

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 9, 1997

Mr. Dale Matta Elegant Dry Cleaners 1220 North A1A Indianlantic, Florida 32903

Re: Facility No. 0090164

Dear Mr. Matta:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 20, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

Perchloroethylene Dry Cleaning Facility Notification (keep a copy of the completed form on-site)

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): KECE	TVEC
INDIVIDUAL CHUNER	
2. Site Name (For example, plant name or number):	1957
ELEGANT-DRY CLEANERS  Bureau of Air	Monitoring
3. Hazardous Waste Generator Identification Number:	Sources
GAD 981269095	
4. Facility Location: Street Address:	
122c N-A-1-A-INDIALANIK BREVARD Zip Code: 32903	
5.4 Facility Identification Number (DEP Use ONLY: do not fill in):	
THE PROPERTY OF THE PROPERTY O	4
Responsible Official	•
6. Name and Title of Responsible Official:	
Name: DALE MATTA Title: EWNER	
7. Responsible Official Mailing Address: Organization/Firm:	1
Street Address:	
City: County: Zip Code:	
1230 N-A-1-A-INDIALANTIC BREVARD 32903	
8. Responsible Official Telephone Number: Telephone: (40) 723-2226 Fax: ( ) -	3 : 73
	<u> </u>
Facility Contact (If different from Responsible Official)	_
9. Name and Title of Facility Contact (For example, plant manager):	
OWNER MANAGER	
10. Facility Contact Address:	
. 40 515	
Street Address: SAME. AS ABOVE	
Street Address: SAME: AS ABOVE City: County: Zip Code:	
Street Address: SAME: AS ABOVE City: County: Zip Code:  11. Facility Contact Telephone Number: Telephone: (407) 723 - 226 Fax: ( ) -	

071533

# **Facility Information**

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

VIC 408	Date Machi	Da Co	nte ontrol		Date Machine	Date Control		Date Machine	Date Control
	Initial		vice	ŀ	Initially	Device		Initially	Device
DRY TO DRY Type of Machine	ID Purch	-	stalled	ID	Purchased	Installed	ID	1 -	Installed
		em 03	2 1/01/ 02	".	40.550.01				
Example			2-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
		<u>04 198</u>	BENEVAL SERVICE	really of	Acceptable of the parties of the contraction of the	and the contract that the contract is	10.700.000	Considerated the National Consideration	and appearance access of
Dry-to-Dry Unit -ONE				148.0			1		3423/105
(1) w/ ref. condenser	A 3.		- 4) - 4	<u> </u>					
(2) w/ carbon adsorber	2 CAR	BOD A	9508a					<u> </u>	
(3) w/ no controls	To seems take after the southern		abat at a sa sanggarana	AV 9900	and a state of the	V.M. 400 00000 0000	Accessor to the	Tana and the same of the same of	
Washer Unit	TAKE AND			STATES!	10/2001 CA		188		
(4) w/ ref. condenser						<u> </u>	<u> </u>	ļ <u></u>	
(5) w/ carbon adsorber						ļ		<b>ļ.</b>	
(6) w/ no controls	The Contract in Contract to Co	o a constituent ha	the or the extrement	A BOARD	0000 10000 10000 1000	stration of the country	/ Contract	Section into the Commission	0.00 000 A.00 000 A.00
Dryer Unit	2000	*****	Access to the	<b>3000</b>			200	Majlili ima	
(7) w/ ref. condenser			•			-		ļ <u> </u>	
(8) w/ carbon adsorber				<b></b>	<u> </u>	ļ	_	<u> </u>	<u> </u>
(9) w/ no controls	Share to desire the desire in the contract of	2000 i. is ince 22 50 50	Assirian and Sign	وفلا أيتو ور ين	Norwayan September on ween	especially in a semilibrary street.		Name and the second of the second	Sind(Siz. arrange)
Reclaimer Unit		2794 A. 18					1000		191 <b>9</b> 000 (1890-1890) T
(10) w/ ref. condenser				_	<del> </del>				<del> </del>
(11) w/carbon adsorber	ļ <b>-</b>					ļ	-		<del> </del> _
(12) w/ no controls				<u> </u>	1	<u> </u>			<u> </u>
(b) Control devices are  (c) No control devices  2.(a) What was the total (300)  (b) If less than 12 mon Check why it is les	are require quantity of gallons (Y	d to be in perchloro ou must	stalled (ex ethylene ( fill this in)	(isting (perc)	g small crea	or consumed i			
3. What is the facility's so (Indicate with an "X".  Existing small a	Select one	classifica	tion only.)	)	nitions foun		3) of ]	Part II?	
Existing large an	ea source (	X	N	ew la	rge area soui	rce [	)		

	licate with an "X".)					s notification form?		
	Existing large area source Carbon adsorber	<u>e</u> [X]	or	Refrigerated cond	lenser [			
	New small area source Refrigerated condenser					<i>i</i> .		
	New large area source Refrigerated condenser							
				·				
to Rule	acility which contains non-6 62-213.300, F.A.C. Verificion criteria or that no such	y that all steam a	nd hot wa					
	im and hot water generation HP or less) and are fired b							
	am and hot water generating h units on-site	g units exempt				: t		
	·		· ·			;		
		·				-		
Equipment Monitoring and Recordkeeping Information								
	Equipn	nent Monitoring	and Reco	rdkeeping Inform	ation			
Check a	Equipm	_		- 0	rements of	this general permit:		
	•	to be kept on-site		- 0		this general permit:		
(a) Puro	all logs which are required	to be kept on-site		- 0	rements of	this general permit:		
(a) Puro	all logs which are required	to be kept on-site ourchases repair	e in accord	- 0	rements of	this general permit:		
(a) Puro (b) Lea (c) Refi	all logs which are required chase receipts and solvent p	to be kept on-site ourchases repair ature monitoring	e in accord	- 0	rements of	this general permit:		
(a) Puro (b) Lea (c) Refi (d) Carl	all logs which are required chase receipts and solvent part of the detection inspection and rigerated condenser temper	to be kept on-site ourchases repair ature monitoring	e in accord	ance with the requi	rements of	this general permit:		

# Surrender of Existing Air Permit(s)

نـــا	I hereby surrender all existing air permits authorizing operation of the
	facility indicated in this notification form; specifically, permit number(s)
<u>`X</u> `	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that th 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
	th all terms and conditions of this general permit as set forth in Part II of this notification form.

	Elegar	it Dry Cl	'eaners		2273
- <u>-</u>	P.13. 4.+7.	add cit	y-MB		J. 1-
1. Facility C				ice:	EIVED
2. Site Nam	P.14 1.(a) ac insta P.15 5.(b), 5	T.(d), 45/	P) required	÷	f Air Monitoring
3. Hazardou				· · · · · · · · · · · · · · · · · · ·	tile Sources
4. Facility L Street Ad City: 1220 N	1				13
5. Facility Id					
6. Name and			,		· · · · · · · · · · · · · · · · · · ·
Name: DA  7. Responsib	· · · · · · · · · · · · · · · · · · ·	- -			
Organizat Street Ad City:	-	·			
8. Responsit	) 				
9. Name and	Title of Facility Contact (For	example, plant mana	ger):		
•	, ,	•	MANAGER		
10. Facility C	ontact Address:		· CHION-TER.	<del></del>	
Street Ad City:	iress: SAME AS	ABCIVE  County:	Zip Code	:	·
11. Facility C Telephone	ontact Telephone Number: :: (407) 723 - スタジ	2 <b>6</b> Fa	x: ( ) -		

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

#0090164 Elegant Dry Cleaners 7.13 4.47. add aty MB P.14 1.1a) add date control device installed p.15 5.(b), 5.(d), 4 5.(f) required

3755 2273

# Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)
Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): RECEIVE
141111111111111111111111111111111111111
2. Site Name (For example, plant name or number):
ELECANT, DRY CLEANERS  Bureau of Air Monitoring
3. Hazardous Waste Generator Identification Number:
GAD 981269095 :
4. Facility Location:
Street Address: City: Zip Code: > .
122c- N-A-1-A-INDIALANIKE BREVARD Zip Code: 32903
55 Facility Identification Number (DEP Use ONLY : do not fill in);
Despersible Official
Responsible Official
6. Name and Title of Responsible Official:
Name: DALE MATTA Title: OWNER
7. Responsible Official Mailing Address:
Organization/Firm: Street Address:
City: County: Zip Code:
1220 N. A.I. A. IN DIALANTIC BREVARD 32403  8. Responsible Official Telephone Number:
Telephone: (42) 723-2226 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
EWNER. MANAGER
10. Facility Contact Address:
Street Address: SAME AS ABOVE
City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: (407) 723 - 2226 Fax: ( ) -

171863

# **Facility Information**

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

VIC 408		Date	Date		Date	Date		Date	Date
		Machine	Control	l	Machine	Control		Machine	Control
DRYTO DRY Type of Machine		Initially	Device	1	Initially	Device		Initially	Device
Type of Machine	עו	Purchased	Installed	ND	Purchased	Installed	מו	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93 9 <b>49 AF</b>	1	08-DEC-91 <b>X. 198</b> 9	ON TOR	#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit -ONE	SE SE	SSC A CONTRACTOR		- CA104	DESCRIPTION OF	Market Market Parkets	44.24		TEST CONTRACTOR
(1) w/ ref. condenser	222000	TOTAL SECTION AND A SECTION AND ASSESSMENT OF	Secure services (1978-1984)	*organia	providence of participates.	State State of the	12/2024	sandi ishikan Silikat	Nativitation and the
(2) w/ carbon adsorber	2	CA0000	AD SORO	1			<b>i</b>	<u> </u>	<del>                                     </del>
(3) w/ no controls	~	CHARLA	1	1	<del></del>		1		<u> </u>
Washer Unit	**************************************			200			100		
(4) w/ ref. condenser	*****			.4.444/		1	*978/EJC	HOUSE STONE SALE	CONTROL OF THE PROPERTY OF
(5) w/ carbon adsorber			<del></del>	1					<del> </del>
(6) w/ no controls		<del> </del>	<del> </del>		·				
Dryer Unit	* (1)	F12517 14 3 64 8	i Periodisera	200			300		A Participation
(7) w/ ref. condenser	77					- Commence			
(8) w/ carbon adsorber						<del> </del>	1	1	· · · · · · · · · · · · · · · · · · ·
(9) w/ no controls									·
Reclaimer Unit	100 S			200	No. House	Francis Contract	100		Olde India
(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 (existing small area source)]  2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed in the latest 12 months?  [									
								р	

on form?
it pursuant owing
ss (298 ercent
<u>,</u> 75
in the second se
d
al permit:

# Surrender of Existing Air Permit(s)

Please	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)					
[_	<u>X</u> ]	No air permits currently exist for the operation of the facility indicated in this notification form.					
		Responsible Official Certification					
thi sto mo	s notifica atements aintain th	rsigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and me air pollutant emissions units and air pollution control equipment described above so as to h all terms and conditions of this general permit as set forth in Part II of this notification form.					
Ιν	vill prom	ptly notify the Department of any changes to the information contained in this notification.					
Si	gnature	Dale Matte Date 5/Del9)					
		leffrey button 5/20/97 INSPECTOR					

# PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	P O
DATE	3-27-00
ARMS	UPDATER

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

(	TIME IN: 12:30 TIME OUT: 3-27-06								
FACILITY NAME: Elegant Chaners									
FACILITY LOCATION: 1220 N. Hwy A7A									
TACELLY LOCATION. 12 20 17	r, 73002								
Indialantic, FL 32903									
RESPONSIBLE OFFICIAL: 6, Ma Ha	PHONE: 407-723-2226								
·									
CONTACT NAME:	PHONE:								
PART I: NOTIFICATION									
(check appropriate box)									
1. New facility notified DARM 30 days prior to star	rtup								
2. Facility failed to notify DARM to use general per	rmit 🗓								
PART II: CLASSIFICATION									
Facility indicated on notification form that it is:	☐ No notification form								
(check appropriate box)	☐ Drop store/out of business/petroleum								
À.									
1. Existing small area source	2. New small area source								
dry-to-dry only, x < 140 gal/ут	dry-to-dry only, x < 140 gal/yr								
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr								
both types, x < 140 gal/ут	both types, x < 140 gal/yr & o o								
(constructed before 12/9/91)	transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source								
3. Existing large area source	4. New large area source								
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	4. New large area source $\square$ $\stackrel{\text{iii}}{\sim}$ $\stackrel{\text{A}}{\sim}$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr $\square$ both transfer $140 \le x \le 1,800$ gal/yr								
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	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								
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, 140 ≤ x ≤ 1,800 gal/yr								
(constructed before 12/9/91)	both types, $140 \le x \le 1,800 \text{ gal/yr}$ % 6 (constructed on or after $12/9/91$ )								
5. This is a correct facility classification	□Y □N □Can not determine								
If no, please check the appropriate classifica	ation:								
☐ facility qualified for a gen	neral permit as number above								
☐ facility exceeds above lim	its and is not eligible for a general permit								
B. The total quantity of perchloroethylene (perc) pu	rchased within the preceding 12 months by this dry cleaning								
facility was 60gallons.	Total and the free and an analysis of and any analysis								

# PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) AVAN NO YO 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ANA 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? AVAD NE 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? OY ON BYA 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? (**TET**Y ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

NO YES

NO M

AY ON ON/A

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

condenser exceeded 45°F?

B.	Has the responsible official of an existing large or new large area source also:	··		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	מם	
2.	Measured and recorded the washer exhaust temperature at the condenser	_		
	inlet and outlet weekly?	$\Box Y$	ΠN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	<b></b>		
	if machines are equipped with a carbon adsorber?	ЦY	UМ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and fownstream from no other inlet?	ЦΥ	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condensar coils?	ŪΥ	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	N	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased? mīssing samp	MO YES				
2. Maintained rolling monthly averages of perc consumption?	MY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	ANO NO YA				
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 <b>OT</b> NA				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON				
5. Maintained exhaust duct monitoring data on perc concentrations?	אא <b>ל</b> אם צם				
6. Maintained startup/shutdown/malfunction plan?	AY DN				
7. Maintained deviation reports?	OY ON <b>SE</b> VA				
Problem corrected?	DY DN <b>S</b> ENIA				
8. Maintained compliance plan, if applicable?	DY DN DNA				

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

Randal Cunningham

Inspector's Name (Please Frint)

Inspector's Agnature

Approximate Date of Next Inspection

ADDITIONAL SITE	INFORMATION:
·	
· ·	

AIRS ID#: 009 0164

Ace

Revised 01/18/00

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		<del></del>	
FACILITY NAME: <u>Elegant Cleaner</u>	5	DA	TE: <u>3-27-00</u>
FACILITY LOCATION: 1220 N. AND	AJA		
Endialantic, F	1 32903		
Annual Reporting Period: Manh	14 99 TO	march	20 <i>00</i>
Based on each term or condition of the Title V general air per	mit, my facility has remai	ned in compliance with	DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the	period covered by this sta	atement. YES	$\square$ NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not been	in continuous compliance	during the reporting pe	eriod stated above:
Exact period of non-compliance: from	1	0	
,	·	0	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that has not been	in continuous compliance	during the reporting pe	eriod 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 this notification are true, accurate and complete. Further, purchase receipts, does not exceed 2,100 gallons per year for combination facilities.	my annual consumption of	f perchloroethylene solv	vent, based upon
RESPONSIBLE OFFICIAL: Jupoial - Mame (Please Print)	He S	Signature	3/26/2000 Date

<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 ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:00 TIME OUT: 12:30	O AIRS ID#: 0090164
TYPE OF FACILITY: Dry Clean	
FACILITY NAME: Elegan + Cleaners	DATE: 3-27-00
FACILITY LOCATION: 1220 N. Ary AZA	
Indialantic, FL 32	903
RESPONSIBLE OFFICIAL: 6. Matta	PHONE NUMBER: 407-723-2226
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administr	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaludiscrepancies 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 certification form has been properly certification.	
INSPECTION CONDUCTED BY: Randal Co	oproximate) (NNINGHAM) lease Print)
INSPECTOR'S SIGNATURE: Mall To	PHONE NUMBER: 407-893-3335
_	Pavisad 10/96

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		. P*	
PERC		HYLENE DRY CLEANERS	3
. •		GENERAL PERMIT INSPECTION CHECKLIST	
TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISC	OVERY
THE OF HOLDOTTON	RE-INSPECT		1
		1104	all 407 723 220
AIRS 10#: <u>009016</u> 4	DATE: 3/17	197 TIME IN: 1450 TIN	11:25 1E OUT: 1502
FACILITY NAME: EL	egant	Cleaners	
FACILITY LOCATION:	220 N.	ALA	
	Indiala	ntic Fl 32	903
	LHOIM		
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DAF	-		
2. New facility notified DARM		•	
3. Facility failed to notify DARI	M to use general p	ermit	<b>A</b>
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	on form that it is:		
A.	_		_
1. Existing small area sourd dry-to-dry only, x<140 gal/yr		2. New small area source dry-to-dry only, x<140 gal/yr	
transfer only, x<200 gal/yr		transfer only, x<200 gal/yr	
both types, x<140 gal/yr (constructed before 12/9/91)		both types, x<140 gal/yr (constructed on or after 12/9/91)	
	4	· ·	
3. Existing large area source dry-to-dry only, 140 <x<2, 10<="" td=""><td></td><td>4. New large area source dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""><td></td></x<2,></td></x<2,>		4. New large area source dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td></td></x<2,>	
transfer only, 200 <x<1,800 g<="" td=""><td>al/yr</td><td>transfer only, 200<x<1,800 gal="" td="" yr<=""><td></td></x<1,800></td></x<1,800>	al/yr	transfer only, 200 <x<1,800 gal="" td="" yr<=""><td></td></x<1,800>	
both types, 140 <x<1,800 <br="" gal="">(constructed before 12/9/91)</x<1,800>	ут	both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td></td></x<1,800>	
This is a correct facility classific	cation	MY ON	
If no, please check the appropri	ate classification:		
1 7 -	ed for a general pe		
☐ facility exceed	s above limits and	is not eligible for a general permit	
B. The total quantity of perchlo facility was 300 gallons.	roethylene (perc)	purchased within the preceding 12 month	s 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)

(CI	песк арргоргіате вохез)			
1.	Equipped all machines with the appropriate vent controls?	Y	ПП	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΩY	ИП	ØN/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ZY.	ПΝ	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	<b>Z</b> Y	DN MED	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	<b>✓</b> Y	ПΝ	
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	₩Y	□и	

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	NO Y
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PA	ART V: RECORDKEEPING REQUIREMENTS	
H	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)	
<b>H</b> (c.	as the responsible official:	MA ON
H (c.	as the responsible official: heck appropriate boxes)	MY ON
H (c. 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	ay on
H (c. 1. 2.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	
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:	ay on
H (c: 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DY DN
H (c: 1. 2. 3.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN
H (c: 1. 2. 3. 4. 5.	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)	DY ON  OY
H. (c. 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	ZY ON OY ON OY ON ONA OY ON OY ON OY ON
H. (c. 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	DY ON OY ON OY ON OY ON OY ON OY ON OY ON
H. (c. 1. 2. 3. 5. 6. 7.	Maintained receipts for perc purchased?  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?	ZY ON OY ON OY ON ON/A OY ON OY ON OY ON
H. (c. 1. 2. 3. 5. 6. 7.	Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	ZY ON OY ON OY ON ON/A OY ON OY ON OY ON OY ON
H. (c. 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	ZY ON OY ON OY ON ON/A OY ON OY ON OY ON OY ON

_							
2.	Which method of detection is used by	he respor	sible offic	ial?			
	Visual examination (condensed s	olvent on	exterior si	ırfaces)	V,		
	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 vapo	or concentr	ations in a range of 0-500 ppm?	ΠY	□N	
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	standard ;	gas prior to	and after each use	□Ү □И		
	c. Inspected for leaks a	nd obviou	s signs of v	wear on a weekly basis?	ΠY	□и	
	d. Kept in a clean and s	secure are	a when not	in use?	OY ON		
	e. Verified for accuracy	by use of	f duplicate	samples (calorimetric only)?	OY ON		
3.	Has the facility maintained a leak log?				ΩY	M	
4.	Does the responsible official check the	following	g areas for	leaks?			
	Hose connections, fittings, couplings, and valves	<b>∀</b> Y	ПИ	Muck cookers	ZY	ŪN	
	Door gaskets and seating	ďΥ	ПN	Stills	MY	□И	
	Filter gaskets and seating	<b>≱</b> Y	ΠN	Exhaust dampers	ďΥ	ΠN	
	Pumps	Y	ПN	Diverter valves	<b>A</b> Y	ΠN	
	Solvent tanks and containers	⊈Y ✓	□N	Cartridge filter housings	ZY	ПN	
	Water separators	<b>₫</b> Y	N				
	Dalo Matt	a /	ml la . 🗘	^			

Inspector's Signature Approximate Date of Next Inspection

This Card is Good For 15% Discount Everyday

# Elegant Cleaners

European Style Cleaning Shirt Laundry & Tailor Shop

(407) 723-2226

1220 N. A1A Beach Plaza

Prop. Mr. & Mrs. Matta

left copy of permit application a record keeping documents and fully explained

VIC Manufacturing (o. model 06 30 165

No containment pan

Spotting board does not use perc no epoxy resin MCF picks up separator water + filters

Advised owner about evaporating separator water on site

VACUUM.
PERCHES,
CLOTHES,
OHIER CHIS

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2'00 TIME OUT: 2'55	AIRS ID#: 009 0164
TYPE OF FACILITY: Dry cleaning	
FACILITY NAME: 12 DON ATA LEC	gent Cleaners DATE: 1/21/98
FACILITY LOCATION: 1220 W. AIA	Indianatiantic
RESPONSIBLE OFFICIAL: Dale Matta	PHONE NUMBER: 407-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administra	
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 PAN	Referred to Clean- Vp Krogran
NO PECORD KEEPING	Referred to Clean-Ve Hogran  Quit Calendar
	RECEIVED
	, FEB v 1998
	Bureau of Air Monitoring
	& Mobile Sources
COMMENTS:	O-DMACHINE
NO CONTAINMENT PAN PERC STORED W/ O PA	HADLONG TALKWY
NO RECORD REEDING	en
NO RECENT RETAINS	/ W INVOICE 5
The Annual Compliance Certification form has been properly certification	ified and symmitted to the inspector. YES NOID
DATE OF NEXT INSPECTION: (A)	98 oproximate)
INSPECTION CONDUCTED BY: SAADIA	2 DURESHY
(P)	lease Print)  993-3333
INSPECTOR'S SIGNATURE:	PHONE NUMBER:
Page	of . Revised 10/96

INSPECTION SUMMARY REPORT ANNUAL COMPLAINT/DISCOVERY TYPE OF INSPECTION: AIRS ID#: TIME IN: PHONE NUMBER: RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED DWNER HAS PURCHASED A NEW machine Just Last week (ARISTEK)
Prenous perc/year was 360, expects to use about 80 gallyca
NOW (according to manufacturers) - now has pand eposy - using d.c Calendar The Annual Compliance Ceruncation form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION:\_ (Approximate) INSPECTION CONDUCTED BY: PHONE NUMBER:

Page / \_\_of /

Revised 10/96

INSPECTOR'S SIGNATURE:

# PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	×	COMPLAINT/DISCOVERY & SE OF SE
FACILITY NAME: EACILITY LOCATION: L  RESPONSIBLE OFFICIAL	gently Clea 220 N A Indian atl	rers 19 anh c	
PART I: NOTIFICATION			
(check appropriate box)  1. New facility notified DAR!  2. Facility failed to notify DA			
PART II: CLASSIFICATIO	N		
Facility indicated on notifies (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9	urce	ansfer only, x on types, x < 1 constructed on . New large a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on .	x < 140  gal/yr $< 200  gal/yr$ $140  gal/yr$ Or after $12/9/91$ )  When the source is th
☐ fac	he appropriate classification cility qualified for a general cility exceeds above limits	on: al permit as nu s and is not elig	an not determine  above gible for a general permit  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?

Examining the containers for leakage?

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

4. Draining cartridge filters in their housing of in sealed containers for at least 24 hours prior to disposal? (arbun)

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

Spund in

# 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?

□N □N/A

Y UN UNA

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	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser		<u></u>	
ļ I	inlet and outlet weekly?	ЦY	ИN	
	Is the temperature differential equal to or greater than 20° F?	ΩY	□и	□N/A
3.	Measured and recorded the perc concequation 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	ДИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QΥ	ПN	□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?	ΩY	ПИ	□N/A
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
J.	condenser coils?	ΩY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	DETY ON		
2. Maintained rolling monthly total of perc consumption?	AL ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or,	- AND NO YA		
<ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	MY ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	AVA NO YO		
5. Maintained exhaust duct monitoring data on perc concentrations?	AND A DA AD		
6. Maintained startup/shutdown/malfunction plan?	βA □N		
7. Maintained deviation reports?	AM ON ONA		
Problem corrected?	MA DN DNA		
8. Maintained compliance plan, if applicable?	AND ND YA		

# PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? ИД 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A AMD NO YÉ Muck cookers couplings, and valves AMD ND YD Door gaskets and seating Stills $dy \square n \square n$ A OY ON ONA DY ON ONA Filter gaskets and seating Exhaust dampers DY ON ONA Diverter valves DY ON ONA Pumps Solvent tanks and containers DY DN DN/A Cartridge filter housings DY ON ONA A'ND ND YD 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: □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? $\Box$ Y $\Box$ N b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? UN UN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

# ADDITIONAL SITE INFORMATION:

MCF > nasardors naste

Acrokk new machine installed last week

[Carson filter/ 18pin disk

AIRS ID#: 0090/64

MO

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

facility name: <i>ELFGAN</i> + D	PY CLEANERS	DATE: 3/11/58
FACILITY LOCATION: <u> QQO - /\ </u>	A-I-A-INDIALANAC. FLA-35	2903
Annual Reporting Period:	19 <u>97</u> TO <u>MAR</u>	?. 19 <i>98</i>
	V general air permit, my facility has remained in co A.C.), during the period covered by this statement.	- a- A
If NO, complete the following:		No. 7
#1. Term or condition of the general permit	that has not been in continuous compliance during	the reporting period as a segme:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	<u> </u>	
Method used to demonstrate compliance:		
#2. Term or condition of the general permit	that has not been in continuous compliance during	the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
made in this notification are true, accurate a upon purchase receipts, does not exceed 2,1 combination facilities.  RESPONSIBLE OFFICIAL:	based on information and belief formed after reason and complete. Further, my annual consumption of polygon gallons per year for dry-to dry facilities or 1,800 MATTA  MEDIAL MATTA  Signature  The (Please Print)	perchloroethylene solvent, based

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

Page	of	

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TITLE	$\Delta \mathbf{r}$	TAICHE	CTION
IYPR.	ujr	IIISPF.	

facility was 300 gallons.

**ANNUAL** 



COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AIRS ID#: 0090164 DATE: 1/21/995 TIME IN: 2:00 TIME	OUT: <b>3</b> 6 55	
FACILITY NAME: Stetgent Elegent Cleans		
FACILITY LOCATION: 1220 N. AIA		
Indianatantic, R.		
RESPONSIBLE OFFICIAL: DAUG MATTA PHONE: 407-73	77-7177	
CONTACT NAME:PHONE:		
PART I: NOTIFICATION		
(check appropriate box)		l
New facility notified DARM 30 days prior to startup		
2. Facility failed to notify DARM to use general permit	۵	
		l
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:  (check appropriate box)  Drop store/out of busing	ness/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 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)	1086	
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 $12/9/91$ )	RECEI	VEC
5. This is a correct facility classification	FEB A	1998
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	Bureau of Air & Mobile S	
The same demonstration of the property of t		

# 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)

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?

NOT AWARE
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?	□Y <b>X</b> W
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON MIN/A
	Is the temperature differential equal to or greater than 20° F?	DY ON DANA
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,	
1	if machines are equipped with a carbon adsorber?	DY DN MINIA
	Is the perc concentration equal to or less than 100 ppm?	ADY ON DAMA
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 DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON XV/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN MANA

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
Maintained receipts for perc purchased?	MO VE		
2. Maintained rolling monthly total of perc consumption?	DN DN		
3. Maintained leak detection inspection and repair reports for the following:	. , ,		
a. documentation of leaks repaired w/in 24 hrs? or;	ÞXY □N □N/A		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DOWNA		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A		
6. Maintained startup/shutdown/malfunction plan?	ØY □N (		
7. Maintained deviation reports?	XY ON ON/A		
Problem corrected?	OY ON XXVA		
8. Maintained compliance plan, if applicable?	OY ON W/A		

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspec	ction?			XX □N
2. Has th	ne facility maintained a leak log?			DY X
3. Does	the responsible official check the fo	ollowing areas for leaks?		•
	Hose connections, fittings, couplings, and valves	AY ON ON/A	Muck cookers	dy on on/a
]	Door gaskets and seating	DY ON ON/A	Stills	Y ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DN DN/A
	Pumps	Y ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	DY ON ON/A
	Water separators	OY ON ON/A		
4. Which	h method of detection is used by the	e responsible official?		_
	Visual examination (condensed sol	vent on exterior surfaces)		1
] :	Physical detection (airflow felt thro	ough gaskets)		pi Z
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				٥
Halogen leak detector				۵
If using direct-reading instrumentation, is the equipment:				□N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				□Y □N
:	b. Calibrated against a sta (PID/FID only)?	andard gas prior to and aft	er each use	OY ON
	c. Inspected for leaks and	obvious signs of wear on	a weekly basis?	OY ON
	d. Kept in a clean and sec	_	•	OY ON
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			□Y □N	
c. Verified for accuracy by use of duplicate samples (carofinicate only):				
	SAMDIA QUE	ESH1_	(120/	98
	Inspector's Name (Please Print	) '	Date of Inspe	ection
_	( ) ·		5199	
	Inspector's Signature	<del></del>	Approximate Date of	Next Inspection

MCF \_

no record leeping

Pur stored in Bade Work

Bad fuility, referred to clean up program.

Discussed ul R.O. all possibilités

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0090164

DALE MATTA
DALE MATTA
1220 N A-1-A
INDIALANTIC FL 32903

ckdales

Do NOT Remove Label

Annual Reporting Period:	19	то		_19
Based on each term or condition of the Title V gene 62-213.300, Florida Administrative Code (F.A.C.),				
If NO, complete the following:				•
#1. Term or condition of the general permit that ha	s not been in continuou	us compliance durin	g the reporting period stated a	ibove:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:	·	<del>-</del>		·
Method used to demonstrate compliance:				
#2. Term or condition of the general permit that ha	s not been in continuo	us compliance durin	g the reporting period stated a	ıbove:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:	·- <u>-</u>	· 		
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based on in notification are true, accurate and complete. Further, a does not exceed 2,100 gallons per year for dry-to dry fa	my annual consumption	of perchloroethylene	solvent, based upon purchase r	
RESPONSIBLE OFFICIAL: DALE : MAINE (Plea	ATTA	Ma Signa	1/12/ Date	1/998' :

<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.

# PERCHLOROETHYLENE DRY CLEANERS ROUPDATED

ø

	TITLE V	GENERAL PE	ERMIT
COMP	LIANCE	INSPECTION	CHECKLIST

	•
STAC	7-21-91

COMPLAINT/DISCRWERY

9-12

	AIRS 10#: 0010169 DATE: 1-21-0	19 TIME IN: 10/10 TIME OUT: 11/75
	FACILITY NAME: Elegant Clear	7415
	FACILITY LOCATION: 1220 Nhy	
	Indian 4+la	ntic, FL 32903
		PHONE: 407 -723-2226
	*	PHONE:
İ		
	PART I: NOTIFICATION	
	(check appropriate box)	
	1. New facility notified DARM 30 days prior to sta	artup $\square$
.	2. Facility failed to notify DARM to use general po	ermit $\square$
ĺ		
	PART II: CLASSIFICATION	
	Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Tun Tun Tuh	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	·
Tan Tun	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	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr

If no, please check the appropriate classification:

ANNUAL

RE-INSPECTION

TYPE OF INSPECTION:

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 97.5 gallons.  $9000 \times 0000$  a couple recipp (will call)

facility qualified for a general permit as number

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

# 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? DY DN DN/A 2. Examining the containers for leakage? DY DN ONA 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DWA 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? / IY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	מם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠX	Oxt	
	The and order weekly!	ЧY	ПN	DN/A
	Is the temperature differential equal to or greater than 20° F?	ΩΥ	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΩY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΩИ	□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?	ΩY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QΥ	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	EY ON			
2. Maintained rolling monthly averages of perc consumption?	DAY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	MY 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?	DY ON ENIA			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ₱N/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DANA			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?				
Problem corrected?				
8. Maintained compliance plan, if applicable?	DY ON DAYA			

## PART VI: LEAK DETECTION AND REPAIRS

=						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				TE/Y	מם
2.	Has the facility maintained a leak log?				<b>D</b> Y	ПN
3.	Does the responsible official check the	following areas	for leaks?		,	,
	Hose connections, fittings, couplings, and valves	מם אם עם	√/A	Muck cookers	g <sub>Y</sub>	באמם מם
	Door gaskets and seating	AY ON O	N/A	Stills	9Y	םאום אם
	Filter gaskets and seating	DA ON OF	N/A	Exhaust dampers	UY UY	אואם אם
	Pumps	מם אם א	N/A	Diverter valves	$\Box_{\mathrm{Y}}$	ON ON/A
	Solvent tanks and containers	מס מם מס	√A	Cartridge filter housings	RY	מואם אם
	Water separators	AY ON O	A/A	·		
4.	Which method of detection is used by the	ne responsible o	fficial?		,	
	Visual examination (condensed so	lvent on exterio	or surfaces)		4	
	Physical detection (airflow felt thr	ough gaskets)		,		
Odor (noticeable perc odor)						
	Use of direct-reading instrumental	tion (FID/PID/c	alorimetric t	rubes)		
	Halogen leak detector					
	If using direct-reading instru	ımentation, is	the equipme	ent:		7
	a. Capable of detecting p	erc vapor conc	entrations in	a range of 0-500 ppm?	ΠY	מם
	b. Calibrated against a st	andard gas pric	or to and afte	r each use		
	(PID/FID only)?				ΠY	UN
c. Inspected for leaks and obvious signs of wear on a weekly basis?			weekly basis?	ΠY	DN N	
d. Kept in a clean and secure area when not in use?				ΠY	מם	
	e. Verified for accuracy b	y use of duplic	ate samples (	(calorimetric only)?	$\Box$ Y	□и

Inspector's Name (Please Print)

Inspector's Signature)

7-11-99
Date of Inspection

7-2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	·
•	
	·

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1045	TIME OUT: 10:45	AIRS ID#: 0 09	0164
TYPE OF FACILITY: De	y Cleaning		
FACILITY NAME: Elem	ant Cleaners		DATE: 7-21-99
FACILITY LOCATION:	1220 N. Highway A	I A	
		32903	
RESPONSIBLE OFFICIAL:		PHONE NUMBER:	407-723-2226
<u>v_</u> s-	of the compliance requirements evaluat P Rule 62-213.300, Florida Administra	_ ,	ity is found to be in
Based on the results discrepancies were n	of the compliance requirements evaluat oted:	ted during this inspection, the follo	owing compliance
COMPLIANCE RE	QUIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
<del></del>			
•			
-			
COMMENTS:			
Inlomp	liance		
The Annual Compliance Certi	ification form has been properly certifie	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECT	ION: 7-2000		
	(App	proximate)	_ <del></del>
INSPECTION CONDUCTE	ED BY: Randall Cun	ningham ase Print)	
INSPECTOR'S SIGNATUR	1 / 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PHONE NUMBER:_	407-893-3333
	Page	of	Revised 10/96

ATRS ID#: 0090164

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: [ [ egan]	- Cleaners		DA	TE: 7-21-99
FACILITY LOCATION: 122	O NowyAIA			
	an atlantic, F			
	10,70			
Annual Reporting Period: $\int u$	ly	19 <b>4%</b> то	July	1949
Based on each term or condition of the 62-213.300, Florida Administrative Co		•	<u> </u>	h DEP Rule NO
If NO, complete the following:	·			
#1. Term or condition of the general p	permit that has not been in con	tinuous compliance d	uring the reporting	period stated above:
Exact period of non-compliance: from	1	to		
Action(s) taken to achieve compliance	:	<del></del>		
Method used to demonstrate complian	ce:			
#2. Term or condition of the general p	permit that has not been in con	tinuous compliance d	uring the reporting	period stated above:
Exact period of non-compliance: from	ı	to		
Action(s) taken to achieve compliance	; <u></u>	·		
Method used to demonstrate complian	ce:			
As the responsible official, I hereby comade in this notification are true, accupon purchase receipts, does not exceed combination facilities.  RESPONSIBLE OFFICIAL:	rurate and complete. Further, sed 2,100 ggllons per year for multiple Materials and Materials and Materials and Materials and the material	my annual consumpti	on of perchloroethy	lene solvens, based
	Name (Please Print)	S	ignature	/ Date /

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

Page \_\_\_\_\_ of \_\_\_\_.

# PERCHLOROETHYLENE DRY CLEANERS

TITLE V	GENERAL PE	RMIT
COMPLIANCE	INSPECTION	CHECKLIST

TYPE	OF	INSPE	CTION:
T T T T	O F.	TT 101 T	CIIOII

ANNUAL

RE-INSPECTION

AIRS ID#: 0090164 DATE: 3/11/98 TIME IN: 1.00 RESPONSIBLE OFFICIAL: 6. MATTA PHONE: CONTACT NAME: PHONE:

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

PART II: CLASSIFICATION	
FART II. CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petrole:um
A	
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 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)
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91) MSTillei
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/vr
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, 200 < x < 1,800 gal/vr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,300$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
	/A /
5. This is a correct facility classification	□Y' □N ⊅Can not determine
If no, please check the appropriate classific	cation:
	neral permit as number above
facility exceeds above lin	nits and is not eligible for a general permit
B. The soul succession of nearth lorner by lene (nearth p	urchased within the preceding 12 months by this dry cleaning
facility was 10 gallons.	menasca within the precenting 12 months by this try creating

#### 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?

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

Jama in an and

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? (Arbun)

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

## PART IV: PROCESS VENT CONTROLS

2. Examining the containers for leakage?

#### 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-iry 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?

Y ON ONA

AVAD ND

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?	ΈΥ	מם	
2.	Measured and recorded the washer exhaust temperature at the condenser	<b></b>		
	inlet and outlet weekly?	ПÃ	ПN	AWD
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПИ	□N/A
. دُ ا	Measured and recorded the perc concequation 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 adsorder?	ΠY	ИD	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	□N/A
<b>∔</b> .	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 bead, contraction,			
) }	or expansion; and downstream from no other inlet?	ΩY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	•	_	_
	condenser coils?	ΩY	□N	
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official:				
(check appropriate boxes)	1			
1. Maintained receipts for perc purchased?	γάλ □Ν			
2. Maintained rolling monthly total of perc consumption?	XX DN			
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 hrs? or;	AND ND YX			
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?	AV ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DOWA			
5. Maintained exhaust duct monitoring data on perc concentrations?	איאאל אם אם			
6. Maintained startup/shutdown/malfunction plan?	χγ □N			
7. Maintained deviation reports?	ANA NO YÀ			
Problem corrected?	AIND ND YM			
8. Maintained compliance plan, if applicable?	AY ON ONA			

#### 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? ПN Does the responsible official check the following areas for leaks? Hose connections, finings, couplings, and valves AMD ND YD Muck cookers AIND ND YD אואם אם אוב Door gaskets and seating Stills AMO NO YD DY ON ONA Filter gaskets and seating Exhaust dampers DY ON ONA Pumps DY ON ONA Diverter valves DY ON ONA DY DN DN/A Solvent tanks and containers Cartridge filter housings DY DN DN/A 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: □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? UY UN c. Inspected for leaks and obvious signs of wear on a weekly basis? QY QN d. Kept in a clean and secure area when not in use? UY UN e. Verified for accuracy by use of duplicate samples (calorimetric only)? ND YD

Inspector's Name (Please Print)

Inspector's Signature

3/11/98

Date of Inspection

Approximate Date of Next Inspection

MCF > narandors haste

Acrokk nei machine installed last week

(Carison filter/ 15pin disk

ATRS ID#: 0090/64

Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



facility name: <i>ELFGAN</i>	LDRY CLEANERS	DA1	E: 3/11/58
facility location: <u>1220 -</u>	N-A-I-A-INDIALANTIC.	F1A - 32903	
<i>∂</i>	· A	44.0	
Annual Reporting Period:	19 <u>97</u> T	O _/VIAK.	19 <u>98</u>
Based on each term or condition of the 62-213.300, Florida Administrative Co.		<u> -</u> /	DEP Rule
If NO, complete the following:			
#1. Term or condition of the general po	ermit that has not been in continuous cor	npliance during the reporting p	eriod stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:	·	·	
Method used to demonstrate compliance	e:		
#2. Term or condition of the general p	ermit that has not been in continuous cor	npliance during the reporting p	period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:	<u> </u>		
Method used to demonstrate compliance	re:		
made in this notification are true, acc	rtify, based on information and belief for urate and complete. Further, my annual ed 2.100 gallons per year for dry-to dry)  Name (Please Print)	consumption of perchloroethyl	ene solvent, based

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

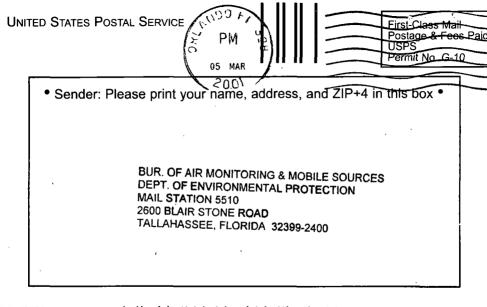
Page \_\_\_\_ of \_\_\_.

## INSPECTION SUMMARY REPORT

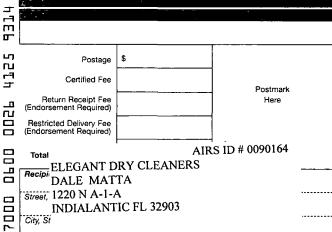
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 100 TIME OUT: 14	5 AIRS ID#: 0090164
TYPE OF FACILITY: 1) MY (PR M MAY	
FACILITY NAME: Elegent Gearcus	DATE: 3/11/98
FACILITY LOCATION: 1220 N. AUG	To 200
maian Al Winne	22. 3203
RESPONSIBLE OFFICIAL: (b), Matta	PHONE NUMBER:
Based on the results of the compliance requirements evalued compliance with DEP Rule 62-213,300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
	1
	<u> </u>
FACILITY CLASSIFICATION	N HAS CHANGED.
FACILITY CLASSIFICATION COMMENTS: (NER HASPURCHASED A NEW Mac CNOW) jerc/year was 360; le of Laceording to manufacturers) - n	hime mit dast week (Acistek)
ONDU DERCIMAN WAS 360 .	Next to use about 80 gally
N (according to major church) - n.	My has pand exovy - using of
linder NOW - IN COMPLIANCE (DU	and that we prove sources
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3/9	DD roximate)
INSPECTION CONDUCTED BY: SAADIA	DURESHT
	Please Print)
INSPECTOR'S SIGNATURE:	
	-
Page <u>/</u>	_of_/ Revised ?

SENDER: COMPLETE THIS SECTION	Tion 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,</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature
or on the front if space permits.	Addressee
Article Addressed to:	□ D. Is delivery address different from item 1? □ Yes □ If YES, enter delivery address below: □ No
AIRS ID # 0090164	
ELEGANT DRY CLEANERS	· <b>  </b>
DALE MATTA	
1220 N A-1-A	3. Service Type
INDIALANTIC FL 32903	Certified Mail
	☐ Registered ☐ Return Receipt for Merchandise
<del></del> · · ·	☐ Insured Mail ☐ C.O.D.
200060000026H125931	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811 July 1999 Domestic F	Return Receipt 102595-99-M-1789

PLACÉ STICKER AT TOP OF ENVELOPE



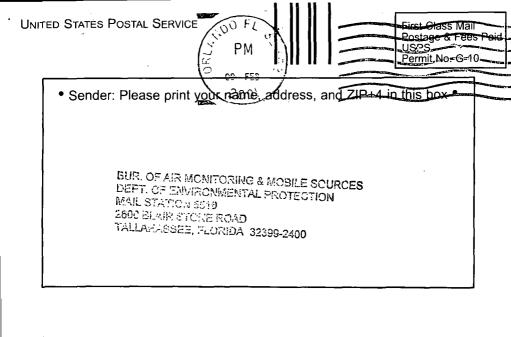
# U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)



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  Agent  Addressee
Article Addressed to:  AIRS ID # 0090164  ELEGANT DRY CLEANERS	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
DALE MATTA 220 N A-1-A NDIALANTIC FL-32903	3. Service Type  Certified Mail
00 0600 0026 41284361	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	1 1111 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PS Form 3811, July 1999 Domestic Re	turn Receipt 11: 1 1 1 1 1 102595-99-M-1789

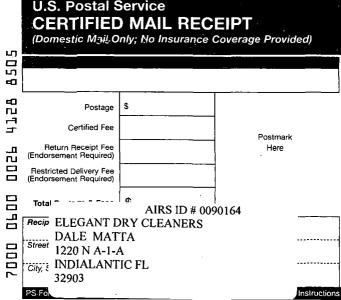
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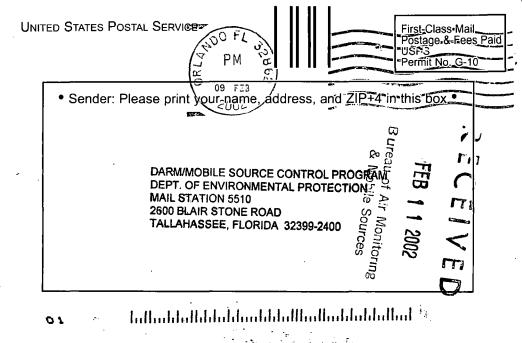
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
4367				
4128	Postage Certified Fee	\$	Postmark	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	
2000 0700	Rec. ELEGANT DR. DALE MATTA 1220 N A-1-A INDIALANTIC	Y CLEANERS	# 0090164 ————————————————————————————————————	
	PS Form 3800 February	2000	See Beverse for Instruction	

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 2, 2, and 3. Also compitem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reso that we can return the card to you.</li> <li>Attach this card to the back of the mail or on the front if space permits.</li> </ul>	/erse	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 12  Yes
1. Article Addressed to:  AIRS ID # 0090164  ELEGANT DRY CLEANERS  DALE MATTA 1220 N A-1-A		D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
INDIALANTIC FL 32903	-	3. Service Type  Certified Mail
· · · · · · · · · · · · · · · · · · ·		4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000   0600   0006   4	28 1111	
PS Form 3811, July 1999	Domestic Reti	urn Receipt 102595-99-M-1789

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LACE STICKER AT TOP OF ENVELOPE O THE RIGHT OF RETURN ADDRESS.	- d			
SENDER: COMPLETE THIS SECTION		ETE THIS SEC	CTION ON DELI	VERY
<ul> <li>Complete items 1, 2, and 3. Also complitem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the revso that we can return the card to you.</li> <li>Attach this card to the back of the mails or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	c. Sign	elivery address of	atta different from item	
10 AIRS ID # 0090164001A DALE MATTA		ss, enter deliver	ry address belov	w: 🗆 No
ELEGANT DRY CLEANERS 1220 N A-1-A INDIALANTIC FL 32903		vice Type Certified Mail Registered nsured Mail	☐ Express Ma☐ Return Rece☐ C.O.D.	il eipt for Merchandise
1000 2870000070272	1008 4. Res	tricted Delivery	? (Extra Fee)	☐ Yes
2. Article Number (Copy from service label)			[[ [[	
PS Form 3811, July 1999	Domestic Return Rece	ipt		102595-00-M-0952

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 DEFT, OF FAVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

il life 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 card to you.  ■ Attach this form to the front of the mailpiece, or on the back if spapermit.  ■ Write "Return Receipt Requested" on the mailpiece below the artise.  ■ The Return Receipt will show to whom the article was delivered adelivered.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.		
IN ADDRESS completed of	3. Article Addressed to:  AIRS ID 0090164  DALE MATTA DALE MATTA 1220 N A-1-A INDIALANTIC FL 32903	4a. Article Number  23336/320  4b. Service Type  Registered  Express Mail Return Receipt for Merchandise		
S your nelor	5. Received By: (Print Name)  6 Signature: (Addressee or Agent)	8. Addresse and fee is		
-	PS Form <b>3811</b> , December 1994	02595-97-B-0179	Domestic Return Receipt	

UNITED STATES POSTAL SERVICE



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

Print your name, address, and ZIP Code in this box

DARM/MOBILE SOURCE CONTROL PROGRAM, DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

Indian block in the block in the state of th

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#### Z 333 PJ3 507

**US Postal Service** 

## Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID 0090164

DALE MATTA DALE MATTA 1220 N A-1-A INDIALANTIC FL 32903

L	
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	

PS Form 3800, April 1995

#### 7 333 F13 114

# US Postal Service

# **Receipt for Certified Mail**

ELEGANT CLEANERS DALE MATTA 1220 N A-1-A INDIALANTIC FL 32903 AIRS ID# 0090164

\$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee PS Form 3800, April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address \$ TOTAL Postage & Fees Postmark or Date

UNITED STATES POSTAL SERVICE



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

● Print your name, address, and ZIP Code in this box ●

DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

hallantahattatahadaatatt Maalalaallaftaadillaattaallaaadil

on the reverse side?			I also wish to receive the following services (for an extra fee):  1.	
IN ADDRESS completed of	3. Article Addressed to:  AIRS ID# 0090164  ELEGANT CLEANERS DALE MATTA 1220 N A-1-A INDIALANTIC FL 32903	4b. Service 1 Registere Express I Return Rec	Type  Ind  Certified  Mail  Insured  Selivery	
Is your RETU	5. Received By: (Print Name)  6/Signature/(Addressee or Agent)  RS Form 3811, December 1994	8. Addressée and fee is	o's Address (Only if requested paid)  Domestic Return Receipt	

P 174 052 647

**US Postal Service** Receipt for Certified Mail

No Insurance Coverage Provided. Do not use for International Mail (See reverse)

AIRS ID # 0090164 ELEGANT DRY CLEANERS DALE MATTA

1220 N A-1-A INDIALANTIC FL 32903

	Certified Fee	· 
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
300	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

	_			
SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write 'Return Receipt Requested' on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.		
AIRS ID # 0090164 EIEGANT DRY CLEANERS DALE MATTA 1220.N A-1-A INDIALANTIC FL 32903	7. Date of D	Type ed  Mail  ceipt for Merchandise  Comparison  Comp		
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  CLUMO  X	8. Addresse and fee is			
PS Form <b>3811</b> . December 1994		Domestic Return Receipt		

ACMO GUII

UNITED STATES POSTAL SERVICE



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

Print your name, address, and ZIP Code in this box

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

#### Z 333 613 413

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0090164

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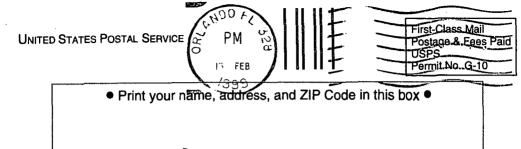
ELEGANT DRY CLEANERS DALE MATTA 1220 N A-1-A

INDIALANTIC FL 32903

Certified Fee Special Delivery Fee Restricted Delivery Fee PS Form **3800**, April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom. Date, & Addressee's Address \$ **TOTAL** Postage & Fees Postmark or Date

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that card to you.	I also wish to receive the following services (for an extra fee):		
Attach this form to the front of the mailpiece, or on the back if space does not permit.		<ol> <li>Addressee's Address</li> </ol>	
Write "Return Receipt Requested" on the mailpiece below the article number.		2. Restricted Delivery	
■The Return Receipt will show to whom the article was delivered and the date delivered.		Consult postmaster for fee.	
3. Article Addressed to:	4a. Article N		
AIRS ID # 00%0164	<b>.</b>   Z 33	3613413	
ELEGANT DRY CLEANERS	4b. Service	Туре	
DALE MATTA	☐ Registere	ed	☑ Certified
12202N A-1-A	☐ Express	Mail	Insured
INDIALANTIC FL 32903	☐ Return Re	ceipt for Merchandis	e 🗆 COD
	7. Date of D	elivery 99	
5. Received By: (Print Name)	8. Addresse and fee is	e's Address (Only paid)	if requested
6. Signature: (Addressee or Agent)			
x mule			
PS Form <b>3811</b> , December 1994	102595-97-B-0179	Domestic Re	turn Receipt

Fold at line over top of envelope to



DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

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

414106 FEB142002

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 # 0090164

**ELEGANT DRY CLEANERS** 

DALE MATTA

1220 N A-1-A

INDIALANTIC FL .

32903

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

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

406979 MAR 72001

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

INDIALANTIC FL 32903

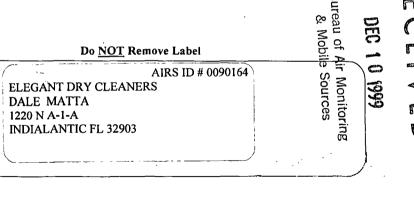
AIRS ID # 0090164
ELEGANT DRY CLEANERS
DALE MATTA
1220 N A-1-A

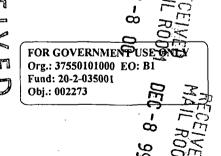
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

38914

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





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

#### Do NOT Remove Label

AIRS ID# 0090164
ELEGANT CLEANERS
DALE MATTA
1220 N A-1-A
INDIALANTIC FL 32903

0311970

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 3755

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

RECEIVED MAIL ROOM

# TOTAL AMOUNT DUE: \$50.00

SEP 10 98

Do NOT Remove Label

DALE MATTA
DALE MATTA
1220 N A-1-A
INDIALANTIC FL 32903

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

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

0361535

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

RECEIVED MAIL ROOM

# TOTAL AMOUNT DUE: \$50.00 EB 23 99

#### Do NOT Remove Label

AIRS ID # 0090164
ELEGANT DRY CLEANERS
DALE MATTA
1220 N A-1-A
INDIALANTIC FL 32903

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