

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 14, 1996

Mr. John Knott Port City Cleaners, Inc. 662 South Wilson Avenue Mobile, Alabama 36617

Dear Mr. Knott:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 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

cloty bletz

/DD

cc: Mr. Charles Norman, Northwest District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
PORT CITY CLEANERS INC. 2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
NINE MILE CLEANERS 3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
APPLIED FOR (IN PROGRESS)
4. Facility Location: 312 EAST NINE MILE RD. Street Address:
City: PENSACOLA County: ESCAMBIA Zip Code: 32514
5. Facility Identification Number (DEP Use): 0330228
Responsible Official
6. Name and Title of Responsible Official:
JOHN KNOTT OWNER
7. Responsible Official Mailing Address: Organization/Firm: PORT CITY CLEANERS INC.
Street Address: 662 S. WILSOW AVE
City: MOBILE AL, County: MOBILE Zip Code: 36617
8. Responsible Official Telephone Number:
Telephone: (334) 452 - 0813 Fax: (334) 456 - 3650
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
VOUCILE SAWYER (MAMAGER)
10. Facility Contact Address:
312 RAST NINE MILE RO. Street Address:
City: PENSACOLA County: ESCAMBIA Zip Code: 32514
11. Facility Contact Telephone Number:
Telephone: $(904) 479 - 2293$ Fax: () - IV/A
PECEIVED

Page 13 of 16

DEP Form No. 62-213.900(2)

Effective: 6-25-96

AUG 29 1996

Bureau of Air Monitoring

& Mobile Sources

#0330228

	Nine Mile Cleaners
11/	
P.14	1.(c) mark out "X" and initial 5.(f) required
p./2	5.17) required
-	
	·
·	

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91	I	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	B			.+		<u> </u>		ing in the	
(1) w/ ref. condenser	#1	01-MAR-8	01-MAR-89						
(2) w/ carbon adsorber	Ť								
(3) w/ no controls									
Washer Unit	7.	¹ Say of Says:					<u> </u>		i Baranta
(4) w/ ref. condenser								1	
(5) w/ carbon adsorber									
(6) w/ no controls				L					
Dryer Unit	100	um mijapaiko	NAC ALL	- Jan 19				White traffer	lengal (SII).
(7) w/ ref. condenser	† †	T			1		İ	1	_ · · · ·
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	the s							101 25-67	
(10) w/ ref. condenser		T			1		<u> </u>	1	
(11) w/carbon adsorber									_
(12) w/ no controls						<u> </u>			
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are ro	equired to be ity of perchloons ow many? [_	installed [_, oroethylene (perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar					nitions found	l in section (3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required (Indicate with an "X".)	ired on machines	pursuant to section (5) of P	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	ل كي
New small area source Refrigerated condenser		·	
New large area source Refrigerated condenser			
			•
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and	d hot water generating units	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by no	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
Equipme	ent Monitoring a	nd Recordkeeping Inforn	nation
Check all logs which are required to			
(a) Purchase receipts and solvent pu	urchases		(X .)
(b) Leak detection inspection and re	epair		[X _]
(c) Refrigerated condenser tempera	ture monitoring		[X _]
(d) Carbon adsorber exhaust perc c	oncentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	n plan		

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:			
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)		
Ĺ	No air permits currently exist for the operation of the facility indicated in this notification form.		
	Responsible Official Certification		
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.		
I will prod	mptly notify the Department of any changes to the information contained in this notification. $\frac{8/22/96}{\text{Date}}$		



Department of Environmental Protection

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

David B. Struhs Secretary

June 22, 2001

Mr. John Knott Nine Mile Cleaners 662 South Wilson Avenue Mobile, Alabama 36617

Dear Mr. Knott:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 20.

In reviewing your submittal, it was noted that Nine Mile Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0330228). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosure

cc: Mr. Charles Norman, Northwest District

"More Protection, Less Process"

Printed on recycled paper.



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN:TIME OUT:	AIRS ID#:_ 0330 228
TYPE OF FACILITY: DC	·
FACILITY NAME: Nhin Mile Clean	DATE: 1/11/01
FACILITY LOCATION: 312 E. Nine	mile 11d
Pensoda	32514
RESPONSIBLE OFFICIAL: Solun KNOTT	PHONE NUMBER:
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	tive Code (F.A.C.).
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	Burian CK
ENTERED	302 3
JAN 1 6 2001	S. S
	& Mobile Sources
COMMENTS:	
Good News do	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	Sony to Ro.
	proximate)
	man)
INSPECTOR'S SIGNATURE:	ease Print) 595-836() W_PHONE NUMBER:
Page	of X1272 Revised 10/9

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST.

TYPE OF INSPECTION:

ANNUAL (INS1, NS2)

COMPLAINT/DISCOVERY (CI) □

RE-INSPECTION (FUI) □

AIRS ID#:0330228 DATE: 1/11/0	/ TIME IN: TIME OUT:
FACILITY NAME: NING MILL	= CLEMNIEDS
FACILITY LOCATION: 312 E	Vine Mule ad.
Generale.	FC 32514
	# PHONE: 334-452 - 0813
	dser PHONE: 479-2293
PART I: NOTIFICATION	
(check appropriate box)	Facility Compliance Status: IN 🗆
1. New facility notified DARM 30 days prior to sta	rtup 🗆 (ARMS Data) MNC 🗅
2. Facility failed to notify DARM to use general pe	
N .	
PART II: CLASSIFICATION J	IAN 1 0 2001
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
•	neral permit as number 2 above Nows. R mits and is not eligible for a general permit FOUID urchased within the preceding 12 months by this dry cleaning
facility was 95 gallons.	

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? DY DN DN/A 3. Closing and securing machine doors except during loading/unloading? NO YO 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 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) NO YE 1. Equipped all machines with the appropriate vent controls? DY 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 BY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated NO YO 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? DY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after MO YO 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	N D
1. Measured and recorded the ex	xhaust temperature on the outlet side of the condense	er located
	dryer machines on a weekly basis?	A DA DA
2. Measured and recorded the w	asher exhaust temperature at the condenser	
inlet and outlet weekly?	·	אר אר אם אם אם אר
Is the temperature diffe	rential equal to or greater than 20° F?	AVUE NO YES
3. Measured and recorded the p	erc concentration in the exhaust stream weekly	
	cycle while the machine is venting to the adsorber,	
if machines are equipped with	n a carbon adsorber?	אומפל אם צם
Is the perc concentratio	n equal to or less than 100 ppm?	אומב מם צם
4. Assured that the sampling po	rt on the carbon adsorber exhaust for measuring	
	8 duct diameters downstream of any bend, contracti	on,
	t diameters upstream from any bend, contraction,	
or expansion; and downstrear	n from no other inlet?	DY DIN DIN/A
5 Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	drycrs, reclaimers, and washers) with individual	DY ON DN/A
6. Routed airflow to the carbon	adsorber (if used) at all times?	A'NŒND YO

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? $M \cap M$ 2. Maintained rolling monthly total of perc consumption? MD AD 3. Maintained leak detection inspection and repair reports for the following: DY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN DN/A and parts installed w/in 5 days of receipt? DY DN SINA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? NO YO 6. Maintained startup/shutdown/malfunction plan? ANKE NO YO 7. Maintained deviation reports? DY DN DN/A Problem corrected? A/KIZ NO YO 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND	D REPAIRS			
1. Does the responsible official conduc	t a weekly (for small source	es, bi-weekly) leak detection a	nd repair	
inspection?			NO AB	
2. Has the facility maintained a leak log	3?		MD AE	
3. Does the responsible official check to	he following areas for leaks	s?		
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A	
Door gaskets and seating	QY ON ON/A	Stills	A/N N Q YE	
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	DY DN DN/A	
Pumps	QY ON ON/A	Diverter valves	אואם אם צם	
Solvent tanks and containers	A/NO NO YES	Cartridge filter housings	MY ON ON/A	
Water separators	DY ON ON/A			
4. Which method of detection is used b	y the responsible official?			
Visual examination (condensed	d solvent on exterior surface	es)	9	
Physical detection (airflow felt through gaskets)				
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector				
If using direct-reading ins	strumentation, is the equi	pment:	□N/A	
a. Capable of detection	ng perc vapor concentration	is in a range of 0-500 ppm?	OY ON	
b. Calibrated against (PID/FID only)?	a standard gas prior to and	after each use	OY ON	
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON	
	d secure area when not in u		OY ON	
·	cy by use of duplicate sam		DY DN	
		, , , , , , , , , , , , , , , , , , , ,		

Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
,	
	*
-	
	•
·	
	*
. *	
·	
·	
·	
·	

COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	PORT CITY CLEANERS TIVE. Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
٠	NINE MILE CLEANERS Hazardous Waste Generator Identification Number:
	·
	APPLIED FOR (IN PROGRESS)
4.	APPLIED FOR (IN PROGRESS) Facility Location: 312 EAST NINE MILE RD.
	City: PENSACOLA County: ESCAMBIA Zip Code: 32514
5.	Facility Identification Number (DEP Use):
	0330228
	Responsible Official
	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Organization/Firm: PORT CITY CLEANERS INC. Street Address: 662 S. WILSON AVE.
7.	Responsible Official Mailing Address: Organization/Firm: PORT CITY CLEANERS INC.
	Street Address: 662 S. WILSOW AVE.
	City: MOBILE AL, County: MOBILE Zip Code: 36617
8.	Responsible Official Telephone Number:
	Telephone: (334) 452 - 0813 Fax: (334) 456 - 3650
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	VOUCILE SAWYER (MANAGER)
10.	Facility Contact Address: 312 RAST NINE MILE RO.
	Street Address:
	City: PENSACOLA County: ESCAMBIA Zip Code: 325/4
11.	Facility Contact Telephone Number:
	Telephone: $(904) 479 - 2293$ Fax: () - $10/A$
	DECEIVED

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.

		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-92
Dry-to-Dry Unit						-			
(1) w/ ref. condenser	村/	01-MAR-8	01-MAR-89						
(2) w/ carbon adsorber									
(3) w/ no 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									Ī
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the contr	are ro	equired to be ity of perchloons ow many? [installed proethylene (perc)					
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.) Ne	w sm	nall area sour	rce []	Part II?	
Existing large are	ca sol	1106	NE	w iai	rge area sour	ce [J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

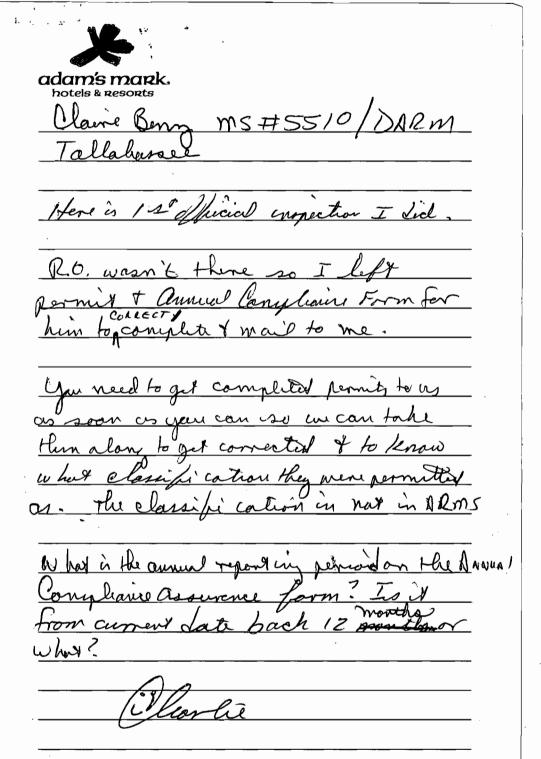
Page 14 of 16

 What control technology is required on machines pursua (Indicate with an "X".) 	nt to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber Refrig	gerated condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units sh to Rule 62-213.300, F.A.C. Verify that all steam and hot w exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a boiler HP or less), and (2) are fired exclusively by natural gduring which propane or fuel oil containing no more than a	gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site]]
Equipment Monitoring and Re	cordkeeping Information
Check all logs which are required to be kept on-site in acco	rdance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	[X_]
(c) Refrigerated condenser temperature monitoring	(X_)
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	LX_

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

Surrender of Existing Air Permit(s)

Please indica	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)							
للاً	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notif statemen maintain	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 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	Date Sign 4 put cur reny Jate						
Th	11/8/96						



Reservations 1-800-444-ADAM

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМ	PLAINT/DISCOVERY	RE	-INSPECTION
TIME IN: 1345 TIME OF	UT: 154	AIRS ID#	0332	28
TYPE OF FACILITY: Dres Clevener			_	
FACILITY NAME: Wine Mile Cl	eanem.		DATE	11/6/96
FACILITY LOCATION: 312 E. Nin 1	mil, Hoad	2		
		no hile	(334)4	56-3650
RESPONSIBLE OFFICIAL: JOHN KNOT	<u> </u>		MBER: 479	-2293
Based on the results of the compliance recompliance with DEP Rule 62-213.300, F	-		the facility is fo	and to be in
Based on the results of the compliance red discrepancies were noted:	quirements evalua	ted during this inspection, t	the following co	mpliance
COMPLIANCE REQUIREMENT/P	PROBLEM	FOLLOW-UP	ACTION RE	QUIRED
Joed to record tempinst	uns	add to your	lug f	expection
				·
			-	· · · · · · · · · · · · · · · · · · ·
			,	
·			4	
and resign form and Late u	nil for you with clerr	nto correct.	INITOLO	correction
COMMENTS: SUGGEST ADDING TO Y Noblem was repained parts or o ON pere purchase and repair or YOU ARE IN-compliance will etc are Kept on Site Ms Burt	love LEAR loved if re- r lys was r lys was r, raguman	DETECTION 4 Ple guned, DLT HENG LIND ON HOND I LIND, BUSURY V MAS VERY ho	Acomple Hoomple 10 vr log	the date the ite roceints hooks indicate invertents
The Annual Compliance Certification form has be	HANCE CULV	hitication torigal	1 10 001916	ES NO
DATE OF NEXT INSPECTION: NO V	<u>47</u>	nrovimate)		
INSPECTION CONDUCTED BY:	RLES NO	proximate) ORMN ease Print)		
INSPECTOR'S SIGNATURE:	Mayer	PHONE NUM	MBER: 441	4-8364-

Page / of /.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	X	COMPLAINT/DISCOVER	XY 🗆
	RE-INSPECTION			
AIRS ID#: <u>0 33 つみ</u> 28	///6/96 TIME IN: _	1345	TIME OUT: _ / S	540
FACILITY NAME: Min	e Mile	<u> </u>	aners	
FACILITY LOCATION: 3/)		nile Koad)
1	mace (co.,	FL	325 <i>14</i>	
and the second s	স্তিৰ কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰ		entre en la companya de la companya	
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DARM	Л by 9/1/96			<u></u>
2. New facility notified DARM 30	days prior to startup			
3. Facility failed to notify DARM	to use general permit			
and the second s	en en en el como en el como en el del desentante en entre en en el como en el como en el como en el como en el	Part of the Control o		
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)	dry-t trans both	to-dry only, sfer only, x types, x 14		
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="" gal="" only,="" td="" transfer="" types,="" yr=""><td>gal/yr dry-t /yr trans both</td><td>sfer only, 20 types, 140</td><td>rea source 140<x<2, 00<x<1,800="" 100="" 12="" 9="" 91)<="" <x<1,800="" after="" gal="" or="" td="" yr=""><td></td></x<2,></td></x<2,>	gal/yr dry-t /yr trans both	sfer only, 20 types, 140	rea source 140 <x<2, 00<x<1,800="" 100="" 12="" 9="" 91)<="" <x<1,800="" after="" gal="" or="" td="" yr=""><td></td></x<2,>	
This is a correct facility classifica	tion Q Y	□N		
If no, please check the appropriat	e classification:			
	for a general permit as above limits and is not e			
B. The total quantity of perchloro facility was 175 gallons.	ethylene (perc) purchas	ed within tl	ne preceding 12 months by th	is dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? $\lambda \sim 0.00$ STORE A W NO YO 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ÐΥ OΝ 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? OY ON 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BN/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? DY ON A'NO NO YE 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? How can one teld? - Louks of EY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? DIO NOT RECORD ALTHOUGH Thom was a sloton log to Luso, 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? BY ON 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? MD AG 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? 'DY DN

PART III: GENERAL CONTROL REQUIREMENTS

Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ON (N A	
Is the temperature differential equal to or greater than 20° F?	ΠY	□и 👫	
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?	ΠY	ON DIN/A	
Is the perc concentration equal to or less than 100 ppm?	ΠY	□N	
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	CV NO	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□ Y`	ON DIN/A	
6. Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ON DIN/A	
the six of			
PART V: RECORDKEEPING REQUIREMENTS			
	rens /	from	//
(check appropriate boxes) July 76 on How vor 1095 cut bick to 24	, jta	, mad eff	MO KER MIGHL
1. Maintained receipts for perc purchased?	BY	□N	
2. Maintained rolling month are are gos of perc consumption? hand hat log and few	Y	□N	
1. Maintained receipts for perc purchased? 2. Maintained rolling months are seed of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or;	com	Minio win	amauniti
a. documentation of leaks repaired w/in 24 hrs? or, with with not order well	YEE	□N	an permit
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	
4. Maintained calibration data? (for direct reading instruments only)	ΠY	□N □N/A	
5. Maintained exhaust duct monitoring data on perc concentrations?	ΠY	ON WA	
6. Maintained startup/shutdown/malfunction plan?	YE		
7. Maintained deviation reports? Trove	ΠY	□N	
7. Maintained deviation reports? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ΠY	□N	
8. Maintained compliance plan, if applicable?	ΠY	□N ᡚN/A	
and the second of the second o			
PART VI: LEAK DETECTION AND REPAIRS			
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ΣIY	□N	Ì
2. Which method of detection is used by the responsible official?			
Visual examination (condensed solvent on exterior surfaces)	Ø		
Physical detection (airflow felt through gaskets)	D		
Odor (noticeable perc odor)	E		

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading	ng instrumentation,	, is the eq	uipment:		(TIN)
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					□N N ₩
b. Calibrated (PID/FID	ΩY	□N			
c. Inspected for leaks and obvious signs of wear on a weekly basis?					\square N
d. Kept in a	clean and secure are	ea when n	ot in use?	ПY	□N
e. Verified fo	or accuracy by use of	f duplicate	e samples (calorimetric only)?	ПY	\square N
3. Has the facility maintained	a leak log?			ΥŒ	□N
4. The following areas should	be checked for leaks	s by the in	spector:		
		Octoctod?		Leak	Detected?
Hose connections, fitt: couplings, and valve		□N	Muck cookers	ΥŒ	□N
Door gaskets and seat	ing 🖻 Y	□N	Stills	ΔĀ	ПN
Filter gaskets and seat	ing 🗓 Y	□N	Exhaust dampers	DY	ПN
Pumps	ΔY	□N	Diverter valves	DY.	ПN
Solvent tanks and con	tainers DY	□N	Cartridge filter housings	ДY	□N
Water separators	ДY	ΩN			
the second secon	<u> Pitaning in the Park Service of Service</u>	a distriction of the sec	The second section of the second section of the second section		_
John Knott					
Name of Respon	sible Official		1/2		
CITARIES NORMA			6/11/96		
Inspector's Name	(Please Print)		Date of Inspe	ction	

Inspector's Signature

Approximate Date of Next Inspection

DITIONAL	SITE INFORMATI	ON:			
		.t .dr			
		`			
	,				
				4	
			. •		•
	- Trans				

adam's mark. hotels & resorts
Claime Benn MS #5510/DARM
Maine Benn MS 7 55/0/DARM Tallahurie
1/2
Here is 1st afficial inspection I diel,
Rt. wasn't there so I left
permit & annual Congliaire Form for
him to complete & mail to me.
you need to get completed permit, to us as soon as your can so we can take then along to get corrected of to know
Huma land to mental of to know
what classifi cotion they were permetted
as. The classific cation in not in 12ms
What is the annual reporting period on the ANNUA!
Congliaire assurence form? Is it from current Late back 12 months
who ?
What.
When lie

Reservations 1-800-444-ADAM

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1345	TIME OUT: 154	10 · AIRS ID#: 02	33228
TYPE OF FACILITY:	Clerenar	··	.///
FACILITY NAME: Y LINE	Thile (leaners.	<i></i>	DATE: 11/6/96
FACILITY LOCATION: 3 12	E. Nin Mil Hoad	Mo hile (3	34)456-3650
RESPONSIBLE OFFICIAL:	TOLV KNOH	PHONE NUMBER:	10-0
	the compliance requirements evalua	ated during this inspection, the faci	lity is found to be in
<u></u>	Rule 62-213.300, Florida Administra	•	•
Based on the results of discrepancies were note	the compliance requirements evalua	ated during this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
Mead to secon	d tempins have	add to your lug	g Simpertion
			, -
	·		
		į.	
I AM CEAVING A CO and resign form a	ul Late wito clim	into correct. In,	to 1 correction
COMMENTS: SUCCEST	ADDING TO VOVE / = AM	DETECTIONA 10 DOIN	-log 11. d. t. the
problem was repaired	+ parts or level if no	guned, BLTHEINGH CC	inglike rice ints
YOU ALE IN-COMM!	Aports or love LEAR Aports or love if re id repairer las was invie with reques ite. Ms Burties Linds	with Besond in function Besond in full and the serve helder	Jos hooks Indicate
I AM PATTING THEA	Navat complance cur	THE TON TOT JAMES	Jan Maria
	cation form has been properly certifi	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO		proximate)	
INSPECTION CONDUCTED	BY: ChARLES 1/2	ORMAN	
INSPECTOR'S SIGNATURE	Man Man	ease Print) PHONE NUMBER:	444-8364
	Page_/	<u>of</u>	/ Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	□ COMPLAINT/DISCOVERY □
RE-INSPE	ECTION 🗆
<u></u>	
	/6/96 TIME IN: 1345 TIME OUT: 1540
FACILITY NAME: Mine M	Vile. Cleaners
FACILITY LOCATION: $3/2 C$,	Nine Mile Koad
(Lensace	Ca, FL 32514
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	——————————————————————————————————————
2. New facility notified DARM 30 days prior	to startup
3. Facility failed to notify DARM to use gene	ral permit
	Constitution of the Consti
PART II: CLASSIFICATION	
Facility indicated on notification form that	it is:
	10.13.
(check appropriate box)	10.15.
(check appropriate box) A. 1. Existing small area source	2. New small area source
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr	2. New small area source dry-to-dry only, x<140 gal/yr
(check appropriate box) A. 1. Existing small area source	2. New small area source
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr
(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)	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 (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td>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)</td></x<2,>	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 (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td>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) 4. New large area source dry-to-dry only, 140<x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""></x<2,></td></x<2,>	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) 4. New large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""></x<2,>
(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="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td>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) 4. New large area source dry-to-dry only, 140<x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""></x<2,></td></x<2,>	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) 4. New large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""></x<2,>
(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="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td>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) 4. New large area source dry-to-dry only, 140<x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""></x<2,></td></x<2,>	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) 4. New large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""></x<2,>
(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="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td>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) 4. New large area source dry-to-dry only, 140<x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""></x<2,></td></x<2,>	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) 4. New large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""></x<2,>
(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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>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) 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,>	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) 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,>
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="" 12="" 140<x<21,800="" 200<x<1,800="" 9="" 91)="" a="" appropriate="" before="" both="" check="" classificat<="" classification="" constructed="" correct="" facility="" gal="" if="" is="" no,="" only,="" please="" td="" the="" this="" transfer="" types,="" yr=""><td>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) 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="" note="" of="" on="" only,="" or="" second="" td="" that="" the="" the<="" toy="" transfer="" types,="" yr=""></x<2,></td></x<2,>	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) 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="" note="" of="" on="" only,="" or="" second="" td="" that="" the="" the<="" toy="" transfer="" types,="" yr=""></x<2,>
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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" appropriate="" before="" both="" check="" classificat<="" classification="" correct="" facility="" gal="" if="" is="" no,="" only,="" please="" td="" the="" this="" transfer="" types,="" yr=""><td>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) 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="" note="" of="" on="" only,="" or="" second="" td="" that="" the="" the<="" toy="" transfer="" types,="" yr=""></x<2,></td></x<2,>	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) 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="" note="" of="" on="" only,="" or="" second="" td="" that="" the="" the<="" toy="" transfer="" types,="" yr=""></x<2,>
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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" above="" appropriate="" before="" both="" check="" classificate="" classification="" correct="" exceeds="" facility="" for="" gal="" general="" if="" is="" limits<="" no,="" only,="" please="" qualified="" td="" the="" this="" transfer="" types,="" yr=""><td>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) 4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 3="" 9="" 91)="" above<="" after="" al="" as="" both="" gal="" ion:="" number="" on="" only,="" or="" permit="" td="" toy="" transfer="" types,="" yr=""></x<2,></td></x<2,>	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) 4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 3="" 9="" 91)="" above<="" after="" al="" as="" both="" gal="" ion:="" number="" on="" only,="" or="" permit="" td="" toy="" transfer="" types,="" yr=""></x<2,>

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	adolal to mackini from view.
1. Storing perchloroethylene in tightly sealed and impervious containers? Dows no t	DY DNAA
2. Examining the containers for leakage?	OY UN (A)
3. Closing and securing machine doors except during loading/unloading?	~⊖Y □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	VOY □N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN BYN/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 re (complete A below).	frigerated condenser
If classification 3 has been checked, the machine should be equipped with eith condenser or a carbon adsorber (complete A and B below). Carbon adsorber no installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a re (complete A and B below).	frigerated 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?	אם עם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	A/NO NO YE
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? How an one lele? Looks of	BY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? DID NOT RECURD ALTHOUGHT how word a loton log to be so,	NOT YOU
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	MD AB
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON
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 local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ted OY ON

more personal pro-

		=
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON (NA	
Is the temperature differential equal to or greater than 20° F?	מט עם עם	
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 WIN/A	
Is the perc concentration equal to or less than 100 ppm?	□Y □N	
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY ON VY	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	AVID NO YO	
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON WINA	
PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: Recorded perchant proposed in arte (check appropriate boxes) July 96 on How ver 1095 unt brick to 9	were from eff.	rto Les
I. Maintained receipts for perc purchased?	MA ON	100
2. Maintained rolling month averages of perc consumption? have her log and here 3. Maintained leak detection inspection and repair reports for the following: a documentation of leaks repaired w/in 24 hrs? or	NO YES	
3. Maintained leak detection inspection and repair reports for the following:	CO COMPLIANTO WIN	amauniti.
week - Not OHEANIEL DWG	NO YES	A permi,
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MA ON	
4. Maintained calibration data? (for direct reading instruments only)	□Y □N □N/A	
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WA	
6. Maintained startup/shutdown/malfunction plan?	MD AG	
7. Maintained deviation reports?	OY ON	
7. Maintained deviation reports? \ rone Problem corrected? \ required at this time.	OY ON	
8. Maintained compliance plan, if applicable?	OY ON BIN/A	
		ad
PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	MD AG	
2. Which method of detection is used by the responsible official?		
Visual examination (condensed solvent on exterior surfaces)	Ø	
Physical detection (airflow felt through gaskets)	B	
Odor (noticeable perc odor)) EI	

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:						(WI)
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					DN VO FI
	b. Calibrated against a	standard	gas prior to	o and after each use		
	(PID/FID only)?					\square N
	c. Inspected for leaks ar	ıd obviou	is signs of	wear on a weekly basis?	ΠY	ПN
	d. Kept in a clean and s	ecure are	ea when no	t in use?	ПY	ПN
	e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	ПY	□N
3. Has the fac	ility maintained a leak log?				· 由Y	□N
4. The followi	ing areas should be checked	for leaks	s by the ins	pector :		
		-Leak I	Detected?		Leak	Detected?
II .	connections, fittings,	\			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Div
coup	olings, and valves	ДY	ΠN	Muck cookers	Ϋ́DΥ	ΠN
Door	gaskets and seating	BY	\Box N	Stills	ДY	□N
Filter	gaskets and seating	AE	ΠN	Exhaust dampers	YD	ПN
Pump	os	AE	□N	Diverter valves	ÞΥ	ΠN
Solve	nt tanks and containers	ĎΥ.	□N	Cartridge filter housings	DY	□N
Water	r separators	\overline{P}^{λ}	□N			
John!	Knott	· · · · · · · · · · · · · · · · · · ·				
U 1	Name of Responsible Offici	al				

Inspector's Name (Please Print) Oliculis Namu

Inspector's Signature

6/11/96
Date of Inspection

Approximate Date of Next Inspection

	٠.	
	٠.	
	· .	
	· .	
	٠.	
	· .	
	•	
•		
•		
	•	
	:	
	,	
	•	
	,	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🔀 CO	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1345 TIME OUT: 15	40 AIRS ID#: 033228
TYPE OF FACILITY: Dres Cleaner	· · · · · · · · · · · · · · · · · · ·
FACILITY NAME: Nine Mile Cleaners.	DATE: 11/6/96
FACILITY LOCATION: 312 E. Nin Mil, Res	al
TACIENT ECONTION. 3 IX C. 1 / SEE PROSE	Mo hile (334)456-3650
RESPONSIBLE OFFICIAL: JOHN KNOH	PHONE NUMBER: 479 - 2293
RESPONSIBLE OFFICIAL: \\\ \(\mathbb{O} \) \(\mathbb{I} \) \(\mathbb{N} \) \(\mathbb{O} \) \(\mathbb{I} \)	FHONE NUMBER.
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admini	aluated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements eva discrepancies were noted:	aluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Josed to recent tempirature dennic weekly Please.	add to your log Jennetian
5	
•.	
•	
	#
I AMCEAVING A COPILOD pormit for y and resign Com and Late witteles	on to consider. In to correction
wer redge live and date with the	mer call,
COMMENTS, STATES & DOUNG TO VISUA 1, TO	M DISTER TRANSPORTED AND THE HE
Aroblem was repaired & parts or land if	L DETECTOON & REPORT loop the date the required, BLT HEVE & complete To ceipts the nut on MAND your loop hooks indica sments. Be sorre in future To ceipts, IN soy of AS very helpful And curticus
on pere purchase and repair or irs w	the nut on man P your long hooks indien
YOU ALE IN-COMPLIANCE WITH TOUR	SOUNTAS very heldful And conditions
of Michael Completion	entification for you to complete & soud to me
The Annual Compliance Certification form has been properly cel	rtified and submitted to the inspector K VEST NOT
\mathcal{L}	
DATE OF NEXT INSPECTION: $No \sqrt{9}$	Approximate)
(1/ 10	1/2 0 0 0 1)
	(Please Print)
///	·
INSPECTOR'S SIGNATURE!	11 PHONE NUMBER: 444-8364
Page	: <u>/</u> of/ . Revised 10/9



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	7 <u> </u>	COMPLAINT/DISC	OVERY	Q
AIRS ID#: 0330228	11/6/0 TIME II	96 N: 1345	TIME OUT:	1540	
FACILITY NAME: \(\)	1144	l. Ul	anens		
FACILITY LOCATION: 3/.	2 C. 7	Pine 7	nile Ko	ad_	
(10	maca (v	, FL	32514		

PART I: NOTIFICATION					
(check appropriate box)					1
Existing facility notified DARM	f hv 9/1/96				√ a
2. New facility notified DARM 30	•	מור			
3. Facility failed to notify DARM t	•	•			
	0				
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A.	form that it is:				
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 a dry-to-dry only, transfer only, x both types, x<1 (constructed on	x<140 gal/yr <200 gal/yr		
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>transfer only, 2 both types, 140</td><td>rea source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>		transfer only, 2 both types, 140	rea source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classification	ion	ADA ON			
If no, please check the appropriate	classification:				
facility qualified facility exceeds a					
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 175 gallons.					

RELEGIES BELLEVILLE

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	adolal to machini from vin
1. Storing perchloroethylene in tightly sealed and impervious containers? Does not	DY DN A
2. Examining the containers for leakage?	□Y □N (VP)
3. Closing and securing machine doors except during loading/unloading?	~⊕Y □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	`@Y □N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	באומים אם אם 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 ref (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 minstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (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?	DY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם צפ
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? How an one black - Louks old	YEY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Dio Not パミといった ないけんしゅけん しゅっこっぱっと いっこう しょういんしょう しゅうしゅう しゅうしゅう しゅうしゅう しゅうしゅう しゅうしゅう しゅうしゅう しゅうしゅう しゅうしゅう	אם צם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	AA ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON
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 locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed DY DN

			-
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ON (A)	
Is the temperature differential equal to or greater than 20° F?	ΠY	UN WA	
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	A/NED NO	
Is the perc concentration equal to or less than 100 ppm?	ΠY	□N	
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	ON QX	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y·	DN DN/A	
6. Routed airflow to the carbon adsorber (if used) at all times?	ПY	ON DIN/A	
All the second s			
PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: Necessity perchant property of con acts (check appropriate boxes) July 96 on - How + v + 1095 un + brech to &	vero (4. jta	from eft	rto Lex
Maintained receipts for perc purchased?	BY	□N	J-gr
2. Maintained rolling month a averages of perc consumption? how a hot log and fee	∑ ⊠Y	□N	
2. Maintained rolling month are reposed of perc consumption? have hot log and have some for the following: 3. Maintained leak detection inspection and repair reports for the following:	e com	Aliens win	amazzaite
a. documentation of leaks repaired w/in 24 hrs? or, with - NOT OPERATE of well	EIY	□N	an permi
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?		□N	
4. Maintained calibration data? (for direct reading instruments only)	ΠY	□N □N/A	
5. Maintained exhaust duct monitoring data on perc concentrations?	ΠY	ON WA)	
6. Maintained startup/shutdown/malfunction plan?	YE	ПИ	
7. Maintained deviation reports? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ПY	□N	
7. Maintained deviation reports? \ rone Problem corrected? \ requires at this time.	ΠY	□Ņ	
8. Maintained compliance plan, if applicable?	ΠY	ON 9N/A	
	,	_	
PART VI: LEAK DETECTION AND REPAIRS		•	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ÐΥ	□N	
2. Which method of detection is used by the responsible official?			
Visual examination (condensed solvent on exterior surfaces)	B		
Physical detection (airflow felt through gaskets)	D		
Odor (noticeable perc odor)	D		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			

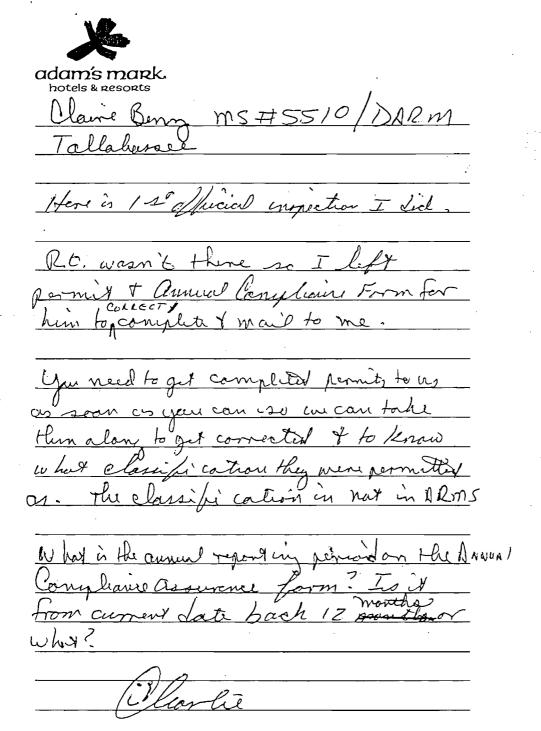
· It	f using direct-reading instrum	entation,	, is the equ	ipment:	ΟY	(Tim
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks ar	id obviou	s signs of	wear on a weekly basis?	$\Box Y$	□и
	d. Kept in a clean and s	ecure are	ea when no	t in use?	ПY	□и
	e. Verified for accuracy	by use of	f duplicate	samples (calorimetric only)?	ΠY	□N
3. Has the	e facility maintained a leak log?				YE	\square N ·
4. The fol	lowing areas should be checked	for leaks	s by the ins	pector :		
	-Leak Detected?					
l .	lose connections, fittings, couplings, and valves	ДY	ΠN	Muck cookers	ΥŒ	ΠN
I.	oor gaskets and seating	YED	ПN	Stills	ΔA	ПΝ
F	ilter gaskets and seating	DA.	ПN	Exhaust dampers	DY	ПN
P	umps	AA	ПN	Diverter valves	DA.	ΩИ
s	olvent tanks and containers	ДY	□N	Cartridge filter housings	ДY	□и
· v	Vater separators	\mathcal{P}^{λ}	ΠN			
	i /		Chinis cressos su little Abbreviole	an and an		
) ob	INKNOTT			,		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Name of Responsible Official	al		, 1 /		•
CITAZIAS NORMAN				6/11/96		<u>.</u>
^	Inspector's Name (Please Pri	nt) .	1	Date of Inspe	ction	

不管门车 9度

Olicertis Hamme
Inspector's Signature

Approximate Date of Next Inspection

DITIONAL SIT	E INFORMATI	ON:			
				-	
		42 5			
	•				
					•
		٠.			
				`	



Reservations 1-800-444-ADAM

BEST AVAILABLE COPY

ITTLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT.

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1345 TIME OUT: 154	10 AIRS ID#: 0330228
TYPE OF FACILITY: Dres Clerence	
FACILITY NAME: Mine Mile Cleaners.	DATE: 11/6/91
FACILITY LOCATION: 3/2 E. Nin Mil , Reva	
TACIBIT BOCKHON. 3 TR 2. 7 GGC 7 TEST, 7 GGC	Mo hile (334)456-3650
RESPONSIBLE OFFICIAL: JOHN KNOTT	PHONE NUMBER: 479 - 2293
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evaluated discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Moved to so can of term pins have demnie weekly Place Is.	add to your log Jennetian
	, , , , , , , , , , , , , , , , , , ,
I AMCEAVING A COPILOD pormil for yo	or to correction
and resign firm and Late with cliss	ent date;
COMMENTS: SUGGEST PROING TO YOUR LEAR problem was repaired & parts or lond if re on perchase and repaired to you ALE IN-compliance with require of another parties Linds.	DETECTEON + REPORT log the date the guned, RLT HENGH COMPLETE TO CEIPTS HE NOT ON HOND NO YOUR log hooks IN LICALE TO CEIPTS, IN ZOIS OY OF AS VETY he / Aful And cuntions.
The Annual Compliance Certification form has been properly certification	the transfer to the to the sond to the
DATE OF NEXT INSPECTION: Nov97	
INSPECTION CONDUCTED BY: Charles //	ease Print)
INSPECTOR'S SIGNATURE!	12 PHONE NUMBER: 444-8364-
Dana	1 -5 /

Revised 10/96

BEST AVAILABLE COPY

KECEIVED

Revised 10/10/96

AIRS 1D#: <u>0330228</u>

NUV 1 8 199

DRY CLEANER AIR QUALITY GENERAL PERMISE CELVED ANNUAL COMPLIANCE CERTIFICATION FOR STATE OF THE COMPLETE CENTER OF THE CENTER OF

FACILITY NAME: NINE MILE CL	
FACILITY LOCATION: 3/2E. Nine 1	325-14.
Annual Reporting Period: Nov 6	1995 TO Nov 6 1998
Based on each term or condition of the Title V general air 62-213.300, Florida Administrative Code (F.A.C.), during	r permit, my facility has remained in compliance with DEP Rule g the period covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not be	been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not be	been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
made in this notification are true, accurate and complete.	rmation and belief formed after reasonable inquiry, that the statements Further, my annual consumption of perchloroethylene solvent, based and 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry

^{*}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 X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0850 TIME OUT: 09/0	AIRS ID#: 033022
FACILITY NAME: NICE M, IS CLO	DATE: 12 15/94
FACILITY LOCATION: 3/2 E NINE N	1,70
RESPONSIBLE OFFICIAL: JUHN KNOII	PHONE NUMBER: 3341-456-3650
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:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	Moderate Sept 1
ENTERED	W.C. S. COLI
DEC 22 1998	<i>⊗</i>
COMMENTS: GOOD Records - u	rellKept
The Annual Compliance Certification form has been properly certific	
DATE OF NEXT INSPECTION: Early 99	Droximate) Left for Mr Knott T
INSPECTION CONDUCTED BY: MARIOS MNO	, , , , , , , , , , , , , , , , , , , ,
INSPECTOR'S SIGNATURE: The Man Man	100 PHONE NUMBER: 595-8364
Page_/	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCOVERY	ū
	RE-INSPECTION			
AIRS 1D# <u>33022</u> \ D	ATE! 415/9	TIME I	n: <u>0950</u> time out:4	0910
FACILITY NAME:/_/	VE Mil	10 Cd/	PANENS	
FACILITY LOCATION:	3/2 E	1/11	IE MILE RO	7
<u>(j-</u>	ensocolo	3 25/	4.	
RESPONSIBLE OFFICIAL	OLN KNOTI		PHONE: <u>334 456</u>	3650
CONTACT NAME: Bru	ties Line	beg	PHONE: <u>850</u> 479	-zz93
PART I: NOTIFICATION				
(check appropriate box)		ENTE	?FN	
1. New facility notified DARM 3	0 days prior to startu	p .		
2. Facility failed to notify DARM	I to use general perm	it UCU ZZ	1330	
			<u></u>	
PART II: CLASSIFICATION			-	
Facility indicated on notificatio	n form that it is:		☐ No notification form	
(check appropriate box)			☐ Drop store/out of business/p	etroleum
A. 1. Existing small area sourc	e 🗆 2	. New small a	rea source	
dry-to-dry only, x < 140 gal/y	r d	•	x < 140 gal/yr	
transfer only, x < 200 gal/yr		ransfer only, x		
both types, x < 140 gal/yr (constructed before 12/9/91)		ooth types, x < constructed on	or after 12/9/91)	
·	` .	•		
3. Existing large area source		New large a		
dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$			$140 \le x \le 2{,}100 \text{ gal/yr}$ $00 \le x \le 1{,}800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$ ga		-	$\leq x \leq 1,800 \text{ gal/yr}$ $\leq x \leq 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)	= =	'	or after 12/9/91)	
5. This is a correct facility cla	ssification [NX YC	□Can not determine	
If no, please check the a	ppropriate classificati	ion:		
☐ facility	qualified for a gener	ral permit as ni		
☐ facility	exceeds above limits	s and is not elig	gible for a general permit	
B. The total quantity of perchlor	oethylene (perc) purc	hased within the	ne preceding 12 months by this d	ry cleaning
facility was 57 gallons.	العادلة	F	enta machine.	
	NISTY, NE	$(u) + (\mathcal{I}^{n})$	rura yviuciumi.	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? UA UN 2. Examining the containers for leakage? NO YE 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. (If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 🖭Y 🗆N DY 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 AVA UN PRESE condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? QY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the A/NE condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? ØY □N

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	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПΥ	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ΩN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A
-				

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MD AB 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? NO YO 3. Maintained leak detection inspection and repair reports for the following: A/ND ND YE 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? AME NO YO 4. Maintained calibration data? (for applicable direct reading instruments) A/NE NO YO AVNE NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? \square_{Λ} \square_{Λ} DY DN DN/A 7. Maintained deviation reports? AND NO YO Problem corrected? A/N/E NO YO 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			Y	□N
2.	. Has the facility maintained a leak log?			YΩY	□N
3.	. Does the responsible official check the following are	eas for leaks?			
	Hose connections, fittings, couplings, and valves	□N/A .	Muck cookers	ΠY	□N □N/A
	Door gaskets and seating	□N/A	Stills	Y	□N □N/A
	Filter gaskets and seating	□N/A	Exhaust dampers	\Box Y	A/NE NO
	Pumps DY DN	□N/A	Diverter valves	Ϋ́C	□N □N/A
	Solvent tanks and containers	□N/A	Cartridge filter housings	Υ	□N □N/A
	Water separators	□N/A			
4.	. Which method of detection is used by the responsibl	e official?	!		
	Visual examination (condensed solvent on extense	erior surfaces)	:	D	
	Physical detection (airflow felt through gaskets	s)		Ø	
	Odor (noticeable perc odor)			B	
	Use of direct-reading instrumentation (FID/PII	D/calorimetric	tubes)		
	Halogen leak detector		! :		
	If using direct-reading instrumentation,	is the equipme	ent:	□N/	A
	a. Capable of detecting perc vapor co	ncentrations in	a range of 0-500 ppm?	\Box Y	□N
	b. Calibrated against a standard gas p (PID/FID only)?	prior to and afte	er each use	ΟY	□N
	c. Inspected for leaks and obvious sig	gns of wear on a	a weekly basis?	$\Box Y$	□N
	d. Kept in a clean and secure area wl	nen not in use?		$\Box Y$	□N
	e. Verified for accuracy by use of dup	olicate samples	(calorimetric only)?	\Box Y	□N

Good Records - well Kept.

THE L

Revised 10/10/96

AIRS 10#: 0330228

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

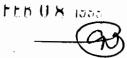
ANNUAL COMPLIANCE CERTIFICATION FORM	<u> </u>
	DATE: 12-15.98
FACILITY LOCATION: 3/2 & Time mile Rd. S	leite 1
Kensacala, Ha 3200	
Annual Reporting Period: Dec 15 1997 TO Dec	15 1998
Based on each term or condition of the Title V general air permit, my facility has remained in comp 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	<u> </u>
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	P
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	TEB L
#2. Term or condition of the general permit that has not been in continuous compliance during the	reparting period Rated above:
Exact period of non-compliance: from	The The
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 made in this notification are true, accurate and complete. Further, my annual consumption of percupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry for year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Sold Note (Please Print) Name (Please Print)	
*This form is made available to you as an aid in order to meet your annual compliance certification discretion of the responsible official to use this form.	requirements. It is at the

REVIEWED

FEB 08 1999

FEB 0 5 1999

NORTHWEST FLORIDA DED



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE	OF INSPECTION:	ANNUAL 🔀	СОМ	PLAINT/DISCOVER	Y DE	RE-INSPECTIO	N 🗌
TIME I	N: 1330	TIME OUT:	14/0	AIRS	HH , 03	50228	
TYPE C	F FACILITY: DC			- Urea	10.		
FACILI	TY NAME: <u>Nine</u>	Mile Cle	anon	S	Obije Source	ATE: <u>6/16/</u>	9
FACILI	TY LOCATION: 3/	2 E. M.	ne T	nele Il	OUT TOP	<u></u>	
	<u>tens</u>	acola 1-	<u>-63</u>	2505	7	21) 1151	3/07
RESPO	NSIBLE OFFICIAL:	MXNI W,	gr_	PHONE	NOWBEK:	34-456	3600
X	Based on the results of the compliance with DEP Re	•		_	ion, the facility	is found to be in	
	Based on the results of the discrepancies were noted		nents evalua	ted during this inspect	ion, the followi	ng compliance	
CO	MPLIANCE REQU	IREMENT/PROI	BLEM	FOLLOW-	UP ACTION	REQUIRED	
			1				
		ENTERED					
· ·		JUN 1 8 1999					
-		-					
	•						
COMM	ENTS: Well Kep	of Facility	- 60	nd reco	rds.	,	
	. •	0	•				
-				·			
The Ann	nual Compliance Certifica	ation form has been pro	nerly certifi	ed and submitted to th	e inspector.	YES N	
	OF NEXT INSPECTION				PA	For Mr Kn	_
~v				proximate)	Com	rlite 95	^
INSPEC	CTION CONDUCTED I	BY: () MAN/		mol	- In	<u> </u>	
INSDEA	CTOR'S SIGNATURE:	Man	7/20	ease Print) Wy PHONE	NIIMPED.	25-23	64
III3FEC	TOR S SIGNATURE:	Est The file	1 1071	PHONE	TUMBER: C	127	
			Page	of .		Rev	ised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/I	DISCOVERY	JUN 2 / L
/ \	MiLE Co East Nos Secular F In Knott	LEANE ME M	25 Le Rd 5/4/ PHONE: 314	•	
(check appropriate box) 1. New facility notified DARM 30 2. Facility failed to notify DARM t	•	ENTER!			
Facility indicated on notification (check appropriate box) A. I. 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. N dry- tran: both	sfer only, $x < 14$ types, $x < 14$	ea source < 140 gal/yr 200 gal/yr	on form It of business/petro	oleum
 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/ (constructed before 12/9/91) 5. This is a correct facility class 	gal/yr dry- al/yr tran. yr both (con	sfer only, 200 types, $140 \le$	ea source $40 \le x \le 2,100 \text{ g}$ $6 \le x \le 1,800 \text{ gal/yr}$ $6 \le x \le 1,800 \text{ gal/yr}$ $6 \ge x \le 1,800 \text{ gal/yr}$ $6 \ge x \le 1,800 \text{ gal/yr}$ $7 \ge x \le 1,800 \text{ gal/yr}$ $8 \ge x \le 1,800 \text{ gal/yr}$	yr	
If no, please check the app	ropriate classification: ualified for a general p xceeds above limits ar	permit as num nd is not eligil ed within the	aber <u>2</u> a ple for a general preceding 12 mo	machin Manif bove Sher	b's late US 1996 leaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? AME NO YO 2. Examining the containers for leakage? ON PIE 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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) MD AE 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ÒTY □N □N/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the N/A UD YE condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated YO YES condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the **B**N/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:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y □N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		□N/A
	Is the temperature differential equal to or greater than 20° F?	□Y □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?	DY DN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		
	or expansion; and downstream from no other inlet?	□Y □N	□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?	OY ON	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) AD A GR 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? MD YE 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; AND ND YE b. documentation of parts ordered to repair leak and leak repaired w/in 2 days ĎY □N □N/A and parts installed w/in 5 days of receipt? DY DN BN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MD AM 6. Maintained startup/shutdown/malfunction plan? A/NE NO YO 7. Maintained deviation reports? OY ON DN/A Problem corrected? DY DN BN/A 8. Maintained compliance plan, if applicable?

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repinspection?	air □N
inspection?	ΠN
	C 114
2. Has the facility maintained a leak log?	□N
3. Does the responsible official check the following areas for leaks?	
Hose connections, fittings, couplings, and valves DY DN DN/A Muck cookers DY	A/NE NO
Door gaskets and seating DY DN DN/A Stills DY	□N □N/A
Filter gaskets and seating	ON BN/A
Pumps BY DN DN/A Diverter valves BY	□N □N/A
Solvent tanks and containers BY DN DN/A Cartridge filter housings DY	□N □N/A
Water separators	
4. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	
Physical detection (airflow felt through gaskets)	
Odor (noticeable perc odor)	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	
Halogen leak detector	
If using direct-reading instrumentation, is the equipment:	/A .
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y	□N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	□N ·
c. Inspected for leaks and obvious signs of wear on a weekly basis? □Y	□И
d. Kept in a clean and secure area when not in use?	ПΝ
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ŮИ
	·

(-MARIOS ALORMAN	6/16/99
Inspector's Name (Please Print)	Date of Inspection
(Mula M Home	8-12 Mos
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE	INFORMATION	ι :				·
				<u> </u>		
			•			
					•	
·						
					•	
					•	
		*				
				,		
					•	
					•	

AIRS ID#: 0330228

PAR

DRY CLEANER AIR QUALITY GENERAL PREMUTE IVED ANNUAL COMPLIANCE CERTIFICATION FORM

<u> </u>	.HIN 2 a 4000
FACILITY NAME: Mile Cleaners	DATE: 6/17/99 Bureau of Air Monitoring
FACILITY LOCATION: 312 E. NINE MILE RD.	& Mobile Sources
PRNSACOLA FL. 32505	
Annual Reporting Period: Dec 16, 1998 19 TO	Jun 17, 1999 - 19_
Based on each term or condition of the Title V general air permit, my facility has remain 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this state.	<u> </u>
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance	e during the reporting period stated above:
Exact period of non-compliance: fromto)
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	e during the reporting period stated above:
Exact period of non-compliance: from ENTERED to	REVIEWED
Action(s) taken to achieve compliance: JUN 2 5 1999	JUN 25 1999
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed aft made in this notification are true, accurate and complete. Further, my annual consumupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	ption of perchloroethylene solvent, based dry-to dry facilities or 1,800 gallons per Signature Date
The other country of the state	CEIVE
*This form is made available to you as an aid in order to meet your annual compliance discretion of the responsible official to use this form.	certification requirements. It is an in a single section of the se
Page of	Northwest Florida

TITLE AIR QUALITY GENERAL PERM INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🔀 COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1330 TIME OUT: 1410	O AIRS ID#: 0330228
TYPE OF FACILITY: DC	
FACILITY NAME: Nine Mile Cleaner	DATE: 6/16/99
FACILITY LOCATION: 312 E. Nine >	mle Rl
Crensacola FL 3	2505
RESPONSIBLE OFFICIAL: John KNU to, gr	PHONE NUMBER: 334-456-3680
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
	rr'
	But DE CE
	L. Mobile Sources
ENTERED	ning ning
JUN 1 8 1999	
•	
COMMENTS: Well Kept Facility - 6	ood records.
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 8-12 MOS	0.0
	proximate) Complete 9 Send to
	mon ne
INSPECTOR'S SIGNATURE:	ease Print) WOLL PHONE NUMBER: 525-8364
Page	of . X/22 Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION		COMPLAINT/DISC	OVERY [
AIRS ID#:0330228 DATE	Mile Co	EANO	=21	е оит: <u>/</u>	<i>™</i>
RESPONSIBLE OFFICIAL :	h Knott	~ 35	2514		18
PART I: NOTIFICATION (check appropriate box)					
New facility notified DARM 30 d Facility failed to notify DARM to		ENTER	ED 1999]]
PART II: CLASSIFICATION					
Facility indicated on notification for (check appropriate box)	orm that it is:		☐ No notification fo☐ Drop store/out of		um
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)	dry- trans both	fer only, $x < 1$ types, $x < 1$	x < 140 gal/yr < 200 gal/yr		
3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/y (constructed before 12/9/91)	gal/yr dry- l/yr trans r both	sfer only, 20 types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)		
5. This is a correct facility classif	ication DY	B V	□Can not determine	New	
	nalified for a general p	ermit as nu	mber <u>2</u> above	1 1	s 1946
B. The total quantity of perchloroeth facility was 57 gallons.	nylene (perc) purchas	ed within th	e preceding 12 months	by this dry clea	ning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? AME NO YO 2. Examining the containers for leakage? NO YE 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? **N**A UD Y 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MO AN 1. Equipped all machines with the appropriate vent controls? DN DN/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 NO UN DYA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated NO VER condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the N/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?

В.	Has the responsible official of an existing large or new large area source also: $\mathcal{N}\mathcal{H}$			
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	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□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?	ΠY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	□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?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) AD AG 1. Maintained receipts for perc purchased? NO YES 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; A'YA NO YEE b. documentation of parts ordered to repair leak and leak repaired w/in 2 days PIND NO PRO and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) A/MED NO YO DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? NO YES 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN BN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND	PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
inspection?			MO AG					
2. Has the facility maintained a leak log	?	`	→ PAY □N					
3. Does the responsible official check th	e following areas for leak	cs?						
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY: ON ON/A					
Door gaskets and seating	OY ON ON/A	Stills	DY ON ON/A					
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY ON DIN/A					
Pumps	DY ON ON/A	Diverter valves	BY ON ON/A					
Solvent tanks and containers	BY ON ON/A	Cartridge filter housing	S DY ON ON/A					
Water separators	DY ON ON/A							
4. Which method of detection is used by	the responsible official?							
Visual examination (condensed	Visual examination (condensed solvent on exterior surfaces)							
Physical detection (airflow felt through gaskets)								
Odor (noticeable perc odor)								
Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)						
Halogen leak detector		_						
If using direct-reading inst	rumentation, is the equ	ipment:	DN/A					
a. Capable of detecting	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?							
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON					
c. Inspected for leaks a	and obvious signs of wear	r on a weekly basis?	OY ON					
d. Kept in a clean and	secure area when not in t	ise?	OY ON					
e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	OY ON					
		•	•					
· · · · · · · · · · · · · · · · · · ·								

CHARLOS ALORMAN	6/16/99
Inspector's Name (Please Print)	Date of Inspection
July Home	8-12 Mos
Inspector's Signature	Approximate Date of Next Inspection

DDITIONAL SITE INFORMATION:		 		·
•				
			•	
		•		
•				
	٠.	-		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 . C	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1230	тіме оит: <i>1300</i>		330228
TYPE OF FACILITY: DC	NINE Mile	CLEAN SOLS	
FACILITY NAME: 3/2	E WING 1	nite Pal:	DATE: 4/19/00
FACILITY LOCATION:	macrla Fa	- 32514	
			774-452-08/7
RESPONSIBLE OFFICIAL:	hNKNOTT	PHONE NUMBER:	334-456-3650 F
	compliance requirements eva 62-213.300, Florida Admin	aluated during this inspection, the facil istrative Code (F.A.C.).	ity is found to be in
Based on the results of the discrepancies were noted:	compliance requirements eva	aluated during this inspection, the follo	wing compliance
COMPLIANCE REQUIR	REMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
			7
			APR 2 APR 2 Ireau of All & Mobile
			PR 2
		ENTE:	En G
		APR 20	2000 Monitoring Sources
			go.
•			
<u> </u>			
· · .			
COMMENTS:	alto the Du	and Promo D & 1:	<i>T</i>
Guarican	yeare I'm om	nual Camp. Centifi	calion
form lift at	the Joanens.		
The Annual Compliance Certification	on form has been properly ce	rtified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:			Left for Ro
		Approximate)	·
INSPECTION CONDUCTED BY			
INSPECTOR'S SIGNATURE:	land Hamm	(Please Print) 595 8 79 PHONE NUMBER:	22
	. Page	of /.	Revised 10/96
		· · · · · · · · · · · · · · · · · · ·	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	1 D	COMPLAINT/D	DISCOVERY	. .
AIRS ID#: 0330228 D. FACILITY NAME: Nime FACILITY LOCATION: N	mile &	2 Clean	v: 1230 1	TIME OUT: <u>/</u>	300
RESPONSIBLE OFFICIAL:	mark	FL 3.	25/4 PHONE: 734	45 2-08	1/3
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)		E	NTERED		
1. New facility notified DARM 30	days prior to start	up ΔΡ	R 2 O 2000		
2. Facility failed to notify DARM	to use general perm		N 20 2000		
PART II: CLASSIFICATION		<u> </u>			<u></u>
	C. ' AT A '4 '-		D.Nisi.	- C	
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notificatio☐ Drop store/ou		etroleum
A.			_ 5. op 5. o. o. o.	it of oddinour p	
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 as dry-to-dry only, transfer only, x < both types, x < 1 (constructed on a	x < 140 gal/yr < 200 gal/yr 40 gal/yr	O Bu	<i>7</i> 0
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$)	00 gal/yr gal/yr	transfer only, 20 both types, 140 (constructed on	$140 \le x \le 2,100 \text{ g}$ $10 \le x \le 1,800 \text{ gal/y}$ $10 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$	f Air Monidiae Source	CEIV
5. This is a correct facility clas	sification	DY ZW	□Can not deterr	mine of foring	
If an anti-action to act and		· ·			-
	propriate classifica qualified for a gen exceeds above lim	eral permit as nu its and is not elig		bove permit	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 2. Examining the containers for leakage? NO YO 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN BN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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) NO YE 1. Equipped all machines with the appropriate vent controls? AINO NO YE 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 אואם אם צם condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MO ACC 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? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	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?	ΟY	ΠN	
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□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	ПN	□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?	ΠY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) אם גם 1. Maintained receipts for perc purchased? OY ON 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: NOCEAKS DY DN DN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days A/KG NO YO and parts installed w/in 5 days of receipt? A/NE NO YO 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? NO YE 6. Maintained startup/shutdown/malfunction plan? A/NO NO YO 7. Maintained deviation reports? A/NØ NO YO Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair YΩ $\square N$ inspection? $\square N$ 2. Has the facility maintained a leak log? ÐΥ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN BN/A →OY ON ON/A couplings, and valves Muck cookers DY ON ON/A Door gaskets and seating YOY ON ON/A Stills Y DN DN/A Filter gaskets and seating -QY ON ON/A Exhaust dampers SOY ON ON/A Pumps -QY ON ON/A Diverter valves A'NO NO YE Solvent tanks and containers -QY QN QN/A Cartridge filter housings Water separators ✓DY □N □N/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector **₽**N/A If using direct-reading instrumentation, is the equipment: OY ON a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN HARlos Inspector's Name (Please Print) Date of Inspection Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:		
	· .	
		•
		·



301434

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

MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 ... JAN 30 98

Do NOT Remove Label

AIR\$ ID#0330228

PORT CITY CLEANERS INC JOHN KNOTT 662 S WILSON AVENUE MOBILE AL 36617

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оъј.: 002273

2583951

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

RECEIVED MAIL ROOM JAN 17 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0330228

PORT CITY CLEANERS INC JOHN KNOTT 662 S WILSON AVENUE MOBILE AL 36617 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

406537 FEB28 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 # 0330228

NINE MILE CLEANERS JOHN KNOTT 662 S WILSON AVENUE MOBILE AL 36617 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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 # 0330228

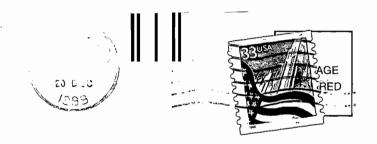
NINE MILE CLEANERS JOHN KNOTT 662 S WILSON AVENUE

MOBILE AL 36617

FOR GOVERNMENT USE ONEY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

32315+3070 Lilliahlallian II. Lilliah ballalah dhallala Illiah dhalla lilliah dha



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 # 0330228

NINE MILE CLEANERS JOHN KNOTT 662 S WILSON AVENUE MOBILE AL 36617

Bureau of Air Monity

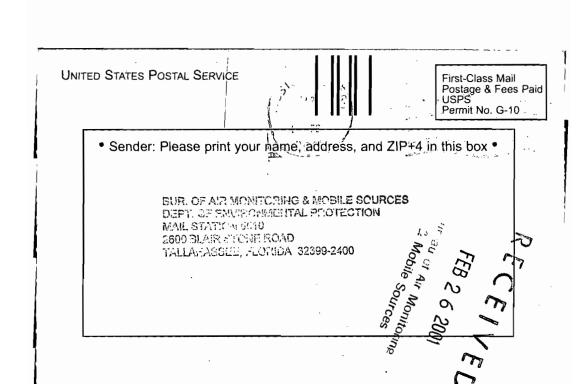
FOR GOVERNMENT USE ONLY Org.: 37550100000 EO: B1 Fund: 20-2-035001

Obj.: 002273

4764	U.S. Postall CERTIFIE (Domestic Maillo	MAIL REC	EIPT Coverage Provided)
72	Postage	\$	
그	Certified Fee		
	Return Receipt Fee (Endorsement Required)		Postmark Here
	Restricted Delivery Fee (Endorsement Required)		
88	Total		D # 0330228
Recipi NINE MILE CLEANERS JOHN KNOTT			
7000	Street, 662 S WILSON AVENUE		
2	MOBILE AL 3	0617	
P	S Form exportrapitially Zu	10101	See Reverse for Instructions

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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1?
Airs ID # 0339 Airs ID # 0339 Airs ID # 0339	D. Is delivery address/different from item 1?
NE MILE CLEANERS DHN KNOTT 52 S WILSON AVENUE GOBILE AL 36617	Service Type Contified Mail Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2. Article Number (Copy from service label) 7006 0600 002(6 41)	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811. July 1999 Domestic Re	turn Receipt 102595-99-M-1789

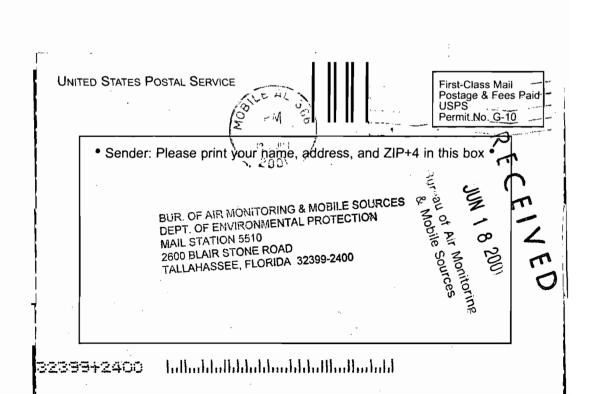
BEST AVAILABLE COPY



	U.S. Postal CERTIFIEI (Domestic Mail (D MAIL REC	EIPT Coverage Provided)
5.4			
5-2	OFF	ICIAL	USE
7367	Postage Certified Fee	\$,
۔	Return Receipt Fee		Postmark Here
0000	(Endorsement Required) Restricted Delivery Fee (Endorsement Required)		
7	Te*-! D* 0 E	Φ.	
		AIRS ID # 03302280	001AG
	JOHN KNOTT St NINE MILE CLI	EANERS	
7000	G 662 S WILSON MOBILE AL 366		
	MODIEL AL 300		
			for Instructions

SHOULD IN GIOS SHOULD IN GIOS SHOULD IN GENERAL	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address elitterent from item 1? Yes If YES enter delivery address below: No Certificat Wall Let Express Mail
MOBILE AL 36617	3. Service Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2 Article Number (Copy from service label) 2006 73	36/5754
PS Form 3811, July 1999 Domestic Retu	ırn Receipt 102595-99-M-1789

BEST AVAILABLE COPY



1.829		MAIL RE	CEIPT e Coverage Provid	ded)
47.7	Postage Certified Fee	\$	Postmark	
002b	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	-
7000 0600	Total Postage & Fees Recil NINE MILE (Stree JOHN KNOT 662 S WILSO City MOBILE AL	CLEANERS T N AVENUE	RS ID # 0330228	
	FSF.			Instructions

.

•

, b

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 # 0330228 NINE MILE CLEANERS JOHN KNOTT 	C. Signature A sept Agent D. Is delivery address different from terms If YES, enter delivery address below.
662 S WILSON AVENUE MOBILE AL 36617	3. Service Type Certified Mail
]	4. Restricted Delivery: (Extra Fee)
. 3007 0350 0007 545P 7552	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789
,	

		MAIL REC	EIPT Coverage Provided)
1275	OFF	ICIAL	USE
7976	Postage Certified Fee	\$	Postmark
1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
2007 0350	Ser NINE MILE C. JOHN KNOTT or / 662 S WILSON Oil MOBILE AL 36617		228
$\{$	PSL		of Instructions