



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

April 9, 1997

Ms. Susan L. Henry
Debonair Cleaners
5007 North Davis Highway #10
Pensacola, Florida 32503

Re: Facility No. 0330245

Dear Ms. Henry:

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

RECEIVED

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MAR 21 1997
Debonair Cleaners, Inc.	Bureau of Air Monitoring & Mobile Sources
2. Site Name (For example, plant name or number):	
Debonair Cleaners	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location:	
Street Address: 5007 N. Davis Hwy #10	
City: Pensacola County: Escambia Zip Code: 32503	
5. Facility Identification Number (DEP Use):	0330245

Responsible Official

6. Name and Title of Responsible Official:	
Susan L. Henry - Manager	
7. Responsible Official Mailing Address:	
Organization/Firm: Debonair Cleaners	
Street Address: 5007 N. Davis Hwy #10	
City: Pensacola County: Escambia Zip Code: 32503	
8. Responsible Official Telephone Number:	
Telephone: (904) 484 - 8983 Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
Street Address:	
City: County: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: () - Fax: () -	

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
<i>Example</i>									
	#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									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser	1	22 Apr 93	22 April 93						
(5) w/ carbon adsorber									
(6) w/ no controls		22 Apr 93							
Dryer Unit									
(7) w/ ref. condenser	1	22 April 93	22 April 93	2	22 April 93	22 April 93			
(8) w/ carbon adsorber									
(9) w/ no controls		22 Apr 93			22 Apr 93				
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(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 source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

*new
large
p.e.*

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Sept 3-20-97

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

Susan L Henry 3-26-97

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Susan L Henry
Signature

3-5-97
Date

Susan L Henry
3-20-97

(ORIGINAL COPY)

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Debonair Cleaners, Inc.
2. Site Name (For example, plant name or number): Debonair Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 5007 N. Davis Hwy #10 City: Pensacola County: Escambia Zip Code: 32503
5. Facility Identification Number (DEP Use): 0330245

Responsible Official

6. Name and Title of Responsible Official: Susan L. Henry - Manager
7. Responsible Official Mailing Address: Organization/Firm: Debonair Cleaners Street Address: 5007 N. Davis Hwy #10 City: Pensacola County: Escambia Zip Code: 32503
8. Responsible Official Telephone Number: Telephone: (904) 484 - 8983 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

RECEIVED

APR 7 1997

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
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser	<i>1</i>	<i>22 Apr 93</i>	<i>22 April 93</i>						
(5) w/ carbon adsorber									
(6) w/ no controls		22 Apr 93							
Dryer Unit									
(7) w/ ref. condenser	<i>1</i>	<i>22 Apr 93</i>	<i>22 April 93</i>	<i>2</i>	<i>22 April 93</i>	<i>22 April 93</i>			
(8) w/ carbon adsorber									
(9) w/ no controls		22 Apr 93			22 Apr 93				
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(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 source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

SEP 3-20-97

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

- S. L. Henry 3-20-97*
- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____
- No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Susan L. Henry
Signature
Susan L. Henry

3-5-97
Date
3-20-97

Butler, Rick

From: Norman, Charles
Sent: Tuesday, August 07, 2001 9:22 AM
To: Butler, Rick
Subject: Debonair Cleaners(0330245)

Subject facility was sold and the machines removed 1 March 2001. Please change status to inactive.

Thanks,

Charlie

**TITLE AIR QUALITY GENERAL PERM
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 915 TIME OUT: 1040 AIRS ID#: ~~9330245~~
 TYPE OF FACILITY: D-C
 FACILITY NAME: Debonair Cleaners INC. DATE: 3.20.97
 FACILITY LOCATION: 5007 N. DAVIS Hwy #10
TENSA CO FL 32503
 RESPONSIBLE OFFICIAL: SUSAN L. HENRY PHONE NUMBER: 484-8983

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
1. HAS NOT MONITORED TEMP AT OUTLET & INLET OF WASHED. REQUIRES TEMP Gauge to be installed at inlet.	INSTALL TEMP. GAUGE + RECORD TEMP of OUTLET & inlet weekly must be > 20°F Difference.
2. HAD NOT KEPT rolling 12 month total on Perc purchased.	Calculate 12 month totals as of end of FEB + start 1st showing rolling total each month.
3. Didn't keep records of ^{all} perc receipts	Keep ^{all} perc purchase RECEIPTS -

MFR: Contacted Ms Henry 4/4/97. Temp gauge has been installed and she has gotten up all necessary information to do totals.

COMMENTS: ① ALL RECORDS ARE TO BE KEPT 5 YRS. (P. leak check, repairs, perc receipts/rolling totals, etc)
 ② Left policy letter on separator washer. Now this washer is filtered prior to evaporation.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: MAR 98 (Approximate)

INSPECTION CONDUCTED BY: Charles M Norman (Please Print) (904)

INSPECTOR'S SIGNATURE: Charles M Norman PHONE NUMBER: 444-8364

✓

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS Permit # 24488

AIRES ID#: 0330241 DATE: 3.20.97 TIME IN: 0915L TIME OUT: 1040
 FACILITY NAME: Debonair Cleaners Inc.
 FACILITY LOCATION: 5007 N. DAVIS Hwy #10
Pensacola FL 32503

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96 *(Notified us Mar 17, 1997)*
 2. New facility notified DARM 30 days prior to startup
 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (check appropriate box)

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	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) <input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 < x < 2,100$ gal/yr <input checked="" type="checkbox"/> transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91)

This is a correct facility classification Y N

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 913 gallons. *BASED ON FACILITY MANAGER'S INFORMATION.*

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? Y N
- 2. Examining the containers for leakage? Y N
- 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? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been 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
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? *HAD SOME PROBLEMS IN WHAT TO DO. NOW IT IS CORRECTED.* Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? *I talked to maintenance man 3.20. He is putting in another thermometer on washer so inlet/outlet can be measured.*
Is the temperature differential equal to or greater than 20° F? Y N
 Y N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/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? 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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? *Some -* Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or, Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? *(for direct reading instruments only)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N *N/A*
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
Problem corrected? Y N *OK*
8. Maintained compliance plan, if applicable? Y N N/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? Y N
2. 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)
- If using direct-reading instrumentation, is the equipment:**
- 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)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - d. Kept in a clean and secure area when not in use? Y N
 - e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N
3. Has the facility maintained a leak log? Y N
4. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|----------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N | | |

Susan L. Henry
Name of Responsible Official

Charles Alerman
Inspector's Name (Please Print)

Charles Alerman
Inspector's Signature

3.20.97
Date of Inspection

Mar 98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

0330 ²⁴¹⁵

AIRS ID#: _____



Revised 10/10/96

982

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Debonair Cleaners DATE: 3-20-97
 FACILITY LOCATION: 5007 N Davis Hwy Suit 10

Annual Reporting Period: Sept 1 1996 TO 3-20 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES 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:

Not Keeping all Records & rolling totals on Cleaning Fluid

Exact period of non-compliance: from 9-1-96 to 3-20-97

Action(s) taken to achieve compliance: Was told and showed how the right way to keep

Method used to demonstrate compliance: all records
Demonstrate them inspection

#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 _____ to _____

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: Susan L Henry SUSAN L HENRY 3-20-97
 Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANER
AIR-GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Bureau of Air Monitoring
& Noise Sources
DEC 22 1999

RECEIVED

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>DEBONAIR CLEANERS, INC.</i>
2. Site Name (For example, plant name or number): <i>DEBONAIR CLEANERS</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>5007 N. DAVIS HWY #10</i> City: <i>PENSACOLA</i> County: <i>ESCAMBIA</i> Zip Code: <i>32503</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0330245</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>MAUDE NETTLES</i> Title: <i>MANAGER</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>DEBONAIR CLEANERS</i> Street Address: <i>5007 N. DAVIS HWY #10</i> City: <i>PENSACOLA</i> County: <i>ESCAMBIA</i> Zip Code: <i>32503</i>
8. Responsible Official Telephone Number: Telephone: <i>(850) 484-8983</i> Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>SAME</i>
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [2]

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
Aug 17, 1999	Existing/New	RC/CA/None required	SAME
Aug 17, 1999	Existing/New	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? []

How many dryers/reclaimers do you have on-site? []

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[70] gallons (You must fill this in)

(b) If less than 12 months, how many? [5] months

Check why it is less than 12 months: New owner: [] Did not keep records: []

New store: [] New machine

Unopened store [] (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site? MODEL FB-015-A

For each boiler, indicate its horsepower (HP) rating: UNK

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Maude Nettles
Print name of responsible official

Maude Nettles
Signature

12-17-99
Date

New R.O.
NEW EQUIP.

✓

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1340	TIME OUT: 1415	AIRSMD#: 033024J
TYPE OF FACILITY: DC		
FACILITY NAME: Debonair Cleaners, INC		DATE: _____
FACILITY LOCATION: 5007 N. DAVIS Hwy #1010 (Frank's Cash Stoppin' Ctr) Perrine 32603		
RESPONSIBLE OFFICIAL: Susan Henry		PHONE NUMBER: 484-8983

Bureau of Air & Noise Sources
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DEC 29 1998

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
① TEMP DIFF ON air stream into & out of condenser is not 20°F or greater	maintain follow up
② Need to measure Temp on both lines exiting from condenser going to the two reclaimers.	Do checks.
	ENTERED DEC 22 1998

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: Follow-up (Approximate)

INSPECTION CONDUCTED BY: Charles Newman (Please Print)

INSPECTOR'S SIGNATURE: *Charles Newman* PHONE NUMBER: 595-8364

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	<u>0330245</u>	DATE:	<u>12/15/98</u>	TIME IN:	<u>1340</u>	TIME OUT:	<u>1445</u>	
FACILITY NAME:	<u>Debonair Cleaners INC</u>							
FACILITY LOCATION:	<u>Debonair Cleaners</u>							
	<u>5007 N. DAVIS Hwy #10</u>							
RESPONSIBLE OFFICIAL:	<u>Susan L. Henry</u>	PHONE:	<u>(850) 484-8983</u>					
CONTACT NAME:	_____						PHONE:	_____

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	<input type="checkbox"/> No notification form <input type="checkbox"/> Drop store/out of business/petroleum
A.	
1. Existing small area source <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)
5. This is a correct facility classification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine	
If no, please check the appropriate classification:	
<input type="checkbox"/> facility qualified for a general permit as number _____ above	
<input type="checkbox"/> 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 <u>913</u> gallons.	

ENTERED
DEC 22 1998

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? Y N N/A
- 2. Examining the containers for leakage? Y N N/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? *(OVERNIGHT)* Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been 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
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

CONDENSER is part of chilled water system - there is no refrigerant condenser

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? Y N
- 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
- Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A
- 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
- Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
- 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)

- Maintained receipts for perc purchased? Y N
- Maintained rolling monthly averages of perc consumption? Y N
Not calculated correctly. SHOWED MANAGER HOW TO USE 1499 PERCENT
- Maintained leak detection inspection and repair reports for the following: *to keep rolling to TA 1.*
 - documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
- Maintained calibration data? (for applicable direct reading instruments) Y N N/A
- Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
- Maintained startup/shutdown/malfunction plan? Y N
- Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
- Maintained compliance plan, if applicable? Y N N/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? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N N/A

Muck cookers Y N N/A

Door gaskets and seating Y N N/A

Stills Y N N/A

Filter gaskets and seating Y N N/A

Exhaust dampers Y N N/A

Pumps Y N N/A

Diverter valves Y N N/A

Solvent tanks and containers Y N N/A

Cartridge filter housings Y N N/A

Water separators Y 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

If using direct-reading instrumentation, is the equipment: N/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)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

d. Kept in a clean and secure area when not in use? Y N

e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

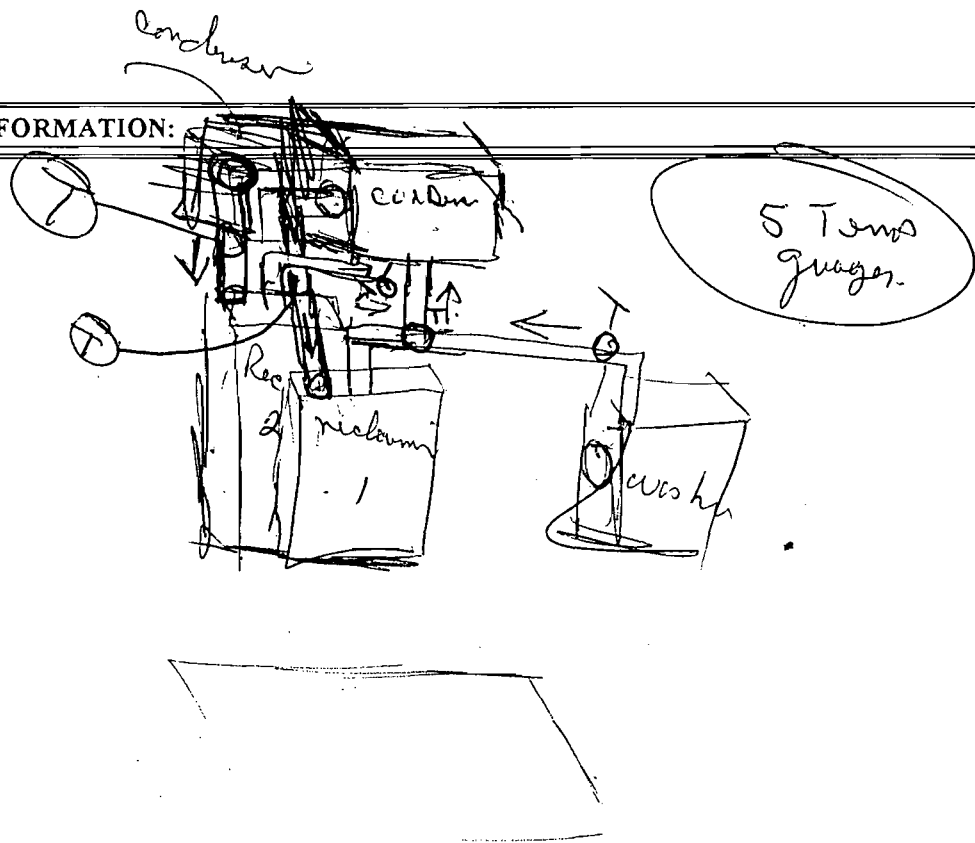
Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:



- ① Uses same condenser for reclaimers & washer. CFR 63.232 (f)(3) - can not do this. must be separate condenser coil.
- ② 63.323 a(1) ^{Refrig.} exhaust outlet temp must be 45°F or less on reclaimers.
- ③ 63.323 a(2) washer $\Delta T = 20^\circ F$
 MR 1 called Ms — Back & told her the above.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

THIS ENSP is a FU I to determine configuration / status of eq. concludes on reclaiming & washer

AIRS ID#: 0330245 DATE: Dec 31 98 TIME IN: 7:00 A TIME OUT: 8:30 A
FACILITY NAME: Debonair Cleaners, Inc.
FACILITY LOCATION: 5007 N. DAVIS HWY
Pensacola FL 32505
RESPONSIBLE OFFICIAL: Susan Henry PHONE: 484-8983
CONTACT NAME: Same PHONE: _____

PART I: NOTIFICATION
(check appropriate box) ENTERED
1. New facility notified DARM 30 days prior to startup JAN 06 1999
2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION
Facility indicated on notification form that it is: (check appropriate box) No notification form
 Drop store/out of business/petroleum
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)
3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)
4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)
5. This is a correct facility classification Y N 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 913 gallons. (TRANSFER EQUIP)

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? Y N N/A
- 2. Examining the containers for leakage? Y N N/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? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been 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* Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? *See notes at back.* Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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
Yes but doing it incorrectly - explained to her.
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
(incorrectly) explained
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? Y N 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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/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? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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
- If using direct-reading instrumentation, is the equipment:** N/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)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Found that reclaimers do have separate refrigeration coils. These are in a box and the box is divided ~~by~~ by a divider which provides a separate ^{sealed} area for each reclaimer to vent into. New temp gauges were installed and a refrigeration tech. has ^{fully} charged the condenser. Should work properly now. I showed Ms Henry where to take the temp readings and what they should be. Told her if they do not get down to 45°F then maint must be notified. Gave her repair times, etc. She had been trying to comply according to records but they were incorrectly done. She was confused between washer & reclaimer temp requirements.

Unanswered as yet: Washer vents into one of ^{the} reclaimers' ~~into~~ refrigeration condenser coils ~~to~~ area. Shouldn't do this per rule 4CFR. However the only air stream from the washer is a hooded vent with fan which comes on when the door of the washer is opened. It dumps this air stream into coils of reclaimer #1. I can't see where a separate ^{refrig} condenser would help or accomplish anything. (more to come.)

Met w/ Cecil Swain of Four S to discuss
controls on washer + reclaiming.

0330245

DEBONAIR CLEANERS, INC.
1321 S. WALL AVE.
TYLER , TX 75701
903-597-8700

SEPTEMBER 21, 1999

Mr. Charles Norman
Department of Environmental Protection
Northwest District
Pensacola , FL 32501-5794

Re: Drycleaning equipment upgrade
Debonair Cleaners, Pensacola, Florida

Dear Mr. Norman:

By this letter I wish to inform you that on August 17, 18, 1999 we had installed the following drycleaning equipment:

- (1) 553 AERO-TECH ENVIRO-STAR 55 LB. DC MACHINE WITH SAFE GUARD TANK
- (1) C-33 AERO-TECH ENVIRO-STAR 33 LB. DC MACHINE WITH SAFE GUARD TANK
- (1) 30 TON WATER TOWER WITH PUMP

This upgrade has been made to bring us into full compliance with all regulations on emissions of perchloroethylene.

If you require additional information, please call us.

Sincerely,

Mary A. Rose
MARY A. ROSE,
SECRETARY

cc:Debonair, Pensacola

Bureau of Air Monitoring
& Mobile Sources

OCT 13 1999

RECEIVED

— NWD —
Received 24 Sep 99

(CR)

Rick - Re: Debarred Cleaners
0330245

Compliance Plan & follow up. For your
files. Closed CWOE
RB

Bureau of Air Monitoring
& Mobile Sources

OCT 13 1999

RECEIVED

DEBONAIR CLEANERS, INC.

1321 S. WALL AVE.
TYLER, TEXAS 75701
903-597-8700 fax 903-597-0880

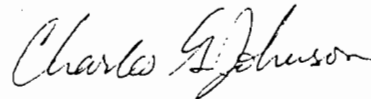
July 1, 1999

Department of Environmental Protection
Northwest District
160 Governmental Center
Pensacola, Florida 32501-5794
Attn: Mr. Charles Norman

Dear Mr. Norman,

I am writing you with an update on our progress in our upgrade for the Debonair Cleaners in Pensacola, Florida. I have just returned from the Clean Show '99 in Orlando. At the show we evaluated a number of options for the modernization of our plant. Our final decision was to buy two dry to dry perchloroethylene machines from the Steiner-Atlantic Corporation in Miami, FL. Our financing is being processed at the present time, and our machinery consultant in Pensacola is working along with us to coordinate the installation. Based upon our proposed schedule in my letter to you of March 29th, we have essentially completed milestones 1 through 4 and do not anticipate any problems in having our total upgrade/modernization completed by the September 10, 1999 date which was projected. Once again we wish to thank you for your help and cooperation in getting our plant up to spec.

Yours very truly,



Charles G. Johnson
President

RECEIVED

JUL 1 1999

Northwest District
DEP

ESC CO. ~~CONF~~
IF

DEBONAIR CLEANERS, INC.

1321 S. WALL AVE.
TYLER, TEXAS 75701
903-597-8700 fax 903-597-0880

RECEIVED

APR 1999

NORTHWEST FLORIDA
DEP

March 29, 1999

Department of Environmental Protection
Northwest District
160 Governmental Center
Pensacola, Florida 32501-5794
Attn: Mr. Charles Norman

Dear Mr. Norman,

I am writing you with this proposed plan to upgrade and modernize the drycleaning equipment in our Pensacola Debonair Cleaners. This modernization will bring us into full compliance with all regulations on emissions of perchloroethylene. I will set forth our plan milestones and project estimated completion dates for each.

<u>Milestone</u>	<u>Estimated Completion Date</u>
1. Make determination on type of machinery to be used and on type of drycleaning solvent (e.g. perc or petroleum)	April 30, 1999
2. Finalize arrangements for financing of equipment	May 31, 1999
3. Determine exact models and size for drycleaning machinery (Our plan is to attend the national Clean Show in Orlando on or around June 25 prior to placing an order for new equipment)	June 30, 1999
4. Order machines	July 10, 1999
5. Coordinate plan of installation with local machinery/maintenance company	July 31, 1999
6. Install machinery to specifications upon arrival	September 10, 1999

At this time, we are still waiting for a return call from Mr. Rufus Smith at the Escambia County Building Inspection Division for a determination on the usability of the new Exxon DF-2000 petroleum based solvent. This determination is needed before we can proceed to the landlord for their decision on whether or not we may use this solvent in their shopping center. We are making every effort to arrive at this determination by the end of April. If that particular solvent will not be allowed, our only recourse is to plan for closed system/dry-to-dry perc machines for our upgrade. We tentatively know the sizes and number of machines necessary to achieve some comparable productivity in our store. Our intent is to attend the Clean

Show in Orlando to try to obtain the best possible price for our new machines, which we anticipate will cost upwards of \$80,000.00.

We wish to thank you for your patience and assistance in helping us to coordinate our efforts in this major overhaul of our store. Debonair Cleaners hopes to bring this store into compliance with a minimum of disturbance to our business. Your understanding of the lead time, costs and logistics which must necessarily go into a project of this kind is most appreciated. It is our intent to keep you apprised of the progress of our modernization within fifteen days of the completion of each stage of our plan per the compliance plan guidelines which you sent to me. If I can be of any assistance to you or if you have any questions, please do not hesitate to call.

Yours very truly,

A handwritten signature in cursive script that reads "Charles G. Johnson". The signature is written in dark ink and is positioned above the printed name and title.

Charles G. Johnson
President

Cc: Tyler Office



Department of Environmental Protection

Northwest District
160 Governmental Center
Pensacola, Florida 32501-5794

FAX TRANSMITTAL FORM

TO: CHARLES JOHNSON

LOCATION: _____

FAX NUMBER: 601-982-1879

DATE: 3/19/99

FROM: CHARLES NORMAN

FAX NUMBER: 850-595-8096

PHONE NUMBER: 850-595-8364

COMMENTS:
Expect a call from Escambia Co. Fire
SERVICES CHIEF.

NO. PAGES INCLUDING COVER SHEET: 2

FAXED BY: _____

If there is any problem with this facsimile transmission, please call (850) 595-8364.

TITLE V AIR GENERAL PERMIT COMPLIANCE PLAN GUIDELINES

The Department of Environmental Protection (DEP) has created the following guidelines to help facilities determine if they are required to submit a compliance plan to the Department. These guidelines will also help facilities develop a compliance plan and identify the required reports that they must submit.

1. If a facility has equipment without the required pollution control device(s) at the time their notification form was submitted to DEP and compliance was not achieved within 30 days of such notification, the responsible official must complete and submit a compliance plan to DEP.
2. The responsible official must develop a compliance plan for the entire location. If a responsible official is in charge of more than one location, a compliance plan must be developed for each location in which equipment is out of compliance.
3. The compliance plan may be in any format the responsible official chooses as long as milestones are identified and specific completion dates are assigned to each milestone. For example, a compliance plan may be in columns, a table, a letter, or any other format that contains the required information.
4. A compliance plan must contain the following: 1) a list of measurable and enforceable milestones and 2) specific dates for the completion of each milestone.

Examples:

Milestone: determine which company the control equipment will be purchased from

Completion date: reasonable time period in which control equipment prices are compared

Milestone: obtain funds to install the control equipment

Completion date: reasonable time period in which a loan is applied for and received

Milestone: determine which company will install the control equipment

Completion date: reasonable time period in which quotes are accepted from different companies

Milestone: install the control equipment

Completion date: reasonable time period in which the parts are ordered and installed

5. The responsible official shall notify DEP in writing, within 15 days after the completion date for each milestone, detailing the achievement of compliance, progress achieved, requirements met or unmet, corrective measures adopted, and an explanation of any measures not met by the completion date for the compliance milestone. The responsible official shall certify that this notice is complete and accurate.
6. For answers to specific questions, please contact the district or local program representative in your area. On the back of these guidelines, you will find a list of these contact names.
7. Mail your signed and dated compliance plan to:

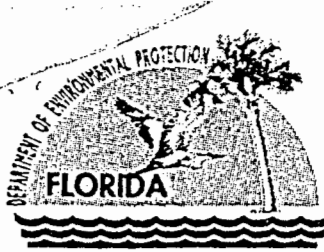


FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION
NORTHWEST DISTRICT

CHARLES M. NORMAN
ENVIRONMENTAL SPECIALIST
AIR RESOURCES MANAGEMENT

160 GOVERNMENTAL CENTER, PENSACOLA, FLORIDA 32501-5794
(850) 595-8364 - SUNCOM: 695-8364
FAX: (850) 595-8417 - SUNCOM: 695-8417
INTERNET E-MAIL: norman_c@pns1.dep.state.fl.us

I ASKED the Chief for
Escambia Co. Fire Services
to call you. His # is
850-595-3125.



Department of Environmental Protection

IF

Jeb Bush
Governor

Northwest District
160 Governmental Center
Pensacola, Florida 32501-5794

David B. Struhs
Secretary

February 15, 1999

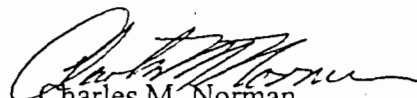
Susan Henry
Manager
Debonair Cleaners, Incorporated
5007 N Davis Hwy #10
Pensacola FL 32503

Dear Ms. Henry:

This letter is a follow-up to our telephone conversation of February 15, 1999, confirming the requirement to vent exhaust from your dry cleaning washer to a separate set of condenser coils. Currently, your washer vents its exhaust to the Number One Reclaimer's set of refrigerated coils. However, Department and Federal rules prohibit the use of the same refrigerated condenser coil for the washer that is used by a reclaimer [40 CFR 63, Subpart M, Perchloroethylene Dry Cleaning Facilities, amended September 19, 1996, 61 FR 49265]. Once your equipment is reconfigured to meet this requirement and if the washer's set of coils is capable of reducing the temperature of the washer exhaust stream entering the coils by 20°F, your facility will be in compliance. Please advise the Department when the conversion is complete.

If you have any questions, please call me at 595-8364.

Sincerely,


Charles M. Norman
Compliance Assurance

CMN:cnc

3/16/99 - Talked to Ms Henry. Owner plans to put in dry-c -
dry equip. Told her to contact him & have him send me
an installation date, etc.
3/19/99 - Talked to Mr Charles Johnson. Wants time to
make a decision on what type of machine to get & to
get it installed. Told him to send me compliance plan
4/1/99 - "Protect, Conserve and Manage Florida's Environment and Natural Resources"

Compliance plan received,
Printed on recycled paper.

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

FACILITY NAME: DEBONNIR CLEANERS DATE: 12/17/99
 FACILITY LOCATION: 5007 N. DAVIS Hwy #
 Bureau of Air Monitoring & Mobile Sources

RECEIVED
DEC 20 1999
Dec

Annual Reporting Period: 1 December 1998 TO Dec 1999

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. YES 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:

~~THE~~ THE WASHER WAS NOT EQUIPPED WITH SEPARATE REFRIGERATION UNIT

Exact period of non-compliance: from Dec 98 to Aug 99

Action(s) taken to achieve compliance: PURCHASED NEW DRY-TO-DRY MACHINES

Method used to demonstrate compliance: REMOVED TRANSFER EQUIP.

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Rolling 12-month totals inaccurately kept

Exact period of non-compliance: from 1 Dec 98 to 17 Dec 99

Action(s) taken to achieve compliance: Corrected Calendar Year 99 Report.

Method used to demonstrate compliance: SET UP Calendar Year 20 Calendar to properly track purchase

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: Maudie Nettles Maudie Nettles 12-17-99
 Name (Please Print) Signature Date

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

acc

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

FACILITY NAME: <u>Bill Doyle Cleaners</u>	RECEIVED DEC 20 1999 Bureau of Air Monitoring & Mobile Sources
FACILITY LOCATION: <u>5701 N. Davis Hwy Pensacola 32505</u>	

Annual Reporting Period: 6/2/99 19 TO 12/17/99 19

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. YES 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 _____ to _____

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 _____ to _____

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: John D. Thomas *John D. Thomas* 12/17/99
 Name (Please Print) Signature Date

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

✓

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 8:30	TIME OUT: 1100	AIRS ID#: 0330245
TYPE OF FACILITY: DC		RECEIVED DEPT. OF AIR MONITORING MOBILE SOURCES 12/17/99 850
FACILITY NAME: Debonair Cleaners, Inc		
FACILITY LOCATION: 5007 N. DAVIS Hwy #10 Pensacola FL 32503		
RESPONSIBLE OFFICIAL: MAUNE NETTLES		
		PHONE NUMBER: 484-8500

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Rolling totals inaccurate	Explained procedure & prepared 3000 calibration during inspection. Keep records as explained.

COMMENTS: ① Left cy of water separator dirty.
 ② LABEL SEPARATION water bucket as hazardous waste.
 ③ Cover water separator bucket as explained.
 ④ Keep other ^{PERM} WASTE CONTAINERS covered.

⑤ INSTALLATION OF NEW MACHINES CORRECTED previous problems

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 10-12 mos (Approximate)

INSPECTION CONDUCTED BY: CHARLES NORMAN (Please Print)

INSPECTOR'S SIGNATURE: *Charles Norman* PHONE NUMBER: 595-8360

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0330245 DATE: 12/17/99 TIME IN: 8:30 TIME OUT: 11:00

FACILITY NAME: Debonair Cleaners

FACILITY LOCATION: 5007 N. Davis Hwy #10
Pensacola 32503 (850)

RESPONSIBLE OFFICIAL: MAUDE Nettles PHONE: 484-8983

CONTACT NAME: SAMIE PHONE: SAMIE

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

Facility indicated on notification form that it is:

(check appropriate box)

- No notification form
- Drop store/out of business/petroleum

A.

- | | |
|--|---|
| <p>1. Existing small area source <input type="checkbox"/></p> <p>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)</p> | <p>2. New small area source <input checked="" type="checkbox"/></p> <p>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)</p> |
| <p>3. Existing large area source <input checked="" type="checkbox"/></p> <p>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/></p> <p>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)</p> |
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number 41 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 ~~168~~ gallons. ESTIMATED BECAUSE NEW EQUIP PURCHASED. BOUGHT

70 gallons in 5 months.

~~5170~~
~~102/1000 x 12 = 1224~~
1 of 5

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? Y N N/A
- 2. Examining the containers for leakage? Y N N/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? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

~~If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).~~

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been 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
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? *1/12/97 BY H.L.P.* Y N
2. 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? Y N 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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:

(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? *Newly installed equipment* Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or: Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? *Has been developed* Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? *Reviewed by responsible official* Y N N/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? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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

If using direct-reading instrumentation, is the equipment: N/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)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Charles Norman

Inspector's Name (Please Print)

12/17/99

Date of Inspection

Charles Norman

Inspector's Signature

10-12 mos

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- ① Left information on Water Separator policy.
Currently evaporate to Atmos using steam to heat cooler - what is left is put in HAZ Waste can tainer.
- ② Keep can tainers covered.
- ③ Cover water separator bucket.
- ④ Label water Separator bucket "HAZ Waste."
- ⑤ New ^{DC} equip installed Aug. 17, 1999.

70 GAL perc purchased in

5 mos. beyond initial fillup.

EST 168 gal/yr usage.

ENTERED

AIRS ID# 0330245

JAN 19 2001

Revised 01/18/00

Agg

REVIEWED
JAN 17 2001

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DE BONAIR CLEANERS, INC DATE: 1/17/01
 FACILITY LOCATION: 5007 N. DAVIS HWY #10
PENSACOLA, FL 32503

Annual Reporting Period: 18 DEC 1999 20 TO 1 JAN 2001 20

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. YES 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:

Cool down cycle is not getting down to 45°

Exact period of non-compliance: from Discover today to _____

Action(s) taken to achieve compliance: Call repair shop to come fix the problem

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 _____ to _____

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: Maude Nettles Maude Nettles 01-17-01
Name (Please Print) Signature Date

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

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: _____ TIME OUT: _____ AIRS ID#: 0330245
 TYPE OF FACILITY: DC
 FACILITY NAME: DEB W AIR CLEANERS DATE: 1/17/01
 FACILITY LOCATION: 5706 N. Davis Hwy #10
PENSACOLA FL 32503
 RESPONSIBLE OFFICIAL: MAUDE NGTTLES PHONE NUMBER: _____

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Temp on 33# machine not reaching 45	CORRECT PROBLEM & NOTIFY DEPARTMENT.
ENTERED JAN 19 2001	RECEIVED JAN 22 2001 Bureau of Air Monitoring & Mobile Sources

COMMENTS: Called repair shop during visit. Had been checking temp at end of day with no clothes. I informed M S Nettles temp had to get down to at least 45°F each cool down cycle.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: _____ (Approximate)

INSPECTION CONDUCTED BY: Charles Norman (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 895-8364

ENTERED

JAN 19 2001

PERCHLOROETHYLENE DRY CLEANERS

**TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

AS 64

TYPE OF INSPECTION: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
RE-INSPECTION (FUI)

AIRS ID#: 0330243 DATE: 1/17/01 TIME IN: _____ TIME OUT: _____

FACILITY NAME: DE-BON AIR CLEANERS

FACILITY LOCATION: 5007 W. DAVIS HWY #10
Pensacola 32503

RESPONSIBLE OFFICIAL: MAUDE NETTLES PHONE: 484-8983

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

	Facility Compliance Status:	IN	<input type="checkbox"/>
1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>	(ARMS Data)	MNC <input checked="" type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>		SNC <input type="checkbox"/>

fr + temp > 45°F on 33# machine.

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

<input type="checkbox"/>	No notification form
<input type="checkbox"/>	Drop store/out of business/petroleum

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)	<input type="checkbox"/>	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)	<input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)	<input checked="" type="checkbox"/>

5. This is a correct facility classification N 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 270 gallons.

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? Y N N/A
- 2. Examining the containers for leakage? Y N N/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? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been 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
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?
33# machine temp 80°F at temp. 55# machine 45°F barely. Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

Re-ran ~~the~~ 33# machine with ~~no~~ clothes for about 10-12 min finally reached 45°F. Normal cool down cycle is 5 minutes
#33 needs attention - not reaching 45°F during norm. cool down cycle. 55# machine should be checked too.

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? 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? Y N 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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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

If using direct-reading instrumentation, is the equipment: N/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)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

d. Kept in a clean and secure area when not in use? Y N

e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Charles Norman

Inspector's Name (Please Print)

11/17/01

Date of Inspection

Charles Norman

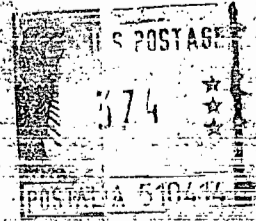
Inspector's Signature

Approximate Date of Next Inspection

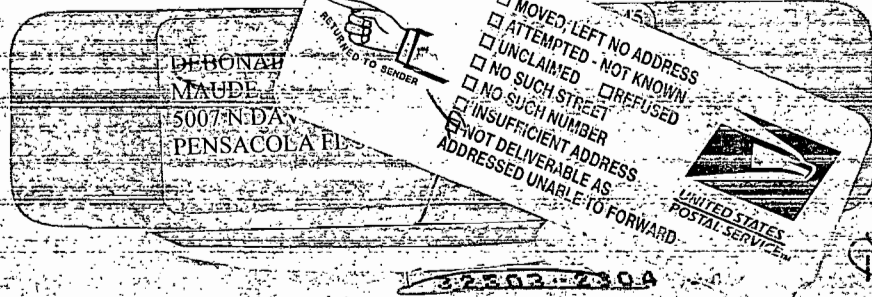
ADDITIONAL SITE INFORMATION:

A large, empty rectangular box with a double-line border, occupying most of the page below the header. It is intended for providing additional site information.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32309-2400



550304
MS5510



RECEIVED
APR 11 2001
Bureau of Air Monitoring
& Mobile Sources

32309-2400

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0330245

DEBONAIR CLEANERS
 MAUDE NETTLES
 5007 N DAVIS HWY #10
 PENSACOLA FL 32503

4a. Article Number
2210 661333

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

PS Form 3841, December 1994

Domestic Return Receipt

7 210 661 333

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to: _____

AIRS ID # 0330245

DEBONAIR CLEANERS
 MAUDE NETTLES
 5007 N DAVIS HWY #10
 PENSACOLA FL 32503

PS Form 3800 April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$0
Postmark or Date	

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED MAIL



7000 0600 0026 4444 1111



MS5510

**ATTEMPTED
NOT KNOWN**

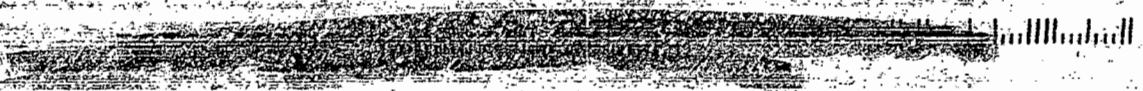
AIRS ID # 0330245
DEBONAIR CLEANERS
MAUDE NETTLES
5007 N DAVIS HWY #10
PENSACOLA FL 32503

Bureau of Air Monitoring
& Mobile Sources

MAR 19 2001

RECEIVED

10-2001



SENDER **ACTION 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 # 0330245

DEBONAIR CLEANERS
 MAUDE NETTLES
 5007 N DAVIS HWY #10
 PENSACOLA FL 32503

2. Article Number (Copy from service label)
 7000 0600 0026 4126 1911

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

4. Received by: (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

7000 0600 0026 4126 1911

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

AIRS ID # 0330245

Reci: DEBONAIR CLEANERS
 Street: MAUDE NETTLES
 City: 5007 N DAVIS HWY #10
 PENSACOLA FL 32503

INSTRUCTIONS



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300787

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

RECEIVED
MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 23 98

Do **NOT** Remove Label

AIRS ID#0330245
DEBONAIR CLEANERS INC
SUSAN L HENRY
5007 N DAVIS HWY #10
PENSACOLA FL 32503

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357009

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

RECEIVED
MAIL ROOM

JAN 12 99

Do NOT Remove Label

AIRS ID # 0330245

DEBONAIR CLEANERS
SUSAN L HENRY
5007 N DAVIS HWY #10
PENSACOLA FL 32503

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4227 4133

[Empty rectangular box for stamp or marking]

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P.		AIRS ID # 0330245

Recipient DEBONAIR CLEANERS
MAUDE NETTLES
Street, Apt 5007 N DAVIS HWY #10
City, State PENSACOLA FL 32503

FOLD AT DOTTED LINE
TO THE RIGHT OF RETURN ADDRESS
PLACE STICKER AT TOP OF ENVELOPE

012

SENDER: COMPLETE THIS SECTION **SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 0330243001AG
 FAYE A HILBERT
 SUNSHINE COIN LAUNDRY & DRY
 CLEANERS
 3 WEST 9 MILE ROAD
 PENSACOLA FL 32514

2. Article Number (Copy from service label)
 7000052000209753 5141

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery 10/29/0

C. Signature *[Signature]* Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9372 5141

Postage	\$	<i>Receipt</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total	10	

AIRS ID # 0330243001AG

Recip. FAYE A HILBERT (ier)

Street, SUNSHINE COIN LAUNDRY & DRY

City, St. 3 WEST 9 MILE ROAD
 PENSACOLA FL 32514

PS Form 3800, February 2000 See Reverse for Instructions

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390259

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 # 0330245

DEBONAIR CLEANERS
SUSAN L HENRY
5007 N DAVIS HWY #10
DENVER CO 80231

FOR GOVERNMENT USE ONLY
Org: 37550101000 EO: BI
Fund: 20-2-035001
ON: 002273

RECEIVED
MAIL ROOM
JAN-3 00

DEBONAIR CLEANERS
1321 S. WALL AVENUE
TYLER, TX 75701



*Title V Air General Permits
Receipts
P. O. Box 3070
Tallahassee FL 32315-3070*

32315+3070

