

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 17, 1996

Mr. George F. Allen Allen's Laundry and Dry Cleaning Post Office Box 656 Keystone heights, Florida 32656

Dear Mr. Allen:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief Bureau of Air Monitoring

and Mobile Sources

Weetz Wetz

/DD

cc: Mr. Rick Banks, Northeast District
"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	GEORGE F. ALLEN, INC.						
2.	Site Name (For example, plant name or number):						
	ALLEN'S LAUNDRY & DRY CLEANING Hazardous Waste Generator Identification Number:						
3.	Hazardous Waste Generator Identification Number:						
	FLD 111-0383						
4.	Facility Location:						
	Street Address: 7385 STATE ROAD 21						
	City: KEYSTONE HEIGHTS CLAY Zip Code: 32656						
359	Facility Identification Number (DEP Use):						
	JAPOHA JAPOHA						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	GEORGE F. ALLEN-OWNER						
7.	Responsible Official Mailing Address:						
	Organization/Firm:						
	Street Address: P.O. BOX 456						
	City: KEYSTONE HEIGHTS CLAY Zip Code: 32656						
8.	Responsible Official Telephone Number:						
	Telephone: (352) 473-3778 Fax: (352) 473-7477 #1						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
10.	Facility Contact Address:						
	,						
	Street Address:						
	City: County: Zip Code:						
11.	Facility Contact Telephone Number:						
	Telephone: () - Fax: () -						

RECEIVED

AUG 2 1 1996

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date (Control Device Installed	1D	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- A Francki a Ali	g mat Tokana Til Samballat sam	1	and Market			75.4 × 15.4 (1)	
(1) w/ ref. condenser	1	01-544-95	01-541-95						,
(2) w/ carbon adsorber		,		<u> </u>		_			
(3) w/ no controls	ļ.,	L.,			L				<u></u>
Washer Unit					i patent et je pati T	Taligami (1994)	<u> </u>	<u>andili album sel</u> I	<u> </u>
(4) w/ ref. condenser (5) w/ carbon adsorber	 					° '			
(6) w/ no controls				· -					
Dryer Unit	40.00	The Pine of	. In the second		ا ئىرىۋى دا ئۇشىڭ دارۇشى	l Bonisti Markadakan Ko		i de aligia.	l The Walt Mark
(7) w/ ref. condenser	Salt and the	i de mwyderda# Nac ha Lli	enu de l'ARM Nestue in	· · · · · · · · · · · · · · · · · · ·	orra, maser, et abren L	39 a Pulipapiolavi um 1700	12	town grothers.	· · · · · · · · · · · · · · · · · · ·
(8) w/ carbon adsorber		,							<u> </u>
(9) w/ no controls									
Reclaimer Unit	20 ₀ ,	Trouble Light River					;	SAL GO	Najata er
(10) w/ ref. condenser									·
(11) w/carbon adsorber									
(12) w/ no controls	l								
(b) Control devices are (c) No control devices 2.(a) What was the total of the second	are requanting gallo	equired to be ity of perchlo ins ow many? [_ 12 months:	installed [] months New owner:	perc)] New store	: [] Did	not k	eep records:	:
Existing small ar	ea;so	urce []	Ne	w sn	nall area sour	ce X			
Existing large are	ea soi	irce []	Ne	w lar	ge area soure	ce []			

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

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of P	art II of this notification form?					
Existing large area source Carbon adsorber	Refrigerated condenser						
New small area source Refrigerated condenser [X]							
New large area source Refrigerated condenser []	5 · ·	. W					
	. 1						
to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	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) boiler HP or less), and (2) are fired exclusively by no during which propane or fuel oil containing no more	atural gas except for period	ls of natural gas curtailment					
All steam and hot water generating units exempt No such units on-site							
		•					
Equipment Monitoring a	nd Recordkeeping Inform	ation					
Check all logs which are required to be kept on-site i	n accordance with the requ	irements of this general permit:					
(a) Purchase receipts and solvent purchases		\boxtimes					
(b) Leak detection inspection and repair		∠ j					
(c) Refrigerated condenser temperature monitoring	•	\bowtie					
(d) Carbon adsorber exhaust perc concentration mon	itoring						
(e) Instrument calibration							
(f) Start-up, shutdown, malfunction plan		\succeq					

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

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)	,
`		,
\bowtie	No air permits currently exist for the operation of the facility indicated in this notification form.	
	Provide Official Continue	
	Responsible Official Certification	
I, the und	7 '	rd is
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addresse fication. I hereby certify, based on information and belief formed after reasonable inquiry, tha its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification for	t th
this notif statemen maintain comply w	Sication. I hereby certify, based on information and belief formed after reasonable inquiry, that its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification for	t th
this notif statemen maintain comply w	fication. I hereby certify, based on information and belief formed after reasonable inquiry, tha Its made in this notification are true, accurate and complete. Further, I agree to operate and I the air pollutant emissions units and air pollution control equipment described above so as to	t th

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	AL COI	MPLAINT/DISCOVERY [RE-INSPECTION
		AIRS ID	1: 019004Z
TYPE OF FACILITY: DIZY	CLEANER	S DRIV A. THE	· · · · · · · · · · · · · · · · · · ·
FACILITY NAME: HLLIZA	S LAUNDEY STUTE D	AND OLIZAR	UNG DATE:
FACILITY LOCATION: 1395	TONE HELE	HTS, CLAY	32 656
RESPONSIBLE OFFICIAL: GRORE	SE F. ALL	FA PHONE NUM	ABER: 95 2-473-3778
Based on the results of the compliance with DEP Rule 62-213			the facility is found to be in
Based on the results of the compliand discrepancies were noted:	ance requirements evalu	nated during this inspection,	the following compliance
COMPLIANCE REQUIREME	NT/PROBLEM	FOLLOW-UP	ACTION REQUIRED
•			
		,	
· .			
· .			
COMMENTS:			
The Annual Compliance Certification form	has been properly cert	ified and submitted to the in	spector. YES NO
DATE OF NEXT INSPECTION:		pproximate)	
INSPECTION CONDUCTED BY:	\mathbb{R}	D. BANKS lease Print)	
INSPECTOR'S SIGNATURE:	Pomla		IBER: <u>904 - 448 -4310</u>

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY D
FACILITY NAME: ALL	EWS LAU 7385 -	IN: 11:00 TIME OUT: 1/185 UNDRY : DRY CLEHAING STATIR ROAD 21 NE HEIGHTS, CLAY 32656
PART I: NOTIFICATION		
<u> </u>		
(check appropriate box)	Ch., 0/1/04	. 1
Existing facility notified DARM Now facility notified DARM 20	•	
New facility notified DARM 30Facility failed to notify DARM 9	• •	·
	······································	
PART II: CLASSIFICATION		
Facility indicated on notification (check appropriate box)	form that it is:	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	0	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>		4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classificat	ion	œY □N RECEIVED
If no, please check the appropriate	classification:	1111 7 407
☐ facility qualified	for a general per	JUN 3 1997 nit as number above
		above above above above above above are aligned as not eligible for a general pureau of Air Monitoring
B. The total quantity of perchloroe facility was gallons.	ethylene (perc) pu	& Mobile Sources archased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN EM/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been 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 basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? B. Has the responsible official of an existing large or new large area source also: 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located \Box Y \Box N on dry-to-dry, reclaimer, and dryer machines on a weekly basis?

PART III: GENERAL CONTROL REQUIREMENTS

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?	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?	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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DAY DAN
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;	DY DN .
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MO YES
4. Maintained calibration data? (for direct reading instruments only)	DY DN BAN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON MINA
6. Maintained startup/shutdown/malfunction plan?	ND KO
7. Maintained deviation reports?	DAY ON
Problem corrected?	ON PO
8. Maintained compliance plan, if applicable?	OY ON COM/A

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	DY DN
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	Ĉ
Physical detection (airflow felt through gaskets)	
Odor (noticeable perc odor)	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	

11 using	 g direct-reading instrumer a. Capable of detecting po b. Calibrated against a sta 	erc vapor			OY O	N				
		-	concentrations in	a a range of 0-500 ppm?		N				
	h Calibrated against a str		a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?							
l	er each use	OY O	N							
	OY O	N								
	□Y □N									
	e. Verified for accuracy b	y use of o	duplicate samples	(calorimetric only)?	OY ON					
3. Has the facili	ity maintained a leak log?				DY ON					
4. The following	g areas should be checked for	or leaks l	by the inspector:							
	Leak Detected?									
	onnections, fittings, ings, and valves	dy.	□N	Muck cookers	DY	□N				
Door ga	askets and seating	Y	ПΝ	Stills	91	ПΝ				
Filter g	askets and seating	dy (□N .	Exhaust dampers	DY /	ΠN				
Pumps			□N	Diverter valves	tox /	□N				
Solvent	tanks and containers	ON T	ПN	Cartridge filter housings	DY YE	ΠN				
Water s	separators	DX.	ON							

S/98
Approximate Date of Next Inspection

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JUN 3 1997

ACC

AIRS ID#: 0190042

Bureau of Air Monitoring

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ALLEN'S LAUNDRY & DRY CLEANING DATE: 5/9/97
FACILITY LOCATION: 7385 STATE ROAD 21
KEYSTONE HEIGHTS, CLAY 32656
Annual Reporting Period: AUGUST 21 1996 TO MAY 9 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. TYES
If NO, complete the following:
#1. 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
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 period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: George F. Allen Signature Date

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.

ECEIVED MAR 0 4 1998 Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS 1D#0190042

GEORGE F ALLEN INC GEORGE F ALLEN P O BOX 656

KEYSTONE HEIGHTS FL 32656

Do NOT Remove Label

j - 1	19_97	то _	1 - (19 <i>9 &</i>
				h DEP Rule
t that has not been in	n continuous c	omplianc	e during the reporting p	period stated above:
		t	0	
that has not been in	continuous c	omplianc	e during the reporting p	period stated above:
:		to		
·	· ————————————————————————————————————			·
to dry facilities or 1,8	nsumption of f 00 gallons per j	april a e a .	rekulawa nalu-u-4 1 1	
	E.V. general air perm. E.A.C.), during the post of that has not been in the has no	E. V general air permit, my facility F.A.C.), during the period covered that has not been in continuous contin	E. V general air permit, my facility has remark. E.A.C.), during the period covered by this state that has not been in continuous compliance that has not been in continuous compliance that has not been in continuous compliance to a continuous compliance to dry facilities or 1,800 gallons per year for tree to dry facilities or 1,800 gallons per year for tree.	that has not been in continuous compliance during the reporting p to ted on information and belief formed after reasonable inquiry, that the further, my annual consumption of perchloroethylene solvent, based up to dry facilities or 1,800 gallons per year for transfer or combination fa

^{*}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 💋	COMPLAINT/	DISCOVERY [RE-INSPECTION
TIME IN: 9:50	TIME OUT:/L):30 <u> </u>	AIRS ID#: Of	90042
TYPE OF FACILITY: DRY CA		<u> </u>		<u> </u>
FACILITY NAME: ALLEN'S	LAUNDRY & DI	LY CLEANI	NG	DATE: 5/5/98
FACILITY LOCATION: 7385	5.R.21		•	
KEYST	UNE HEIGHT	S, CLAY	32656	
RESPONSIBLE OFFICIAL: <u>Geo</u>	ge F. Allen	•	PHONE NUMBER:	325-473-3778
Based on the results of the compliance with DEP Rule of		-	-	cility is found to be in
Based on the results of the codiscrepancies were noted:	ompliance requirement	s evaluated during	g this inspection, the fol	lowing compliance
COMPLIANCE REQUIR	EMENT/PROBLE	M FO	OLLOW-UP ACTI	ON REQUIRED
•				
	-		-	
				The second second
-			व्य	* (
			& Wo	E Z E D
-	-			1 8 K
				Surge of
				B
•				
•				
COMMENTS:	-	•		
÷				•
	· ·	· · · · · · · · · · · · · · · · · · ·		
The Annual Compliance Certification	form has been proper	ly certified and su	bmitted to the inspector	YES NO
DATE OF NEXT INSPECTION:	· 3	799		
		(Approximate)	
INSPECTION CONDUCTED BY:	Christopher 1	5cott		·
	1/11/1	(Please Print)	909	10001000
INSPECTOR'S SIGNATURE:	Aps de	12	PHONE NUMBER:	448-4310 x 255
•	Pa	geof		Revised 10/96

Page___of___.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTIO	COMPLAINT/DISCOVERY
	8 TIME IN: 9:50 TIME OUT: 10:30 Ly Cleaning 21
	19hts, Clay 32656 Allen PHONE: 352-473-3778
CONTACT NAME:	PHONE:
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to state 2. Facility failed to notify DARM to use general per	•
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	□ No notification form □ 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 (constructed on or after 12/9/91)
(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
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a gen	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$) $\square Y \qquad \square N \qquad \square Can \text{ not determine}$

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN **16**N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? אם צם 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? MAY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? MY ON ON/A PART IV: PROCESS VENT CONTROLS In Part Il-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) NO Y D 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AYAD AD YED 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY ON ON/A 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? 🗗 Y 🗆 N 🗆 N/A Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? ADY DN

PART III: GENERAL CONTROL REQUIREMENTS

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?	ΟY	□N∷	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПИ	□N/A
	ls the temperature differential equal to or greater than 20° F?	\Box Y	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?	ΟY	NO	□N/A
	ls the perc concentration equal to or less than 100 ppm?	ΩΥ	ПΝ	□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?	ΟY	Пα	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A
PA	ART V: RECORDKEEPING REQUIREMENTS			

Has the responsible official:

(check appropriate boxes)	
1. Maintained receipts for perc purchased?	SPY ON
2. Maintained rolling monthly averages of perc consumption?	NO AQ
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	QY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AVA NO Y Ø
4. Maintained calibration data? (for applicable direct reading instruments)	oy on t €n/a
5. Maintained exhaust duct monitoring data on perc concentrations?	YY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	¥ Y □N:
7. Maintained deviation reports?	ÒP Y □N'□N/A
Problem corrected?	A/N U N Q Y
8. Maintained compliance plan, if applicable?	MY DN DN/A

Pź	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?		•	MD DN	
2.	Has the facility maintained a leak log	?		B y On	
3.	Does the responsible official check the	e following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	Y ON ON/A	
	Door gaskets and seating	AMO NO Y ϕ	Stills	DN DN/A	
	Filter gaskets and seating	DY ON ONA	Exhaust dampers	\mathbf{p}_{Y} on on/a	
	Pumps	AVA UN DYA	Diverter valves	A/N UN YA	
	Solvent tanks and containers	אומם מם ציף	Cartridge filter housings	ANA UN DNIA	
	Water separators	®A □N □N/V			
4.	Which method of detection is used by	the responsible official?		_	
	Visual examination (condensed	solvent on exterior surface	es)	4	
	Physical detection (airflow felt the	hrough gaskets)		P	
	Odor (noticeable perc odor)			×	
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)		
	Halogen leak detector				
	If using direct-reading inst	rumentation, is the equip	oment:	□N/A	
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	DY DN	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON	
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	DY ON	
	d. Kept in a clean and	secure area when not in us	se?	OY ON	
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	DY DN	
	_		,		

Christopher L. Scott	5/5/98
Inspector's Name (Please Print)	Date of Inspection
All la later	5/99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
V.		
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:00 TIME OUT: Z.' ZO	Alers ID#: OFADYZ
TYPE OF FACILITY: Day Cleaner	e 1999
A ~ 1	Alex 19#: Of 91042 Bureau Of 1999 Mobile Monitoring DATE: 5-3-99
FACILITY LOCATION: 7385 S.R. 21	ources in a
<u>Keystone Heights, FL.</u>	32656
Keystone Heights, FL. RESPONSIBLE OFFICIAL: George Allen	PHONE NUMBER: 352- 473-3778
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
COMMENTS:	· .
	·
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: May 7000	·
J (App	proximate)
INSPECTION CONDUCTED BY: Christopher L. Sa	
	ease Print) PHONE NUMBER: 904.449-4310 x 240
INSPECTOR'S SIGNATURE.	PHONE NUMBER: 707.771. 42/0 X & 70

Page___of___. Revised 10/96

AIRS ID#: 019004Z

RE

RECEIVED

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

B _{Urear} 3 1999
FACILITY NAME: Allen's Laundry + Dry Cleaning & Mobility Motor 13/99
FACILITY LOCATION: 1303 3171 Z1
Keystone Heights, 32656
Annual Reporting Period: May 1978 TO May 1979
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. 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
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 period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: George Allen Name (Please Print) Signature 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.

KECEIVED

PERCHLOROETHYLENE DRY CLEANER 1999

COMPLIANCE INSPECTION CHECKLIST

AIT Bureau of Air Monitoring
COMPLAINT/DISCOVERY

TYPE OF INSPECTION:

ANNUAL

\$

RE-INSPECTION

AIRS ID#: <u>0/9004Z</u> DATE: <u>5-3-99</u>	TIME IN: <u>2003</u> TIME OUT: <u>2:20</u>			
FACILITY NAME: Allen's Laundry + Dry Cleaner				
FACILITY LOCATION: 7385 S.R. ZI				
Keystone Heights, FL 32656				
RESPONSIBLE OFFICIAL: Grange Allen				
CONTACT NAME:	PHONE:			
PART I: NOTIFICATION				
(check appropriate box)				
New facility notified DARM 30 days prior to startu	p			
2. Facility failed to notify DARM to use general perm	it			
PART II: CLASSIFICATION				
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr to both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	□ No notification form □ Drop store/out of business/petroleum 2. New small area source Iny-to-dry only, $x < 140$ gal/yr ransfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr constructed on or after 12/9/91) 3. New large area source Iny-to-dry only, $140 \le x \le 2,100$ gal/yr ransfer 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) □ Can not determine			
☐ facility exceeds above limit	ion: ral permit as number above s and is not eligible for a general permit chased within the preceding 12 months by this dry cleaning			

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN SNA 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN SONA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? NO YES 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? AVAD AD AR 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN SSN/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

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser

A. Has the responsible official of all new sources and existing large area sources:

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

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

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

2 of 5

installed prior to September 22, 1993

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

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

(complete A and B below).

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

(check appropriate boxes)

2877. DV

ANG NO VEST

AYAO AO YES

DAY ON ONIA

NO YOR

B.	Has the responsible official of an existing large or new large area source also:			
3.	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?	ΟY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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?	ПΥ	מח	□N/A
	Is the perc concentration equal to or less than 100 ppni?			□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?	ΟY	□.N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	NO A C			
2. Maintained rolling monthly averages of perc consumption?	49 Y □ N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	ANO NO YE			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	€ Y □N □N/A			
4. Maintained calibration data? (for applicable direct reading instruments)	אואפל אם עם			
5. Maintained exhaust duct menitoring data on perc concentrations?	ANNEE NO YO			
6. Maintained startup/shutdown/malfunction plan?	MO ME			
7. Maintained deviation reports?	A/אפל אם צם			
Problem corrected?	AVASENO YO			
8. Maintained compliance plan, if applicable?	A/א לם אם צם			

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			BY	NO	
2.	Has the facility maintained a leak log?			${\bf \Phi}_{\rm A}$	ロ	
3.	Does the responsible official check the	following areas for leak	ss?			
	Hose connections, fittings, couplings, and valves	ФY □N □N/A	Muck cookers	P Y	□N □N/A	
	Door gaskets and scating	AINO NO Y	Sülls	YY	ON ON/A	
	Filter gaskets and seating	אואם אם צק	Exhaust dampers	Y	ON ON/A	
	Pumps	AND NO AND	Diverter valves	${\not\!$	ON ON/A	
	Solvent tanks and containers	AINO NO Y	Cartridge filter housings	${\bf \nabla}_{\!$	אואם אם	
	Water separators	אואם אם עש			:	
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed s	solvent on exterior surfa-	ces)	Ø		
	Physical detection (airflow felt th	rough gaskets)		\$		
	Odor (noticeable perc odor)		•	P		
	Use of direct-reading instrument	ation (FID/PID/calorime	etric tubes)			
	Halogen leak detector					
	If using direct-reading inst	rumentation, is the equ	ipment:	מעם איא	'A	
	a. Capable of detecting	perc vapor concentratio	ns in a range of 0-500 ppm?	ΩY	□N	
	b. Calibrated against a (PID/FID only)?	standard gas prior to an	d after each use	ΩY	מם	
	c. Inspected for leaks a	nd obvious signs of wear	r on a weekly basis?	ΟY	ПN	
	d. Kept in a clean and	secure area when not in	use?	ΟY	מם	
 	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	ΩY	ח⊓	

Christopher L. Scott	5-3-99
Inspector's Name (Please Print)	Date of Inspection .
Inspector's Signature	May Zooo Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
Firbinatic Mini MAX	
	•

259062

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

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GEORGE F ALLEN P O BOX 656 KEYSTONE HEIGHTS FL 32656 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Оы.: 002273

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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.

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AIRS ID # 0190042 ALLEN'S LAUNDRY & DRY CLEANING GEORGE F ALLEN P O BOX 656

KEYSTONE HEIGHTS FL 32656

Bureau of Ror Covernment use only Org.: 37550101000-EO: BI Find: 203-035001

· Z 333 PPO 590

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AIRS ID 0190042

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	Postage	\$
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Š	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

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on the reverse side?	■Print your name and address on the reverse of this form so that we can return this card to you. ■Attach this form to the front of the mailpiece, or on the back if space does not permit. ■Write "Return Receipt Requested" on the mailpiece below the article number. ■The Return Receipt will show to whom the article was delivered and the date		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
s your RETURN ADDRESS completed or	AIRS ID 0190042 GEORGE F ALLEN INC GEORGE F ALLEN P O BOX 656 KEYSTONE HEIGHTS FL 32656	4a. Article Number 2 333 Lo Lo Q 80 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery		
	5. Received By: (Print Name) 6. Signature: (Addressee of Agent) • X	8. Addressee's Address (Only if requester and fee is paid)		
i -	PS Form 3811 , December 1994		Domestic Reti	urn Receipt

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ALLEN'S LAUNDRY & DRY CLEANING GEORGE F ALLEN

P O BOX 656 KEYSTONE HEIGHTS FL 32656 Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

TOTAL AMOUNT DUE: \$50.00

AIRS ID # 0190042

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AIRS ID#0190042 GEORGE F ALLEN INC

GEORGE F ALLEN P O BOX 656

KEYSTONE HEIGHTS FL 32656

FOR GOVERNMENT USE ONL Org.: 37550101000 EO: Hi OF Und: 20-2-035001 Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIANC	E INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY □
RE-INSPECT	ION d
Mary 10128	3/00 TIME IN: 1:00 TIME OUT: 1:20
N	
FACILITY NAME: AllEns LOU	undry + Dry Cleaner
FACILITY LOCATION: 7385	3R21 U
1/ -1	HOGEN +5, F1 32656
Keystone	
RESPONSIBLE OFFICIAL : CHOYOL	1999 PHONE: (352)473-3778
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to s	startup
2. Facility failed to notify DARM to use general	permit \Box
PART II: CLASSIFICATION	- 12 - 24 - 24 - 24 - 24 - 24 - 24 - 24
Facility indicated on notification form that it is	:
(check appropriate box)	☐ Drop store/out of business/petroleum
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	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source □
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
(**************************************	
5. This is a correct facility classification	©MY □N □Can not determine
If no, please check the appropriate classi	fication:

Revised 9/15/97

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 50 gallons.

facility qualified for a general permit as number _____ above 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) DY DN DDWA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN 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 ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been 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) DAY DIN 1. Equipped all machines with the appropriate vent controls? 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 DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated ⊠Ý □N condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:		-	".
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?	ΟY	ПΝ	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
Is the temperature differential equal to or greater than 20° F?	ΩY	□N	□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?	□Y	ПN	□N/A
Is the perc concentration equal to or less than 100 ppm?	ΟY	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?	ΟY	ПN	□N/A ·
5. 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?	ΟY	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	OBYÝ □N				
2. Maintained rolling monthly total of perc consumption?	om on				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	QPÝ □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)	□Y □N ŪSKĀ/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N GÁRÁ/A				
6. Maintained startup/shutdown/malfunction plan?	ODY □N				
7. Maintained deviation reports?	DY DN 199 N/A				
Problem corrected?	DY DN DXY/A				
8. Maintained compliance plan, if applicable?	DY DN DAN/A				

P.	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection as	nd repair		
	inspection?			OY ON		
2.	Has the facility maintained a leak log?			OY ON		
3.	Does the responsible official check the	following areas for leaks	?			
	Hose connections, fittings, couplings, and valves	□Y □N □N/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	ON ON/A	Stills	MY ON ON/A		
	Filter gaskets and seating	tay on on/a	Exhaust dampers	⊡Ý □N □N/A		
	Pumps	EY ON ON/A	Diverter valves	dy □n □n/a		
	Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	Y ON ON/A		
	Water separators	OY ON ON/A				
4.	Which method of detection is used by t	he responsible official?				
	Visual examination (condensed so	olvent on exterior surface	s)			
	Physical detection (airflow felt th	rough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ic tubes)			
	Halogen leak detector	•				
	If using direct-reading instr	umentation, is the equip	ment:	ŒN/A		
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	□Y □N		
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and se	ecure area when not in us	e?	OY ON		
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON		
	·	•				
-						

HEATHER WYNN
Inspector's Name (Please Print)

Date of Inspection

May 2001
Approximate Date of Next Inspection

	DRMATION:		· ·
	Firbina	αc	
	MIY	ni May	
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	 	·	· · · · · · · · · · · · · · · · · · ·		
FACILITY NAME: ALLEN'S	LAUNDRY	E)RY	CLEN	ERS	DATE: 6 28 00
FACILITY LOCATION: 7385	S.R. 21		 		
KEYS7	DAR HEIGHT	5,FL	3265	6	
Annual Reporting Period:	AY	19 <i>9</i> 9	то	MAY	2000
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (I		-			·
If NO, complete the following:					
#1. Term or condition of the general permi	t that has not been in	continuous	compliance du	ring the repor	rting period stated above:
Exact period of non-compliance: from			to	7)
Action(s) taken to achieve compliance:	<u> </u>	·		2	<u> </u>
Method used to demonstrate compliance:			ري دي	Teal UL	M
#2. Term or condition of the general permi	t that has not been in	continuous (compliance du	ring the repo	rting period stated above:
Exact period of non-compliance: from			to	ng an	
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
	and complete. Furth	er, my annu	al consumption	n of perchlore	oethylene 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1:00 TIME OUT:	1:20	AIRS ID#:	01900 42
TYPE OF FACILITY: DRY CLEAN	ER		
FACILITY NAME: ALLEN'S LAUN	DRY 2	DRY CLEANING	DATE: (0/28/00)
FACILITY LOCATION: 7385 SR	2/	··	
KIEYSTONE H	FEIGHTS	, FL	· ·
RESPONSIBLE OFFICIAL: GEORGE F	ALLIEN	PHONE NUMBER	: <i>352- 473-377</i> 8
Based on the results of the compliance require compliance with DEP Rule 62-213.300, Flor			acility is found to be in
Based on the results of the compliance required discrepancies were noted:	rements evalua	ated during this inspection, the fo	ollowing compliance
COMPLIANCE REQUIREMENT/PRO	DBLEM	FOLLOW-UP ACT	ION REQUIRED
•		,	
			•
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<u></u>		·	<u> </u>
COMMENTS:			
			·
The Annual Compliance Certification form has been	properly certif	ied and submitted to the inspecto	or. YES NO
DATE OF NEXT INSPECTION: May	2001	•	
11()	(Ap _l	proximate)	
INSPECTION CONDUCTED BY: HEATH	ERW	WW	
Anila.	(Ple	ease Print)	(901) 14.0 1131
INSPECTOR'S SIGNATURE: TI X X X X X X X X X X X X X X X X X X	upna	PHONE NUMBER	1 <u>: (704) 998-98</u> 1 125 x
	Page	of .	Revised 10/96

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 <u>NOT</u> Remove Label	OR PEC 26			
AIRS ID # 0190042 ALLEN'S LAUNDRY & DRY CLEANING GEORGE F ALLEN P O BOX 656 KEYSTONE HEIGHTS FL 32656	FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273			

		MAIL REC	EIPT Coverage Provided)
8.1	Article Sent To:		
<u>-</u>	22101	662 89	7 (040)
3.6	Postage	\$	
15	Certified Fee		Postmark
27	Return Receipt Fee (Endorsement Required)		Here
0021	Restricted Delivery Fee (Endorsement Required)		
0090	Total Postage & Fees	\$	
10	Name (Please Print Clearly) (to be completed by mailer)		
8	Street, Apt. No.; or PO Box No.		
2000	City, Stale, ZiP+4	12001	1.9
	PS Form 3800, July 1999		See Reverse for Instructions

Z 210 662 897

US Postal Service Receipt for Certified Mail

10 AIRS ID # 0190042001AG GEORGE F ALLEN ALLEN'S LAUNDRY & DRY CLEANING P O BOX 656 KEYSTONE HEIGHTS FL 32656

\$
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PLACE STICKER AT TOP OF ENVELOPE	COMPLETE THIS SECTION ON DELIVERY
 Complete iterns 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: AIRS ID # 0190042001AG GEORGE F ALLEN ALLEN'S LAUNDRY & DRY CLEANING 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
P O BOX 656 KEYSTONE HEIGHTS FL 32656	3. SeBige Jage of AIL Monitoring Certified Mail Express Mail Registered Bell RASeceipt for Merchandise Insured Mail C.O.D.
2210662 897	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Adicle Number (Copy from service label) PS Form 3811, July 1999 Domestic Rete	65269981 urn Receipt 102595-99-M-1789
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