

## Department of **Environmental Protection**

Lawton Chiles Governor

Twin Towers Office Bpttting 42C 2600 Blair Stone Roadoy Vincik Tallahassee, Florida 3239 1240 ywood A Room

Virginia B. Wetherell Secretary

March 7, 1997

Mr. Roger McGinnis President Garden Coin Laundry and Dry Cleaning 8187 West Fairfield Drive, Unit I Pensacola, Florida 32506

Re: Facility No. 0330239

Dear Mr. McGinnis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 17, 1997.

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

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

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

DD/jw

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):
	TEKNO COIN-OP INC
2.	TEKNO COIN OP INC. Site Name (For example, plant name or number):
	GARDEN COIN LAUNDAY & DAY READING
3.	GAROEN COIN LAUNDRY & ORY CLEANING Hazardous Waste Generator Identification Number:
4.	Facility Location:
	Street Address: 8187 W. FAIRFIELD DIVE - LIWIT I City: PENSACOLA County: Zip Code: 32506
	City: PENSACOCA County: ESCAMBIA Zip Code: 32506
5.	Facility Identification Number (DEP Use):
	0330239
	Responsible Official
6.	Name and Title of Responsible Official:
	ROGER MCGINNIS / PRESIDENT
7.	Responsible Official Mailing Address:
	Organization/Firm: TEKNO COIN-OP, INC.  Street Address: 3351 MARINERS CT.  City: PENSACOLA FL County: ESCAMBIA Zip Code: 32526
	City: Sin Code:
	27070
8.	Responsible Official Telephone Number:
	Telephone: (904) 456 - 2132 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAME.
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11	Facility Contact Telephone Number:
11.	Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -

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JAN 1 7 1997

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring: & Mobile Sources

### **Facility Information**

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	1	Machine	Control
	l	Initially	Device	l _	Initially	Device		Initially	Device
Type of Machine	[ ID	Purchased	Installed	_ID	Purchased	Installed	L 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	F	8 490	-8 1950	-	2.M 1-	14-97			
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser						1	T		
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1			T	
(8) w/ carbon adsorber					,		T		
(9) w/ no controls	T -								
Reclaimer Unit					·				
(10) w/ ref. condenser				1					
(11) w/carbon adsorber							1		
(12) w/ no controls				1	<del>                                     </del>				
(b) Control devices are  (c) No control devices  2.(a) What was the total  [	quangall	required to be atity of perchlons how many? [	oroethylene	(perd	] e) purchased				5:
3. What is the facility's so (Indicate with an "X".  Existing small a	Sele rea s	ect one classi	fication only N	ew si	finitions four mall area sou	irce [	J	f Part II?	
•									

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

!	
!	#0330239
	Garden Pain I MANUADAN Menning
	Garden Coin Laundry+Dry Cleaning
P.14	1.(a) date "8-1990" needs to be clear - add date control device installed, if any
<u></u>	clear - add date control
	device installed, it any
,	

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

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

### Surrender of Existing Air Permit(s)

Please 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)  No air permits currently exist for the operation of the facility indicated in this notification form.						
ι <b>X</b> ι							
	Responsible Official Certification						
this notij 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 sits made in this notification are true, accurate and complete. Further, I agree to operate and the the the the sits made in 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	omptly notify the Department of any changes to the information contained in this notification.    1-14-97   Date						

Page 16 of 16

DEP Form No. 62-213,900(2) Effective: 6-25-96

# Garden Coin Laundry + Dry Cleaning

D14 1./a) date "8-1990" needs to be

1.	Facil	clear add date control
	7	 device installed, it any
2.	Site 1	

Haza Facil Stre City: 5. Facil

726

9. Name and Title of Facility Conta	ct (For example, plant mana	ger):	
SAME.			
10. Facility Contact Address:			
Street Address: City:	County:	Zip Code:	
11. Facility Contact Telephone Num Telephone: ( ) -		c ( ) -	

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Northwest Florida Page DE of 16

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Bureau of Air Monitoring & Mobile Sources

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

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation	i, agency, or individual owner):
TEXNO CO: OF TOO	
2. Site Name (For example, plant name or number):	
GARDEN COIN LAUNDRY	& DRY CLEANING
3. Hazardous Waste Generator Identification Number:	·
4. Facility Location:	· • · · · · · · · · · · · · · · · · · ·
Street Address: 8187 W. FAIRFIELD	DEIVE - UNIT I
Street Address: 8187 W. FAIRFIELD City: PENSACOLA County: ESC	ZAMBIA Zip Code: 32506
5. Facility Identification Number (DEP Use):	- //
	0330239
	()))/40/
Responsible	Official
. Responsible	Official
6. Name and Title of Responsible Official:	
Posen Most In	
7. Responsible Official Mailing Address:	RESTOENT
Organization/Firm: TEKNO COIN-OP	INC.
Street Address: 3351 MARINERS CT.	
Organization/Firm: TEKNO COIN-OP Street Address: 3351 MARINERS CT. City: PENSACOLA, FL. County:	ESCAMBIA Zip Code: 32526
8. Responsible Official Telephone Number:	27076
Telephone: $(904)$ 456 - $2132$	Fax: ( ) -
The state of the s	D and all la Officially
Facility Contact (If different for	rom Responsible Official)
9. Name and Title of Facility Contact (For example, plan	nt manager):
· · · · · · · · · · · · · · · · · · ·	
SAME.	
10. Facility Contact Address:	•
Street Address:	
City: County:	Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) -	Fax: ( ) -
receptione. ( ) · -	- Lun. ( )
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JAN 1 7 1997

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

### Facility Information

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

206.11		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	L ID	Purchased	Installed	ID	Purchased	Installed		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	#	8 1600	\$ 1950	ľ	1.n 1-	14-97			
(2) w/ carbon adsorber				ļ				•	
(3) w/ no controls	00000000000						dinanarra		
Washer Unit		T		<u>,                                     </u>		<del> </del>		<del>,</del>	
(4) w/ ref. condenser				<u> </u>			<u> </u>		
(5) w/ carbon adsorber									
(6) w/ no controls	10000000000			. <u> </u>					<u> </u>
Dryer Unit		1	т	T	т	1	<u> </u>		т
(7) w/ ref. condenser	-			<u> </u>			<u> </u>		
(8) w/ carbon adsorber	-			<u> </u>	·	- <del> </del>			
(9) w/ no controls	300000000						<u> </u>		
Reclaimer Unit		<del> </del>	т	т	т — —	T	<u> </u>	Т	т
(10) w/ ref. condenser	ļ			,			-	<u> </u>	
(11) w/carbon adsorber		ļ		-				_	
(12) w/ no controls		<u> </u>		<u>L</u>				<u> </u>	
(b) Control devices are					 			*	
2.(a) What was the total [ 80	quan   gall		oroethylene	(perc	) purchased	in the latest	12 m	onths?	
(b) If less than 12 months, how many? [] months  Check why it is less than 12 months: New owner: [] New store: [] Did not keep records:  []									
3. What is the facility's so (Indicate with an "X".					finitions fou	nd in section	(3) o	f Part II?	
Existing small a	Existing small area source New small area source								
Existing large a	rea so	ource []	N	ew la	irge area sou	rce [	J		

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

<ol> <li>What control technology is required on machines p (Indicate with an "X".)</li> </ol>	oursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser []
New small area source Refrigerated condenser []	ત્રો
New large area source Refrigerated condenser	
5. A facility which contains non-exempt emissions a pursuant to Rule 62-213.300, F.A.C. Verify that all following exemption criteria or that no such units ex	steam and hot water generating units on-site meet the
<u> </u>	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site permit:	in accordance with the requirements of this general
(a) Purchase receipts and solvent purchases	( <del>X</del> )
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	uitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[ <b>X</b> ]

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

### Surrender of Existing Air Permit(s)

Please indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
۲ <b>X</b> ٦	No air permits currently exist for the operation of the facility indicated in this notification form.
•	Responsible Official Certification
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. 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.  Somptly notify the Department of any changes to the information contained in this notification.
Signatur	Date 1-14-97

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# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Gan Les Coin Laundn & Dry Channis DATE: 1/14/97 FACILITY LOCATION: 8/87 W. Fair Gield Dr-Unix I Pensacala, FL 32506
FACILITY LOCATION: 8/87 W. Fair Liels Dr-Unix I
Rensecala, FL 32506
Annual Reporting Period: 9/1/96 19 TO 1/14/87 19
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 52-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   YES  NO
f 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:
HAD NOT COMPLETED NOTIFICATION.
Exact period of non-compliance: from 9-1-96 76 1-14-97 to
Action(s) taken to achieve compliance: COMPLETED: 1-14-97.
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: 1706en MCG in the statements of the statem
Name (Please Print)  Signature  Date

<sup>\*</sup>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.

IBDOOTH

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO		COMPLAINT/DIS	COVERY
0330239 AIRS ID#: AIO NE FACILITY NAME: GAZI	•			
FACILITY LOCATION:		ereible)	r	
PART I: NOTIFICATION	AMERICAN SERVICE SERVICES AND S	The rest of the second	And the second s	
(check appropriate box)	ton the galactic contents of a process of the second state of the contents of	The state of the s	ALL OF THE PROPERTY OF THE PRO	
1. Existing facility notified DA	ARM by 9/1/96			
2. New facility notified DARM	1 30 days prior to star	rtup		ر 🗖
3. Facility failed to notify DAI	RM to use general per	mit		$\searrow$
Control of the Contro	The statement of the state of t			The state of the s
PART II: CLASSIFICATIO	N			
Facility indicated on notificate (check appropriate box)	tion form that it is:	FACILITY NOTIFIC	HAD NUT	DONIE
1. Existing small area sou dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91	yr	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 sou dry-to-dry only, 140 <x<2,1 transfer only, 200<x<1,800 both types, 140<x<1,800 ga<br="">(constructed before 12/9/91</x<1,800></x<1,800 </x<2,1 	00 gal/yr gal/yr al/yr	transfer only, 2 both types, 140	area 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<2,100>	
This is a correct facility classi	fication	□Y □N		
If no, please check the approp	riate classification:			
	fied for a general periods above limits and is		above a general permit	
B. The total quantity of perch facility wasgallon		ırchased within t	he preceding 12 mon	ths by this dry cleaning

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) ĖY ON 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN 2. Examining the containers for leakage? ND YES 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? $\Box$ Y $\Box$ N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? $\Box$ Y $\Box$ N

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS	and the second second section (see the second secon
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	NO AG
2. Maintained rolling monthly averages of perc consumption?	MO AM
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	NO VO
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON
4. Maintained calibration data? (for direct reading instruments only)	A/MEY NO YO
Maintained exhaust duct monitoring data on perc concentrations?	DY NO WA
6. Maintained startup/shutdown/malfunction plan?	MO AM
7. Maintained deviation reports?	MO AM
Problem corrected?	ОУ ОИ
8. Maintained compliance plan, if applicable?	DY DN DN/A

DADT VI. I BAY DETECTION AND DEDATE	And the second and the second	entre de la propertie de la 19th propertie de la montrée de la company d	* W.A. W	*** * ***** ****** * * ** **
PART VI: LEAK DETECTION AND REPAIR	A. N. P			
Does the responsible official conduct a weekly (	for small sources,	bi-weekly) leak detection a		
inspection?			<b>D</b> Y	□N
2. Which method of detection is used by the respon		_		
Visual examination (condensed solvent or	n exterior surfaces)	\	<u></u>	
Physical detection (airflow felt through ga	skets)	\	, D	
Odor (noticeable perc odor)			Ē	
Use of direct-reading instrumentation (FII	D/PID/calorimetric	tubes)		
If using direct-reading instrumentation,	, is the equipment			
a. Capable of detecting perc vapor	or concentrations is	n a range of 0-500 ppm?	QY	□N
b. Calibrated against a standard (PID/FID only)?	gas prior to and af	ter each use	ПY	
c. Inspected for leaks and obviou	is signs of wear on	a weekly basis?	$\Box Y$	$\square N$
d. Kept in a clean and secure are	a when not in use?	?	$\Box$ Y	□N
e. Verified for accuracy by use of	f duplicate samples	s (calorimetric only)?	ПY	□n /
3. Has the facility maintained a leak log?			Y	DN
4. Does the responsible official check the following	g areas for leaks?			
Hose connections, fittings, couplings, and valves	□N	Muck cookers	- DY	ON ALA
Door gaskets and seating	□N	Stills	ΔY	□N
Filter gaskets and seating	□N	Exhaust dampers	ПY	©W N□
Pumps QY	□N	Diverter valves	ПY	DN N
Solvent tanks and containers DY	□N	Cartridge filter housings	Z Y	DN
Water separators	□N			
Regar McGirwis Name of Responsible Official Chales Noaman				
Charles Norman		1/14/97		
Inspector's Name (Please Print)		Date of Inspe	ection	
leule m Hom -		88 val		
Inspector's Signature		Approximate Date of	Next I	nspection
		•		

ADDITI	ONAL	SITE INF	ORMAT	TION:

Completed Nothication Forman sites. Expleined Repeir record beiling.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

r 18D00871

Revised 10/96

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 1/30 TIME OUT: 1223	AIRS ID#: NON - 0330239			
TYPE OF FACILITY: DC.				
FACILITY NAME: Gar don Cain Fainly	Dry clean DATE: 1/14/97			
FACILITY LOCATION: \$187 W. Fair frela	2506			
RESPONSIBLE OFFICIAL: Roger Mc Gennis	PHONE NUMBER: 456-2132			
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:	ated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
DIDN'T HOVE PEDMIT	NONE: Accomplishionsite.			
· · · · · · · · · · · · · · · · · · ·	. ,			
The state of the s				
	•			
COMMENTS:	· .			
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO			
DATE OF NEXT INSPECTION: San 98				
Z 1/- , 1	proximate) カカル			
	ease Print) UIII_236(1			
INSPECTOR'S SIGNATURE: Law lin / 10 man PHONE NUMBER: 794-800)				

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	ARDEN COIN LA			
FACILITY LOCATION: _	8187 W.	FAIRFIELD O	Drive-UNIT	ユ
	PENSACOLA, FL	32506		
Annual Reporting Period:	JANUARY	19 <u>98</u> TO	DECEMBER	19 <u>9</u>
	ion of the Title V general air petrative Code (F.A.C.), during			DEP Rule
If NO, complete the following	<b>z</b> :			
. 1.	general permit that has not be	_	ce during the reporting p	period stated above:
Exact period of non-complian		ENTE JAN 0 o	RED 3	JAN - 7 Bureau of Air & Mobile
Action(s) taken to achieve con				nobile and
Method used to demonstrate of	compliance:	WF		
#2. Term or condition of the  A  Exact period of non-complian	general permit that has not be		ce during the reporting p	period stated above:
Action(s) taken to achieve con	mpliance:	·	·	·
Method used to demonstrate of	compliance:			
made in this notification are upon rolling averages of puro year for transfer or combinat	L: Name (Please Prin	Further, my annual consum d 2,100 gallons per year for wis	sption of perchloroethyl r dry-to dry facilities or  Signature	ene solvent, based 1,800 gallons per  -  2-29-98   Date

### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: GARDEN CO:N LAYNDRY	DATE: 1- 3-99
FACILITY LOCATION: 8187 W. FAIRFIELD DRIVE -V	1N:7 I
PENSACOLA, FL. 32506	
Annual Reporting Period: TANUACY 1998 TO DECEN	19 98
Based on each term or condition of the Title V general air permit, my facility has remained in complication of the Title V general air permit, my facility has remained in complication.  62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the relationship.	eporting period stated above:
N/A	<u> </u>
Exact period of non-compliance: from to	
JAN 0 0 1999	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	)
#2. Term or condition of the general permit that has not been in continuous compliance during the results of the general permit that has not been in continuous compliance during the results of the general permit that has not been in continuous compliance during the results of the general permit that has not been in continuous compliance during the results of the general permit that has not been in continuous compliance during the results of the general permit that has not been in continuous compliance during the results of the general permit that has not been in continuous compliance during the results of the general permit that has not been in continuous compliance during the results of the general permit that has not been in continuous compliance during the results of the general permit that has not been in continuous compliance during the results of the general permit that has not been in continuous compliance during the results of the general permit that has not been in continuous compliance during the results of the general permit that has not been in continuous compliance during the results of the general permit that has not been in continuous compliance during the results of the general permit that has not been in continuous compliance during the results of the general permit that has not been in continuous compliance during the general permit that has not been in continuous compliance during the general permit that has not been in continuous compliance during the general permit that has not been in continuous compliance during the general permit that has not been in continuous compliance during the general permit that has not been in continuous compliance during the general permit that has not been in continuous compliance during the general permit that has not been during the general pe	eporting period stated above:
Exact period of non-compliance: from	3 K
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 perch upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry fa year for transfer or combination facilities.	loroethylene solvent, based
RESPONSIBLE OFFICIAL: 12060R B. MCG: NIS	12-29.98
Name (Please Print) Signature	Date
*This form is made available to you as an aid in order to meet your annual compliance certification a discretion of the responsible official to use this form.  Page 1 of 1.	requirements. It is at the D
	epiros do

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISC	OVERY 🗆
•	RE-INSPECTION		THIS THEP &	nchuser as recla
AIRS ID#: 330245 I	DATE: De 3	9 SIME I	N:700A TIM	ie out: <u>§ 3</u> > <u>А</u>
FACILITY NAME: De	orain Cho	news IN		
FACILITY LOCATION: 50			twy_	
1	isacula Fl		S	·
RESPONSIBLE OFFICIAL : G	Susar / Lenne	<u> </u>	PHONE: <u>484-</u> S	3983
CONTACT NAME:	Same	, 	PHONE:	~
`			VIII J	
PART I: NOTIFICATION			¢ % 1	
(check appropriate box)		ENTE	RED OF E	, ,
1. New facility notified DARM 3	30 days prior to startuj	JAN 06	1999 88	F (1)
2. Facility failed to notify DARN	I to use general permi		orces of the	
PART II: CLASSIFICATION		<u> </u>		
Facility indicated on notification (check appropriate box)  A.	n form that it is:		☐ No notification fo☐ Drop store/out of	· ·
1. Existing small area source	ee 🛭 2.	. New small a	irea source	Q or a section
dry-to-dry only, x < 140 gal/y			x < 140 gal/yr	ENTERED
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr		cansfer only, $x$ oth types, $x <$	• •	JAN 06 1999
(constructed before 12/9/91)			or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ (transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$ )	00 gal/yr d 0 gal/yr tr al/yr b	ransfer only, 20 oth types, 140	area source $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	r r
5. This is a correct facility cla	ssification	N□ Y	□Can not determine	<del>2</del>
	y qualified for a gener	al permit as ni	umber abov	
B. The total quantity of perchlor facility was 9/3 gallons.	oethylene (perc) purc	hased within t	he preceding 12 month	ns by this dry cleaning

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? DY ON DN/A 3. Closing and securing machine doors except during loading/unloading? NO YØ 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 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? See Notes at back DY DN DY DN SIN/A Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN SINA 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? See notes at hack. DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AINO 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? NO YO

PART III: GENERAL CONTROL REQUIREMENTS

	В.	Has the responsible official of an existing large or new large area source also:		
Jus	l	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?	<b>√</b> 01Y	ПИ
	2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? (weaverth,) explained	<b>Z</b> Y	□N □N/A
		Is the temperature differential equal to or greater than 20° F?	ΩY	□N □N/A
	3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	A/NAG NO
		Is the perc concentration equal to or less than 100 ppm?	ΩY	אומים אם
	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?	ΠV	DN BN/A
			U I	UN GWA
	5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ON DIN/A
	6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	אומפט מם
	_			

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AD A GA
2. Maintained rolling monthly averages of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	□Y □N □N/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				NO YO
2.	Has the facility maintained a leak log?	•.			OY ON
3.	Does the responsible official check the	following a	areas for leaks?		
	Hose connections, fittings, couplings, and valves	OY OM	ı □n/a	Muck cookers	OY ON ON/A
	Door gaskets and seating		I □N/A	Stills	□Y □N □N/A
	Filter gaskets and seating		I □N/A	Exhaust dampers	DY DN DN/A
	Pumps		N □N/A	Diverter valves	OY ON ON/A
	Solvent tanks and containers	OY ON	I □N/A	Cartridge filter housings	□Y □N □N/A
	Water separators	OY ON	A/ND I		
4.	Which method of detection is used by t	he respons	ible official?		
	Visual examination (condensed s	olvent on e	xterior surfaces)	)	
	Physical detection (airflow felt th	rough gask	ets)		
	Odor (noticeable perc odor)			•	
	Use of direct-reading instruments	ation (FID/	PID/calorimetric	tubes)	
	Halogen leak detector				
If using direct-reading instrumentation, is the equipment:			□N/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON		
	b. Calibrated against a (PID/FID only)?	standard ga	s prior to and af	îter each use	OY ON
	c. Inspected for leaks as	nd obvious	signs of wear on	a weekly basis?	OY ON
	d. Kept in a clean and s			•	OY ON
	e. Verified for accuracy			•	□Y □N
L					
		•			
				310	98
_	Inspector's Name (Please Pri	nt)		Date of Inspe	ection
	CAT				
-	Inspector's Signature		<del></del>	Approximate Date of	Next Inspection

Found that retlainers do home separato refrig. couls. These are in a box and the box is devided by by a divider which provida a separate sialul for each reclamin to vent into. New timps grages were installed and a refrig. tech. her charged the conclusion. Showed work property now. I showed Ms Henry where to take the temp readings and w hat they should be. Told-her if they do not get Lown to 45° F Hun mains must be nothil. Care her repair times , et c. She but been trying to camply according to records but they were encorrectly Lane. She was carbused between washer & reclaimer temps organimenty.

commend as yet! Was his wints into and of reclaimer's area. Shouldn't do this per rule HCFR. Ito were the only air stream from the was her is a booded vent with for which comes on when the tor of the was her is opened. It lumps this air stream into cails of orglaimer #1. I can tesse when a separation, Carrolinaer would help or accomplish any thing. (mone to came.)

to Incurs Met uf Cecil Swain of foor S Controlo on Washer + Reclamor.

300669

### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0330239

RECEIVED TEKNO COIN-OP INC ROGER MCGINNIS 3351 MARINERS COURT PENSACOLA FL 32626 JAN 2 6 1998 Bureau of Air Monitoring Do NOT Remove Label & Mobile Sources 19 Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. **U**NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Name (Please Print)

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1430	AIRS ID#: 0330239
TYPE OF FACILITY: D.C.	
FACILITY NAME: Cardon Com Lam dry	+ Drz Clama DATE: Dac 18, 1998
FACILITY LOCATION: 5687 W. Fan freld I	SYL 3
Lessaur 3250	
RESPONSIBLE OFFICIAL: Voger Mr Gennis	PHONE NUMBER: 850 456 - 213
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	ative 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
	P
	DEC 29 1948 Bureau of Air Monitorin 8 Mobile Sources
Enite parts	Air Month
<u>ENTERED</u>	ie o o
DEC 22 1998	ga .
	•
•.	
	•
·	
COMMENTS: \\ \	
COMMENTS: Very good records.	
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YESX NO
`160	P. Id C - R > 1 0
DATE OF NEXT INSPECTION: (Ani	proximate)
INSPECTION CONDUCTED BY: CHARLOS Norman	, and the second
	ease Print)
INSPECTOR'S SIGNATURE Land Morm	— PHONE NUMBER: 595-8364
Page	of_\ Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

\* 1.1

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	E-INSPECTIO	N D
AIRS ID#: 0330239DAT  FACILITY NAME: Gorden Confederation: 8/87  Pens  RESPONSIBLE OFFICIAL: Responsible OFFIC	in Laundr 7 W. For	enfield Drive Unit I  32506 (850)
PART I: NOTIFICATION		
(check appropriate box)  1. New facility notified DARM 30 da  2. Facility failed to notify DARM to		T DEC 2.2 1998
PART II: CLASSIFICATION		
T		
Facility indicated on notification fo (check appropriate box)	rm that it is:	☐ No notification form ☐ Drop store/out of business/petroleum
III	rm that it is:	<b>.</b>
(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	⊠ gal/yr /yr	☐ Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
<ul> <li>(check appropriate box)</li> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr</li> </ul>	Zal/yr /yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
<ul> <li>(check appropriate box)</li> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)</li> <li>5. This is a correct facility classifing the please check the appropriate of the property of t</li></ul>	gal/yr /yr ication  opriate classifical	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □Y □N □Can not determine

### 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 BN/A 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON DN/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) DY DN 1. Equipped all machines with the appropriate vent controls? DY 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 condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 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 DN verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□У □И
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N □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?	ON ON/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?	DY DN DN/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?	□Y □N □N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	ZDY DN		
2. Maintained rolling monthly averages of perc consumption?	✓ <b>D</b> Y □N		
3. Maintained leak detection inspection and repair reports for the following:	_		
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אום יאם אפ		
4. Maintained calibration data? (for applicable direct reading instruments)	A/אם אם צם		
5. Maintained exhaust duct monitoring data on perc concentrations?	AYNG NO YO		
6. Maintained startup/shutdown/malfunction plan?	ЙО Л <b>©</b>		
7. Maintained deviation reports?	A/אם אם צם		
Problem corrected?	אמם אם אם		
8. Maintained compliance plan, if applicable?	מאמ אם אם		

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct	a weekly	(for	small sour	ces, bi-weekly) leak detection	and rep	nair
inspection?					BY	□N
2. Has the facility maintained a leak log	<b>g</b> ?				<b>B</b> Y	□N
3. Does the responsible official check the	ne follow	ing a	reas for leal	ks?		
Hose connections, fittings, couplings, and valves	<b>√</b> QY	ПN	□N/A	Muck cookers	ΟY	ON ON/A
Door gaskets and seating	YOY.	ΠN	□N/A	Stills	YES	□N □N/A
Filter gaskets and seating	'ΩY	ПΝ	□N/A	Exhaust dampers	ΠY	אומם מם
Pumps	BY	ΠN	□N/A	Diverter valves	σY	אומם מם
Solvent tanks and containers	~ĐY	ПΝ	□N/A	Cartridge filter housing	s <b>D</b> Y	□N □N/A
Water separators	<b>→</b> DY	ПN	□N/A			
4. Which method of detection is used by	y the resp	onsił	ole official?			
Visual examination (condensed	i solvent	on ex	terior surfa	ices)	7	
Physical detection (airflow felt	through	gaske	ets)		D	
Odor (noticeable perc odor)					Ð	
Use of direct-reading instrume	ntation (I	FID/P	ID/calorim	etric tubes)		
Halogen leak detector						
If using direct-reading in	strumen	ation	, is the equ	ipment:	□N.	/A
a. Capable of detecting	g perc va	apor c	concentration	ons in a range of 0-500 ppm?	ΠY	□N
b. Calibrated against (PID/FID only)?	a standar	d gas	prior to an	d after each use	ΠY	□N
c. Inspected for leaks	and obvi	ous s	igns of wea	r on a weekly basis?	ΠY	ПN
d. Kept in a clean and	i secure a	ırea v	vhen not in	use?	ΠY	ПN
e. Verified for accura	cy by use	of du	ıplicate san	nples (calorimetric only)?	ΠY	□N
		7				
Challes Norman				18 Dec 98		
Inspector's Name (Please F	rint)			Date of Insp	pection	
Charle m Non	~ ~		_	mil 99		
Inspector's Signature			<del></del>	Approximate Date o	f Next	Inspection

ADDITIONAL SITE INFORMATION	ON:		
		<del></del>	
			•
			•
		•	
			·
·			•
·			

# TITLE AIR QUALITY GENERAL PERMI AIR INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1/15 TIME OUT: 120 ST	AIRS ID#: 0330239
FACILITY NAME: Gar In Coin Jamedy FACILITY LOCATION: 8/87 Fairfield	Dr. Cleaning DATE: 6/16/9 4
RESPONSIBLE OFFICIAL: Roger Maginnes	PHONE NUMBER: 456-2132
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr	=
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u> </u>	P
· .	Bures Off C
· · · · · · · · · · · · · · · · · · ·	SOLE SOLE SOLE SOLE SOLE SOLE SOLE SOLE
ENTERED Jun 1 8 1999	rce's
COMMENTS GOOD Records	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector.
DATE OF NEXT INSPECTION: $\sqrt[8]{-12 \text{ mos}}$	oproximate) Complete & Mail
INSPECTION CONDUCTED BY	Tomare
INSPECTOR'S SIGNATURE: CITA DISS NOS!	PHONE NUMBER: <u>595-8364 X122</u>

Revised 10/96

AIRS ID#: 033 0239

File Comp y

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

JM 2 1 1906

			Edward .
FACILITY NAME: Garden Con	in Launahy Y)	re Cleaning	DATE: 6-16-99
FACILITY LOCATION: 8187 4	). Fairfield	Dr Unis	<i>I</i>
Leusacal	la, FL 3250	6	
Annual Reporting Period: ANUA/	1999	TO DECEM	352 19 <u>99</u>
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.	• • •	N-A	_
If NO, complete the following:			
#1. Term or condition of the general permit t	that has not been in continuou	s compliance during the rep	oorting 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 Entered in continuous.  JUN 24 1999	s compliance during the rep	porting period stated above:
Exact period of non-compliance: from		to	<u>-</u>
Action(s) taken to achieve compliance:	REVIEWED		
Method used to demonstrate compliance:	JUN 2 4 1959	•	
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	nd complete. Further, my and loes not exceed 2,100 gallons	ual consumption of perchlo	proethylene solvent, based
Nam	2 MCG; NNTS	Signature	Date

<sup>\*</sup>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.

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY

RE-INSPECTION

<u> </u>	
AIRS ID#:0330239 DATE: 6/16/	79 TIME IN: TIME OUT: 1265
FACILITY NAME: Garden Coin La	undry & Dry Cloening
FACILITY LOCATION: 8/87 W. Fo	
Densacrla	FL 32506
RESPONSIBLE OFFICIAL Sager M.	c Ginnis PHONE: 456-2132
CONTACT NAME: SAME	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit ENTERED
	JUN 1 8 1999
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source □	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ 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)	(constructed on or after 12/9/91)
5. This is a correct facility classification	☐N ☐Can not determine
If no, please check the appropriate classific	cation:
	eneral permit as number above
☐ facility exceeds above li	mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was 7 gallons.	urchased within the preceding 12 months by this dry cleaning

## 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 2. Examining the containers for leakage? POY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: K 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 DN DY 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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

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	ПΝ	
	on any to any, recommendation and a working business		,	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ΠN	□N/A
	•			
	Is the temperature differential equal to or greater than 20° F?	ШY	UN	□N/A
,	Manusch and accorded the accorded to the state of the sta			
٥.	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?	ЦY	N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	$\square$ 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?	$\Box$ Y	$\square N$	□N/A
_				
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	~		
	condenser coils?	ЦY	ЦN	□N/A
	Decided the second seco	<b></b>		
6.	Routed airflow to the carbon adsorber (if used) at all times?	μY	ЦN	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) ND YES 1. Maintained receipts for perc purchased? NO YE 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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 STY ON ON/A and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN ONA 5. Maintained exhaust duct monitoring data on perc concentrations? SY DN. 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection	and repair
	inspection?			BIY ON
2.	Has the facility maintained a leak log	?		ZIY ON
3.	Does the responsible official check th	e following areas for leak	s? `	
	Hose connections, fittings, couplings, and valves	BY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	BY ON ON/A
	Filter gaskets and seating	BY ON ON/A	Exhaust dampers	ם או שו אם אם
	Pumps	A/NO NO YE	Diverter valves	אוש אם אם A
	Solvent tanks and containers	BY ON ON/A	Cartridge filter housing	S DN DN/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surfac	es)	
	Physical detection (airflow felt t	hrough gaskets)		_ Ø
	Odor (noticeable perc odor)			B
	Use of direct-reading instrumen	tation (FID/PID/calorimet	tric tubes)	
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equi	pment:	ADN/A
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	OY ON
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	standard gas prior to and	after each use	חם אם
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and	secure area when not in u	se?	מם עם
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	מם עם

( harles M Alchmon	6/16/99
Inspector's Name (Please Print)	Date of Inspection
Charles Millormour	8-12 mos,
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	·
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AIRS ID#: 0330 239

Revised 10/10/96

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: <u>CAROEN</u>	LAUNO	14		DATE	: 4-6-0	σ
FACILITY LOCATION: 8187	W. FARA	- ازحت	DRIVE		<del></del>	· 
PE	JSACOLA,	FC	325	0K		
Annual Reporting Period: 6-17-	99	1999	ΓΟ	4-6		<u> 2</u> 000
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-			i i	EP Rule	•
If NO, complete the following:		•		ι.		
#1. Term or condition of the general permi	t that has not been in c	ontinuous cor	mpliance duri	ng the reporting per	iod-stated above	e:
HAD SMALL INTERMITYAN	T CEAIL IN C	ONE AIR	VALVE.	-LVAS LINAL	1972 0F1	- Wite
Exact period of non-compliance: from	UNILNOV	لهلا	to	4-6-200	m 	TOIA; 
Action(s) taken to achieve compliance:	HAVE IMMED	37869	ONDERED	REPLACEMEN	- Sven Us	PUE.
Method used to demonstrate compliance:	onour invoice	E + v	vice No	VENER DINSA	ECECIA.	· ——
#2. Term or condition of the general permi	t that has not been in c	continuous cor	mpliance duri	ரி ng the reporting per	iod stated above	e; 
Exact period of non-compliance: from			to	ENTER		
Action(s) taken to achieve compliance:				APR 2 1 2		
Method used to demonstrate compliance:						
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Furthe does not exceed 2,100	r, my annual	consumption	of perchloroethylen	e solvent, based	1
RESPONSIBLE OFFICIAL: Na	me (Please Print)	te	Sign	ature	- 4-6-2 Date	007
Ì		•				

<sup>\*</sup>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
USPECTION SUMMARY REPORT

Adams in well a

TYPE OF INSPECTION: ANNU	UAL BOTH	APLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1030	TIME OUT: 1200	AIRS ID#:3	30239
TYPE OF FACILITY: DC			
FACILITY NAME: Ganden Co	in Lamely	Y Bry Cleanur.	DATE: CO FR
	1. Furfield	Dru	
	12 FC 3250 6		
RESPONSIBLE OFFICIAL: Merger	Mc Gresenes	PHONE NUMBER:	456-2132
Based on the results of the compliance with DEP Rule 62-2		ated during this inspection, the faciliterative Code (F.A.C.).	y is found to be in
Based on the results of the complete discrepancies were noted:	liance requirements evalu	ated during this inspection, the follow	ring compliance
COMPLIANCE REQUIREM		FOLLOW-UP ACTIO	
Lead not repaired as r Couling near better of his leading	to trap)	Rejair Volue 4 Depart when the I	we has been
- training		Musel	
·			
	•		
			<u>'</u>
XX/E!			
Uturne Litter Sout 1	1/21/02		
<u> </u>	,		
			<u> </u>
COMMENTS: Al though the lun lane, the	a chale ton a	had apparently he	e Localies
ter -1 line line	·		
The Annual Compliance Certification form	m has been properly certif	fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:		angavimata)	
INSPECTION CONDUCTED BY:	hA2/02/10	oproximate)	
INSLECTION CONDUCTED RA:	(P)	lease Print)	. /
INSPECTOR'S SIGNATURE	1 Jonn	PHONE NUMBER:	595-8364
	Page	<u>lof l</u> .	Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

## ENTERED

APR 2 1 ZUU TYPE OF INSPECTION:

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

RE-INSPECTION



(COMPLAINT/DISCOVERY



TIME IN: 1630 TIME OUT: 1200 AIRS 1D#: 0330239 DATE: FACILITY NAME: GARDEN FACILITY LOCATION: 818 FRICFICAZIO RESPONSIBLE OFFICIAL CONTACT NAME: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION ☐ No notification form Facility indicated on notification form that it is: ☐ Drop store/out of business/petroleum

(check appropriate box)	
Λ.	
1. Existing small area source	$\triangleright$
dry-to-dry only, $x < 140 \text{ gal/yr}$	
transfer only, $x < 200 \text{ gal/yr}$	
both types, $x < 140 \text{ gal/yr}$	
(constructed before 12/9/91)	
,	

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

2. New small area source
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, $x < 140 \text{ gal/yr}$
(constructed on or after 12/9/91)

4. New large area source dry-to-dry only,  $140 \le x \le 2,100$  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)



ПN

□Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number above
- facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 27 gallons.

## Is the responsible official of the dry cleaning facility: (check appropriate boxes) ANGE NO YO 1. Storing perchloroethylene in tightly sealed and impervious containers? AVNE NO YO 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? harch is and to NO YES 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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 DN DY 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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after

PART III: GENERAL CONTROL REQUIREMENTS

OY ON

verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also: (N)	5
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
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
ls the temperature differential equal to or greater than 20° F?	DY DN DN/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	4.
if machines are equipped with a carbon adsorber?	DY DN DN/A
Is the perc concentration equal to or less than 100 ppm?	DY DN DN/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?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ADY DN
2. Maintained rolling monthly total of perc consumption?	ADIA DIA
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	A/אם אולם צם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DIN DN/A
4. Maintained calibration data? (for applicable direct reading instruments)	אאמ אם אם ארש
5. Maintained exhaust duct monitoring data on perc concentrations?	אואם אם אם
6. Maintained startup/shutdown/malfunction plan?	ADIA CM
7. Maintained deviation reports?	אאם אם אם
Problem corrected?	םץ םע שא/A
8. Maintained compliance plan, if applicable?	אומש אם צם

PART VI: LI	EAK DETECTION AND R	REPAIRS		
1. Does the re	sponsible official conduct a			nd repair
inspection?	See lass pa	ge INEFE	CTVG	ĎY □N .
2. Has the fac	ility maintained a leak log?	Acce retail		NO NE
3. Does the re	sponsible official check the	following areas for leaks?		_
II	connections, fittings, olings, and valves	BY ON ON/A	Muck cookers	בארם אם אם A
Door	gaskets and seating	DY ON ON/A	Stills	MANO NO AM
Filter	gaskets and seating	MY ON ON/A	Exhaust dampers	בא שם או באר
Pump	)S	אוח חם צם	Diverter valves	OY ON ON/A
Solve	ent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
Water	r separators	DY ON ON/A		
4. Which meth	hod of detection is used by th	ne responsible official?	,	
Visua	al examination (condensed so	olvent on exterior surfaces)		
Physic	cal detection (airflow felt thr	ough gaskets)	`	b
Odor	(noticeable perc odor)		`	<b>'</b> O .
Use o	of direct-reading instrumentat	tion (FID/PID/calorimetric t	tubes)	
Halog	gen leak detector			
If	using direct-reading instru	mentation, is the equipme	ent:	ON/A
	a. Capable of detecting p	perc vapor concentrations in	a range of 0-500 ppm?	OY ON
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and afte	er each use	O,Y ON
	c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	OY ON
	d. Kept in a clean and se	cure area when not in use?		NO YO
	e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	NO Y
	las New man)		4/// 808	
<u> </u>	rspector's Name (Please Prin	it)	Date of Inspection	
		•	,	
1 Minte	Mom	<u></u>		
<del>/</del>	Inspector's Signature		Approximate Date of	Next Inspection

Lead Clockerion	nerdal Languerro		
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	and constains	ge ala	Jul 18
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A second	matical my fin	uling So A	erson,
Then 1	must trans bad &	inst buil	Kallala
/	0	1 1	- murely
-01/0W-1P: MA N	stalled on ultipo.	4/7/00 to	enform me

## **BEST AVAILABLE COPY**

4/18/00: Called Shelia Tromble, former menoger of the facility.

She said the leak was there at least of weeks proof to when she quit. She great be 17 mor 2000. She said she was the one who wronged the to wel around the laking airvalue. She said Mr Mc Genius hard full heaveledger of the leak. She said the new compressor in basility had been there during before Christmas of It bod not been wintalted by the map late ) She said Clothes came and damp in perc be cause the ald compressor is not won ling properly. (I saw some clothes removed during my ines. Pay senied to bone a lot of perc in them) she said I should talk to alisa a hard what happened 8-9 April.

Note: This is an small chisting fourth and required to have emission and some?

on 4/3/00. She guit on 16 MAR & Left msg on 4/18/10 for her to cell me.



Governor

# Department of Function Function

FILE COPY

Northwest District 160 Governmental Center Pensacola, Florida 32501-5794

David B. Struhs Secretary

April 24, 2000

CERTIFIED, RECEIPT No.: Z 539 637.854

Roger McGinnis Tekno Coin-Op, Inc. 3351 Mariners Ct Pensacola FL 32526

SUBJECT: Warning Letter NWAP 033-1443

Dear Mr. McGinnis

The purpose of this letter is to advise you of possible violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. In response to two complaints concerning leaking perchloroethylene, a field inspection was conducted on April 6, 2000 of Garden Coin Laundry and Dry Cleaning, I.D. Number 0330239. This inspection indicated that a violation of Florida Statutes and Rules may exist at the above-described facility. Department personnel observed the following at the facility:

- Perchloroethylene was leaking from an air valve.
- Leak checks were ineffective. Leak check logs from January 7, 1999 through March 29, 2000 indicated no leaks had been found; however, complaints received indicated the dry cleaning system had been leaking prior to March 16, 2000.

Rule 62-213.300(3)(k), Florida Administrative Code, and the Code of Federal Regulations, Title 40, Part 63.322(l) and (m) provide that the owner or operator of a small dry cleaning facility shall inspect the components of the dry cleaning system biweekly for perceptible leaks while the dry cleaning system is operating. The owner or operator of a dry cleaning system shall repair all perceptible leaks detected within 24 hours. If repair parts must be ordered, either a written or a verbal order for those parts shall be initiated within two working days of detecting such a leak. Such repair parts shall be installed within five working days after receipt.

The activities observed during the Department's field inspection and any other activities at your facility that may be contributing to violations of the above described statutes or rules should be ceased.

You are requested to contact Carolyn Salmon at (850) 595-8364, extension 1226, within 15 days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The

"More Protection, Less Process"

Page Two Tekno Coin-Op, Inc. April 24, 2000

Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(4), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

Bobby A. Cooley

Director of District Management

If A Con

BAC:cnc

AIRS ID#: 0330239

Me

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM VIN

ANNUAL	COMPLIANCE CER	CIFICATION F	ORM VIN 2 8 1	ζD ,
FACILITY NAME: Garden Com	· Launaly Y)	n Clan	end WOBDATE	6-16-99
FACILITY LOCATION: 8187 W	, Fair-Lels	oBn Li	Jul I Source	s coring
timeacat	a, Fi 3250	26		
Annual Reporting Period: ANUAN	.9 199	9 то	ECENSSY	19 <u>99</u>
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.	•	-	~_ <i>V</i>	Rule NO
If NO, complete the following:				
#1. Term or condition of the general permit the	hat has not been in continuo	us compliance duri	ng the reporting period	l 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 to		us compliance duri	ng the reporting period	I stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:	REVIEWED			
Method used to demonstrate compliance:	JUN 2 4 1555			
As the responsible official, I hereby certify, be made in this notification are true, accurate an upon rolling averages of purchase receipts, design year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name	nd complete. Further, my ar	nnual consumption s per year for dry-t	of perchloroethylene s	olvent, based

<sup>\*</sup>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.



0354974

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

RECEIVED

, –

GARDEN COIN LAUNDRY & DRY

AIRS ID # 0330239

CLEANING ROGER MCGINNIS 3351 MARINERS COURT PENSACOLA FL 32626 DEC 2 8 1998

Bureau of Air Monitoring & Mobile Sources

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

300669

, 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**

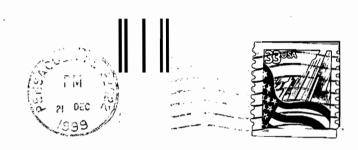
#### Do NOT Remove Label

AIRS ID#0330239

TEKNO COIN-OP INC ROGER MCGINNIS 3351 MARINERS COURT PENSACOLA FL 32626 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 TEKNO COIN-OP, INC. 3351 MARINERS COURT PENSACOLA, FL 32526



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

32315X3070

hallanklallandhilatadhilatadhilatad

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0390002

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**

MAIL ROOM DEC 23 99

Do NOT Remove Label

AIRS ID # 0330239

GARDEN COIN LAUNDRY & DRY CLEANING ROGER MCGINNIS 3351 MARINERS COURT

PENSACOLA FL 32626

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

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 # 0330239

GARDEN COIN LAUNDRY & DRY CLEANING

ROGER MCGINNIS

3351 MARINERS COURT

PENSACOLA FL 32626

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 lab

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0330239

GARDEN COIN LAUNDRY & DRY CLEANING

ROGER MCGINNIS 3351 MARINERS COURT PENSACOLA FL 32626

FOR GOVERNMENT US NL' Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

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 # 0330239001AG ROGER MCGINNIS GARDEN COIN LAUNDRY & DRY	A. Received by (Please Print Clearly)  R. Date of Delivery  C. Signature  X
CLEANING 3351 MARINERS COURT PENSACOLA FL 32626	3. Service Type  Certified Mail
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-00-M-0952

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0550	ROGER MO	AIRS ID # 03302 CGINNIS	239001AG		
_	CARRENT CORTA				
7000	City, st. 3351 MARINERS COURT PENSACOLA FL 32626				
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CLEANING ROGER MCGINNIS 3351 MARINERS COURT PENSACOLA FL 32626	3. Service Type Certified Mail Registered Insured Mail C.O.D.  Restricted Delivery? (Extra Fee) Yes			
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199	Return Receipt Showing to Whom & Date Delivered						
PS Form <b>3800</b> , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address						
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