

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

March 13, 1998

Mr. Mustafa K. Aslan Dry Clean & More 994 North Barfield Drive Marco Island, Florida 34145

Re: Facility No.: 0210083

Dear Mr. Aslan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 16, 1998.

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

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

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

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

Sincerely,

عن Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Sherrill Culliver, South District

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

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6.	add villoof Responsible Official. Add Organization / Firm. Add Ville of Facility Contact.
7.	Odd Organization / Firm.
9.	add Fille of Facility Contact.
P14	
(C)	Should not be marked. Marson
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PIO	Responsible Official signanda
	Responsible Official signand d
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3/5/98	Stoke to Mustafa Aslan and he stated he is theowner.
	sluted he is showner.
	,

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2.	Site Name (For example, plant name or number): Proceedings of the control of the
	Hazardous Waste Generator Identification Number: 119502410
4.	Facility Location: Street Address: 994 N. BARFIELD DRV. Street Address: 994 N. BARFIELD DRV. City: WARCO ISL County: EDILIER Zip Code: 34145
5: 	Facility Identification Number (DEP Use): 6210083
	Responsible Official
6.	Name and Title of Responsible Official: MUSTA FA K ASLA N
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 994 N. BARFIELD DRV. City: MARRO 18L./F. County: COLLIER Zip Code: 34/45
	Responsible Official Telephone Number: Telephone: (941) 642 - 755 9 Fax: (941) 642 - 3577
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	EDWARD NORFLUS
	Facility Contact Address:
	Street Address: 994 N. BARFIELD DRV. City: MARCO ISL County: COLLIER Zip Code: JY/YY
	Facility Contact Telephone Number: Telephone: (941) 394-3310 Fax: () -
	RECEIVED

FEB 1 6 1998

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-2.13.900(2) Effective: 6-25-96

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			,	- 1		٠.			
(1) w/ ref. condenser		1996	ISEP 19	90	1				
(2) w/ carbon adsorber			/	1					
(3) w/ no controls					<u> </u>				
Washer Unit					•				•
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		٠.							,
(7) w/ ref. condenser						•			
(8) w/ carbon adsorber		-							
(9) w/ no controls									
Reclaimer Unit		3							
(10) w/ ref. condenser			Ì						
(11) w/carbon adsorber									
(12) w/ no controls					1				
(b) Control devices are (c) No control devices are 2.(a) What was the total q [uant gallo	equired to be ity of perchlo ons ow many? [_	installed [perc)	purchased in				
3. What is the facility's sou (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sm	nitions found nall area sour	ce 🔽	3) of	Part II?	

DEP Form No. 62-213.900(2)

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Effective: 6-25-96

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
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

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

Surrender of Existing Air Permit(s)

Please indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
•	
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. 1/6/98 Date

DEP Form No. 62-213.900(2) Effective: 6-25-96 RECEIVED AeroTechy
D.E.P.

Perchloroethylene Dry Cleaning Facility Notification 11 AM 7: 47

FS 2000

Facility Name and Location

SOUTH DISTRICT.

	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): SAFETY - KLESN CARP.
	2. Site Name (For example, plant name or number):
	ILD 984908202
SAFTEN	3. Hazardous Waste Generator Identification Number:
, M	S.C 119502410
leun of	4. Facility Location: JARETY KLEEN Street Address: 1920 PEACHLAND BLVD City: PORT CHARLOTTE County: Zip Code: 33954
	City: PORT CHARLOTTE County: Zip Code: 33954
	5. Facility Identification Number (DEP Use):
	Posnovsible Official

Responsible Official

	6. Name and Title of Responsible Official:	,
Voues	MUSTARA K, ASLAN	
[V	7. Responsible Official Mailing Address: Organization/Firm: OFF DRY CLEANS WORK	
	Organization/Firm: 994 DRY CLEANS WORKS Street Address: 944 N. BARFIELD DN. UNIT 11-12	
	City: MARCO BLAND COUNTY: COLLIEZ Zip Code: 34/1/6	
	8. Responsible Official Telephone Number	
	Telephone: (941) 642-7222 Fax: (941) 642-5777	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For	example, plant manager):
EDWARD NORFE	LUS
10. Facility Contact Address:	
Street Address: UZ comwou	County: COLLITE Zip Code: 34/16
City: NAPLES	County: Collice Zip Code: 34/16

RECEIVED

FEB 1 6 1998

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

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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.

40-CFR 260-279		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	1996	SEPT/	96					
(2) w/ carbon adsorber			. 7	А.					
(3) w/ controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									,
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser					-			14 9 1 4	
(11) w/carbon adsorber									
(12) w/ no controls								-	
(b) Control devices are(c) No control devices	-		•						
2.(a) What was the total	quant gallo	tity of perchlons	oroethylene	(perc)) purchased i	n the latest 1	2 mc	onths?	
(b) If less than 12 mon Check why it is les []	ths, h s tha	now many? [n 12 months:] month New owner	s : [_] New store	e: [] Dic	l not	keep records	•
3. What is the facility's so (Indicate with an "X".					initions foun	d in section ((3) of	Part II?	
Existing small a	rea șo	ource []	No	ew sn	nall area sour	rce [X	Į		
Existing large an	ea so	urce []	Ne	ew la	rge area sour	ce []		

4. What control technolo	ogy is required on machin	es pursuant to secti	on (5) of Part II	of this notificati	on form? 7: 4.7
(Indicate with an "X")	a var og storlåndetska	en all and a single	S00	THIDISTRICT
Existing large a Carbon adsorbe	rea source		ndenser [1.04(0)(0)(1)(1)(0)	ar, garas transfer
Caroon adsorbe	·	Remgerated Co	nuenser	J	
New small area Refrigerated cor		,	• •		
New large area Refrigerated con			_		
·	•				
			•		
pursuant to Rule 62-213.	ains non-exempt emission 300, F.A.C. Verify that a eria or that no such units	all steam and hot w			
boiler HP or less), and (generating units on-site (2) are fired exclusively by fuel oil containing no m	y natural gas excep	t for periods of r	atural gas curt	
No such units on-site	generating units exempt				
	,			. ·	
	Equipment Monitoring	g and Recordkeepi	ing Information		
Check all logs which are permit:	required to be kept on-si	te in accordance wi	ith the requireme	ents of this gene	ral
(a) Purchase receipts and	l solvent purchases		, L×]	
(b) Leak detection inspec	ction and repair		<u> </u>	נ	
(c) Refrigerated condense	er temperature monitorin	g	[×	J .	
(d) Carbon adsorber exha	aust perc concentration m	onitoring	[×	J	
(e) Instrument calibration	n		<u>(></u>	J	
(f) Start-up, shutdown, 1				da kasa da	
		Section 200			

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

Surrender of Existing Air Permit(s)

Please indicat	te 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)
ι×	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the
maintain	ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
Signature	Date

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Type of inspection:	ANNUAL	COMPLAINT/DISC	OVERY 🗆
0210093	RE-INSPECTIO	и 🗅	
()a[00])		·	
AIRS ID#:	DATE: 06-18-9	77 TIME IN: 10:50 TIM	E OUT: <u>/2://5</u>
FACILITY NAME:	CYCLEAN + MO	re	
FACILITY LOCATION: 9	94 N. BARRIEL	1 UniT 11-12 MArco	FOLANCE 33937
	99	11 642-7559 941 64	12-7229 + OFFICE
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified D	ARM by 9/1/96		OK WX
2. New facility notified DARI	M 30 days prior to sta	rtup	ت ا
3. Facility failed to notify DA	RM to use general pe	rmit	Ľ
PART II: CLASSIFICATIO	N		
Facility indicated on notification (check appropriate box)	ition form that it is:	.*	
À.	•		
1. Existing small area so dry-to-dry only, x<140 gal transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/9	/yr r	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 so dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,80="" 9="" 9<="" before="" both="" g="" only,="" td="" transfer="" types,=""><td>100 gal/yr 0 gal/yr gal/yr</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=""><td></td></x<2,></td></x<2,>	100 gal/yr 0 gal/yr gal/yr	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=""><td></td></x<2,>	
This is a correct facility class	ification	□У □И	
If no, please check the appro-	priate classification:		
		mit as number 2 above is not eligible for a general permit	
E. The total quantity of percl		urchased within the preceding 12 month	is by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) Pumped in 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN /NA 2. Examining the containers for leakage? DY DN / MY ON Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at RY DN least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN **E**N/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 DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? MY DN DN/A 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 DY MY condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the □Y ŒN condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY EN 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:	
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?	□У □И .
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	DY DN
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?	DY DN
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?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
II	
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
Has the responsible official:	QA ON
Has the responsible official: (check appropriate boxes)	ол е м е л ом
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	_
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	_
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	OY MAY OY MAY
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DY B W
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY MAY OY MAY
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only)	OY ON ONYA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY OM OY ON OM/A OY ON V
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	OY ON PONA OY ON PONA OY ON PONA OY ON PONA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	OY SKY OY SKY OY ON SKY/A OY ON Y OY SKY
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY OXY
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY OXY

2.	Which method of detection is used by t	he respo	nsible offi	cial?		
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt th	rough ga	skets)	•		
	Odor (noticeable perc odor)					
	Use of direct-reading instruments No Inspections If using direct-reading instrum	•		·		
	a. Capable of detecting	perc vapo	or concen	trations in a range of 0-500 ppm?	ПΥ	□и
	b. Calibrated against a : (PID/FID only)?	standard	gas prior	to and after each use	ΠY	□N
	c. Inspected for leaks ar	id obviou	ıs signs of	wear on a weekly basis?	ΠY	□И
	d. Kept in a clean and s	ecure are	a when n	ot in use?	ΠY	ПΝ
	e. Verified for accuracy	by use of	f duplicate	e samples (calorimetric only)?	ΠY	ΠN
3.	Has the facility maintained a leak log?			·	ŪΥ	, M N
4.	Does the responsible official check the	followin	g areas fo	r leaks?		
	Hose connections, fittings, couplings, and valves	ΩY	⊡Ń.	Muck cookers	ΩY	⊠ √v
	Door gaskets and seating	·DY	1 2017	Stills	ΩY	OP/1
	Filter gaskets and seating	ΠY	ŒΝ	Exhaust dampers	ΩY	□ ∕v
	Pumps	ΠY	. 13 71	Diverter valves	ΠY	, ⊠ √i
	Solvent tanks and containers	ΠY	ŒΝ	Cartridge filter housings	ПY	M
	Water separators	ΠY				
<u> </u>						
_	MUSTAPA ASLAM					
	Name of Responsible Offici	al				
_	Wayne Lewis	<u></u>	<u>`</u> -;	06-18-97		
	Inspector's Name (Please Pri	nt)	,	Date of Inspe	ction	
_	Wayne Lewis			06-98		,
	Inspector's Signature			Approximate Date of I	Next I	nspection

PERCHLOROETHYLENE DRY CLEANERS

•	GENERAL PERMIT INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECTION	(
AIRS ID#: <u>02/00 83</u> DATE: <u>09-10</u>	- 99 TIME IN: //:28 TIME OUT: /2:4/
FACILITY NAME: Dry Clean + more	<u> </u>
FACILITY LOCATION: 994 N. 3	Barrield Drive UNIT 11-12
Marco	ISLAND FLORION 34145
RESPONSIBLE OFFICIAL: MUSTAF	A ASLAN PHONE: 941 642-7559
1	PHONE: 94/ 394-3310
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to su	artup \square
2. Facility failed to notify DARM to use general pe	ermit
<u> </u>	
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 \cdot both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)

5. This is a correct facility classification

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)

ØY ПN □Can not determine

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 97.5 gallons.

Revised 8/11/97

PART III: GENERAL CONTROL REQUIREMENTS		
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	_	
1. Storing perchloroethylene in tightly scaled and impervious containers?	Pumped in DY DN BN/A	
2. Examining the containers for leakage?	DY DN B n/A	I
3. Closing and securing machine doors except during loading/unloading?	MO ASS	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A	
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON X N/A	
PART IV: PROCESS VENT CONTROLS		I
In Part II-A:		
If classification 1 has been checked, no controls are required. Proceed to Part \	7.	
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	igerated condenser.	
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber me installed prior to September 22, 1993		
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	igerated condenser	F. 1
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?	⊠Y □N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY DN DN/A	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY M N	7
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY Ø N ON/A	Minor and Ti
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□Ү Щи	

Revised 8/11/97

В.	Has the responsible official of an existing large or new large area source also:	,		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ВΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□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?	ŪΥ	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	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?	ΩY	ΠИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ωY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

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

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PART VI: LEAK	DETECTION AND R	EPAIRS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?		,		OX QN .	
2. Has the facility r	maintained a lcak log?			DY QN	
3. Does the respons	sible official check the f	ollowing areas for leaks?		MAY + I Found	
	ections, fittings,	Dr. Dr. Dr.		AT IT WAS	
couplings	s, and valves	OY ON ON/A	Muck cookers	DY DN DN/A	
Door gaske	ets and seating	DY DN DN/A	Stills	OY ON ON/A	
Filter gask	ets and seating	OY ON ON/A	Exhaust dampers	DY DN DN/A	
Pumps		OY ON ON/A	Diverter valves	OY ON ON/A	
Solvent tar	nks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A	
Water sepa	arators	OY ON ON/A			
4. Which method o	of detection is used by th	e responsible official?	•		
Visual exa	mination (condensed so	lvent on exterior surfaces)			
Physical de	etection (airflow felt thr	ough gaskets)			
Odor (noti	ceable perc odor)				
Use of dire	ct-reading instrumentat	tion (FID/PID/calorimetric	tubes)		
Halogen le	ak detector				
If usin	g direct-reading instru	imentation, is the equipm	ent:	□N/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				ОУ ОИ	
b.	Calibrated against a st (PID/FID only)?	andard gas prior to and aft	ter each use	OY ON	
c.	Inspected for leaks and	d obvious signs of wear on	a weekly basis?	OY ON	
d.	Kept in a clean and se	cure area when not in use?	?	DY DN	
e.	Verified for accuracy l	by use of duplicate samples	s (calorimetric only)?	DY DN	
				,	
		1,			
	Wayne Lewis 09-10-99				
Inspec	ction				
Ins	spector's Signature	-	Approximate Date of I	Next Inspection	
(/ ****	.F		- TFF		

Revised 8/11/97

HEAUY Perc. Open HAS Waste Wive. OPEN

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST



TYPE	OF	INSI	PF.	CTI	ON	
1111	O.	77.121		-11	$\mathbf{v}_{\mathbf{i}}$	

ANNUAL

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COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: <u>02/00 8.3</u> DATE: <u>09-10-</u>	- 99 TIME IN: 11:28 TIME OUT: 12:4/
FACILITY NAME: Dry Clean + more	
FACILITY LOCATION: 994 N. J.	Parfield Drive UNIT 11-12
MArco I	ESCAND FLORION 34145
RESPONSIBLE OFFICIAL: MUSTAFA	9 ASLAN PHONE: 941 642-7559
·	FLUS PHONE: 94/ 394-3310
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup
2. Facility failed to notify DARM to use general per	mit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ 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	ØY □N □Can not determine
_	ation: neral permit as number above its and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was <u>975</u> gallons.	rchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	pplier
1. Storing perchloroethylene in tightly scaled and impervious containers?	Punped IN DY ON MINIA
2. Examining the containers for leakage?	DY ON MIN/A
3. Closing and securing machine doors except during loading/unloading?	MO ASS
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?	DY ON MAN/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	v.
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mit installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
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?	MY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY MAN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY MN ON/A 2~
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY MY

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□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?	\Box Y	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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,	- Day		
	or expansion; and downstream from no other inlet?	ЦΥ	N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

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

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PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΘŃ inspection? 474 ØИ \Box Y 2. Has the facility maintained a leak log? Tiel RAY + I Found 3. Does the responsible official check the following areas for leaks? LEAK BUT NO IPER WHAT IT WAS Hose connections, fittings, HEAUY couplings, and valves DY DN DN/A Muck cookers DY DN DN/A Perc. 0000 DY DN DN/A Door gaskets and seating DY DN DN/A Stills HAS WASTE Wive. OPEN

Filter gaskets and seating	□Y □N □N/A	Exhaust dampers		Α	
Pumps	OY ON ON/A	Diverter valves	DY ON DN/	Α	
Solvent tanks and containers	□Y □N □N/A	Cartridge filter housings		Α	
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)				
Physical detection (airflow felt the	ough gaskets)				
Odor (noticeable perc odor)			a `		
Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)			
Halogen leak detector	Halogen leak detector				
If using direct-reading instr	If using direct-reading instrumentation, is the equipment:				
a. Capable of detecting p	erc vapor concentrations in	a range of 0-500 ppm?	□Y □N		
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and aft	er 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 so	cure area when not in use?		NO YO		
e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	DY DN		
			· · · · · · · · · · · · · · · · · · ·	_	
	٠,				
		09 10-9	Q.		

Wayne Lewis	09-10-99
Inspector's Name (Please Print)	Date of Inspection
Wagne Leavis	
/Inspector's Signature	Approximate Date of Next Inspection

Revised 8/11/97

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	⊠ CC	MPLAINT/DISCOVER	ιχ 🖸 , (
	RE-INSPECTION	. 🖸	B M	
			- F 2 0	
AIRS ID#: <u>02/0083</u>	DATE: 08 - 14-00	TIME IN: _	1239 THME ON	T: 1:30
FACILITY NAME:	Dry CLEAN + More	<u>.</u>	S NOT IN	7
FACILITY LOCATION:	494 N. BALFIE	ein Dr.	Source Want	0
	MARCO ISLAN	D, P4	34145	· .
RESPONSIBLE OFFICIAL	: MUSTAFA ASLA	/PH	ONE: 941 643	7-7559
CONTACT NAME:	• •	PH	ONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARN	A 30 days prior to startup			
2. Facility failed to notify DAI		· · · · · · · · · · · · · · · · · · ·	·	<u> </u>
PART II: CLASSIFICATIO			•	
PARI II: CLASSIFICATIO	N		<u> </u>	
Facility indicated on notifical			No notification form	
Facility indicated on notificate (check appropriate box)			No notification form Drop store/out of busines	ss/petroleum
Facility indicated on notifical	tion form that it is:	.□] cw small arca s	Orop store/out of busines	ss/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sou diy-to-dry only, x < 140 gal	tion form that it is: arce D 2. N 1/yr dry-te	cw small area so-dry only, x < 1	Orop store/out of busines ource 40 gal/yr	ss/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sou diy-to-dry only, x < 140 gal transfer only, x < 200 gal/y.	tion form that it is: arce □ 2. N 1/yτ dry-to r trans	cw small area so-dry only, $x < 1$ fer only, $x < 200$	Orop store/out of busines ource 40 gal/yr) gal/yr	ss/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sou diy-to-dry only, x < 140 gal	tion form that it is: arce	cw small area so-dry only, x < 1	Orop store/out of busines ource 40 gal/yr 0 gal/yr al/yr	ss/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sou diy-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	tion form that it is: arce	cw small area so-dry only, $x < 1$ fer only, $x < 200$ types, $x < 140$ g tructed on or after the same area so	Orop store/out of business ource 40 gal/yr) gal/yr al/yr er 12/9/91) ource $\leq x \leq 2,100$ gal/yr $x \leq 1,800$ gal/yr	ss/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sou diy-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 < x < 2 transfer only, 200 < x < 1,8	tion form that it is: arce	cw small area so-dry only, x < 200 types, x < 140 g structed on or afficew large area so-dry only, 140 g fer only, 200 ≤ 2	Orop store/out of busines ource 40 gal/yr) gal/yr al/yr er 12/9/91) ource $\leq x \leq 2,100 \text{ gal/yr}$ $x \leq 1,800 \text{ gal/yr}$ 1,800 gal/yr	ss/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sou diy-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	tion form that it is: arce	cw small area so-dry only, $x < 1$ fer only, $x < 200$ types, $x < 140$ g structed on or after area so-dry only, $140 \le x \le 140 \le x \le 1$	Orop store/out of busines ource 40 gal/yr) gal/yr al/yr er 12/9/91) ource $\leq x \leq 2,100 \text{ gal/yr}$ $x \leq 1,800 \text{ gal/yr}$ 1,800 gal/yr	ss/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sou diy-to-dry only, x < 140 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of f	tion form that it is: arce	cw small area so-dry only, x < 16er only, x < 200 types, x < 140 g structed on or after only, 200 \le x types, 140 \le x \le tructed on or after only, 200 \le x \le tructed on or after only only only only of the only of th	Orop store/out of busines ource 40 gal/yr) gal/yr al/yr cer 12/9/91) ource \(\leq \times \leq 1,800 \text{ gal/yr} \) 1,800 gal/yr cer 12/9/91) Can not determine above	ss/petroleum

PART III: GENERAL CONTROL REQUIREMENTS]
Is the responsible official of the dry cleaning facility: (check appropriate boxes)		
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY DN ØN/A	ł
2. Examining the containers for leakage?	OY ON ØN/A	
3. Closing and securing machine doors except during loading/unloading?	QY ON	
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	dy on on/a	
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN CN/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 refu (complete A below).	rigerated condenser.	
. If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber me installed prior to September 22, 1993		
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	igerated condenser	
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?	QA DN	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	dy on ona	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A	INOP.
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY dn	יבאורי.
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ØN ON/A	אטערומו
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ØN	UNCOPTAIN
<u> </u>		11

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	DИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ĽΩΥ	DИ	DN/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?	ΠV	רואז	□N/A
	Is the perc concentration equal to or less than 100 ppm?		_	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	DN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	•
1. Maintained receipts for pere purchased?	OY GW
2. Maintained rolling monthly averages of perc consumption?	DY QN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY 🗹N DN/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?	בא קא סאיש
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ØN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ØN/A
6. Maintained startup/shutdown/malfunction plan?	QA ON
7. Maintained deviation reports?	OY ON ØN/A
Problem corrected?	OY ON CINIA
8. Maintained compliance plan, if applicable?	ם א מאוש

PA	ART VI: LEAK DETECTION AND	REPAIRS	· · · · · · · · · · · · · · · · · · ·	
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repair
	inspection?			ØY ØK
2.	Has the facility maintained a leak log?			DY QN
3.	Does the responsible official check the	following areas for leak	s? (ni stated)	
	Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	QA ON ONYY
	Door gaskets and seating	MY ON ONA	Stills	AVA DA DAVA
	Filter gaskets and scating	A/MO MO YE	Exhaust dampers	DY DN DN/A
	Pumps	OY ON ONA	Diverter valves	DY ON ON/A
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	QA ON ONVY
	Water separators	AND NO YO		. ,
4.	Which method of detection is used by t	he responsible official?	. •	ľ
	Visual examination (condensed s	olvent on exterior surfac	cs)	ರ
	Physical detection (airflow felt th	rough gaskets)		d
	Odor (noticeable perc odor)			र्व
	Use of direct-reading instruments	ation (FID/PID/calorimet	ric tubes)	
	Halogen leak detector			ם .
	If using direct-reading instr	umentation, is the equip	pment:	□N/A
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	מס עם
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	מם עם
	d. Kept in a clean and s	ecure area when not in u	sc?	מט עם
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	חס אם
	WAYNE LEVIS		8-14-0	フ <i>O</i>
	Inspector's Name (Please Prin	nt)	Date of Inspec	
	Wagne Lewis	·	2-01	Tana Tana
	Auspector's Signature		Approximate Date of N	text Inspection



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0210083

DRY CLEAN & MORE MUSTAFA K ASLAN 994 N BARFIELD DRIVE MARCO ISLAND FL 34145

Org.: 37550101000 EOFB1 Fund: 20-2-035001 Obj.: 002273

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

Enclosure: Invoice Form

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

Printed on recycled paper.

ght of the return address	
SENDER: C of agolevne to got revo enil	is blod section on delivery
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: AIRS ID # 0210083 DRY CLEAN & MORE MUSTAFA.K ASLAN 994 N BARFIELD DRIVE MARCO ISLAND FL 34145 	A. Received by (Please Print Clearly) C. Signature X
2. Article Number (Copy from service label) Z 330: 66/21	
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

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	N BARFIELD DRIVE	-		
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	Restricted Delivery Fee			
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PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		
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rse șide?	Complete items 1 and/or 2 for adminional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you.	can return this	I also wish to receive the following services (for an extra fee):
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. Addressee's Address
t	 Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an 		2. Restricted Delivery
5	delivered.		Consult postmaster for fee.
P	Article Addressed to:	4a. Article N	
completed	AIRS ID # 0210083	23	33 660 546
Ĕ	DRY CLEAN & MORE	4b. Service	
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DDRESS	994 N BARFIELD DRIVE	l ·	Mail Insured Special Code
8	MARCO ISLAND FL 34145	7. Date of De	 \
N.		Bi	-2(13 R
RETUR	5. Received By: (Print Name)		e's Address (Only if requested paid)
s your]	6. Signature: (Addressee or Agent)		
1	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt

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				RS ID # 021	0083
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THIS PORTION MODE ATTACHED TO A CONTINUE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0210083

DRY CLEAN & MORE MUSTAFA K ASLAN 994 N BARFIELD DRIVE MARCO ISLAND FL 34145

FOR GOVERNMENT USE OF Org.: 37550101000 EO: B1 Fund: 20-2-035001

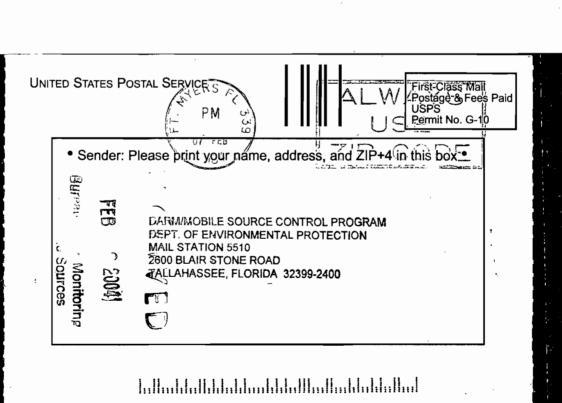
Obj.: 002273

ADDRESS completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: AIRS ID # 0210083 \ DRY CLEAN & MORE MUSTAFA K ASLAN 994 N BARFIELD DRIVE MARCO ISLAND FL 34145	4a. Article N 4b. Service Registere	2. Restrict Consult postma umber Type ed Mail ceipt for Merchandis	see's Address ted Delivery ster for fee. Certified Insured	for using Return Receipt Service.
Is your RETURN A	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X A PS Form 2911 Passember 1994	F	e's Address (Only		Thank you
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	P	174	052	195	CM.
	Recei No Insura	ance Cov	erage Pro	ied Mai ovided. Mail <i>(See re</i>	
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OFF 15 Postage	SICIAL USE
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ID# 210083 MUSTAFA AS DRY CLEAN 994 N BARFII	& MORE ELD DRIVE
PS Form 3800, June 20	ND, FL 34145 See Reverse for Instructions

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PS Form 3811, August 2001	Domestic Retu	ırn Receipt		102595-02-M-1540



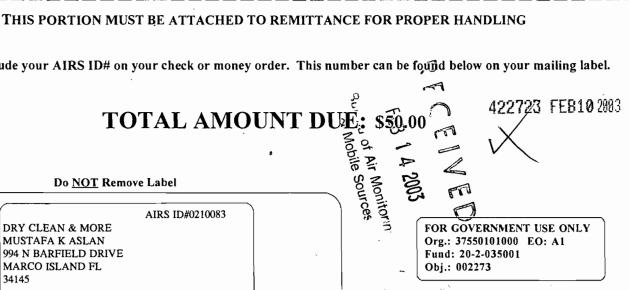


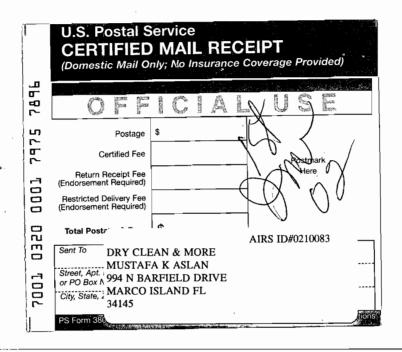
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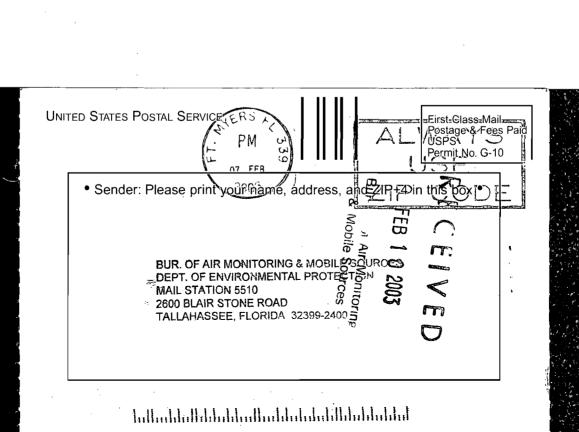
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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





SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID#0210083 DRY CLEAN & MORE	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:		
MUSTAFA K ASLAN 994 N BARFIELD DRIVE MARCO ISLAND FL .34145	3. Service Type Certified Mail		
2. Article Number (Transfer from service label 7001 0320 00	01.7975.7896.		
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1035		

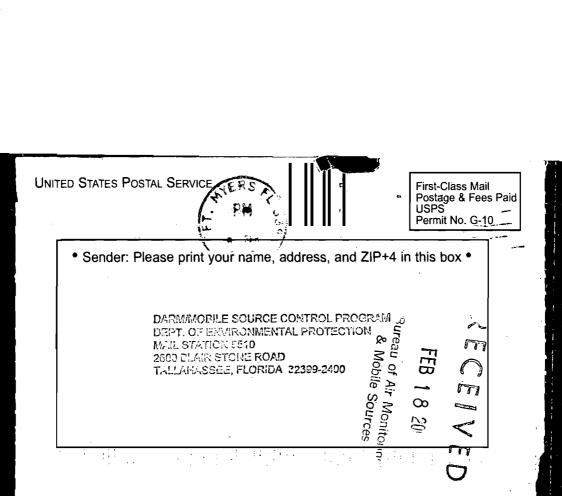


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0210083001AG MUSTAFA K ASLAN DRY CLEAN & MORE 994 N BARFIELD DRIVE MARCO ISLAND FL 34145	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
	□ Registelati Cau □ Representation Merchandise □ Insured Mail& N□ C.O.D.
	4. Restricted Delivery? (Extra Fee)
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PS Form 3811, March 2001 Domestic Re	turn Receipt 102595-01-M-1424

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7000	City, MARCO IS	LAND FL 34145			
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994 N BARFIELD DRIVE MARCO ISLAND FL 34145	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 700005208020 9373 (2565
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789
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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

Do NOT Remove Label

AIRS ID # 0210083

DRY CLEAN & MORE MUSTAFA K ASLAN 994 N BARFIELD DRIVE MARCO ISLAND FL 34145 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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SENDER: COMPLETE SENDER: SENDE	IS BOYTH YON ON DELIVERY
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MARCO ISLAND FL 34145	3. Service Type
e description of the second of	Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
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TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 405392 FEB15 2001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0210083

DRY CLEAN & MORE MUSTAFA K ASLAN 994 N BARFIELD DRIVE MARCO ISLAND FL 34145 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273