

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 28, 1997

Mr. Gerardo Mendez, Jr. Touch of Class 620 Hunt Club Boulevard Apopka, Florida 32703

Re: Facility I.D. No. 1170080

Dear Mr. Mendez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 6, 1996.

Please note that in January 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 Nichols, Central District

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

RECEIVED Touch of Class Dry Cleaners 1.(a) add date control device FEB 1 9 1997 Bureau of Air Monitoring & Mobile Sources ould be new large area 2. 4. 7/11 ON CEPT BETSICNER BES 4515 NOT A LARGE AREA SOURCE N EQUIPMENT WAS INSTALLED JUN 1996 USAGE APPROP 65 GAL 6. 7. e: 32703 8. 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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SEP 6 1996

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
2. Site Name (For example, plant name or number):	
2. Site Name (For example, plant name or number):	
100clf OF Class Day Clemvers 3. Hazardous Waste Generator Identification Number:	
3. Hazardous Waste Generator Identification Number:	
FLD 022696108	
4. Facility Location:	
4. Facility Location: Street Address: 630 Hunt Club BLVD. City: Apoples County: Seminal Zip Code: 32703	
THE PILA	
5. Facility Identification Number (DEP-Use):	
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Responsible Official	
6. Name and Title of Responsible Official:	
GURARA MENOEZ JR PRESIDENT	
7. Responsible Official Mailing Address:	\dashv
Construction Tribus To the Construction of the	
Street Address: 620 HUNT CLUB BLUB.	
Street Address: 620 HUNT CLUB BLUB. City: ADJALA County: Signification Code: 32703	
8. Responsible Official Telephone Number:	
Telephone: (407) 783 - 049/ Fax: () -	
707 133 177	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10 Fallia Caran Adding	
10. Facility Contact Address:	
Street Address:	
City: County: Zip Code:	
11 Facility Contact Talanhara Number	
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	
Tun ()	

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device	*	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03 ⁻ OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit			700.15	711				,	
(I) w/ ref. condenser .	11	Le dici	15 JUN 96	I		_			T
(2) w/ carbon adsorber		13.061.9E	73 00 752					_	
(3) w/ no controls							_		
Washer Unit		1			1				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls		<u> </u>			-	· · · · · · · · · · · · · · · · · · ·)	
Dryer Unit				l				1	
(7) w/ ref. condenser	,								
(8) w/ carbon adsorber									
(9) w/ no controls						·-			
Reclaimer Unit				l.	f .				1,1
(10) w/ ref. condenser		1	· ·					T	
(11) w/carbon adsorber					1.				
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices 2.(b) If less than 12 mont Check why it is less 3. What is the facility's so (Indicate with an "X".	are requanting gallo	equired to be ity of perchloms O O O O O O O O O O O O O O O O O O O	installed [perc)	purchased in	۳رو _{يا} ن <u>۳۵</u> - مد : Did	not k	eep records:	
Existing small are			• ,		nall area sour	ce 🔀	l		
Existing large are	ea sou	irce A	Ne Ne	w lar	ge area sourc	ce []			

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4. What control technology is required on machines particles (Indicate with an "X".)	oursuant to section (5) of Pa	art II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser	1 9 mm/g 7
New small area source Refrigerated condenser		W.
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions uto Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:		
All steam and hot water generating units on-site (1) h boiler HP or less), and (2) are fired exclusively by na during which propane or fuel oil containing no more	itural gas except for period	ls of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
·		
•		
Equipment Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to be kept on-site in	1 accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases		\bowtie
(b) Leak detection inspection and repair		<u>-</u>
(c) Refrigerated condenser temperature monitoring		区
(d) Carbon adsorber exhaust perc concentration moni	toring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		<u></u>

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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)
\checkmark	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in eation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prom	aptly notify the Department of any changes to the information contained in this notification. 2/3/97 2/3/96 Date

Perchloroethylene Dry Cleaning Facility Notification

A 1500 A

Facility Name and Location

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1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
Touch of Class Day Cleavers
3. Hazardous Waste Generator Identification Number:
FUD 022696108
4. Facility Location:
4. Facility Location: Street Address: 620 HUNT CLUB BLVD. City: APSPILA County: Seminore Zip Code? 2703
5. Facility Identification Number (DEP Use):
1170080
Responsible Official
6. Name and Title of Responsible Official:
GURARDO MENDEZ JR PRESIDENT
7. Responsible Official Mailing Address:
Organization/Firm: TOUCH OF CLASS Street Address: 620 KLUNT CLUB BLUD City: ADJACA County: Sanive Le Zip Code: 32703
City: Aport 1 County: Service Zip Code: 32703
·
8. Responsible Official Telephone Number: Telephone: (4677) 782 - 0461 Fax: () -
Telephone: (407) 788 - 049/ Fax: () -
Facility Contact (If different from Responsible Official)
racinty Contact (if unferent 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

#11700.80

Touch of Class Dry Cleaners
p.14 1.(a) add date control device installed 3. Should be new large area Source p.15 4. Should be new large area Source W/refrig. Con.
3. Should be new large area Source
p.15 4. Should be new large 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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	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	41	15.00196				1			_
(2) w/ carbon adsorber		3.7.7.							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			•		1	•			
(7) w/ ref. condenser				T				Ι	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			•		•	•		•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are re luanti gallo	equired to be ity of perchlo ons OCO ow many? [_	installed [perc)	purchased in	سول الم	-e1	- AD NG	
What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sm	nitions found nall area sour	ce []	3) of	Part II?	
:0					G		•		

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(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
(e) Instrument calibration [] (f) Start-up, shutdown, malfunction plan []
DED E N. (2.212.200(2)

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Surrender of Existing Air Permit(s)

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

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-INSPECTI	ON COMPLAINT/DISCOVERY ON ON ON ON ON ON ON O
AIRS ID#: 1/70080 DATE: 2/3/ FACILITY NAME:	97 TIME IN: 10:45 TIME OUT: 11:10 55 DRY CLEANERS CLUB BLVO, 2, 32703
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior to st	artup
3. Facility failed to notify DARM to use general p	ermit \square
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	•
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification	□Y ÅN
If no, please check the appropriate classification:	NEW SMALL AREA
	rmit as number above is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) facility was 65 gallons.	purchased within the preceding 12 months by this dry cleaning

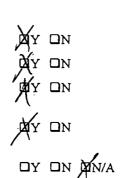
Revised 10/28/96

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?

 N MACHINE A5 NEED B1
- 2. Examining the containers for leakage?
- 3. Closing and securing machine doors except during loading/unloading?
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?



PART IV: PROCESS VENT CONTROLS

In Part II-A:

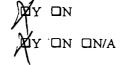
If classification 1 has been checked, no controls are required. Proceed to Part V.

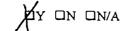
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

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

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







XY ON



B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□У □И .
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□У □И
Is the temperature differential equal to or greater than 20° F?	□У □И
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	. ПО
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/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	ж ои
(check appropriate boxes)	NO NO
(check appropriate boxes) 1. Maintained receipts for perc purchased?	NO YOU
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	NY ON
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	AY ON AY ON AY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	• • • • • • • • • • • • • • • • • • • •
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	RY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) 	MY ON MIN/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? 	MY ON MIN/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	MY ON MIN/A OY ON MIN/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? 	
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	

2.	Which method of detection is used by	the respo	nsible offi	icial?		
	Visual examination (condensed	solvent or	n exterior	surfaces)		
	Physical detection (airflow felt the	nrough ga	iskets)	•		
	Odor (noticeable perc odor)				Ř	
-	Use of direct-reading instrument	ation (FI)	D/PID/cal	orimetric tubes)	à	
	If using direct-reading instrum	entation	, is the eq	quipment:		
	a. Capable of detecting	perc vap	or concen	trations in a range of 0-500 ppm?	ΟY	□N
	b. Calibrated against a (PID/FID only)?	standard	gas prior	to and after each use	ΟY	□И
	c. Inspected for leaks a	nd obviou	ıs signs of	f wear on a weekly basis?	\Box Y	□N .
	d. Kept in a clean and	secure are	a when n	ot in use?	\Box Y	ПN
	e. Verified for accuracy	by use of	f duplicat	e samples (calorimetric only)?	ΟY	ПN
3.	Has the facility maintained a leak log?)			. Q Y	ПИ
4.	Does the responsible official check the	followin	g areas fo	r leaks?	ν,	
	Hose connections, fittings, couplings, and valves	XY.	ПN	Muck cookers	β¥	ПN
	Door gaskets and seating	Y	ПN	Stills	Y	ПN
	Filter gaskets and seating	MY	ΠN	Exhaust dampers	ΠY	ΩИ
	Pumps	KA	□N	Diverter valves	Y	ПN
	Solvent tanks and containers	XY	ПN	Cartridge filter housings	Y	ΩИ
	Water separators	Y	ΠN		·	
	Name of Responsible Offic Louis A. Nichols Inspector's Name (Please Pr			2/3/9 Date of Inspe	27 ection	
_	Inspector's Signature			Approximate Date of	Next I	nspection
	700	DHYC	06 LEANER 1 788-049	Class S ADOPKA FL		

620 Hunt Club RACK PRINT NAME DATE ADDOESS

ADDITIONAL SITE INFORMATION:

- ARROTECH 480 BS 2000 48#
- HAS CONTAINMENT PLUS STORAGE PAN
- ZEZO WASTE FOR WATER
- SAFRTY KLERN PICKS UP WASTE
- HAS PLANS TO EMPLY PLOOR -
- 20,000 LB / DAVM OK PERC. 50 GAL
- DOING EXCALLENT NOB OF LAAK CHECKING-& MAINTAINING RECORDS.
- 1/45 COIN LAUNDRY NOWARRA OR SEWER IN DRY CLEARN SECTION.



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 4:10	TIME_OUT: 4:29	AIRS ID#:	170080
TYPE OF FACILITY: DYM	Gearing		
FACILITY NAME: 1004	ch of Class		DATE: 11/6/97
FACILITY LOCATION: (020 thent ch	ib Blvd.	
	Apopka, Fi. 3	32703	
RESPONSIBLE OFFICIAL:	Gerardo Hen	def phone number:	407-788-0491
	he compliance requirements eval ule 62-213.300, Florida Adminis	uated during this inspection, the factorative Code (F.A.C.).	cility is found to be in
Based on the results of the discrepancies were noted		uated during this inspection, the fo	llowing compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
•			
	,		
			_
		1	
		1	
·			
COMMENTS: OOD record	Keeping.	- !	
The Annual Compliance Certific	ration form has been properly cer	tified and submitted to the inspecto	r. YES NO
DATE OF NEXT INSPECTIO	11 / C		
DATE OF MENT INSPECTIO		approximate)	
INSPECTION CONDUCTED	BY: SAADIA "	QURESH 1	
		Please Print)	
INSPECTOR'S SIGNATURE:		PHONE NUMBER	. 407-893-333
·	Page	of .	Revised 10/96

DENLEMENT SO

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	CTIC):Y:
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ANNUAL



COMPLAINT/DISCOVERY

_

RE-INSPECTION

AIRS ID#: 11 7000 DATE: 11 10 F	77 TIME IN: 4:10 TIME OUT: 4!	25			
FACILITY NAME: DUCH OF C	LAS				
FACILITY LOCATION: 620 thinh Club Blue					
Apoplea, 4	7- 32703				
RESPONSIBLE OFFICIAL: Geyardo	Membez PHONE: 407-788-049	<u> </u>			
CONTACT NAME:	PHONE:				
PART I: NOTIFICATION					
(check appropriate box)		•			
1. New facility notified DARM 30 days prior to sta	ertup				
2. Facility failed to notify DARM to use general pe	ermit				
PART II: CLASSIFICATION		ľ			
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petrole	eum			
<u> </u>		eum			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petrole 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	eum			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 1'40 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	eum			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 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 If no, please check the appropriate classifi facility qualified for a ge	Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) AY □N □Can not determine	eum			

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

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

In Part II-A:

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

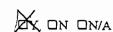
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

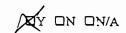
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

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

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









В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПИ	□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?	ΠV		□N/A
	Is the perc concentration equal to or less than 100 ppm?			□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,			UIVA
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ΩΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	XX on			
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 ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AVA NO NA			
4. Maintained calibration data? (for applicable direct reading instruments)	'סץ סא אַלאר A			
5. Maintained exhaust duct monitoring data on perc concentrations?	оч ом фула			
6. Maintained startup/shutdown/malfunction plan?	Değy □n			
7. Maintained deviation reports?	ORY ON ON/A			
Problem corrected?	OY ON PRO/A			
8. Maintained compliance plan, if applicable?	A/NO NO YO			

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a	veekly	(for s	small sources, b	ni-weekly) leak detection a	nd rep	air
	inspection?					XY	□И
2.	Has the facility maintained a leak log?					´ 🕸	□и
3.	Does the responsible official check the	ollowir	ng ar	eas for leaks?	•	/	•
	Hose connections, fittings, couplings, and valves	ДY	ПΝ	□N/A	Muck cookers	dy	□N □N/A
	Door gaskets and seating	dY	ИП	□N/A	Stills	фч	□N □N/A
	Filter gaskets and seating	dү	ПΝ	□N/A	Exhaust dampers	фч	□N □N/A
	Pumps	ΓY	ΠИ	□N/A	Diverter valves	фч	□N □N/A
	Solvent tanks and containers	ΠY	ПИ	□N/A	Cartridge filter housings	þΥ	□N □N/A
	Water separators	фY	ПΝ	□N/A	· .	·	
4.	Which method of detection is used by the	ne respo	onsib	le official?			,
	Visual examination (condensed so	olvent o	n ext	terior surfaces)		کابر	
	Physical detection (airflow felt the	ough g	aske	(2 5)			
	Odor (noticeable perc odor)					10	
	Use of direct-reading instrumenta	tion (F	ID/PI	D/calorimetric	tubes)		•
	Halogen leak detector					1	
 	If using direct-reading instr	umenta	ation	, is the equipm	ent:	□N.	/A .
	a. Capable of detecting p	perc var	por c	oncentrations in	n a range of 0-500 ppm?	ΠY	ПИ
	b. Calibrated against a s (PID/FID only)?	tandard	i gas	prior to and aft	er each use	ΠY	ПИ
	c. Inspected for leaks an	d obvid	ous si	gns of wear on	a weekly basis?	ΟY	□и
	d. Kept in a clean and s	ecure a	rea w	hen not in use?	, 1	ΩY	□и
	e. Verified for accuracy	by use	of du	plicate samples	(calorimetric only)?	ΩY	□N
	•						
<u>'</u>							

Inspector's Name (Please Print)

spector's Signature

11/98

Approximate Date of Next Inspection

multimatic Mercua.

IN COMPLIANCE

all

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring AIRS ID#1170080 **GBM INC** GERARD MENDEZ JR 620 HUNT CLUB BLVD APOPKA FL 32703 Do NOT Remove Label Annual Reporting Period: 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. \square 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 Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this

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

RESPONSIBLE OFFICIAL:

Name (Please Print)

*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-INSPECTION:	COMPLAINT/DISCOVERY
FACILITY NAME: Touch of FACILITY LOCATION: 620 Hrs. Apoplea RESPONSIBLE OFFICIAL: Ceraldo	
PART 1: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup .
2. Facility failed to notify DARM to use general pe	mit
PART II: CLASSIFICATION	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ge facility exceeds above line	□ No notification form □ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ Y □ N □ Can not determine cation: eneral permit as number above mits and is not eligible for a general permit urchased within the preceding 12 months by this dry cleaning

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

PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V.					
If classification 2 has been checked, the machine should be equipped with a refrigera (complete A below).	ted condenser				
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 refrigera (complete A and B below).	ited 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?	מם עם				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	dy on onia				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ZY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	of on				
	AINO NO Y				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Zy on				

T I	Has the responsible official of an existing large or new large area source also:			1
٦.	That the I copound the official of an expense large of new large area source also.			
1.	Measured and resorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	חת□	
	.,			
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ΠИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПΝ	□N/A
3.	Meas: red 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?	ΩY	Пи	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ŪΥ	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?	ΠY	И□	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ВΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
I. Maintained receipts for perc purchased?	מס צא				
2. Maintained rolling monthly total of perc consumption?	MY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or; / wo leaks	DY DN TINA				
b. documentation of parts ordered to repair leak and leak-repaired w/in 2 days and parts installed w/in 5 days of receipt?	בארם אם אם				
4. Maintained calibration data? (for applicable direct reading instruments)	אואם אם צם				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ONA				
6. Maintained startup/shutdown/malfunction plan?	ZY ON				
7. Maintained deviation reports?	אוא לב אם אם אם.				
Problem corrected?	DY DN DNA				
8. Maintained compliance plan, if applicable?	מץ מא מאיא				

PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	- <u>-</u>				\mathcal{A}_{Y}	ַ אם .
2.	Has the facility maintained a leak log?				,	ŹΥ	טט
3.	Does the responsible official check the fo	ollowi	ng ar	eas for leaks?	,		
	Hose connections, fittings, couplings, and valves	PY	DИ	□N/A	Muck cookers	PΥ	ON ON/A
	Door gaskets and seating	þy	ПИ	□N/A	Stills	ÞΥ	□N □N/A
	Filter gaskets and seating	ΦY	ПΝ	□N/A	Exhaust dampers	ÞΥ	באמם מם
	Pumps	ΠY	ПИ	□N/A	Diverter valves	ÞΥ	ON ON/A
	Solvent tanks and containers	ÞΥ	Πи	□N/A	Cartridge filter housings	фA	ON ON/A
	Water separators	ΔY	ДΝ	□N/A			
4.	Which method of detection is used by the	e resp	onsib	le official?		A	
	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						٠
	If using direct-reading instru	ment:	ation.	, is the equipme	ent:	□N/	A
	a. Capable of detecting pe	erc va	por c	oncentrations in	a range of 0-500 ppm?	ΩY	ПN
	b. Calibrated against a sta (PID/FID only)?	indaro	l gas	prior to and afte	r each use	ΩY	□N
	c. Inspected for leaks and	obvi	ous s	gns of wear on a	a weekly basis?	ΩY	ПИ
	d. Kept in a clean and sec	ure a	rea w	hen not in use?		ΩY	ロと
	e. Verified for accuracy b	y use	of d	iplicate samples	(calorimetric only)?	ΩY	ПN

Approximate Date of Next Inspection Inspector's Signature

ADDITIONAL SITE INFORMATION:

Aerotek USA pan? yes
no perc on board
Floor exponyed. Yes
Sufety kluen - har wasie
dates hez waste? Yes
2 hday containment for drumo?
Yes.

Zero waste maduri for condensate -(no open container)

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANN	UAL 🗍 COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11.35	тіме оит: <i>12:15</i>	AIRS ID#:	1170085
TYPE OF FACILITY: Dyna	'leunis		
FACILITY NAME: TOUCH	- 1 Class		DATE: 1/25795
FACILITY LOCATION: 620	Amt Club	Klrd.	
Ax	poplea FC. 3	270-3	
RESPONSIBLE OFFICIAL: Gene		PHONE NUMBE	R: 407-788-0491
Based on the results of the comp compliance with DEP Rule 62-2	· ·	-	acility is found to be in
Based on the results of the comp discrepancies were noted:	liance requirements evalua	ted during this inspection, the fo	ollowing compliance
COMPLIANCE REQUIREM	ENT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
	·		
	· ·		
-			
COMMENTS:			
IN complance			
The Annual Compliance Certification for	m has been properly certifi	ed and submitted to the inspecto	or. YES NO
DATE OF NEXT INSPECTION:	1/200		
	(Apj	proximate)	 _
INSPECTION CONDUCTED BY:	Jaady	à Gareshi	
	(Ple	ase Print)	407697-7177
INSPECTOR'S SIGNATURE:	4	PHONE NUMBE	a: 407-893-3333
	Page_	_of	Revised 10/96

NGG

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: TOUCH OF	F CLASS Dry Clethers DATE: 1/25/99
FACILITY LOCATION: 6 26 A	hur Cues Bers
Applica F	=c 327,03
Annual Reporting Period:	1998 to 5av 189
	general air permit, my facility has remained in compliance with DEP Rule 4.C.), during the period covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit t	hat 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:	<u> </u>
Method used to demonstrate compliance:	<u> </u>
#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:	
made in this notification are true, accurate	based on information and belief formed after reasonable inquiry, that the statements and complete. Further, my annual consumption of perchlorcethylene solvent, based 100 gailons per year for dry-to dry facilities or 1.800 gallons per year for transfer or 200 March 57 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.

Page _____ of ____.

PERCHLOROETHYLE

TITLE V GENE

COMPLIANCE INSPE

		ARMS UPDATED
ENE D	RY CLEANERS	DATE 4-27-00
RAL PE	RMIT	DATE
CTION	CHECKLIST	la RR
		BY
**	COMPLAINTENDICCOMERN	1

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

AIRS ID#: 1170080 DATE: 4-27-00 TIME IN: 10!38	TIMEOUR 11.00
FACILITY NAME: Touch of Class	NOCT IN AGE
FACILITY LOCATION: 620 S. Hugt Club Blud.	No III
Apopka, FL 32703	iorine (orine
RESPONSIBLE OFFICIAL: Gerando Mendez PHONE:	107-788-0491
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	۵

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)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ 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
	eation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 133, gallons.	urchased 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) DY ON ZNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ZN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

В. На	s the responsible official of an existing large or new large area source also:	
II .	asured and recorded the exhaust temperature on the outlet side of the condenser located dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed OY ON
ll .	asured and recorded the washer exhaust temperature at the condenser et and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	A/NO NO YO
	asured and recorded the perc concentration in the exhaust stream weekly he end of the final drying cycle while the machine is venting to the adsorber,	
ifπ	nachines are equipped with a carbon adsorber?	OY ON ON/A
1	Is the perc concentration equal to or less than 100 ppm?	A'NO NO YO
per	sured that the sampling port on the carbon adsorber exhaust for measuring c concentrations is at least 8 duct diameters downstream of any bend, contraction,	
	expansion; is at least 2 duct diameters upstream from any bend, contraction, expansion; and downstream from no other inlet?	AVAD NO YO
	uipped transfer machines (dryers, reclaimers, and washers) with individual denser coils?	אואם אם צם
6Roi	ated airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	MY DN			
2. Maintained rolling monthly averages of perc consumption?	OY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	AVO NO YE			
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 ANA			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ZONA			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY, ON ZNIA			
6. Maintained startup/shutdown/malfunction plan?	AY ON			
7. Maintained deviation reports?	DY DN 9X/A			
Problem corrected?	OY ON ZNA			
8. Maintained compliance plan, if applicable?	AN/A YOU YO			

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A Muck cookers DY ON ONA couplings, and valves DY ON ON/A Door gaskets and seating Stills ФY □N □N/A ΦY ON ON/A Filter gaskets and seating Exhaust dampers DY ON ON/A DY ON ON/A DY ON ONA Diverter valves Pumps Solvent tanks and containers DY ON ON/A Cartridge filter housings DY DN DN/A DY ON ON/A Water separators 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? UA UN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN DY DN d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? ND YD

Inspector's Name (Please Print)

Unningham

H-27-00

Date of Inspection

H-200

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
•	
	A Par

AIRS ID#:	170180
	-700



Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touch of Class	DATE: 4-27-00
FACILITY LOCATION: 620 5, Hunt CLUB Blud,	
Apoptia IFL 32703	
	,
Annual Reporting Period: April 20 TO Apri	2000
Based on each term or condition of the Title V general air permit, my facility has remained in com	pliance 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	e reporting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	<u></u>
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the	e reporting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	<u> </u>
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonab in this notification are true, accurate and complete. Further, my annual consumption of perchloro purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	pethylene solvent, based upon sper year for transfer or

^{*}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 🔀	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: (0 1 30	TIME OUT: l	1:00	AIRS ID#: 1	70080
TYPE OF FACILITY: Dry	Clean			
FACILITY NAME: Touch	of class			DATE: 4-27-00
FACILITY LOCATION: 62	Os, Hunt Club	Blud.		·
F.	sopha, FL 32	703	···	11-7-11-11-11-1
RESPONSIBLE OFFICIAL:	berard Men	1dez	PHONE NUMBER	: 407-188-0491
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 REQU	JIREMENT/PROBLI	EM :	FOLLOW-UP ACT	ION REQUIRED
				
				· · · · · · · · · · · · · · · · · · ·
		·		
COMMENTS:	- ; - 			
In Comp	liance		·	
The Annual Compliance Certification form has been properly certified and submitted to the inspector.				
DATE OF NEXT INSPECTION: 4-200				
INSPECTION CONDUCTED	PII	(Approxim	ate) 14haM int)	
INSPECTOR'S SIGNATURE:	" Made	- f	PHONE NUMBER	: <u>407-893-3333</u>
	,	Page / of /	<u>/</u> _·	Revised 10/96