



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 9, 1996

Mr. Donald Carlson  
President  
60 Minute Cleaners, Inc.  
3115 Southgate Circle  
Sarasota, Florida 34239

Re: Facility I.D. No. 1150084

Dear Mr. Carlson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 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/jw

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

SEP 6 1996

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Hazardous Waste Cleanup Section
60 Minute Cleaners Inc	
2. Site Name (For example, plant name or number):	
FLD 981749674	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: 3115 Southgate circle	
Street Address:	
City: SARASOTA	County: SARASOTA Zip Code: 34239
5. Facility Identification Number (DEP Use):	1150084

**Responsible Official**

6. Name and Title of Responsible Official:	Donald CARLSON President
7. Responsible Official Mailing Address:	
Organization/Firm: 60 minute cleaners	
Street Address: 3115 Southgate circle	
City: SARASOTA	County: <del>FL</del> Zip Code: 34239
8. Responsible Official Telephone Number:	
Telephone: (941) 955-1311	Fax: ( ) -

**Facility Contact (If different from Responsible Official)**

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

**RECEIVED**

SEP 9 1996

Bureau of Air Monitoring & Mobile Sources

#1150084

60 Minute Cleaners

- spoke with Donald Carlson -  
10/9/96 - propane use approx.  
7,800 gal./yr., under limits

p.14 1.(a) add date control device  
installed

3. should be new small area  
source

p.15 4. should be new small area  
source w/ refrig. con.

5. add use propane

5.(c) required

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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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	✓	2/95	-						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

gallons

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

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

NEW  
SMALL  
PERC

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

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

### Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

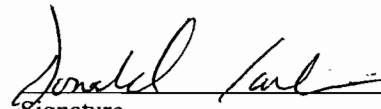
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.

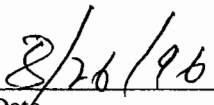
No air permits currently exist for the operation of the facility indicated in this notification form.

### Responsible Official Certification

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

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

  
Signature

  
Date

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Waste Cleanup

Facility Name and Location

SEP 1996

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Hazardous Waste Cleanup Section
60 Minute Cleaners Inc	
2. Site Name (For example, plant name or number):	
FLD 981749674	
3. Hazardous Waste Generator Identification Number:	RECEIVED
	OCT 6 1997
4. Facility Location: 3115 Southgate circle	Bureau of Air Monitoring & Mobile Sources
Street Address:	
City: SARASOTA	Zip Code: 34239
County: SARASOTA	
5. Facility Identification Number (DEP Use):	
	1150084

Responsible Official

6. Name and Title of Responsible Official:		
Donald CARLSON President		
7. Responsible Official Mailing Address:		
Organization/Firm: 60 minute cleaners		
Street Address: 3115 Southgate circle		
City: SARASOTA	County: FL	Zip Code: 34239
8. Responsible Official Telephone Number:		
Telephone: (941) 955-1311	Fax: ( ) -	

Facility Contact (If different from Responsible Official)

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

RECEIVED  
SEP 9 1996

#1150084

60 Minute Cleaners

- spoke with Donald Carlson -  
10/9/96 - approx. propane use  
= 150 gal./wk. = ~7,800 gal./yr

PM = 3.12 lb./yr.

NOx = 109.20 lb./yr.

CO = 14.82 lb./yr.

TOC = 3.90 lb./yr.



**Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	<input checked="" type="checkbox"/>	<i>2/95</i>	<i>2/95</i>						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

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

### Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

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

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

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

*Donald Lab*  
\_\_\_\_\_  
Signature

*8/26/96*  
\_\_\_\_\_  
Date  
*8/27/96*

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

FACILITY NAME: 60 Minute Cleaners DATE: 8-27-97<sup>2</sup>

FACILITY LOCATION: 3115 Southgate Circle  
Sarasota

Annual Reporting Period: 9-1-96 1996 TO 8-27 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

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

Weekly Temp. Monitoring

Exact period of non-compliance: from 9-1-96 to 8-27-97

Action(s) taken to achieve compliance: Begin weekly temp. monitoring

Method used to demonstrate compliance: Log

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

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Exact period of non-compliance: from \_\_\_\_\_ to SEP 8 1997

Action(s) taken to achieve compliance: \_\_\_\_\_ Bureau of Air Monitoring & Mobile Sources

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Donald CARLSON *Donald Carlson* 8/27/97

Name (Please Print) Signature Date

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

✓

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY        
    RE-INSPECTION                     

AIRS ID#: 1150084    DATE: 8-27-97    TIME IN: 10:45a    TIME OUT: 11:05a  
 FACILITY NAME: 60 Minute Cleaners  
 FACILITY LOCATION: 3115 Southgate Circle  
    Sarasota  
 RESPONSIBLE OFFICIAL: Don Carlson    PHONE: 955-1311  
 CONTACT NAME:                      "                      PHONE:                      "

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup                        
 2. Facility failed to notify DARM to use general permit                     

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:                       No notification form  
 (check appropriate box)                       Drop store/out of business/petroleum

A.

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

5. This is a correct facility classification                       Y                       N                       Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number 2 above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 7.5 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)


1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

dim Govert 378-6128  
Inspector's Name (Please Print)

8-27-97  
Date of Inspection

  
Inspector's Signature

3/98  
Approximate Date of Next Inspection





# INTEROFFICE MEMORANDUM

**Date:** 21-Jul-1998 06:52am  
**From:** Sandy Bowman TAL  
BOWMAN\_S  
**Dept:** Air Resources Management  
**Tel No:** 850/921-9583

**To:** Susan Cameron ( SCAMERON@co.sarasota.fl.us@PMDf@EPIC66 )

**Subject:** Re: Compliance-60 Minute Cleaners -Reply

Susan,

I appreciate your getting back with the owner on this. However, I can't change the Annual Certificate of Compliance since it is the RO's statement of compliance. I will send a copy of the Certificate of Compliance to you. The RO can correct the form and initial the correction. There is no need for you to make a special trip for this or to rush to get this done.

Thanks so much.

Sandy

Sandy

\*Sandy -

\*

\*Go ahead and make the correction. i spoke to the facility owner on-site and he is going begin record keeping as of the date of the inspection.

\*

\*Thanks!

\*

\*Susan

*file*  
*#1150084*



I N T E R O F F I C E M E M O R A N D U M

Date: 20-Jul-1998 10:28am EST  
From: Sandy Bowman TAL  
BOWMAN\_S  
Dept: Air Resources Management  
Tel No: 850/921-9583  
SUNCOM: 278-6140

TO: Susan Cameron SAR

( CAMERON\_S @ A1 @ EPIC66 )

CC: James Goerdts SAR

( GOERDT\_J @ A1 @ EPIC66 )

Subject: Compliance-60 Minute Cleaners

Susan,

Hope all is well with you. I noticed a discrepancy on the recent submittals for 60 Minute Cleaners located at 3115 Southgate Circle. The Annual Certificate of Compliance (signed June 11, 1998) has an in-compliance status for the 8/27/97 through 6/11/98 time period. However, the Inspection Summary Report and the Compliance Inspection Checklist for June 11, 1998 indicate the facility was out-of-compliance during the inspection on the same date.

Please let me know whether or not the Annual Certificate of Compliance needs to be corrected. If so, I will send it to you.

Thank you.

Sandy-

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>1:20 pm</u>	TIME OUT: <u>1:45 pm</u>	AIRS ID#: <u>1150084</u>
TYPE OF FACILITY: <u>60 MINUTE CLEANERS</u>		<u>(DRYCLEANER)</u>
FACILITY NAME: <u>3115 Southgate Circle</u>	DATE: <u>6/11/98</u>	
FACILITY LOCATION: <u>Sarasota, Florida 34239</u>		
RESPONSIBLE OFFICIAL: <u>Donald Carlson</u>		PHONE NUMBER: <u>955-1311</u>

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>Not keeping Condenser temp. log.</u>	<u>Start keeping log ASAP</u>
<u>not keeping inspection log</u>	<u>Start keeping log ASAP</u>

**RECEIVED**  
JUL 10 1998  
Bureau of Air Monitoring  
& Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 7/99  
(Approximate)

INSPECTION CONDUCTED BY: SUSAN CAMERON/ JIM GOERDT  
(Please Print)

INSPECTOR'S SIGNATURE Susan Cameron PHONE NUMBER: 378-6128

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

✓  
**RECEIVED**  
 JUL 10 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  
 RE-INSPECTION

AIRS ID#: 1150084 DATE: 6/11/98 TIME IN: 1:20pm TIME OUT: 1:45pm  
 FACILITY NAME: 60 Minute Cleaners  
 FACILITY LOCATION: 3115 Southgate Circle  
Sarasota, FL 34239  
 RESPONSIBLE OFFICIAL: Ronald Carlson PHONE: 941-1311  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup   
 2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)  No notification form  
 Drop store/out of business/petroleum

A.

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

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 28.4 gallons. since 1/98

14.2 gal. Jan

**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? *Do not store (+) Directly to machine*  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? *was paper filters - NO cartridges*  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or,  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A



**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
  - Physical detection (airflow felt through gaskets)
  - Odor (noticeable perc odor)
  - Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
  - Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
  - b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
  - c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
  - d. Kept in a clean and secure area when not in use?  Y  N
  - e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

JASON CAMERON  
Inspector's Name (Please Print)

6/11/98  
Date of Inspection

Jason Cameron  
Inspector's Signature

~ 7/11/98  
Approximate Date of Next Inspection

AIRS ID#: 1150984

Revised 10/10/96

ACC ✓

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

FACILITY NAME: 60 Minute Cleaners DATE: 6/11/98  
 FACILITY LOCATION: 3115 Southgate Circle  
Tarasola, FL 34239

Annual Reporting Period: 8/21 1991 TO 6/11 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: DONALD CARLSON [Signature] 6/11/98  
 Name (Please Print) Signature Date

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

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. \_\_\_\_\_

1. Susan Cameron

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

\_\_\_\_ SECRETARY'S SIGNATURE

\_\_\_\_ DIV/DIST DIR SIGNATURE

\_\_\_\_ MY SIGNATURE

\_\_\_\_ YOUR SIGNATURE

\_\_\_\_ DUE DATE \_\_\_\_\_

ACTION/DISPOSITION

\_\_\_\_ DISCUSS WITH ME

\_\_\_\_ COMMENTS/ADVISE

\_\_\_\_ REVIEW AND RETURN

\_\_\_\_ SET UP MEETING

\_\_\_\_ FOR YOUR INFORMATION

HANDLE APPROPRIATELY

\_\_\_\_ INITIAL AND FORWARD

\_\_\_\_ SHARE WITH STAFF

\_\_\_\_ FOR YOUR FILES

COMMENTS:

*8/19/98*  
*Sandy*  
*Corrected*  
*is*  
*indicated.*  
*Sandy*



**RECEIVED**  
AUG 27 1998  
Bureau of Air Monitoring  
& Mobile Sources

FROM: Sandy Bowman

DATE: 7/21/98

PHONE: \_\_\_\_\_

Corrected 1/24/98

AIRS ID#: 1130984

Revised 10/10/96

ACU ✓

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

FACILITY NAME: 60 Minute Cleaners DATE: 6/11/98  
 FACILITY LOCATION: 3115 Southgate Circle  
 Sarasota, FL 34239

Annual Reporting Period: 8/21 1997 TO 6/11 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO *SAC 1/24/98*

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

Exact period of non-compliance: from 8/21/97 to 6/11/98

Action(s) taken to achieve compliance: will begin required record keeping 6/11/98

Method used to demonstrate compliance: inspection followup - in compliance since 6/11/98

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

RECEIVED  
AUG 27 1998  
Bureau of Air Monitoring  
& Mobile Sources

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: DONALD CARLSON [Signature] 6/11/98  
 Name (Please Print) Signature Date  
[Signature] 7/24/98

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

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: <u>1150084</u>	DATE: <u>9/20/99</u>	TIME IN: _____	TIME OUT: _____
FACILITY NAME: <u>60 MINUTE CLEANERS</u>			
FACILITY LOCATION: <u>3115 SOUTHGATE CIRCLE</u> <u>SARASOTA, FL 34239</u>			
RESPONSIBLE OFFICIAL: <u>DONALD CARLSON</u>		PHONE: <u>955-1311</u>	
CONTACT NAME: <u>John Foster, RLS Unit</u>		PHONE: _____	

RECEIVED  
OCT - 6 1999  
Bureau of Air Monitoring  
& Mobile Sources

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
(check appropriate box)

<p>A.</p> <p>1. Existing small area source <input checked="" type="checkbox"/> dry-to-dry only, <math>x &lt; 140</math> gal/yr transfer only, <math>x &lt; 200</math> gal/yr both types, <math>x &lt; 140</math> gal/yr (constructed before 12/9/91)</p> <p>3. Existing large area source <input type="checkbox"/> dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr transfer only, <math>200 \leq x \leq 1,800</math> gal/yr both types, <math>140 \leq x \leq 1,800</math> gal/yr (constructed before 12/9/91)</p>	<p>2. New small area source <input type="checkbox"/> dry-to-dry only, <math>x &lt; 140</math> gal/yr transfer only, <math>x &lt; 200</math> gal/yr both types, <math>x &lt; 140</math> gal/yr (constructed on or after 12/9/91)</p> <p>4. New large area source <input type="checkbox"/> dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr transfer only, <math>200 \leq x \leq 1,300</math> gal/yr both types, <math>140 \leq x \leq 1,800</math> gal/yr (constructed on or after 12/9/91)</p>
---	--

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 57.6 gallons.

2  
 2/99 19.2  
 5/99 19.2  
 1/99 19.2  
 -----  
 57.6

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

*Has refrigerated Condenser*

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

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

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

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

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

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
     Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
     Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
     Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stillls                   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Susan Cameron  
Inspector's Name (Please Print)

9/20/99  
Date of Inspection

Susan Cameron  
Inspector's Signature

9/2000  
Approximate Date of Next Inspection



ACE

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 60 MINUTE CLEANERS DATE: 9/20/99  
 FACILITY LOCATION: 3115 SOUTHGATE CIRCLE  
SARASOTA, FL 34239

Annual Reporting Period: 06/11 19 98 TO 9/20 19 99

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: DONALD CARLSON [Signature] 9/20/99  
 Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: _____	TIME OUT: _____	AIRS ID#: 1150084
TYPE OF FACILITY: DRYCLEANER		
FACILITY NAME: 60 MINUTE CLEANERS	DATE: _____	
FACILITY LOCATION: SARASOTA, FL 34239		
RESPONSIBLE OFFICIAL: DONALD CARLSON		
PHONE NUMBER: 941/955-1311		

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: \_\_\_\_\_

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 9/2000  
(Approximate)

INSPECTION CONDUCTED BY: SUSAN CAMERON  
(Please Print)

INSPECTOR'S SIGNATURE: *Susan Cameron* PHONE NUMBER: 941/378-6128

*Entered into ARMS 07/13/00*

*WTS*

**PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

Bureau of Air Monitoring  
& Mobile Sources  
**SEP 15 2000**

**RECEIVED**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  
RE-INSPECTION

AIRS ID#: 1150084 DATE: Aug. 4, 2000 TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_  
 FACILITY NAME: 60 MINUTE CLEANERS  
 FACILITY LOCATION: 3115 SOUTHGATE CIRCLE  
SARASOTA, FL 34239  
 RESPONSIBLE OFFICIAL: DONALD CARLSON PHONE: 955-1311  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

**PART II: CLASSIFICATION**  
 Facility indicated on notification form that it is:  No notification form  
 (check appropriate box)  Drop store/out of business/petroleum

<p><b>A.</b></p> <p>1. Existing small area source <input checked="" type="checkbox"/>          dry-to-dry only, <math>x &lt; 140</math> gal/yr          transfer only, <math>x &lt; 200</math> gal/yr          both types, <math>x &lt; 140</math> gal/yr          (constructed before 12/9/91)</p> <p>3. Existing large area source <input type="checkbox"/>          dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr          transfer only, <math>200 \leq x \leq 1,800</math> gal/yr          both types, <math>140 \leq x \leq 1,800</math> gal/yr          (constructed before 12/9/91)</p> <p>5. This is a correct facility classification <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine</p> <p>If no, please check the appropriate classification:  <input type="checkbox"/> facility qualified for a general permit as number _____ above  <input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit</p>	<p>2. New small area source <input type="checkbox"/>          dry-to-dry only, <math>x &lt; 140</math> gal/yr          transfer only, <math>x &lt; 200</math> gal/yr          both types, <math>x &lt; 140</math> gal/yr          (constructed on or after 12/9/91)</p> <p>4. New large area source <input type="checkbox"/>          dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr          transfer only, <math>200 \leq x \leq 1,300</math> gal/yr          both types, <math>140 \leq x \leq 1,800</math> gal/yr          (constructed on or after 12/9/91)</p>	<p><i>Perc Purchase</i></p> <table border="0"> <tr><td>1/99</td><td>19.2 gal</td></tr> <tr><td>8/99</td><td>0</td></tr> <tr><td>9/99</td><td>0</td></tr> <tr><td>10/99</td><td>0</td></tr> <tr><td>11/99</td><td>38.4</td></tr> <tr><td>12/99</td><td>0</td></tr> <tr><td>01/00</td><td>0</td></tr> <tr><td>2/00</td><td>19.2</td></tr> <tr><td>3/00</td><td>0</td></tr> <tr><td>4/00</td><td>0</td></tr> <tr><td>5/00</td><td>0</td></tr> <tr><td>6/00</td><td>19.5</td></tr> </table>	1/99	19.2 gal	8/99	0	9/99	0	10/99	0	11/99	38.4	12/99	0	01/00	0	2/00	19.2	3/00	0	4/00	0	5/00	0	6/00	19.5
1/99	19.2 gal																									
8/99	0																									
9/99	0																									
10/99	0																									
11/99	38.4																									
12/99	0																									
01/00	0																									
2/00	19.2																									
3/00	0																									
4/00	0																									
5/00	0																									
6/00	19.5																									

**B.** The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 96.3 gallons.

*31  
19.2  
38.4  
19.2  
19.5  
96.3*

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
 Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
 Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**

(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
 Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A *if needed*

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Susan Cameron  
Inspector's Name (Please Print)

08/09/2000  
Date of Inspection

Susan Cameron  
Inspector's Signature

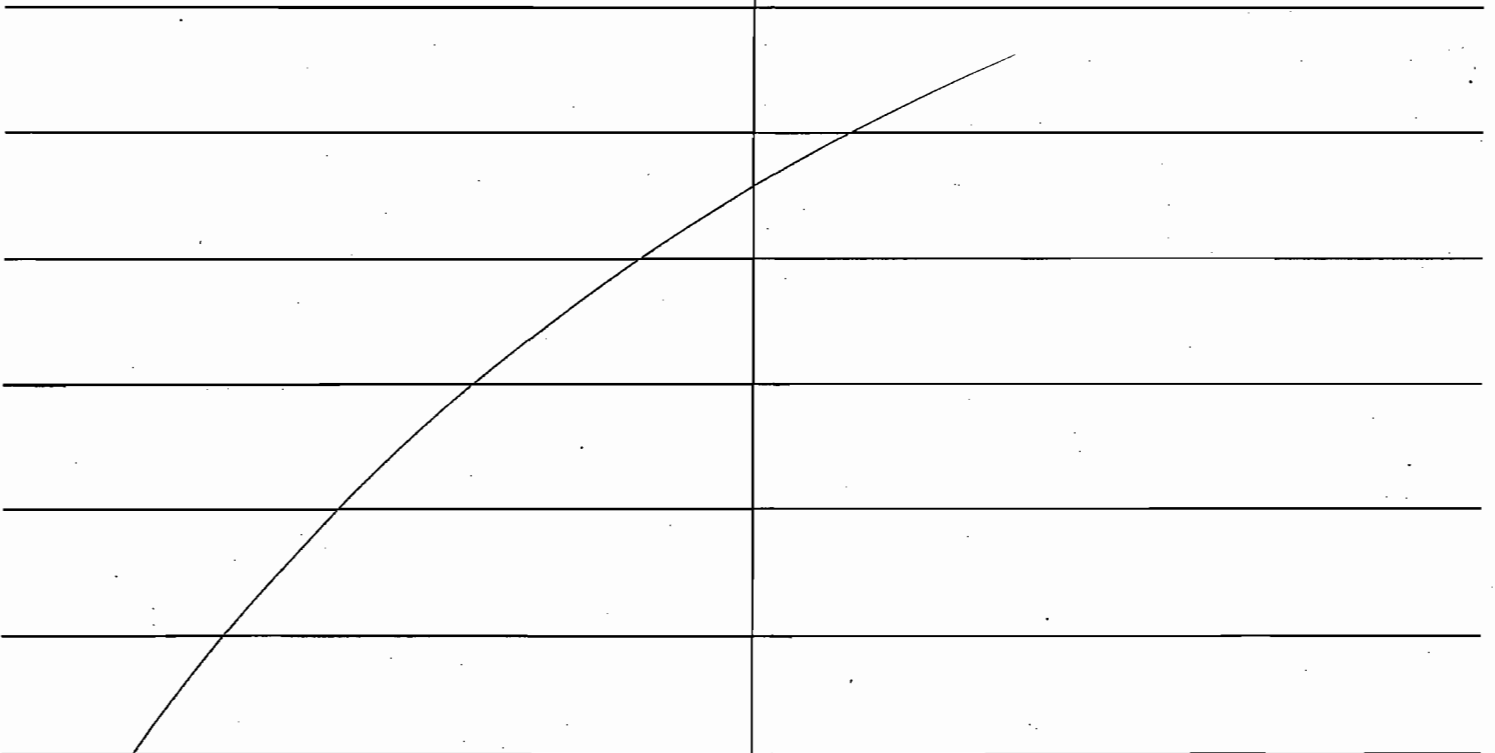
2 August 2001  
Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ AIRS ID#: 1150084  
 TYPE OF FACILITY: DRYCLEANER  
 FACILITY NAME: 60 MINUTE CLEANERS DATE: August 4, 2000  
 FACILITY LOCATION: SARASOTA, FL 34239  
 RESPONSIBLE OFFICIAL: DONALD CARLSON PHONE NUMBER: 941/955-1311

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 2 August 2001  
(Approximate)

INSPECTION CONDUCTED BY: Susan Cameron  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (941) 378-6128  
ext: 5615

ACE

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

**FACILITY NAME:** 60 MINUTE CLEANERS **DATE:** 08/04/2000

**FACILITY LOCATION:** 3115 SOUTHGATE CIRCLE  
SARASOTA, FL 34239

Annual Reporting Period: 9/20, ~~2000~~<sup>1999</sup> TO August 4, 2000<sup>19</sup>

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

**RESPONSIBLE OFFICIAL:** John L. Potter *John L. Potter* 8/4/00  
Name (Please Print) Signature Date

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



**PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

*linked into  
Arms ASGP  
08/24/01*

TYPE OF INSPECTION: ANNUAL  COMPLAINT DISCOVERY   
RE-INSPECTION

Bureau of Air  
 & Mobile  
 Sources  
 Monitoring  
 SEP 19 2001  
**RECEIVED**

AIRS ID#: 1150084    DATE: 8/24/01    TIME IN: 12    TIME OUT: \_\_\_\_\_  
 FACILITY NAME: 60 MINUTE CLEANERS  
 FACILITY LOCATION: 3115 SOUTHGATE CIRCLE  
SARASOTA, FLORIDA 34239  
 RESPONSIBLE OFFICIAL: DONALD CARLSON    PHONE: 941/955-1311  
 CONTACT NAME: \_\_\_\_\_    PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup   
 2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)  No notification form  
 Drop store/out of business/petroleum

A.

1. Existing small area source 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) <input checked="" type="checkbox"/>	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) <input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,300$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification  Y     N     Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

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

*Perc. Purchases*

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?
  - Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- |  |                                     |
|--|-------------------------------------|
| Visual examination (condensed solvent on exterior surfaces)        | <input checked="" type="checkbox"/> |
| Physical detection (airflow felt through gaskets)                  | <input checked="" type="checkbox"/> |
| Odor (noticeable perc odor)  | <input checked="" type="checkbox"/> |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | <input type="checkbox"/>            |
| Halogen leak detector  | <input type="checkbox"/>            |
- If using direct-reading instrumentation, is the equipment:**
- |  |   |
|--|---|
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?       | <input checked="" type="checkbox"/> N/A               |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis?              | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. Kept in a clean and secure area when not in use?                              | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)?        | <input type="checkbox"/> Y <input type="checkbox"/> N |

Susan Cameron  
Inspector's Name (Please Print)

8/24/01  
Date of Inspection

Susan Cameron  
Inspector's Signature

~ 08/02  
Approximate Date of Next Inspection

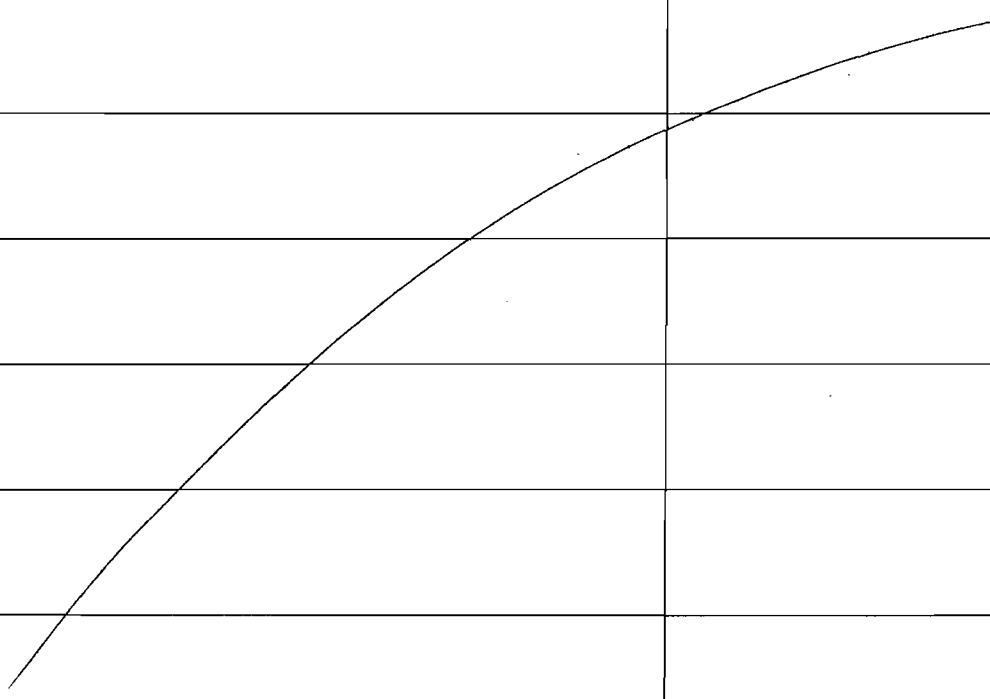


**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 12:15 pm TIME OUT: \_\_\_\_\_ AIRS ID#: 1150084  
 TYPE OF FACILITY: perchloroethylene drycleaner  
 FACILITY NAME: 60 MINUTE CLEANERS DATE: 8/24/01  
 FACILITY LOCATION: 3115 SOUTHGATE CIRCLE  
SARASOTA, FLORIDA 34239  
 RESPONSIBLE OFFICIAL: DONALD CARLSON PHONE NUMBER: 941/955-1311

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 208/02  
(Approximate)

INSPECTION CONDUCTED BY: Susan Cameron  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 941-378-6128  
Ext. 5615

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

**263284**

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

RECEIVED  
MAIL ROOM

MAR 14 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 1150084

60 MINUTE CLEANERS  
DONALD CARLSON  
3115 SOUTHGATE CIRCLE  
SARASOTA FL 34239

**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.

303413

TOTAL AMOUNT DUE: \$50.00

RECEIVED  
MAIL ROOM  
FEB 23 98

Do NOT Remove Label

AIRS ID#1150084  
60 MINUTE CLEANERS  
DONALD CARLSON  
3115 SOUTHGATE CIRCLE  
SARASOTA FL 34239

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.

0359143

TOTAL AMOUNT DUE: \$50.00

RECEIVED  
MAIL ROOM  
FEB - 2 99

Do NOT Remove Label

AIRS ID # 1150084  
60 MINUTE CLEANERS  
DONALD CARLSON  
3115 SOUTHGATE CIRCLE  
SARASOTA FL 34239

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404335

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**

1-31-01

RECEIVED  
MAIL ROOM  
JAN 31 01

Do NOT Remove Label

AIRS ID # 1150084
60 MINUTE CLEANERS DONALD CARLSON 3115 SOUTHGATE CIRCLE SARASOTA FL 34239

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391029

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 # 1150084
60 MINUTE CLEANERS DONALD CARLSON 3115 SOUTHGATE CIRCLE SARASOTA FL 34239

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

RECEIVED  
MAIL ROOM  
JAN 13 00

P 265 302 455

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

AIRS ID#: 1150084  
60 MINUTE CLEANERS  
DONALD CARLSON  
3115 SOUTHGATE CIRCLE  
SARASOTA FL 34239

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

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we 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.

3. Article Addressed to:

AIRS ID#: 1150084  
60 MINUTE CLEANERS  
DONALD CARLSON  
3115 SOUTHGATE CIRCLE  
SARASOTA FL 34239

5. Received By: (Print Name)

4a. Article Number  
**265 302 455**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**2-20-97**

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
**X [Signature]**

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 275

US Postal Service  
**Receipt for Certified Mail**

AIRS ID 1150084

60 MINUTE CLEANERS  
DONALD CARLSON  
3115 SOUTHGATE CIRCLE  
SARASOTA FL 34239

PS Form 3800 April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

60 MINUTE CLEANERS  
DONALD CARLSON  
3115 SOUTHGATE CIRCLE  
SARASOTA FL 34239

AIRS ID 1150084

4a. Article Number

Z 333 613 275

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

2-17-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 0520 0020 9372 6698

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

10 AIRS ID # 1150084001AG  
**Recipient's Name** DONALD CARLSON  
**Street, Apt. No.; or P.O. Box No.** 60 MINUTE CLEANERS  
 3115 SOUTHGATE CIRCLE  
**City, State, ZIP+4** SARASOTA FL 34239

PS Form 3800, February 2000 See Reverse for Instructions

McIntire

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

**SENDER: COMPLETE** **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:  
 10 AIRS ID # 1150084001AG  
 DONALD CARLSON  
 60 MINUTE CLEANERS  
 3115 SOUTHGATE CIRCLE  
 SARASOTA FL 34239

2. Article Number (Copy from service label)  
 70000520002093726698

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Received by (Please Print Clearly) *DWS* B. Date of Delivery *8-17*  
 C. Signature *Doug Piper*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952