

# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

April 3, 1998

Mr. David M. Foley, Sr., President Foley's Dry Cleaning 1910 State Road 44 New Smyrna Beach, Florida 32168

Facility No.: 1270147 Re:

Dear Mr. Foley:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 27, 1998.

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. Anatoliy Sobolevskiy, Central District

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



# Department of Environmental Protection

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

David B. Struhs Secretary

February 2, 2004

Mr. Thomas J. Young 125 East Granada Boulevard Ormond Beach, Florida 32176

Dear Mr. Young:

Thank you for your January 27 letter notifying the department that your business, Quick Clean Laundry and Dry Cleaners (AIRS ID #1270148), has been sold.

Rule 62-213.300, Florida Administrative Code (F.A.C.), stipulates that the responsible official shall notify the department in writing of any changes requiring corrections to information contained in the notification form. As a result of your letter, the facility status for Quick Clean Laundry and Dry Cleaners has been changed to *inactive* in the database.

In addition, Rule 62-213.300, F.A.C., stipulates that an annual emissions fee is due and payable for the **preceding** year in which the facility was in operation and subject to the requirements of the general permit. Our records indicate that Quick Clean Laundry and Dry Cleaners operated as a Title V general permit facility in **2003**. Therefore, the annual operation fee for which you were recently invoiced is now due.

If you have any additional questions or need additional information, please contact me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

cc: Tom Mullins, Central District

#### Perchloroethylene Dry Cleaning Facility Notification

	°C.	
. •		•
P	Perchloroethylene Dry Cleaning Facility Notification  Facility Name and Location  Company Name (Name of corporation, agency, or individual owner):	1
	Facility Name and Location	`<
1 Facility Owner/	/Company Name (Name of corporation, agency, or individual owner):	
_	Company Name (Name of corporation, agency, or individual owner):	
Move 2 Sita Nama (Far	example, plant name or number):	
	75 Pry Clean, rg	
5. riazardous wasi	ste Generator Identification Number:	
4. Facility Location	on: / New Stone no a . F21.	
Street Address:	County: Zin Code	
723	On: (New Symma, FL)  So Aric Free Day Volusia Zip Code: 32165  ication Number (DEP Use):	
5. Facility Identific	ication Number (DEP Use):	
	Responsible Official	
6. Name and Title	e of Responsible Official:	
David	M. Foley Sr. President fficial Mailing Address:	
Organization/Fig	i-m.	
Street Address:	1910 ST KJ 44	
City: Vew	Smyrna Pch County: Volusco Zip Code: 32168.	
	fficial Telephone Number:	
Telephone:	(904) 428-2271 Fax: ( )	
	Facility Contact (If different from Responsible Official)	
9. Name and Title	e of Facility Contact (For example, plant manager):	
	704.	
10. Facility Contact	et Address:	
Street Address:	·	
City:	County: Zip Code:	
_	et Telephone Number:	
Telephone:	( ) - Fax: ( . ) -	
L		

DEP Form No. 62-213.900(2) Effective: 6-25-96

#### **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									
(1) w/ ref. condenser	1	Oca	3 Decq	7					
(2) w/ carbon adsorber									
(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	٠.		'			"		·	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									1
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol Check why it is less	are r quant gallo	equired to be ity of perchlo ons ow many? [	installed [_ proethylene (	perc)	purchased in				[]
3. What is the facility's so (Indicate with an "X".  Existing small ar Existing large ar	Selec ea so	et one classif	ication only.)	ew sn	initions foun- nall area sou	rce [		Part II?	
=					5		•		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
<b>:</b>	
	units shall not be eligible to use the general permit pursuant I hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment at than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site in	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 mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2) Effective: 6-25-96

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

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemeni maintain	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 is 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	3/25/98 Date

DEP Form No. 62-213.900(2)

Effective: 6-25-96

#### Bowman, Sandy

From:

Rice, Rodell

Sent:

Monday, October 27, 2003 8:55 AM

To:

Bowman, Sandy

Cc:

Mulligan, Tom

Subject: RE: RE: Expired Entitlements

Hello Sandy,

Sorry for the delay. Yes, all these facilities are in operation. Only 0970064 has changed their name and is under new management. I provided them with the permit application. Central District Air Compliance section will take care of all the other facilities on the list.

We are currently one person short. I'm no longer doing the dry cleaners. I was promoted to another job, same section. Please forward any other Dry Cleaner or Small Business Program correspondence to Tom Mulligan, my supervisor. He should be able to help you.

Thanks for everything.

----Original Message-----

From: Bowman, Sandy

Sent: Wednesday, October 22, 2003 9:11 AM

To: Rice. Rodell

Subject: RE: Expired Entitlements

Hi Rodell,

In looking through the ARMS database, I noticed that entitlements for the following facilities have expired. The last we heard from each facility was payment of their annual emissions fee.

Are these facilities still in operation? If so, they will need to submit another notification form for entitlement to operate for the next 5 years. If not, please let me know so that I may inactivate them.

Thanks for looking into this for me. If you have any questions, please give me a call.

AIRS ID DATE	EXPIRE DATE		FEE PAYMENT YEAR	R FEE PAYMENT
1270144	1/21/2003	2002		3/12/2003
0970064	1/29/2003	2002		2/20/2003
1170364	3/11/2003	2002		12/16/2002
1270147	4/1/2003	2002		2/6/2003
1170366	5/4/2003	2001		4/18/2002
0970066	7/28/2003	2002		2/13/2003
0090171	8/5/2003	2002		12/19/2002

0090174 8/31/2003 2002 12/23/2002

1170369 8/31/2003 2002 2/3/2003

Thanks again,

Sandy Bowman

Sandy Bowman
Environmental Consultant
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

-TBD01009

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
AIRS ID#: 1270147 DATE: 415/ FACILITY NAME: FOLLY'S D FACILITY LOCATION: 225 5.  New Smy	197 TIME IN: 1000 TIME OUT: 1021  Pry Cleaning  Dixie Freeway  rna Beach, Fl.
PART I: NOTIFICATION	
(check appropriate box)	
Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior to start	up 🔾
3. Facility failed to notify DARM to use general perm	nit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr	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)
dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" 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	<b>M</b> Y □N
If no, please check the appropriate classification:	
facility qualified for a general perm facility exceeds above limits and is	
B. The total quantity of perchloroethylene (perc) pur facility was 400 gallons.	rchased within the preceding 12 months by this dry cleaning

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON 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 DY DN ZN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been prior to September 22, 1993 installed 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? OY MY ON/A 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?

·			
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?	ZY	PN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	M
	Is the temperature differential equal to or greater than 20° F?	ΠÝ	□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?	ΠY	ON MIN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□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,		1.4
	or expansion; and downstream from no other inlet?	ΠY	ON MA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ON WINA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ON ZNIA
_			
P	ART V: RECORDKEEPING REQUIREMENTS		
н	as the responsible official:		
H (c	as the responsible official: neck appropriate boxes)	✓Y	□й
H (c.	as the responsible official:		
H (c. 1. 2.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?		
H (c. 1. 2.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?		MM
H (c. 1. 2.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:		MM
H (c 1. 2. 3.	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		<b>N</b> N
H (c. 1. 2. 3.	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?		MN MN
H (c. 1. 2. 3. 5.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? Gor direct reading instruments only)		MN MN ON ON MA
H (c. 1. 2. 3. 4. 5. 6.	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?		MN ON ON ON
H (c. 1. 2. 3. 4. 5. 6.	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?		MN ON ON ON ON ON
H (c. 1. 2. 3. 5. 6. 7.	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?		MN ON ON ON ON ON ON
H (c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  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?		

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

2. Which method of detection is used by the	ne respon	sible official?			-
Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt thr	ough gas	kets)		ø,	
Odor (noticeable perc odor)				Ø	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
If using direct-reading instrume	ntation,	is the equipment:			
a. Capable of detecting p	erc vapo	r concentrations in	a a range of 0-500 ppm?	ΠY	□N
b. Calibrated against a st	tandard g	as prior to and aft	er each use		
(PID/FID only)?				ΠY	ЦN
c. Inspected for leaks and	d obvious	signs of wear on	a weekly basis?	ΠY	□N
d. Kept in a clean and se	cure area	when not in use?		ΠY	□И
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					□й
3. Has the facility maintained a leak log?				ΠY	M
4. Does the responsible official check the following areas for leaks?					
Hose connections, fittings,	Ĺ.			1	
couplings, and valves	EY	ПN	Muck cookers	¥2Y	ŬN
Door gaskets and seating	ZY	□N	Stills	Y	□и
Filter gaskets and seating	<b>Z</b> Y	□и	Exhaust dampers	<b>M</b> Y	ПN
Pumps	<b>G</b> Y	ПИ	Diverter valves	dy.	□и
Solvent tanks and containers	<b>∆</b> YY	$\square N$	Cartridge filter housings	Y	□и
Water separators	<b>v</b> Y	ПИ			

Name of Responsible Official

Todo Sanchez

Inspector's Name (Please Print)

Ode Sanchez

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Goleyá DRY CLEANING

Three locations To Serve You

Mainland: Regional Shopping Center
1910 St. Rd. 44 • 428-6079

Hwy US1 225 S. Dixie Frwy
428-2271

Beachside: Indian River Shopping Plaza 1335 Saxon Drive • 426-5852

**Expert Alterations** 

DAVE FOLEY

#### ADDITIONAL SITE INFORMATION:

Spotting board

Aerotech 400 4016 (Acour 1992) containment pan installed evaporates waste water on site using zero wastemachine MCF picks up waste has epoxy to put around

Lett documentation for general permit application and record keeping requirements and explained

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAIN (IDISCOVERY) RE-INSPECTION
TIME IN: 12:30 TIME OUT: 1:15	AIRS ID#: 4/0x10 12 10 141
TYPE OF FACILITY: Dryckening	
FACILITY NAME: FOKUS Dryclea	now DATE: 3/25/18
FACILITY LOCATION: 2255. Dixe	Freeway
	V
RESPONSIBLE OFFICIAL: Java Foly	PHONE NUMBER: 904-428-2271
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	rative Code (F.A.C.).
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
no permit	owner fued out permit & gave to inspector
	gaves inspector
· · · · · · · · · · · · · · · · · · ·	70
·	m g
·	Burea APR
	Mobile 7
-	Monitori Sources
	Monitoring Sources
	\
COMMENTS:	
The Annual Compliance Cortification form has been present parti-	fied and submitted to the inspector. YES NOW
The Annual Compliance Certification form has been properly certi	hed and submitted to the inspector.
DATE OF NEXT INSPECTION:	pproximate)
INSPECTION CONDUCTED BY: SAMOW	O QURESHI
	lease Print) (407)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 1895-333
Page	of . Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	a a	COMPLAINTOISCOVERY	
FACILITY NAME:	oleys Dryd 225 S.D.; New Symrna	eaner Lie Fr	32755	
RESPONSIBLE OFFICIAL		en	PHONE: <u>94-428-</u>	<u> 2271</u>
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DAR	M 30 days prior to startur			
2. Facility failed to notify Da	ARM to use general permi	t		
PART II: CLASSIFICATI	ON			
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 galynto both types, x < 140 galynto (constructed before 12/9/	ource Q 2 gal/yr d /yr u	. New small a ry-to-dry only, ransfer only, x oth types, x < 1 constructed on	x < 140 gal/ут < 200 gal/ут	pieum
	<2,100 gal/yr 1,800 gal/yr 00 gal/yr by classification the appropriate classification acility qualified for a gene	ransfer only, 20 poth types, 140 constructed on  Y	$140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ Or after $12/9/91$	

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at 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?

12Y □N

2. Equipped dry-to-iry machines with a closed-loop vapor venting system?

ON ON ON/A

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

MY ON ON/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

1

 Repaired or adjusted the equipment within 24 hours if the exhaust temperature condenser exceeded 45°F?

GA ONY GNY

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

DY P

B.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY OX	
2.	Measured and recorded the washer exhaust temperatury at the condenser		
	inlet and outlet weekly?	ON ON O	N/A
3335	Is the temperature differential equal to or greater than 20° F?	ם אם צם	AVA
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 O	N/A
	Is the perc concentration equal to or less than 100 ppm?	CA CM C	N/A
+	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?	07 07 0	N/A
5	. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ם אם צם	IN/A
6	. Routed airflow to the carbon adsorber (if used) at all times?	ם אם צם	IN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ZY DN
2. Maintained rolling monthly total of perc consumption?	DY DX
3. Maintained leak detection inspection and repair reports for the following:	land
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO YOU
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days of receipt?	N □Y·□N □N/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON PANA
6. Maintained startup/shutdown/malfunction plan?	øy øn
7. Maintained deviation reports?	אואס אם אס אוא
Problem corrected?	DY DN DNA
8. Maintained compliance plan, if applicable?	DY DN ZN/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?			۸	dans	œÝ	ע□
2.	Has the facility maintained a leak log?			Met	Lauro	ΩY	<b>₽</b> ₩ .
3.	Does the responsible official check the fol	llowing areas for leaks?					
	Hose connections, fittings,						
	couplings, and valves	T, X	UN	□N/A	Muck cookers	UY (	A/N□ N□
	Door gaskets and seating	фY	ПИ	AMD	Stills	φX (	AWD NE
	Filter gaskets and seating	PY	ПИ	□N/A	Exhaust dampers	ψY I	אואם אם
	Pumps	ÞΥ	ПИ	□N/A	Diverter valves	ÞΥ	A/ND ND
	Solvent tanks and containers	ΩY	ПN	□N/A	Cartridge filter housings	ÞΥ	A'ND ND
	Water separators	ΩY	ПИ	□N/A		1	
÷.	Which method of detection is used by the	ıcs	bouzi	ole official?	•	1	
	Visual examination (condensed solvent on exterior surfaces)					9	
	Physical detection (airflow felt thro	ugh	gaske	: <u>:</u> :2)		ø.	
	Odor (noticeable perc odor)					′ <del>/</del>	
	Use of direct-reading instrumentati	ion (	FID/P	ID/calorimetric	: rubes)	<u></u>	
	Halogen leak detector						
	If using direct-reading instru	men	tation	a, is the equipo	nent:	עאם	A
	a. Capable of detecting p	erc v	apor	concentrations i	in a range of 0-500 ppm?	ΩY	ПN
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					ΩY	ПИ
	c. Inspected for leaks and	do L	rious s	signs of wear or	a weekly basis?	ΩY	ПN
	d. Kept in a clean and se	cure	area .	when not in use	:?	ΩY	□и
	e. Verified for accuracy t	ò na	se of d	uplicate sample	s (calorimetric only)?	ΩY	ロな
1							

Inspector's Name (Please Print)

Date of Inspection

H27

Inspector's Signature

Approximate Date of Next Inspection

1993 macheni
explained requirements
heped file int notificuar from
will mail in
gave record keeping assistance
froms.

mi visit in 1 year to follow-up.

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	UPDATED
DATE	8-13-99
	Re

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTIO	M-F before 12
AIRS ID#: 1270/47 DATE: 4-13-	90 TIME IN: 11:00 TIME OUT: 11:30
FACILITY NAME: Foley's Dry	Cleaner
FACILITY LOCATION: 225 5 P	<b>A</b>
New Symi	(na) FB 32765
RESPONSIBLE OFFICIAL: David	
CONTACT NAME:	S PHONE TO
PART I: NOTIFICATION	a P
(check appropriate box)	E
1. New facility notified DARM 30 days prior to star	rtup 🖺 🕊
2. Facility failed to notify DARM to use general per	mit % 2 1
PART II: CLASSIFICATION	8 3 3 N
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No retification form ☐ Drop ore/out of business/petroleum
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 Can not determine
	ation: neral permit as number above uits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pure facility was 195 gallons.	rchased within the preceding 12 months by this dry cleaning

# PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage?

- 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?

3. Closing and securing machine doors except during loading/unloading?

# DY ON **ZÍ**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

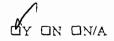
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

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?
- 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/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?









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?	by on
Measured and resorded the washer exhaust temperature at the condenser inlet and outlet weekly?	dy on on/a
Is the temperature differential equal to or greater than 20° F?	OY ON ON/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?	OY ON 🔊
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	DY DN XVA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	DY DN DNA
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	אם אם				
2. Maintained rolling monthly averages of perc consumption?	מס אם				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	ty 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?	dy on ona				
4. Maintained calibration data? (for applicable direct reading instruments)	אוע אַ אַם אַם				
5. Maintained exhaust duct monitoring data on perc concentrations?	באיאם אם אם אם				
6. Maintained startup/shutdown/malfunction plan?	₽YY □N				
7. Maintained deviation reports?	OY ON <b>\$</b> IV/A				
· Problem corrected?	ראם או אם אם אם אם				
8. Maintained compliance plan, if applicable?	OY ON DANA				

# PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			אם עם			
2.	Has the facility maintained a leak log?			QA ON			
3.	Does the responsible official check the f	following areas for leaks?					
	Hose connections, fittings, couplings, and valves	DX ON ON/A	Muck cookers	ON ON/A			
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A			
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	מאס מס אא			
	Pumps	OY ON ON/A	Diverter valves	CY ON ON/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	AY ON ON/A	·				
4.	Which method of detection is used by the	ne responsible official?					
	Visual examination (condensed so	(;	5				
	Physical detection (airflow felt thr						
	Odor (noticeable perc odor)		o₂∕				
	Use of direct-reading instrumentat	uon (FID/PID/calorimetri	c tubes)				
	Halogen leak detector						
	If using direct-reading instru	amentation, is the equipa	ment:	□N/A			
	a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and a	fter each use	OY ON			
	c. Inspected for leaks and	d obvious signs of wear or	n a weekly basis?	OY ON			
	d. Kept in a clean and se	cure area when not in use	· •?	OY ON			
	e. Verified for accuracy b	by use of duplicate sample	es (calorimetric only)?	OY ON			
		•					
				i ·			

Inspector's Signature

C-23- 2000 1999

Date of Inspection

8-2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATI	ON:				
. •••					
			•		
			-		·
		•	•		
				•	

TRS	m#·	12	7014	17	
ALL W	$\mathcal{W}^{\pi}$ .				

AUC

Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Foley 5 Pry Clean	DATE: 8-23-89
FACILITY LOCATION: 225 5, Dixie F1	le way
New Symina, FC	,
Annual Reporting Period: August	1946 TO August 1999
Based on each term or condition of the Title V general air permit, n	ny facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period	od covered by this statement. DYES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in co	ntinuous 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 co	ntinuous 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 a made in this notification are true, accurate and complete. Further, upon purchase receipts, does not exceed 2,100 gallons per year for combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	my annual consumption of perchloroethylene solvent, based

Page of .

<sup>\*</sup>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.

#### Y2K Questions for Inspectors

· Inspectors, during normal visits/inspections of regulated facilities, need to verify that the facility is Y2 K ready vis a vis environmental concerns. The following questions should be asked:

- 1. Are you aware of any potential Y2K problems? NO
- 2. What have you done to prepare for Y2K? WA
- 3. Are your computer systems and equipment with embedded chips Y2K compliant? W/A
- 4. If not, what are you plans to correct Y2K problems? W/

We need to track those facilities that will not be Y2K ready and whose lack of readiness will impact the environment. While the number of such facility is anticipated to be minimal, the name of the facility, a brief description of the potential Y2K problem and the planned corrective action is needed. Each Program should establish a "data base" for this information.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🛣 CC	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11:00	TIME OUT: /[!30		0147
type of facility: $\rho_{C}$	Cleaner		
FACILITY NAME: Fole	1 30 11	1	DATE: 8-23-99
FACILITY LOCATION: 2:		· · · · · · · · · · · · · · · · · · ·	——————————————————————————————————————
	ew Symina, FL 32	755	
RESPONSIBLE OFFICIAL:	Pavid Foley	PHONE NUMBER: 1	04-428-2271
<b>V</b>	the compliance requirements eval Rule 62-213.300, Florida Adminis	luated during this inspection, the facility strative Code (F.A.C.).	is found to be in
Based on the results of discrepancies were not	-	luated during this inspection, the follow	ing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	N REQUIRED
	·	-	
COMMENTS:			
In Com	pliance		
•	~ 2000	tified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	) (A	Approximate)	
INSPECTION CONDUCTED		vnning ham Please Print)	
INSPECTOR'S SIGNATURE	: 14 dall Ly	phone number:	t07-493-3333

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE	INUAL -INSPECTION	a a	COMPLAINTOISCOVE	RY D
1270141	· · · · · · · · · · · · · · · · · · ·			
7 -			i: <u>9'30</u> time (	)UT: 10/45
FACILITY NAME: _ Foly	, ,	_		
facility location: <u>225</u>	•		eeway	
_ New	2 Symrna	_ N	22/35	100 2271
RESPONSIBLE OFFICIAL: DA	ud sole	$\mathcal{O}$		28-2271
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION		KE	CEIVEL	<u> </u>
(check appropriate box)			DEC 1 4 1999	
1. New facility notified DARM 30 da	ys prior to startup		DEG [ 4 [)))	
2. Facility failed to notify DARM to	use general permit	Bur	eau of Air Monitoring	
PART II: CLASSIFICATION				
Facility indicated on notification fo	-m that it is:		☐ No notification form	
(check appropriate box)			☐ Drop store/out of bus	11
A.  1. Existing small area source	□ 2.	New small a	rea source	<u> </u>
dry-to-dry only, x < 140 gal/yr	dry	-to-dry only,	x < 140 gal/ут	
transfer only, x < 200 gai/yr		nsfer only, x		}
both types, x < 140 gal/yr (constructed before 12/9/91)		h types, $x < 1$ instructed on	140 gal/yr or after 12/9/91)	
			,	
3. Existing large area source		New large a		2
dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ gal	ganyr ury		$140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$ gal/yr	•		≤ x < 1,300 gal/vr	
(constructed before 12/9/91)		• • •	or after 12/9/91)	
5. This is a correct facility classif	ication O'	Y 🗆 N	□Can not determine	
	ialified for a genera	l permit as n	umber above gible for a general permi	τ
B. The total quantity of perchloroet				_

#### PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

1. Storing perchloroethylene in tightly scaled and impervious containers?

2. Examining the containers for leakage?

3. Closing and securing machine doors except during loading/unloading?

4. Draining cartridge filters in their housing or in scaled containers for at 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?

condenser exceeded 45°F?

12Y ON

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

OY ON ONA

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

MY ON ONIA

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

CY DAY CHIA

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

DY DAY

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?	ΩY	ПN	]
2.	Measured and recorded the washer exhaust temperatury at the condenser			
	inlet and outlet weekly?	ūλ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΩN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
1	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	□N/A
<b>∔</b> .	Assured that the sampling port on the carbon adsorber exhaust for measuring			
1	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
ļ	or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
1	or expansion; and downstream from no other inlet?	ūλ	ПN	□N/A
ر ا	Environd and Sections (depose realisings and weekers) with individual			
3	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□N/A
6	. Routed airilow to the carbon adsorber (if used) at all times?	ΞY	ДЙ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
Maintained receipts for perc purchased?	ZY ON			
2. Maintained rolling monthly total of perc consumption?	⊡X ₫X			
3. Maintained leak detection inspection and repair reports for the following:	and			
a. documentation of leaks repaired w/in 24 hrs? or;	NOT ON ONA			
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 ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ZNIA			
6. Maintained startup/shutdown/malfunction plan?	MY DKI			
7. Maintained deviation reports?	אואם אם אוא			
Problem corrected?	באוש אם אם			
8. Maintained compliance plan, if applicable?	DY DY ZNA			

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ Has the facility maintained a leak log? QΥ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AND NO YA Muck cookers couplings, and valves DY ON ON/A $\Phi_{X}$ on $\Phi_{X}$ Stills Door gaskets and seating $\Phi\lambda$ $\Box M$ $\Box MV$ DY ON ONA Filter gaskets and seating Exhaust dampers TAND ND YA DY ON ON/A Pumps Diverter valves DY ON ONA Solvent tanks and containers AMD ND YD Cartridge filter housings AMD NO YO DY DN DN/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? ND YD b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ND YD c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? $\Box$ Y $\Box$ N e. Verified for accuracy by use of duplicate samples (calorimetric only)? ND YD

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

1993 macheni
explained requirements
heped file me notification from
will mail in
gave record keeping assistance
froms.

mi visit in 1 year to follow-up.

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

**RE-INSPECTION** 

COMPLAINT/DISCOVERY

DATE 2-11-00 BYD RE

AIRS ID#: 1270147 DATE: 2-11-0		10:38
FACILITY NAME: Foley'S Diy (	leant 15	
FACILITY LOCATION: 225 5. D.		
New symin	a, FL 32755	
RESPONSIBLE OFFICIAL: David Foley	PHONE: 904~429-22	71
CONTACT NAME:	PHONE:	
PART I: 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	rmit	
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	□ No notification form □ Drop store/out of business/pet  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	roleum
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 classific  facility qualified for a general section of the s	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )  Only  Onl	CEIVED
B. The total quantity of perchloroethylene (perc) pu facility was	archased 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 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)

١	`	•••	
	1.	Equipped all machines with the appropriate vent controls?	AY ON
	2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVO NO YA
	3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AY ON ON/A
	4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	MO NA
	5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אומם מס באים באים
	6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	gá ON

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?	<del>β</del> ΣΣΣΥ	ΠN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	<del>L</del> Y	□N □N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ON_ON/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,	Ov	Dat Miles
	if machines are equipped with a carbon adsorber?		ON ZÍNA
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ 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?	ΠY	DN ØN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		AINTE NO
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ON <b>X</b> N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	ØY □N		
2. Maintained rolling monthly averages of perc consumption?	AT ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	ANO NO YES		
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 YO		
4. Maintained calibration data? (for applicable direct reading instruments)	AVAKQ NO YO		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON 🎢		
6. Maintained startup/shutdown/malfunction plan?			
7. Maintained deviation reports?	OY ON MANA		
Problem corrected?	AVA NO YO		
8. Maintained compliance plan, if applicable?	DY DN DYN/A		

PART VI: LEAK DETECTION AND REPAIRS				
1.	Does the responsible official conduct a	weekly (for small so	urces, bi-weekly) leak detection ar	id repair
	inspection?			MY ON
2.	Has the facility maintained a leak log?	•		DA ON
3.	Does the responsible official check the	following areas for le	eaks?	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	Y ON ON/A
	Door gaskets and seating	אומם מם צם	Stills	אומם מם צם
	Filter gaskets and seating	AVA NO YO	Exhaust dampers	אותם אם צם
	Pumps	AVO NO YO	Diverter valves	DY ON ON/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	DY ON ON/A	·	·
4.	Which method of detection is used by	the responsible officia	1?	
	Visual examination (condensed s	solvent on exterior sur	faces)	<b>A</b>
	Physical detection (airflow felt th	rough gaskets)	•	
	Odor (noticeable perc odor)			#
	Use of direct-reading instrument	ation (FID/PID/calori	metric tubes)	
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the e	quipment:	XV/A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to a	and after each use	DY DN
c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON	
d. Kept in a clean and secure area when not in use?			OY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?		OY ON		
	<del></del>	<del></del>		

Inspector's Signature

Randall Conningham
Inspector's Name (Please Print)

2 //- 00 Date of Inspection

2-2001

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION	ON:	
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	•	
		·
		•
	· .	

AIRS ID#:	1270147	

Ko

Revised 01/18/00

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

FACILITY NAME: Foley'S Dry Clean	DATE: 2-//-00
FACILITY LOCATION: 225 5, Dixie Freeway	
New Symrna, FL 32755	
Annual Reporting Period: February 20 TO	February 2000
Based on each term or condition of the Title V general air permit, my facility has rema	ained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this s	statement. PYES DNO
If NO, complete the following:	V
#1. Term or condition of the general permit that has not been in continuous compliance	ce 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	ce during the reporting period stated above:
Exact period of non-compliance: fromt	
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 in this notification are true, accurate and complete. Further, my annual consumption purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1, combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	of perchloroethylene solvent, based upon

<sup>\*</sup>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 🔀 COM	PLAINT/DISCOVERY RE-INSPECTION	
TIME IN: 10:00 TIME OUT: 10:30	) AIRS ID#:_1270147	
TYPE OF FACILITY: Dry Cleaning FACILITY NAME: Foley'S Dry Clean		
FACILITY LOCATION: 275 5. Dixit Fretway	DATE: 2-//- (1)	
New symma, FL 32755		
RESPONSIBLE OFFICIAL: David Folly	PHONE NUMBER: 404-428-227/	
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr	_	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED	
In Compliance		
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector.	
DATE OF NEXT INSPECTION: 2-200		
INSPECTION CONDUCTED BY: Randy Con in gham  (Please Print)		
INSPECTOR'S SIGNATURE: WWW. L	PHONE NUMBER: 407-843-3333	
Page(		

Z 333 667 279 US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse) AIRS ID # 1270147 FOLEY'S DRY CLEANING DAVID M FOLEY SR 1910 SR 44 NEW SYMRNA BEACH FL 32168 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, \$ TOTAL Postage & Fees Postmark or Date

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 1270147  FOLEY'S DRY CLEANING DAVID M FOLEY SR 1910 SR 44	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  D. Agent  D. Addressee  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
NEW SYMRNA BEACH FL 32168	3. Service Type    Description   Express Mail   Express Mail   Registered   Return Receipt for Merchandise   C.O.D.
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

\[ \]	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
3248	OFFICIAL USE		
9262 1000	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		
7001 0350	Total Postage 10 AIRS ID# 1270147001AG  FOLEY'S DRY CLEANING DAVID M FOLEY SR  Street, Apt. No.; 1910 SR 44 or PO Box No. City, State, ZiP+  PS Form 3800, January 2001  10 AIRS ID# 1270147001AG FOLEY'S DRY CLEANING DAVID M FOLEY SR  State, ZiP+  State,		

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT	·
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  Addressee  B. Received by (Printed Name)  D. Is delivery address different from item 1?  Yes
1. Article Addressed to:	If YES, enter delivery address below:
10 AIRS ID# 1270147001AG FOLEY'S DRY CLEANING	
DAVID M FOLEY SR 1910 SR 44 NEW SYMRNA BEACH FL 32168	3.   Service Type   Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. 7001 0320 0001 7976 324	 8
BS Form 3811 August 2001 Demostic Poi	hun Donainh

United States Postal Service



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box 3

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION SOURCES
MAIL STATION 5510

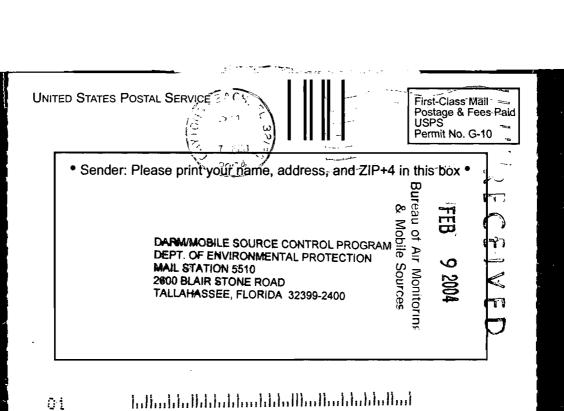
PRIAIR STONE ROAD

PE FLORIDA 32399-2400

1359	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, No Insurance Coverage Provided) For delivery information visit our website at www.usps.com  The statement of
151	OFFICIAL USE
2F	Postage \$
<u>B</u>	Certified Fee
000	Return Reclept Fee (Endorsement Required)
120	Restricted Delivery Fee (Endorsem ID# 1270147
ű	Total Pc DAVID FOLEY
7003	FOLEY'S DRY CLEANING 1910 SR 44
70	Street, A NEW SYMRNA BEACH, FL 32168
	City, State,
	PS For 0103 June 2002 See Reverse for instructions

•

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  Yes		
1. Article Addressed to:	If YES, enter delivery address below:		
ID# 1270147 IDAVID FOLEY IFOLEY'S DRY CLEANING			
1910 SR 44 NEW SYMRNA BEACH, FL 32168	3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  C.O.D.		
· · · · · · · · · · · · · · · · · · ·	4. Restricted Delivery? (Extra Fee)		
2. Article Number	51 1359		
PS Form 3oT1, August 2001 Domestic Retu			



Z 333 613 441 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.

Do not use for International Mail /See coverage

AIRS ID # 1270147 FOLEY'S DRY CLEANING DAVID M FOLEY SR 1910 SR 44 NEW SYMRNA BEACH FL 32168 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, \$ **TOTAL** Postage & Fees Postmark or Date

on the reverse side?	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		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	ecelpt Service.
N ADDRESS completed	3. Article Addressed to:  AIRS ID # 1270147  FOLEY'S DRY CLEANING DAVID M FOLEY SR  AIRS ID # 1270147  B DAVID M FOLEY SR  4a. Article Number Z 3 3 6/3 44/  4b. Service Type Registered		Type Certified Certified Insured Cept for Merchandise COD	for using Return R
Is your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  X  X  X  X  X  X  X  X  X  X  X  X			Thank you
	PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt			



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

422564 FEB 62003

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**

[ { {	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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E 0	Sent FOLEY'S DRY	AIRS ID#1270147 CLEANING	
	Stree DAVID M FOL		
7007	or PC 1910 SR 44 City, NEW SYMRNA	A BEACH FL	
	32168		
.1	PS Fo		Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Received by (Please Print Clearly) B. Date of belivery
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature
Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
AIRS ID#1270147 FOLEY'S DRY CLEANING DAVID M FOLEY SR 1910 SR 44	
NEW SYMRNA BEACH FL 32168	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 Numbe 7001 0320 0001 797 (Transfer from	75 5724
PS Form 3811, March 2001	urn Receipt 102595-01-M-1424

POSTAL SERVICE First-Class Mail Postage & Fees Paid USPS Permit No. G-10 • Sender: Please print your name, address, and ZIP+4 in this box • BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 0.7



## This portion must be attached to remittance for proper handling $$413912\ \text{FEB}\ 8\,2002$

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 # 1270147 FOLEY'S DRY CLEANING DAVID M FOLEY SR 1910 SR 44 NEW SYMRNA BEACH FL

32168

FOR GOVERNMENT USEONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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\ <b>F</b>	บ	FOLEY'S DRY CLEANING DAVID M FOLEY SR		1 by maller)	
	⊐	1910 SR 44			
( 0		NEW SYMRNA BEACH FL 32168			
; c , r	2,				
(		PS Form 3800, February 2000		See Reverse for Instructions	
SS Obe	338 273	PLACE STICKER AT TOP OF ENVI TO THE RIGHT OF RETURN ADD		E THIS SECTION ON DELIV	ERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> </ul>			A. F	Received by (Please Print Clearly)	B. Date of Delivery
Print your name and address on the reverse			C. (	Signature 0	7/7/0/
so that we can return the card to you.  Attach this card to the back of the mailpiece,			x<	Doberali Tre	Agent Addressee
		space permits.	D. I	s delivery address different from item	
Article Addressed to:		ا	If YES, enter delivery address below:	□ No	
-	Al	IRS ID # 1270147			·
FOLEY'S DRY CLEANING DAVID M FOLEY SR				•	
1910 SR 44	1 3	ok	Ļ		
NEW SYMRNA BEACH FL 32168				Service Type  Sertified Mail  Express Mail	·
i İ				☐ Registered ☐ Return Receip☐ Insured Mail ☐ C.O.D.	ot for Merchandise
			4. 1	Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Copy from service label)					
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PS Form 3811,	Ju	ly 1999 Domestic Ref	turn Re	eceipt	102595-99-M-1789

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARMMOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MOUL STATION 0510

2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 Bureau of Air Monitoring & Mobile Sources

Fr 1

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

406603 MAR 1 2001

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1270147

FOLENIS DRY CLEANING.

AIRS ID # 1270147

FOR COVERNMENT USE ONLY A

FOLEY'S DRY CLEANING DAVID M FOLEY SR 1910 SR 44 NEW SYMRNA BEACH FL 32168

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
5679	,			
7825	Postage Certified Fee	\$	Postmark	
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2000 0600	FOLEY'S DRY CLI DAVID M FOLEY 1910 SR 44 NEW SYMRNA BE	SR	0147	
<b>L</b>	<b></b> _		è for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	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				
AIRS ID # 1270147 FOLEY'S DRY CLEANING DAVID M FOLEY SR 1910 SR 44					
NEW SYMRNA BEACH FL 32168	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) 7000 0600 9026 7825 5679					
PS Form 3811, July 1999 Domestic Ret					

		MAIL REC	EIPT Coverage Provided)	
0853				
12Th 1200	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here	
7000 <b>0</b> 600	Res FOLEY'S DRY DAVID M FOL	CLEANING	ID # 12701478	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  J. C. Agent  Addressee  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No  3. Service Type				
Article Addressed to:					
AIRS ID # 1270147 FOLEY'S DRY CLEANING DAVID M FOLEY SR 1910 SR 44 NEW SYMRNA BEACH FL 32168					
	Certified Mail				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Copy from service label) 4126 0853					
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789				



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

0360153

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 # 1270147

FOLEY'S DRY CLEANING DAVID M FOLEY SR 1910 SR 44 NEW SYMRNA BEACH FL 32168 MAIL ROOM
MAIL ROOM

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 (cut here)

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

0392057

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 # 1270147

FOLEY'S DRY CLEANING DAVID M FOLEY SR 1910 SR 44 NEW SYMRNA BEACH FL 32168

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



0391949

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 # 1270149

COMEC CLEANERS RONALD LAVALLEE 2711 TURNBILL ESTATE DR NEW SMYRNA BEACH FL 32168 FOR GOVERNMENT OSE ONLY

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

Obj.: 002273

COMEC CLEAMERS INC. 1437 SC. The EWOOD AVE. DAYTONA BEACH, FL 32114



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



## Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

> Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

R Feese include You Fales ID# on your check or money order. This number can be found below on your mailing label. This was 2/9/2000 part ch # 99/3

FEB 1 7 2000

**TOTAL AMOUNT DUE: \$50.00** 

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 1270147

FOLEY'S DRY CLEANING DAVID M FOLEY SR 1910 SR 44 NEW SYMRNA BEACH FL 32168

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



## Department of **Environmental Protection**

Twin Towers Office Building 2600 Blair Stone Road

Jeb Bush Tallahassee, Florida 32399-2400 Governor

David B. Struhs Secretary

February 7, 2000

#### **NOTICE OF ANNUAL EMISSIONS FEE** VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: Users of Title V Air General Permits

Records in the Division of Air Resources Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual emissions fee is \$50 for calendar year 1999. A notice of your obligation to pay the annual emissions fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual emissions fee in response to that request, please disregard this letter.

If you have not yet submitted the annual emissions fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual emissions fee not received by March 1, 1998, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

Enclosure: Invoice Form