PERCHLOROETHYLENE DRY CLEANERS

🤚 TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE:	11-12-4-9
BY	Re

TYPE OF INSPECTION:

ANNUAL

X-

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0090178 DATE: 11-12-99 TIME IN: 4:00	TIME OUT: 4:30
FACILITY NAME: Touche of Class (leaners	P
FACILITY LOCATION: 325 East Merritt Island Gauses	vac

Merritt Island, FC 3 2 RESPONSIBLE OFFICIAL: VA J10 Vay da PHONE

CONTACT NAME: May

PHONE:

PART I: NOTIFICATION
(check appropriate box)

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

☐ Drop store/out of business/petroleum

☐ No notification form

Facility indicated on notification for	rm that it is:
(check appropriate box)	
A.	
1. Existing small area source	
dry-to-dry only, x < 140 gal/yr	
transfer only, $x < 200 \text{ gal/yr}$	
both types, x < 140 gal/yr	
(constructed before 12/9/91)	
3 Fristing large area source	П

PART II: CLASSIFICATION

- 3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, 200 < x < 1,800 gal/yrboth types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)
- 5. This is a correct facility classification

2. New small area source
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types v < 140 gallyr

(constructed on or after 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, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91)
- $\square N$ DCan not determine $\Box Y$

If no, please check the appropriate classification:

- facility qualified for a general permit as number ___ facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 59 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN SKVA 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DY DN MINA 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? DY DN DANA 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? AVAZO NO YO 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) THE TIME 1. Equipped all machines with the appropriate vent controls? AYNO NO YES 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 AY 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? **S**AY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DOY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DV YZ verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ПΥ	en	سر
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ΩΝ	□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, if machines are equipped with a carbon adsorber?	ΩY	ИП	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ПY	ND	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ΠN	DN/A.

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	AX ON					
2. Maintained rolling monthly averages of perc consumption?	ND ND N					
3. Maintained leak detection inspection and repair reports for the following:	·					
a. documentation of leaks repaired w/in 24 hrs? or;	AND ND YES					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON 💇					
4. Maintained calibration data? (for applicable direct reading instruments)	אואל אם צם					
5. Maintained exhaust duct monitoring data on perc concentrations?	אוא בל אם צם					
6. Maintained startup/shutdown/malfunction plan?	KAK ON					
7. Maintained deviation reports?	DY DN D WA					
Problem corrected?	איא אם עם					
8. Maintained compliance plan, if applicable?	AVA NO YO					

P	PART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?		XX	ПN				
2.	2. Has the facility maintained a leak log?		XX	ПN				
3.	3. Does the responsible official check the following areas for lea	ıks?		ı				
	Hose connections, fittings, couplings, and valves	Muck cookers	ST	ON ON/A				
} 	Door gaskets and seating	Stills	4€ Y	ON ON/A				
	Filter gaskets and seating	Exhaust dampers	ØY	ON ON/A				
	Pumps Pumps ON ON/A	Diverter valves	P(Y	ON ON/A				
	Solvent tanks and containers DN DN/A	Cartridge filter housings	ΔY	□N □N/A				
	Water separators AY ON ON/A	·						
4.	4. Which method of detection is used by the responsible official?	?						
	Visual examination (condensed solvent on exterior surfa-	aces)	魚					
	Physical detection (airflow felt through gaskets)		#					
	Odor (noticeable perc odor)		TA					
	Use of direct-reading instrumentation (FID/PID/calorim	etric tubes)						
	Halogen leak detector							
	If using direct-reading instrumentation, is the equ	uipment:	MIN	A.				
	 a. Capable of detecting perc vapor concentration 	ΩY	ON					
	 b. Calibrated against a standard gas prior to an (PID/FID only)? 	nd after each use	ΟY	NO				
	c. Inspected for leaks and obvious signs of wea	ΩY	ON					
	d. Kept in a clean and secure area when not in	use?	ΩY	מם				
	e. Verified for accuracy by use of duplicate same	nples (calorimetric only)?	ΠY	ПИ				

Randal Cunfingham
Inspector's Name (Please Print)

Date of Inspection

11-2000

Approximate Date of Next Inspection

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Revised 09/15/97

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Ale

FACILITY NAME: Touch of CI	gss (leaners	DATE:	11-12-99
FACILITY LOCATION: 325 E			•
	Island, FL 3295	,	,
Annual Reporting Period: November	19_ 449 TO	November	19 99
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.		_N	P Rule
If NO, complete the following:		, ,	
#1. Term or condition of the general permit t	hat has not been in continuous complia	nce during the reporting perio	d stated above:
Exact period of non-compliance: from _		_to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:		·	
#2. Term or condition of the general permit t	hat has not been in continuous complia	nce during the reporting perio	d 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, be made in this notification are true, accurate an upon purchase receipts, does not exceed 2,10 combination facilities. RESPONSIBLE OFFICIAL: Nam	nd complete. Further, my annual g onsi	umption of parchloroethylene .	solvent, based

Page ____ of ____.

^{*}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: A	NNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 8:00 4M TYPE OF FACILITY: Dry Cl	TIME OUT: 8:30 a	am Airs ID#: 00	90178
FACILITY NAME: Touch of	Class Cleaner		DATE: 11~12-99
FACILITY LOCATION: 325E	east Merrid Is	Sland Cuseway	
RESPONSIBLE OFFICIAL: Va	, ,	PHONE NUMBER:	407-452-4837
Based on the results of the co	•	uated during this inspection, the faci trative Code (F.A.C.).	lity is found to be in
Based on the results of the co discrepancies were noted:	mpliance requirements eval	uated during this inspection, the follo	owing compliance
COMPLIANCE REQUIRE	EMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
,			
COMMENTS:			
In Compl	Tance		
The Annual Compliance Certification	form has been properly cert	ified and submitted to the inspector.	үеэ №
DATE OF NEXT INSPECTION:	11-2000	pproximate)	
INSPECTION CONDUCTED BY:_	Kandall C	rint) Alam	
INSPECTOR'S SIGNATURE: 1	hall T	PHONE NUMBER:	<u>(407) 843-3333</u>
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