



1270114

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 25, 1996

Ms. Barbara Waitt
Classy Cleaners, Inc.
2986 South Ridgewood Avenue
Edgewater, Florida 32141

Dear Ms. Waitt:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 23, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

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

1270114

Classy Cleaners

- spoke with Barbara Waitt - 9/12/96
- RO

- p. 14 1.(a) add date control device
installed
1.(c) mark out "X" and initial
3. should be new small area source
- p. 15 4. should be new small area source
w/ refrig. con.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	CLASSY CLEANER'S INC		
2. Site Name (For example, plant name or number):	CLASSY CLEANERS		
3. Hazardous Waste Generator Identification Number: GENERATOR #	FLD 984258137 / XXXXXXXXXXXX		
4. Facility Location:	Street Address: 2986 S. RIDGEWOOD AVE.	City: EDGEWATER	County: VOLUSIA Zip Code: 32141
5. Facility Identification Number (DEP Use):	1270114		

Responsible Official

6. Name and Title of Responsible Official:	BARBARA WAITT MANAGER		
7. Responsible Official Mailing Address:	Organization/Firm: CLASSY CLEANERS INC.	Street Address: 2986 S. RIDGEWOOD AVE	City: EDGEWATER County: VOLUSIA Zip Code: 32141
8. Responsible Official Telephone Number:	Telephone: (904) 427-9192	Fax: () -	

Facility Contact (If different from Responsible Official)

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

RECEIVED

AUG 23 1996

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.

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									
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	01-FEB-93							
(2) w/ carbon adsorber	2	01-FEB-93							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are 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

small
r.o.

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.

Barbara Waitt
Signature

8/30/96
Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1270114 DATE: 12/2/96 TIME IN: 12:00 TIME OUT: 12:35
FACILITY NAME: Classy Cleaners
FACILITY LOCATION: 2986 S. Ridgewood Ave
Edgewater 32141

PART I: NOTIFICATION

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

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, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed before 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)

This is a correct facility classification Y N

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 20 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
- 2. Examining the containers for leakage? Y N
- 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
- 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 basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

Discussed w/ R.A.

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
Is the temperature differential equal to or greater than 20° F? Y N
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
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
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser cells? 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
 - 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
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Discussed w/R.O. Y N
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N
Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

2. 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)

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

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

4. Does the responsible official check the following areas for leaks? *yes to all*

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

Barbara Witt

Name of Responsible Official

Shella Schneider

Inspector's Name (Please Print)

Shella Schneider

Inspector's Signature

12/2/96

Date of Inspection

12/97

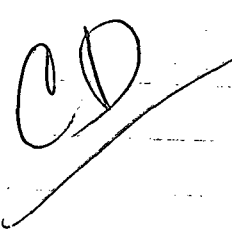
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

This section is currently blank, intended for providing additional site information.

Classy Cleaners

- spoke with Barbara Waitt - 9/12/96
- RO

1.		
2.	p.14 1.(a) add date control device installed	
3.	1.(c) mark out "X" and initial	302141
4.	3. should be new small area source	
	p.15 4. should be new small area source w/ refrig. con.	32141
5.		
corrections made 12/2/96 SS 		
6.		
7.		p Code: 32141

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: () -

RECEIVED

AUG 23 1996

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): CLASSY CLEANER'S INC
2. Site Name (For example, plant name or number): CLASSY CLEANERS
3. Hazardous Waste Generator Identification Number: GENERATOR # FLD 984258137 / XXXXXXXXXX XXXXXXXXXX
4. Facility Location: Street Address: 2986 S. RIDGEWOOD AVE. City: EDGEWATER County: VOLUSIA Zip Code: 32141
5. Facility Identification Number (DEP Use): 1270114

Responsible Official

6. Name and Title of Responsible Official: BARBARA WAITT MANAGER
7. Responsible Official Mailing Address: Organization/Firm: CLASSY CLEANERS INC Street Address: 2986 S. RIDGEWOOD AVE City: EDGEWATER County: VOLUSIA Zip Code: 32141
8. Responsible Official Telephone Number: Telephone: (904) 427-9192 Fax: () -

Facility Contact (If different from Responsible Official)

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

RECEIVED

AUG 23 1996

Bureau of Air Monitoring
& Mobile Sources

Facility Information

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<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		01-Feb 93				(BW) 12/2/96			
(1) w/ ref. condenser	#1	01-FEB 93	01-FEB 93						
(2) w/ carbon adsorber		01-FEB 93							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed (BW) 12/2/96

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 (BW) 12/2/96 New small area source (BW) 12/2/96

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

(B) 12/2/96

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

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(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.

Barbara Waitt
Barbara Waitt

Signature

12/2/96
8/30/96

Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED

Do NOT Remove Label

JAN 29 1997

Bureau of Air Monitoring
& Mobile Sources

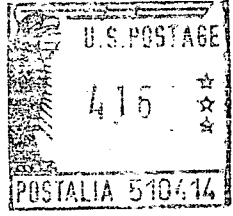
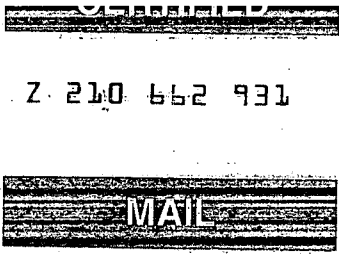
CLASSY CLEANERS INC
~~BARBARA WALT~~ *FRED WACHOWSKI*
2986 S RIDGEWOOD AVE
EDGEWATER FL 32141

AIRS ID# 1270114

*Business was
Closed 12/16/96
Fred L. Wachowski
President*

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

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



- RI.# _____
Date _____
Car. Init. _____
- Not Deliverable As Addressed
- Unable To Forward
 - Insufficient Address
 - Moved, Left No Address
 - Unclaimed Refused
 - Attempted - Not Known
 - No Such Street Number
 - Vacant Illegible
 - No Mail Receipts
 - Box Closed - No Order
 - Returned For Better Address
 - Postage Due _____

10 AIRS ID # 1270114001AG
BARBARA WATT
CLASSY CLEANERS
2986 S RIDGEWOOD AVE
TALLAHASSEE FL 32311

UMA RB

Bureau of Air Monitoring
& Mobile Sources

JUN 15 2001

RECEIVED

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

- 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 # 1270114001AG
 BARBARA WAITT
 CLASSY CLEANERS
 2986 S RIDGEWOOD AVE
 EDGEWATER FL 32141

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 2 210 062 931

Z 210 662 931

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

10 AIRS ID # 1270114001AG
BARBARA WAITT
CLASSY CLEANERS
2986 S RIDGEWOOD AVE
EDGEWATER FL 32141

PS Form 3800, April 1995

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