

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

June 25, 1997

Ms. Heidi Williamson Rub A Dub Dub 2150 Tamiami Trail Port Charlotte, Florida 33952

Re: Facility No.: 0150066

Dear Ms. Williamson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 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, Florida 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. Sherrill Culliver, South District

#0150066

	€
	Rub A Dub Dub
P.14	1.(b) mark out "No" 1.(c) mark out "No"-add "X"
:	
	· · · · · · · · · · · · · · · · · · ·
	:

Perchloroethylene Dry Cleaning Facility Notification RECEIVED

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): JUN 4 1997
	Jamarch Inc Bureau of Air Monitoring
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
-	The state of the s
	FLDCESQG
4.	Facility Location: 75 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	City: Decator 6A County: Charlotte Zip Code: 30035
	CIANTO TO TO
5.	Facility Identification Number (DEP Use): 0150000
	עשטעריי
	. D. 111 000 11
	Responsible Official
6.	Name and Title of Responsible Official:
	Heioi Williamson owner operator
7.	Heioi Williamson Owner Operator Responsible Official Mailing Address:
	Organization/Firm:
	Street Address: 2150 TANDANI TY City: Pt Charlotte F1 County: Charlotte Zip Code: 33952
	City: Pt charlotte F1 County: Charlotte Zip Code: 3395-2
8.	Responsible Official Telephone Number:
	Telephone: (941) 624-2181 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
10.	racinty Confact Address.
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
-	Telephone: () - Fax: () -
	· .

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

Page 13 of 16

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID.	Date Machine Initially Purchased	Date Control Device Installed	ID .	Date Machine Initially Purchased	Date Con Dev Inst
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-
Dry-to-Dry Unit									
(1) w/ ref. condenser		05- MAY-90	5-4my90	•	•	-			
(2) w/ carbon adsorber	<u> </u>		<u>'</u>					·	
(3) w/ no controls	ļ							•	
Washer Unit		1	1						
(4) w/ ref. condenser									
(5) w/ carbon adsorber				l		,			
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls	l				•				
(b) Control devices are (c) No control devices (a) What was the total (c) (d) (d) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	are requant	equired to be ity of perchlons ow many? [_	installed [<u>w</u> δ perc)	purchased in				
					-				
. What is the facility's so (Indicate with an "X".	Selec	t one classifi			muons tound	1 III SCCHOII (.	יוט קכ	ו מול 111 (
Existing small ar		7			all area sour	<u></u>			
Existing large are	ea sou	rce []	Ner	w lar	ge area sourc	:e []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required (Indicate with an "X".) 	d on machines	pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser]		
New large area source Refrigerated condenser [_			
5. A facility which contains non-exempursuant to Rule 62-213.300, F.A.C. following exemption criteria or that no	Verify that all	steam and hot water gene	
All steam and hot water generating un boiler HP or less), and (2) are fired ex during which propane or fuel oil conta	cclusively by no	atural gas except for perio	ods of natural gas curtailment
All steam and hot water generating un No such units on-site	uits exempt		
.· :			
Equipment 1	Monitoring an	d Recordkeeping Inform	nation
Check all logs which are required to be permit:	e kept on-site i	n accordance with the req	uirements of this general
(a) Purchase receipts and solvent purch	hases		
(b) Leak detection inspection and repair	ir		
(c) Refrigerated condenser temperature	e monitoring		<u> </u>
(d) Carbon adsorber exhaust perc conce	entration moni	toring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction pla	an		

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	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 the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	Date 5-9-97

Perchloroethylene Dry Cleaning Facility Notification RECEIVED

Facility Name and Location

1.	Facility Owner/Company Name (Name o	f corporation	, agency, or i	ndividual c	wner): JU	N 4 1997
	JAMARCH IN	c			Bureau	of Air Monitoring
2.	Site Name (For example, plant name or n			_	W &	obile Sources
	Rish a Duh I	\.h	•			ľ
3.	Hazardous Waste Generator Identification	Number:				
	FIDESSOC					
4.	FLDCES GG Facility Location: Street Address: San	<u>.</u> S		213	50 TAMIA	M, TR a
	Street Address: 53-53 Shapping	ger woo	92 Du	2 P4 Cl	narlotte Fl Code: 300	33952
	City: December 6A Co	omity. Cha	rlotte	. Zıp	Code. 500	30
5.	Facility Identification Number (DEF Use)					
	. 17	esponsible O	official .			
						·
6.	Name and Title of Responsible Official:					
	Heioi Williamson		- OW0	erlop	verstor	
7.	Responsible Official Mailing Address: Organization/Firm:			• •		
	Street Address: 2150 TAMANI					
	City: Pt Charlotte F1	County:	charlo-	the	Zip Code:	33952
8.	Responsible Official Telephone Number:					,
	Telephone: (941) 624-2181		Fax: ()	-	
	<u>.</u>					
	Facility Contact (If	different fro	m Responsil	ole Official)	
9.	Name and Title of Facility Contact (For ex	ample, plant	manager):			
10.	Facility Contact Address:					
	Street Address:					
	City:	County:	-	Zip	Code:	
11	Facility Contact Telephone Number:					
11.	Telephone: () -		Fax: ().	-	

Facility Information

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

Something of the South		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	m	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	# <i>2</i>	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									
(1) w/ ref. condenser		05-MAY-90	5-may 90		•				
(2) w/ carbon adsorber		,	,					·	
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber		·						Ĺ	<u> </u>
(6) w/ no controls ·									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber								_	
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices	are re quant gallo	equired to be ity of perchlons	installed [_/	wo perc)	٦	n the latest 12	2 moi	nths?	
(b) If less than 12 mont Check why it is less	than	. 12 months:	New owner:	[
What is the facility's so (Indicate with an "X".	Selec	t one classifi	cation only.)				3) of :	Part II?	·
Existing small ar					all area sour				
Existing large are	a sou	rce []	Nev	w larg	ge area sourc	e []			

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber Refrigerated condenser
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
_
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t comply wi	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 the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form. Inptly notify the Department of any changes to the information contained in this notification.
Signature	<u>S-9-97</u> Date

Date: From: 20/05/1997 8:11:08 AM

Subject:

Wayne Lewis FTM
Re: RUB A DUB TUB
Sandy Bowman TAL

To:

I have original. I know address needs to be changed correct address on inspiction form will get original back up to Charlotte County

Wayne

Ps If facility was in Gorgia, I don't think I could have done the inspection. She's so worried about her Haz. Waste violation, she saw the previous question on Haz. Waste and just carried it through.

Florida Dept of Environmental Protection fax 941-332-6969

To whom it may concern,

As a friend of the environment, I feel compelled to report that my now former drycleaner.

Rub-a-Dub, Port Charlotte, has defied the laws of the state of Fiorida by not installing a tank under his machine. I find this appailing and can no longer continue to patronize a business that acts in such an irresponsible manner.

From following Florida's environmental issues, I thought that your department required the installation of these tanks by Jan. 1, 1997.

Don't you inspect these pusinesses to ensure that the laws are complied with? Why do you permit businesses to continue operating when they are in violation?

A concerned Florida resident

MAY 1

78001047

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	۵	COMPLAINT/DISC	OVERY 🗹	
0150066	RE-INSPECTION	i 0			
AIRS ID#:/V, C_	DATE: 5 -1-9	7 TI	ME IN: <u>/0:50</u> TIM	IE OUT: <u>/3:00</u>	
FACILITY NAME:	RUB A DUA	Duß			_
FACILITY LOCATION: _	2150 191	minmi	Trail		₋∦
_	Part CHARL	erre,	3395 Q		-
PART I: NOTIFICATION	·				
(check appropriate box)					=
1. Existing facility notified D	OARM by 9/1/96				
2. New facility notified DAR	•	tup	•	. 0	- }
3. Facility failed to notify DA	ARM to use general per	mit		×	
PART II: CLASSIFICATION	ON				
Facility indicated on notific (check appropriate box)	ation form that it is:				
	•				
A. 1. Existing small area so dry-to-dry only, x<140 gatransfer only, x<200 gal/y both types, x<140 gal/yr (constructed before 12/9/9	ıl/yr ⁄r	dry-to-dry transfer of both types	mall area source only, x<140 gal/yr nly, x<200 gal/yr s, x<140 gal/yr ed on or after 12/9/91)		
3. Existing large area so dry-to-dry only, 140 <x<2 (constructed="" 12="" 140<x<1,800="" 200<x<1,80="" 5<="" 9="" before="" both="" only,="" td="" transfer="" types,=""><td>, 100 gal/yr 00 gal/yr gal/yr</td><td>dry-to-dry transfer o both type:</td><td>arge area source only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" gal="" nly,="" on="" or="" s,="" td="" ted="" yr=""><td></td><td></td></x<2,></td></x<2>	, 100 gal/yr 00 gal/yr gal/yr	dry-to-dry transfer o both type:	arge area source only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" gal="" nly,="" on="" or="" s,="" td="" ted="" yr=""><td></td><td></td></x<2,>		
This is a correct facility clas	sification	_Y)	≅(n		
If no, please check the appro	opriate classification:				
	alified for a general per seeds above limits and i				
B. The total quantity of perofacility was 45 gallo		urchased w	ithin the preceding 12 mon	ths by this dry cleanin	ıg

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? **M**Y ON MO YM 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MO YM 4. Draining cartridge filters in their housing or in sealed containers for at DY MY 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 **X**N/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been 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) MY DN 1. Equipped all machines with the appropriate vent controls? A/NO NO Y 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 XY 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 basis? DY XX 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? $\Box Y X V$ 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? □Y **X**(ν

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?	□Ү □И
Is the temperature differential equal to or greater than 20° F?	OY ON
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?	□Ү □И
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?	□Ү □и
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?	A/MD MD YD
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	
2. Maintained rolling monthly averages of perc consumption?	DA X M
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY 🗖N
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	n z yo
4. Notice that I will be the first to the first term of the first	Dec Dec Marie
4. Maintained calibration data? (for direct reading instruments only)	AVA Z NO YO
Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	UY UN ≱S N/A □Y ÞS Ñ
1	
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y >
5. Maintained exhaust duct monitoring data on perc concentrations?6. Maintained startup/shutdown/malfunction plan?	DY X N
5. Maintained exhaust duct monitoring data on perc concentrations?6. Maintained startup/shutdown/malfunction plan?7. Maintained deviation reports?	□Y X X □Y X X □Y X X
 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	ида ус О У Ж И О У Ж И
5. Maintained exhaust duct monitoring data on perc concentrations?6. Maintained startup/shutdown/malfunction plan?7. Maintained deviation reports?Problem corrected?	ида ус О У Ж И О У Ж И

Revised 10/28/96

2. Which method of detection is used by	the recoon	cible officia	12					
•	•			YOY.				
Visual examination (condensed			Taces)	M M				
Physical detection (airflow felt the	nrough gas	skets)		×				
Odor (noticeable perc odor)				X (
•	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
If using direct-reading instrun		*						
a. Capable of detecting	perc vapo	or concentra	tions in a range of 0-500 ppm?	ΩY	ПИ			
b. Calibrated against a (PID/FID only)?	standard ;	gas prior to	and after each use	ΩY	ПИ			
c. Inspected for leaks a	ınd obviou	s signs of w	ear on a weekly basis?	ΠY	ПИ			
d. Kept in a clean and	secure are	a when not	in use?	ΠY	ПΝ			
e. Verified for accurac	y by use of	f duplicate s	amples (calorimetric only)?	\Box Y	□и			
3. Has the facility maintained a leak log	?			OY)	М Ж			
4. Does the responsible official check th	e followin	g areas for le	eaks?					
Hose connections, fittings, couplings, and valves	χY	ΩΝ	Muck cookers	X (Y	ΩΝ			
Door gaskets and seating	XY	ПN	Stills	XY	ПN			
Filter gaskets and seating	XXY	□и	Exhaust dampers	ΩY	ПN			
Pumps	XY	ИΩ	Diverter valves	Ά(Y	ПN			
Solvent tanks and containers	XX	ПИ	Cartridge filter housing	s XY	ПИ			
Water separators	XY	ПN						
Heior William	SON		· · · · ·					
Name of Responsible Offi	cial							
Wayne Lewi	5		5-1-	97				
Inspector's Name (Please I	rint)		Date of Ins	pection				
Come Louri	1		5/	94	5			
Inspector's Signature			Approximate Date of	of Next	Inspection			

HAZ. WASTE MATTER

PLACHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
FACILITY NAME: RUB A DUB DE FACILITY LOCATION: 2150 TAME	OTTE. FL 33952 4 9 2 1
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup 🗆
2. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	∑Y □N □Can not determine
	cation: eneral permit as number above enits and is not eligible for a general permit
6 m	irchased within the preceding 12 months by this dry cleaning if me Purchases were. O. Machine was Broken !!

WAS ACTUALLY TOLD - MACHINE OUT OF Service - OBTAINED RECEIPTS SHOW OTHERVISE Is the responsible official of the dry cleaning facility: (check appropriate boxes) ZY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY WN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN WNA 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) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? OY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN 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? OY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:		
ł	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y □N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N □N/A	
	ls the temperature differential equal to or greater than 20° F?	□Y □N □N/A	١.
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	
	ls the perc concentration equal to or less than 100 ppm?	□Y □N □N/A	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?		
5			
ر. ا	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A	
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A	٠.

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) DY W 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ZN DN/A 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 WN DN/A and parts installed w/in 5 days of receipt? DY DN WN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN ØN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY MN 6. Maintained startup/shutdown/malfunction plan? DY ON DN/A 7. Maintained deviation reports? DY WN DN/A Problem corrected? DY WN DN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection ar				
inspection?			DA EN			
2. Has the facility maintained a leak log?		DY MAN				
3. Does the responsible official check the	following areas for leaks?	?				
Hose connections, fittings, couplings, and valves	□Y ØN □N/A	Muck cookers	DY WN DN/A			
Door gaskets and seating	DY DN DN/A	Stills	DY WN DN/A			
Filter gaskets and seating	DY MN DN/A	Exhaust dampers	DY WN DN/A			
Pumps	DY ON DN/A	Diverter valves	DY DN DN/A			
Solvent tanks and containers	DY MU DN/A	Cartridge filter housings	DY WN DN/A			
Water separators	OY ON ON/A					
4. Which method of detection is used by the	ne responsible official?					
Visual examination (condensed so	olvent on exterior surfaces	s)				
Physical detection (airflow felt the	ough gaskets)					
Odor (noticeable perc odor)						
Use of direct-reading instrumentar	tion (FID/PID/calorimetri	ic tubes)				
Halogen leak detector						
If using direct-reading instru	imentation, is the equip	ment:	□N/A			
a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	OY ON			
b. Calibrated against a st (PID/FID only)?	andard gas prior to and a	fter each use	OY ON			
c. Inspected for leaks an	d obvious signs of wear o	on a weekly basis?	□Y □N			
d. Kept in a clean and se	cure area when not in use	e?	□Y □N			
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	□Ÿ □N ·			
NOTE - Sucondary CONTAINMEN	T I rear old -	SHOWS MASSIVE 1	9057			
Inspector's Name (Please Prin	t)	Date of Inspection				
Wayne Lears		SHORTLY	,			
Inspector's Signature	Approximate Date of 1	Next Inspection				

PERCHLOROETHYLENE DRY CLEANERS.

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		ත් ත	COMPLAINT/	DISCOVERY		
AIRS ID#: <u>0150066</u> I)ATE: <u>//-27-9</u> 5	Т	IME IN	1: 11:19	TIME OUT: _	11:22	
FACILITY NAME: Rus	A DUA DUA					<u> </u>	
FACILITY LOCATION:	2150 - 22 TA	minmi	TCALL	PORT C	yariotte 3	33952	
RESPONSIBLE OFFICIAL :	Heini Wi	Kuna Su	w.	PHONE:	41 624-2181		
CONTACT NAME:	SAMC			PHONE:	5'AM.E.		
PART I: NOTIFICATION			Ŕ	ECEI	VED		•
(check appropriate box)	-		,	DFO			l .
1. New facility notified DARM	30 days prior to start	up		DEC 171	999	. 🗅	
2. Facility failed to notify DARM	A to use general per	nit	B	ureau of Air M & Mobile So	onitoring		<u> </u>
PART II: CLASSIFICATION						· · ·	-]
				D.N			ļ M
Facility indicated on notificatio (check appropriate box) A.	n form that it is:			☐ No notificati		etroleum	
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		dry-to-dr transfer of both type	y only, only, x < es, x < 1	ea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)			Drop I Great Americ
3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	100 gal/yr) gal/yr	dry-to-dr transfer of both type	y only, only, 20 es, 140 <u>s</u>	rea source 140 ≤ x ≤ 2,100 0 ≤ x ≤ 1,800 ga ≤ x ≤ 1,800 gal/y or after 12/9/91)	l/yr		
ాఫ్. This is a correct facility cla	ssification	ΠY	Πи	□Can not deter	rmine		
If no, please check the a							
	y qualified for a gen y exceeds above lim	-			above Lpermit		
B. The total quantity of perchlor facility was gallons.			_			y cleaning	

PA	ART VI: LEAK DETECTION AND R	EPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			OY ON :			
2.	Has the facility maintained a leak log?			OY ON			
3.	Does the responsible official check the	following areas for lead	cs?				
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A			
	Door gaskets and seating	□Y □N □N/A	Stills	OY ON ON/A			
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	□Y □N □N/A			
	Pumps	OY ON ON/A	Diverter valves	OY ON ON/A			
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A			
	Water separators	OY ON ON/A	· .				
4.	Which method of detection is used by the	he responsible official?	•				
	Visual examination (condensed so	olvent on exterior surfa	ces)				
	Physical detection (airflow felt the						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumenta	tion (FID/PID/calorime	etric tubes)				
	Halogen leak detector	•					
	If using direct-reading instru	umentation, is the equ	ipment:	□N/A			
	a. Capable of detecting p	perc vapor concentration	ons in a range of 0-500 ppm?	OY ON .			
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	l after each use	חם אם			
	c. Inspected for leaks an	d obvious signs of wea	r on a weekly basis?	OY ON			
	d. Kept in a clean and se	ecure area when not in	use?	OY ON			
	e. Verified for accuracy	by use of duplicate san	nples (calorimetric only)?	OY ON			
	1						
_	Inspector's Name (Please Prin	<u>,,,,,</u>	Date of Inspection				
	hispector's traine (riease Pili		Date of inspection				
	Warra Luis		06-15-00				
	Inspector's Signature		Approximate Date of	Next Inspection			



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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

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AIRS ID 0150066

HEIDI WILLIAMSON HEIDI WILLIAMSON 2150 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 FOR GOVERNMENT USE OPLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Complete items 1 and/office items 3, 4a, office items and accord to you. Attach this form to the permit. Write 'Return Receipt Form items and it	and 4b. Idress of front of Request	additional services. In the reverse of this form so the mailpiece, or on the back and on the mailpiece below the owner the article was deliver.	if space o	loes not umber.	this	_	ces (for an	eipt Service.
RUB A DUB DUE HEIDI WILLIAM 2150 TAMIAMI'I PORT CHARLOT	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 article has delivered a delivered. 3. Article Addressed to: AIRS ID # 0150066 RUB A DUB DUB HEIDI WILLIAMSON 2150 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 5. Received By: (Print Name)			a. Artic b. Serv Regis Expre Return Date of	ice Ty stered ess Ma n Rece	pe ail ipt for Merchand	Certified Insured .	Thank you for using Return Receipt Service.
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RUB A DUB DUB

HEIDI WILLIAMSON
2150 TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO:997 OV Fund: 20-2-035001 Obj.: 002273

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