following compliance
COMPLIANCE REQU	JIREMENT/PROBLE	M FOLLOW-UP ACTION REQUIRED
•		
•		
- -		
COMMENTS:		
The Annual Compliance Continue	ntion form has been provided	certified and submitted to the inspector. YES NO
•	201-	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION	v: 11 4000	(Approximate)
INSPECTION CONDUCTED I	BY: SUSAN C	
INSPECTOR'S SIGNATURE.	Jun C Ann	PHONE NUMBER: 941/378-6128

Revised 10/96

erteros

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bur		m
ea.	ĆŽ.	

T	ΥP	E	O	F	IN	SP	E	CT	'nC	N	•

facility was gallons.

ANNUAL

ĽXX

COMPLAINT/DISCOVERY

RE-INSPECTION

	Mo
1 , .	ce

DATE: OF POSSIBLE OF TIME OUT:
TOUCH OF CLASS
935 NORTH BENEVA ROAD
SARASOTA, FL 34232
ANTOINETTE WRIGHT PHONE: 941/365-6837
PHONE:

PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION Facility indicated on notification form that it is: □ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yrdry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrtransfer only, x < 200 gal/yr both types, x < 140 gal/yrboth types, x < 140 gal/yr(constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,300$ 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) (constructed on or after 12/9/91) 5. This is a correct facility classification \Box Y ПΝ □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchlorocthylene (perc) purchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchlorocthylene in tightly scaled and impervious containers?	VOY □N □N/A
2. Examining the containers for leakage?	AND ND YA
3. Closing and securing machine doors except during loading/unloading?	₩Y □N
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 ONA
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 refri (complete A below).	gerated 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 musinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (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?	חם אם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	A/NO NO YO
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	חם אם
5. Repaired of adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY DN DN/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם צם
114 Hear leaf in Overhead pape	
replaced "+" union, pipe topical - No leak	
Algo refrig. system Yed in Env. al Alc - found Satisfactory	
The refrig. system for the form of the state	Revised 8/11/97

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?	ÐÝ	ŪΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F2	ΩΥ	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?	ПΥ	ПN	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ПИ	□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?	ΟY	אם	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for perc purchased?	MA ON						
2. Maintained rolling monthly averages of perc consumption?	MA DM						
3. Maintained leak detection inspection and repair reports for the following:							
a. documentation of leaks repaired w/in 24 hrs? or;	AVNO NO Y						
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם אוא						
4. Maintained calibration data? (for applicable direct reading instruments)	AVM NO YO						
5. Maintained exhaust duct monitoring data on perc concentrations?	אואם אם אם אם						
6. Maintained startup/shutdown/malfunction plan?	DYY DN						
7. Maintained deviation reports?	אואים אם אוא						
Problem corrected?	ANN MO YO						
8. Maintained compliance plan, if applicable?	AVA ON ON/A						

PART VI: LEAK DETECTION AND I	REPAIRS		•	-	
Does the responsible official conduct a		small sources, b	oi-weekly) leak detection as	nd rep	pair
inspection?	þχ	Ωи			
2. Has the facility maintained a leak log?				фΥ	ПΝ
3. Does the responsible official check the	following a	reas for leaks?		•	
Hose connections, fittings, couplings, and valves	אם צם	□N/A	Muck cookers	¢/y	□N □N/A
Door gaskets and seating	AY ON	□N/A	Súlls	ÞΥ	□N □N/A
Filter gaskets and seating	ФУ ОИ	□N/A	Exhaust dampers	ΔY	□N □N/A
Pumps	אם צל	□N/A	Diverter valves	Y	ON ON/A
Solvent tanks and containers	אם צם	□N/A	Cartridge filter housings	ÞΥ	□N □N/A
Water separators	אם צי	□N/A		,	
4. Which method of detection is used by the	he responsi	ble official?		(
Visual examination (condensed so	olvent on ex	nterior surfaces)		þ	
Physical detection (airflow felt the	rough gaske	ets)			
Odor (noticeable perc odor)				þ	
Use of direct-reading instrumenta	tion (FID/F	ID/calorimetric	tubes)		
Halogen leak detector					
If using direct-reading instr	umentation	, is the equipme	ent:	DN/	'A
a. Capable of detecting p	perc vapor o	concentrations in	a range of 0-500 ppm?	ΔY	□N
b. Calibrated against a s (PID/FID only)?	tandard gas	prior to and afte	er each use	ΩY	ПИ
c. Inspected for leaks an	d obvious s	igns of wear on a	a weekly basis?	QY	□и
d. Kept in a clean and so		ΟΥ	ПИ		
e. Verified for accuracy	ΟΥ	□и			
			1		

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX	COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1 ! 5 m	TIME OUT:		_AIRS ID#: 1150077
TYPE OF FACILITY:	DRYCLEANER		· · · · · · · · · · · · · · · · · · ·
FACILITY NAME:	TOUCH OF CLASS		DATE:
FACILITY LOCATION:	935 NORTH BENEVA SARASOTA, FL 342		AD
RESPONSIBLE OFFICIAL:	ANTOINETTE WRIGH	T	PHONE NUMBER: 941/365-6837
L_U	of the compliance requirements Rule 62-213.300, Florida Adi		uated during this inspection, the facility is found to be in trative Code (F.A.C.).
Based on the results of discrepancies were no		evalua	uated during this inspection, the following compliance
COMPLIANCE REC	QUIREMENT/PROBLE	CM	FOLLOW-UP ACTION REQUIRED
		<u> </u>	
	·		
. :		·	
	. ,		*
COMMENTS:			
The Annual Compliance Certif	ication form has been properly	certifi	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTI	ON: 2 8 0	(Apr	pproximate)
INSPECTION CONDUCTED	DBY: Db-An	me	2-0N Please Print)
INSPECTOR'S SIGNATURI	E / Om	- - 1	PHONE NUMBER: (941) 318-6128
	P	age	of Revised 10/96

AIRS ID#: 1150077

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			
FACILITY NAME:TOUCH OF	CLASS		DATE: 1/ / / / / O
FACILITY LOCATION: 935 NORT			
SARASOTA	, FL 34232		
<u> </u>		, A44,	
Annual Reporting Period: 9/97	19	<u>9</u> 9 то <i>§</i>	2000
Based on each term or condition of the Title	V general air permit, my fac	ility has remained in cop	pliance with DEP Rule
62-213.300, Florida Administrative Code (F.	A.C.), during the period cov	ered by this statement. (YES DNO
If NO, complete the following:			v .
#1. Term or condition of the general permit	that has not been in continu	ous compliance during th	e reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general permit	that has not been in continu	ous compliance during th	e reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities. RESPONSIBLE OFFICIAL: ANTOINET	nd complete. Further, my a does not exceed 2,100 gallor E WRIGHT	nnual consumption of per ns per year for dry-to dry	rchloroethylene solvent, based
Nan	ne (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

latered into AMS PE	A.
08/20101	

TVPF	OF	INSPE	CTIO	N.

ANNUAL

COMPLAINT/DISCOVERY χX

	RE-INSPECTION D					
	RE-INSPECTION LI					
AIRS ID#:1150077	DATE: Aug. 9, 2001 TIME IN: 11 STATE OUT:					
FACILITY NAME:	TOUCH OF CLASS					
FACILITY LOCATION: _	935 NORTH BENEVA ROAD					
	SARASOTA, FLORIDA 34232					
RESPONSIBLE OFFICIAL: ANTOINETTE WRIGHT PHONE: 941/365-6837						
CONTACT NAME:	PHONE:					
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DAR	M 30 days prior to startup	Į				
2. Facility failed to notify DA	ARM to use general permit					

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	☐ No notification form ☐ Drop store/out of business/petroleum 2. New small area source
dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before 12/9/91)	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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
If no, please check the appropriate classific facility qualified for a genuing facility exceeds above line	
B. The total quantity of perchlorocthylene (perc) per facility was gallons.	urchased within the preceding 12 months by this dry cleaning

1/28/01 New Doary Lite installed (18/01 (Fed Freor to Conderso

P	ART III: GENERAL CONTROL REQUIREMENTS	
II	s the responsible official of the dry cleaning facility: theck appropriate boxes)	
1.	Storing perchloroethylene in tightly scaled and impervious containers?	Y ON ON/A
2.	Examining the containers for leakage?	RY ON ONIA
3.	Closing and securing machine doors except during loading/unloading?	AL ON
4.	Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DY ON ON/A
5.	Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ADY ON ON/A
_		
P	ART IV: PROCESS VENT CONTROLS	
Ir	n 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 refrig (complete A below).	crated 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 must installed prior to September 22, 1993	•
i	If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
	. Has the responsible official of all new sources and existing large area sources: heck appropriate boxes)	
1.	Equipped all machines with the appropriate vent controls?	□Y □N
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אומם אם צם
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם אם

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?	ΩΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩΥ	□и	□N/A
	Is the temperature differential equal to or greater than 20° F2	ΩΥ	ΠN	□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	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppin?	ΠY	ПИ	□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	ПN	□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?	ΟΥ	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	фу ои
2. Maintained rolling monthly averages of perc consumption?	אם צוֹם
3. Maintained leak detection inspection and repair reports for the following:	``
a. documentation of leaks repaired w/in 24 hrs? or;	אאש אם צם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אאל אם עם
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON KIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	רט מח מוע אר
6. Maintained startup/shutdown/malfunction plan?	QÍY □N
7. Maintained deviation reports?	מאולם אם אים
Problem corrected?	OY ON WINA
8. Maintained compliance plan, if applicable?	OY ON ONA

PA	RT VI: LEAK DETECTION AND	REPAIRS			
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repair	
	inspection?			ØY □N	
2.	Has the facility maintained a leak log?			MA DW	
3.	Does the responsible official check the	following areas for leaks	5?	, .	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON O	N/A
	Door gaskets and scating	DY ON ON/A	Stills	PY ON O	N/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	NO NO	N/A
1	Pumps	AVO NO YO	Diverter valves	ום אם צם	N/A
,	Solvent tanks and containers	אוחם מם עם	Cartridge filter housings	ום אם צמ	N/A
	Water separators	DY ON ON/A			
4.	Which method of detection is used by t	he responsible official?		_	
	Visual examination (condensed se	olvent on exterior surfac	es)	1 6	
	Physical detection (airflow felt th	rough gaskets)		P	
	Odor (noticeable perc odor)	Ø			
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)		
	Halogen leak detector				
	If using direct-reading instr	unientation, is the equi	pment:	ØN/A	
	a. Capable of detecting j	perc vapor concentration	s in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	ОУ ОИ	
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	□У □И	
	d. Kept in a clean and so		•	OY ON	
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON	
		•			ļ

Inspector's Name (Please Print)

Aug. 9, 2001

Date of Inspection

2 Aug. 2002

Inspector's Signature

Approximate Date of Next Inspection

AIRS ID#:	1150077	
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	TOUCH OF C	CLASS			· 		DATE: Au	9.9,2
FACILITY LOCATION: _	935 North	BENEVA RO	OAD					
	SARASOTA,	FL 34232						
Annual Reporting Period:		08/15	20_	00 то	Rug.	9		20_01
Based on each term or condit	tion of the Title V ge	eneral air permi	t, my fac	ility has re	emained in co	ompliance	with DEP Rule	
62-213.300, Florida Adminis	trative Code (F.A.C	.), during the po	eriod cov	ered by th	is statement.	□ YE	es 🗖 N	10
If NO, complete the followin	g:							
#1. Term or condition of the	general permit that	has not been in	continue	ous compli	ance during	the report	ing period stated	i above:
Exact period of non-complia	nce: from			/	to			
Action(s) taken to achieve co	mpliance:		_/					
Method used to demonstrate	compliance:							
#2. Term or condition of the	general permit that	has not been in	continuo	ous compli	ance during	the report	ing period stated	l above:
Exact period of non-complian	nce: from				to			
Action(s) taken to achieve co	mpliance:							
Method used to demonstrate	compliance:				-			
·		l ou information	and hel	ief formed	after reason	able inqui	iry, that the state	ements mac
As the responsible official, I in this notification are true, a purchase receipts, does not excombination facilities. RESPONSIBLE OFFICIAL	ccurate and comple xceed 2,100 gallons	te. Further, my per year for dr	annual y-to dry	facilities of	on of perchlo	ns per yed		

Page _____ of _____.

^{*}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 AR COMP	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#:115	50077
TYPE OF FACILITY:	TOUCH OF CLASS	(perchloroethylene	dryclean∈r)
FACILITY NAME:		ROAD	DATE: Aug. 9, 2001
FACILITY LOCATION:	SARASOTA, FLORIDA		7-1
RESPONSIBLE OFFICIAL:	ANTOINETTE WRIGHT	PHONE NUMBER:_	941/365-6837
	The compliance requirements evaluate Rule 62-213.300, Florida Administrati		ity is found to be in
Based on the results of discrepancies were not	f the compliance requirements evaluate ted:	ed during this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
		·	
COMMENTS:			
	·		·
The Annual Compliance Certific	cation form has been properly certified	d and submitted to the inspector.	YES NO NO
DATE OF NEXT INSPECTIO	DN: 2 /49, 2002 (Appr	roximate)	
INSPECTION CONDUCTED	BY: Susan Craner	se Print)	
INSPECTOR'S SIGNATURE	· · · · · · · · · · · · · · · · · · ·	PHONE_NUMBER:_	941-378-6128
	Pageo	of1	Revised 10/9

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

RECEIVED MAIL ROOM

FEB -3 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1150077

ROXANNA ENTERPRISES ROY G WRIGHT 935 N BENEVA RD SARASOTA FL 34232

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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ROXANNA ENTERPRISES **ROY G WRIGHT** 935 N BENEVA RD SARASOTA FL 34232

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Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 1150077

TOUCH OF CLASS CLEANERS ROY G WRIGHT 935 N BENEVA RD SARASOTA FL 34232

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 1150077

TOUCH OF CLASS CLEANERS **ROY G WRIGHT** 935 N BENEVA RD SARASOTA FL 34232

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

	Z 333 £	.13 273			
	US Postal Service Receipt for Certified Mail				
AIRS ID 1150077 ROXANNA ENTERPRISES ROY G WRIGHT 935 N BENEVA RD SARASOTA FL 34232					
	Postage	\$			
	Certified Fee				
	Special Delivery Fee				
ιo	Restricted Delivery Fee				
199	Return Receipt Showing to Whom & Date Delivered				
, April	Return Receipt Showing to Whom, Date, & Addressee's Address				
800	TOTAL Postage & Fees	\$			
PS Form 3800 , April 1995	Postmark or Date				

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3. Article Addressed to: ROXANNA ENTERPRISES ROY G WRIGHT 935 N BENEVA RD SARASOTA FL 34232	AIRS ID 1150077	4b. Service	33 6/3 2/73 Type ed ☐ Certified Mail ☐ Insured ceipt for Merchapdise ☐/COD
5. Received By: (Print Name) 6. Signature: (Addressee of Agent)		8. Addresse and fee is	e's Address (Only if requested paid)

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US Postal Service

Receipt for Certified Mail No Insurance Coverage Provided.

10 AIRS ID # 1150077001AG ROY G WRIGHT TOUCH OF CLASS CLEANERS 935 N BENEVA RD SARASOTA FL 34232

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
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PS Form 3800 , April 1995	Return Receipt Showing to Whom & Date Delivered	
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935 N BENEVA RD SARASOTA FL 34232	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
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