

Department of Environmental Protection

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

David B. Struhs Secretary

April 22, 1999

Mr. Arthur J. Vick Ambossador Cleaners 2915 Navy Boulevard Pensacola, Florida 32505

Re: Facility No.: 0330257

Dear Mr. Vick:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 8, 1999.

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, of 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

RECEIVED

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

APR - 8 1999

Bureau of Air Monitoring

Part III. Notification of Intent to Use General Permit Mobile Sources

Prior to filling out this form, please read the instructions provided at the end of the form. completed form to the address listed in the instructions and keep a copy of the form for your files. **Facility Name and Location** 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): RECEIV 2. Site Name (For example, plant name or number): MAY # 2 1559 1) M 60550do- C/2004-3

3. Hazardous Waste Generator Identification Number: Northwest Florida FLD 981 027 956

4. Facility Location: 4170 Borroncos Aug Street Address: City: County: Zip Code:

Facility Identification Number (DEP Use ONLY - do not fill in): Responsible Official 6. Name and Title of Responsible Official: 7. Responsible Official Mailing Address:
Organization/Firm:
Street Address:
City:
Onsaccelo

8. Responsible Official Telephone Number:
Telephone: (-) Responsible Official Telephone Number:
Telephone: (650)472 8 351

Fax: (650)436 75 46 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Street Address: Zip Code: City: County: 11. Facility Contact Telephone Number:

DEP Form No. 62-213.900(2)

)

Telephone: (

Effective: 2/24/99

Fax: (

)

Facility Information 1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Control Device Installed Date Initially Purchased Status Control Device Required* From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing New (RC)CA/None required (RC/CA/None required RC/CA/None required Existing/New *CONTROL DEVICE KEY: CA = carbon adsorber refrigerated condenser 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 Control Device Required* Date Control Device Installed Status From Manufacturer (circle one) (circle one) (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? 1498 gallons (You must fill this in) (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [____] Did not keep records: [____] New store: New machine

DEP Form No. 62-213.900(2) Effective: 2/24/99 Unopened store [____] (date of expected opening _____

3. What is the facility's source classification based on Indicate with an "X". Select one classification or	
Small Area Source []	
Transfer only on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Transfer only on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines p (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
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 up Rule 62-213.300, F.A.C. Verify that all steam and ho exemption criteria or that no such units exist on-site (
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site? [2]	
For each boiler, indicate its horsepower (HP) rating: [59 [15] [3-19-19
What type of fuel do you use? [] propane [] No. 2 fuel of [] No. 6 fuel of	pil No. 4 fuel oil
6. Equipment Monitoring and Recordkeeping Informa	ation
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 ad	ldition log
(b) Leak detection inspection and repair	[
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monit	oring []
(e) Startup, shutdown, malfunction plan	$[\dot{\nu}]$

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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 0330240 - PREVISOR DIVINES No DEP air permits currently exist for the operation of the facility indicated in this notification

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.

Print name of responsible official

Signatu

Date

DEP Form No. 62-213.900(2)

Effective: 2/24/99

P14
(a) Control clevice Required to be circled for each machine.

P16
7. New owner does not have the re

7. New owner does not have the right to surrender the previous owner's persent number. Mark out the mark" X" and out the mark" X" and should be marked.

Responsible official sign and date for changes made.

4/21/99
Shope to Jake Virband he stated that all three machines at Ambassador Cleaners are Dry to dry machines and line ref. concleusers as control devices.

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

APR - 8 1999

Bureau of Air Monitoring

Part III. Notification of Intent to Use General Permit Mobile Sources

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.

Facility Name and Location
Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Vicks Cleaners Inc
2. Site Name (For example, plant name or number):
Ambossado- Cleones
3. Hazardous Waste Generator Identification Number:
FLD 981027 956
4. Facility Location: 4170 Barrows as AUS
Street Address:
City: Pensocale County: Zip Code: 32509
Facility Identification Number (DEP Use ONLY - do not fill in).
0330257
Responsible Official
6. Name and Title of Responsible Official; Name: 7 Title: 7
Name: Arthur Title: Programme: 7. Responsible Official Mailing Address: Organization/Firm: 3915 Novy Blud Street Address:
7. Responsible Official Mailing Address:
Street Address:
8. Responsible Official Telephone Number: Zip Code: Zip Code: 3 2 5 05
Pansacity Official Telephone Number
8. Responsible Official Telephone Number;
Telephone: (650)472 8 351 Fax: (650)436- 75 46
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SAME
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
· · · · · · · · · · · · · · · · · · ·

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing New RC/CA/None required Existing New RC/CA/None required RC/CA/None required Existing/New RC = refrigerated condenser *CONTROL DEVICE KEY: 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 Status Control Device Required* Date Control Device Installed · From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required RC = refrigerated condenser CA = carbon adsorber *CONTROL DEVICE KEY: 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [498] gallons (You must fill this in) (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [____] Did not keep records: [New store: [] New machine []

DEP Form No. 62-213.900(2) Effective: 2/24/99

Unopened store [____] (date of expected opening

3. What is the facility's source classification based o Indicate with an "X". Select one classification	
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
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
	units shall not be eligible to use the general permit pursuant to hot water generating units on-site meet the following e (see attached memo for the criteria). [X] OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	1591/511 / 2.2.29
What type of fuel do you use? propane No. 2 fue	natural gas
6. Equipment Monitoring and Recordkeeping Inform	nation
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	[42]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Startup, shutdown, malfunction plan	$oldsymbol{U}$

DEP Form No. 62-213.900(2) Effective: 2/24/99

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 0330240 PREVISOUS ONNERS 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. Print name of responsible official

Signature

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

INSPECTION SUN	MMARY REPORT
TYPE OF INSPECTION: ANNUAL X	APLAINT/DISCOVERY RE-INSPECTION D
TIME IN: 955 AM TIME OUT: 1855	AIRS ID#: 0433025
TYPE OF FACILITY: Dry Chean	100 A 190 ()
FACILITY NAME: AMBOSSADON CLANKES	DAGE 4/16/99
FACILITY LOCATION: 4170 BARRANCAS A	× 6
	507
RESPONSIBLE OFFICIAL: TAKE VICK	PHONE NUMBER: 436-7546
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
ENTEDER	
JUN 1 8 1999	
00M I 8 1999	·
•	
COMMENTS: Need to Straighten out	Win 12- month tolals
	0
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector.
DATE OF NEXT INSPECTION: 8-12 MONTHS	
	oproximate) comple Le y mail ton
INSPECTION CONDUCTED BY: WARLES MY	
	ease Print)
INSPECTOR'S SIGNATURE:	MONCEHONE NUMBER: 595-8364
Page	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION	≥ <	COMPLAINT/DISCOVE	RY 🗅
AIRS ID#: 0330257 DAT FACILITY NAME: Ambass FACILITY LOCATION: 4170	ADOR CLE	FNNER	5	 .
RESPONSIBLE OFFICIAL: CONTACT NAME: ROA				
PART I: NOTIFICATION				
(check appropriate box) 1. New facility notified DARM 30 da 2. Facility failed to notify DARM to	•			0
PART II: CLASSIFICATION				
Facility indicated on notification fo (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large areas dry dry-to-dry only, 140 < x < 2100 gal/yr transfer only, 200 < x < 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classifi	2. N dry- trans both (con 4. N gal/yr dry- /yr trans both (con	sfer only, x of types, x < 1 structed on New large a to-dry only, sfer only, 20 types, 140	x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ess/petroleum
Facility indicated on notification for (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large areas of the dry-to-dry only, 140 < x < 2100 gal/yr transfer only, 200 < x < 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification, please check the appropriate facility questions.	dry- trans both (con 4. N gal/yr dry- /yr trans cation cation priate classification: alified for a general p	to-dry only, sfer only, x a types, x < 1 istructed on New large a to-dry only, sfer only, 20 itypes, 140 istructed on	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 \rangle$ rea source $ 140 \le x \le 2,100 \text{ gal/yr} $ $\le x \le 1,800 \text{ gal/yr}$ or after $ 12/9/91 \rangle$ Can not determine	ess/petroleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN MN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ØN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal (the Lynn clean system -) File System in a Cleaning System roll each NC machine. 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber MÍN □N/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) ND YE 1. Equipped all machines with the appropriate vent controls? EN ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated PAD AR condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ウィ ロn ロn/a condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after 西Y ロN verifying that the coolant had been completely charged?

B.	. Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΑDΥ	ΠN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ON EN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ON DWA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	□N ᡚN/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ON DIN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	□N ™A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY.	ON DIN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ON ON/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? MD AG 2. Maintained rolling monthly total of perc consumption? (NOT ACCUARTE) MD AG 3. Maintained leak detection inspection and repair reports for the following: DY DN DN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days N/A and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MD AB 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? N/A Problem corrected? 8. Maintained compliance plan, if applicable? A/M

PART VI: LEAK DETECTION	AND REPAIRS		
1. Does the responsible official co	onduct a weekly (for small sources	, bi-weekly) leak detection	and repair
inspection?	·		NO AE
2. Has the facility maintained a le	ak log?		MD AG
3. Does the responsible official ch	neck the following areas for leaks?		
Hose connections, fittings couplings, and valves	S, DY ON ON/A	Muck cookers Dynk	אואם אם אם
Door gaskets and seating	DY ON ON/A	Stills Stysh	O ON ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN MN/A
Pumps	MY ON ON/A	Diverter valves	DY ON ON/A
Solvent tanks and contain	ers BY ON ON/A	Cartridge filter housings	DY ON ON/A
Water separators (IN BUN	vacino NOY ON ON/A		
4. Which method of detection is u			
Visual examination (cond	lensed solvent on exterior surfaces	s)	
Physical detection (airflown)	w felt through gaskets)	,	Ð
Odor (noticeable perc odo	or)		5
Use of direct-reading inst	rumentation (FID/PID/calorimetri	c tubes)	
Halogen leak detector		`	_
If using direct-reading	ng instrumentation, is the equip	ment:	SIN/A
a. Capable of de	etecting perc vapor concentrations	in a range of 0-500 ppm?	OY ON
b. Calibrated ag (PID/FID onl	ainst a standard gas prior to and a y)?	fter each use	
c. Inspected for	leaks and obvious signs of wear o	n a weekly basis?	DY DN
d. Kept in a clea	un and secure area when not in use	·?	DY DN
e. Verified for a	ccuracy by use of duplicate sampl	es (calorimetric only)?	OY ON
			· -
·			

Chielos NORMAN	6/16/99
Inspector's Name (Please Print)	Date of Inspection
Marka Morman	8-12 mont NS
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	<u> </u>				
	•				
		•			
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				•	
	•				
		•			
			·		
		·			•

BEST AVAILABLE COPY

AIRS ID#: 0330 257

Aco

Refined 10/10/96 E D

Refined 10/10/96 E D

Bureau of Air Monitoring
& Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	4,000
FACILITY NAME: Ambassador Cleaneas	date: 6/28/99
FACILITY LOCATION: 4170 BARRANCAS AIR	′
Towacela FL 32507	
J. W. Linder Color () Color ()	
Annual Reporting Period: 20 Dec 78 19 TO	28 June 99 19_
Based on each term or condition of the Title V general air permit, my facility has remained 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this state	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance d	uring the reporting period stated above:
Exact period of non-compliance: from REVIEWED	TERED
JUN JUN	2 8 1999
Action(s) taken to achieve compliance: JUN 2 0 13.3.	
Method used to demonstrate compliance:	·
#2. Term or condition of the general permit that has not been in continuous compliance d	uring the reporting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
·	
As the responsible official, I hereby certify, based on information and belief formed after made in this notification are true, accurate and complete. Further, my annual consumption upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for draward for transfer or combination facilities.	on of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: Arthur July J. Chily	(/m) 6/28/89
Name (Please Print)	ignature Date

Page _____ of _____.

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

AIRS ID#: 0330257

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

1				
FACILITY NAME: AM BASSA	DOA CLE	INGUS	DATE:	2-18-2000
FACULTY LOCATION 4170 18	ARRAICAS	Avo.		
FACILITY LOCATION: 4170 B	D 9	3~~7		
Vensacal	a FL 36	<u> </u>		
				<u>. </u>
Annual Reporting Period: 29 Dune	19 9	9 TO Febr	ruans 17	<i>30</i> 95
Based on each term or condition of the Title V g 62-213.300, Florida Administrative Code (F.A.				PRule □ŅO
If NO, complete the following:				
#1. Term or condition of the general permit tha	at has not been in continuo	us compliance during	the reporting period	l stated above:
₹	•	•	· C	
	ENTERED			, .
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:	FEB 2 3 2000		tho to	
Method used to demonstrate compliance:		an Maria (1966) Maria Maria	818 1 CO	· O
		2	OLI OTO	
#2. Term or condition of the general permit that	nt has not been in continuo	us compliance during	the reporting perior	l stated above:
•				
Exact period of non-compliance: from		to		·
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				· ,
Tribution used to demonstrate compilation.				
Service Servic				
As the responsible official, I hereby certify, bas made in this notification are true, accurate and upon rolling averages of purchase receipts, doe year for transfer or combination facilities.	complete. Further, my ar	nual consumption of p	perchloroethylene s	olvent, based
RESPONSIBLE OFFICIAL: Arthur	(Please Print)	Signatu	re.	Date
		To the second		

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V-GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/DISCONERY (S STA
AIRS 10#6 330257 D	ATE: 2/17/07	2_ TIME I	N: 200 PMTIME OUT	So Pr
FACILITY NAME: Name:	BASSADOM (() (==================================	NED 5	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
FACILITY LOCATION: 41	170 BAST.	ancle	- DVC	<u> </u>
Ja	macerla	FL3	2507	
RESPONSIBLE OFFICIAL:	INKE VICI	L	PHONE: 436-750	6
CONTACT NAME: WAR	CHIEDSON	or	PHONE: 485-513	5
J-O N	Hull_			
PART I: NOTIFICATION				
(check appropriate box)			ENTERER	
1. New facility notified DARM 3	0 days prior to startup		FEB 1 8 2000	
2. Facility failed to notify DARM	to use general permit			
\				
			·	
PART II: CLASSIFICATION				
Facility indicated on notification	n form that it is:		☐ No notification form ☐ Drop store/out of business/p	etroleum
	o form that it is:		☐ No notification form ☐ Drop store/out of business/p	etroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source		New small a	☐ Drop store/out of business/p	etroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yi	2. dr	y-to-dry only	Drop store/out of business/p rea source x < 140 gal yr	etroleum
Facility indicated on notification (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	e 2. dr	y-to-dry only insfer only, x oth types, x <	□ Drop store/out of business/p rea source □ x < 140 gal yr < 200 gal/yr 140 gal/yr	etroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e 2. dr	y-to-dry only insfer only, x oth types, x <	□ Drop store/out of business/p rea source □ x < 140 gal yr < 200 gal/yr	etroleum
Facility indicated on notification (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	dr. dr. tra bo (co. e.	y-to-dry only insfer only, x on the types, x < on structed on New large a y-to-dry only insfer only, 2 oth types, 140	Drop store/out of business/p rea source x < 140 gal yr < 200 gal/yr 140 gal/yr or after 12/9/91)	etroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	dr. dr. tra bo (co. 2. 4. 00 gal/yr gal/yr tra co. (co. (co. (co. (co. (co. (co. (co.	y-to-dry only insfer only, x on the types, x < on structed on New large a y-to-dry only insfer only, 2 oth types, 140	Prop store/out of business/p rea source $x < 140 \text{ gal yr}$ < 200 gal/yr 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	etroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class 1f no, please check the approximate the facility of the constructed before 12/9/91.	dry tra bo (co	y-to-dry only insfer only, x in types, x < onstructed on New large a y-to-dry only insfer only, 2 oth types, 140 onstructed on \[\begin{align*} \text{N} & N	Drop store/out of business/p rea source $x \le 140$ gal yr < 200 gal/yr 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100$ gal/yr $00 \le x \le 1,800$ gal/yr $00 \le x \le 1,800$ gal/yr or after $12/9/91$)	etroleum

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
Storing perchloroethylene in tightly sealed and impervious containers?	או מו אם אם			
2. Examining the containers for leakage?	OY ON MA			
3. Closing and securing machine doors except during loading/unloading?	EY ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Dy Na CLETA D	SIY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON PRIN/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 source (check appropriate boxes)	es:			
1. Equipped all machines with the appropriate vent controls?	אם אש			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	YELV ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? $D \vee M \cap C \cap M$	OY ON ØN/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY ON TON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON			

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	YEE	ПN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ON ON/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	A/NØ NO
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ON DIN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	A/NB ND

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

P	ART VI: LEAK DETECTION ANI	O REPAIRS			
1.	Does the responsible official conduc	t a weekly (for small	sources, bi-weekly) leak detection	and repair	
	inspection?	/		BY	ПN
2.	Has the facility maintained a leak los	s? (USES 1)	YNA OLEAN Theresys tem	ØΥ	DN
3.	Does the responsible official check t	he following areas for	r leaks?		
	Hose connections, fittings, couplings, and valves	→QY □N □N/;	Muck cookers	OY O	NONA
	Door gaskets and seating	אואם אם צם.	A Stills	OY O	N/O)NA
	Filter gaskets and seating	OY ON ON/A	A Exhaust dampers	OY O	N' DWA
	Pumps	DY DN DN/A	Diverter valves	ם אם	N DWA
	Solvent tanks and containers	אאם אם צם	Cartridge filter housing	s DY D	N □N/A
	Water separators	NO VO	\		
4.	Which method of detection is used b	y the responsible offi	cíal?		1
	Visual examination (condensed	d solvent on exterior s	surfaces)	_ Q	
	Physical detection (airflow felt	through gaskets)		B	
	Odor (noticeable perc odor)			Ð	
	Use of direct-reading instrume	ntation (FID/PID/calc	orimetric tubes)		
	Halogen leak detector				
	If using direct-reading in	strumentation, is the	equipment:	N/A	·-··.
	a. Capable of detection	ng perc vapor concent	rations in a range of 0-500 ppm?	OY O	N
	b. Calibrated against (PID/FID only)?	a standard gas prior to	o and after each use	OY O	N
	c. Inspected for leaks	and obvious signs of	wear on a weekly basis?	OY O	N
	d. Kept in a clean and	d secure area when no	t in use?	OY O	N
	e. Verified for accura	cy by use of duplicate	e samples (calorimetric only)?	OY O	N
					ı

(HARLIES NOOMAN)	2/17/00
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	8 - 12 m v S Approximate Date of Next Inspection

ADDITIONAL SITE INFORMAT	ION:	
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ECTION | TYPE OF INSPECTION: ANNUAL X COMPLAINT/DISCOVERY [TIME IN: 2 PM TYPE OF FACILITY: AM R ASS A DO 2 FACILITY NAME: -4170 BARRACE AVE FACILITY LOCATION: AKE VICIC PHONE NUMBER: RESPONSIBLE OFFICIAL: 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 ENTERED FEB 1 8 2000 COMMENTS: Well RUN FACILITI The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (1) 1 2/-5 Norman _PHONE NUMBER: 555-836 (INSPECTOR'S SIGNATURE

Revised 10/96

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A GOOD TO TOP IN DV + LAUN TY DATE: 3/10/00
FACILITY LOCATION: 6008 TI prin Ave
Lessacolce FL 32504
Annual Reporting Period: 04/23/99 (1999) TO 3/10/
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Pinions you records not on site
Exact period of non-compliance: from $2-14-99$ to $3-10-00$
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 $2-1-00$ to $2-39-00$
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
ENTERED
MAY 02 2000 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: 1/21/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/
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.



Department of **Environmental Protection**

FILE COPY

leb Bush Governor

Northwest District 160 Governmental Center Pensacola, Florida 32501-5794

David B. Struhs Secretary

March 21, 2000

CERTIFIED. RECEIPT No.: Z 539 637 850

Patrick R. Crowell Tippin Avenue Laundry 6008 Tippin Avenue Pensacola, Florida 32504

SUBJECT: Warning Letter NWAP 033-1436

Dear Mr. Crowell:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. A field inspection conducted on March 10, 2000 of Tippin Avenue Laundry indicates that a violation of Florida Statutes and Rules may exist at the above-described facility. Department personnel observed the following at the facility.

- Perchloroethylene purchase receipts were not on site.
- Previous year's perchloroethylene purchase logs and leak check records were not on site.
- Leak check log for February 2000 was not done.

40 CFR 63.324(d) and Rule 62-213(k), Florida Administrative Code, provide that each owner or operator of a dry cleaning facility shall keep receipts for perchloroethylene purchases and a log of when the dry cleaning system components are inspected for perceptible leaks. These records are to be kept on site for a period of five years.

You are requested to contact Charles Norman at (850) 595-8364, extension 1222, within 15 days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

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

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EKM:cnc

Sincerely,

Ed K. Middleswart, P.E.

Air Program Administrator

Edk- Muddle want

"More Protection, Less Process"

Printed on recycled paper.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT	DISCOVERY	RE-INSPECTION
TIME IN: 0940	TIME OUT:	030	AIRS ID#:	330263
TYPE OF FACILITY: DC				
FACILITY NAME: 1.00	in Ave LAI	undry		DATE: 3/10/98
1	5008 TIMPIN			
and the second	sacrba FC	3250	4	
RESPONSIBLE OFFICIAL:	$T \rightarrow A \rightarrow A$	ro well		476-6678
	the compliance requiremer	-	• •	lity is found to be in
Based on the results of discrepancies were note	the compliance requiremented:	nts evaluated during	g this inspection, the follo	owing compliance
COMPLIANCE REQU		EM F	OLLOW-UP ACTI	ON REQUIRED
1) Perc Receipts nos	onsite	Noa	pons, Le,	
· · · · · · · · · · · · · · · · · · ·	C / pb			
2) Leal chulis for 1		'	Record as ex	
3 Premies precon	do ril ans	te. Ki	eup ON Sí	Ye
		Ina	in Lui 5 ise	eurs
		<u> </u>		
		ENI	TEDED.	
•			TERED	
•		MAY	0 2 2000	
COMMENTS: 50, 16 h	ul taken home for	- tap pupo	5 ~ € -	
The Annual Compliance Certific	- ·		bmitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	N: FOLLOW-L	1 SOON	<i>)</i>	
	Oxen 1-	Xor mny)	
INSPECTION CONDUCTED	BY CANAL S	(Please Print		
INSPECTOR'S SIGNATURE	All Milh	<i>*</i>	•	595-8364
End 2010 NO DIGITAL DIGITAL	a segge	p. 1 . 1	HOME HOMBER.	X/22 2 Daving 10/06

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	× 00 00 00 00 00 00 00 00 00 00 00 00 00	COMPLAINT/I	DISCOVERY	
FACILITY NAME: 7 M FACILITY LOCATION: 6 RESPONSIBLE OFFICIAL:	oos Type hrich R.	Laur nin As Prowell	PHONE: 4	200 A CO / A	
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 3 2. Facility failed to notify DARM	•	rtup MA	NTERED Y 0 2 2000		0
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gal/yr south types, 140 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1	e	transfer only, y both types, x < (constructed of 4. New large dry-to-dry only transfer only, 2 both types, 14	area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140 \leq x \leq 2,100 gal/yr 0 \leq x \leq 1,800 gal/yr	at of business/pet	roleum
	ppropriate classific qualified for a gen	ation:	n or after 12/9/91) □Can not deten	bove	
B. The total quantity of perchloro facility was 95 gallons.			igible for a general	•	cleaning

Check on 9 th 5, Le 10f5
Coon -O-MAGIC Note hi with - it in cland

Revised 9/15/97

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

PART III: GENERAL CONTROL REQUIREMENTS

R	Has the responsible official of an existing large or new large area source also:			
<u>ا</u> ک	1123 the responsible official of an existing large of new large area source also.			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□n/a
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΩY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	N	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? Receipts NOT ONSILE. DY DN 2. Maintained rolling monthly total of perc consumption? Missed Feb 32 AD AQ 3. Maintained leak detection inspection and repair reports for the following: A/NE NO YO a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days A/NE NO YO and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) A/NØ NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? NO YO 6. Maintained startup/shutdown/malfunction plan? DY ON 'ON/A 7. Maintained deviation reports? A/NO NO YO Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	nd repair
inspection?			□Y □N
2. Has the facility maintained a leak log	S MISSED FERS	\(\rightarrow\)	√DY □N
3. Does the responsible official check th	e following areas for leaks	s?	
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY DN WN/A
Door gaskets and seating	DY ON ON/A	Stills	A/NØ ·NO YO
Filter gaskets and seating	BY ON ON/A	Exhaust dampers	DY DN SIN/A
Pumps	DY ON ON/A	Diverter valves	אאם אם אם
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אומם אם צפ
Water separators	DY ON ON/A		
4. Which method of detection is used by	the responsible official?	•	
Visual examination (condensed	solvent on exterior surface	es)	0
Physical detection (airflow felt	through gaskets)	~	70
Odor (noticeable perc odor)	·		D .
Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)	
Halogen leak detector		• •	
If using direct-reading ins	trumentation, is the equi	pment:	N/A
a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	NO YO
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and	secure area when not in u	se?	DY DN
e. Verified for accurac	cy by use of duplicate sam	ples (calorimetric only)?	DY DN
			•
-			<u> </u>
Thoules Klampy		/ / 5	

Inspector's Name (Please Print)

Date of Inspection

Follow-up Soon

Approximate Date of Next Inspection

ADDITIONAL SI	TE INE	TRAKEC	TON.

SULS OUT MOST of DC WONL to DeboNoin.

AIRS ID#: <u>0336267</u>

Revised 01/18/00

MAR

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: AMBASSADOR CLEMNERS	DATE: 1/10/01
FACILITY LOCATION: 4170 BARRANCAS AVE	
Annual Reporting Period: FER 17 20 60 TO	20
Based on each term or condition of the Title V general air permit, my facility has remained in compliance	ce with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	TES INO
If NO, complete the following:	
	wing powind atotal above.
#1. Term or condition of the general permit that has not been in continuous compliance during the repo	nting period stated above;
	<u>, </u>
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	0
#2. Term or condition of the general permit that has not been in continuous compliance during the repo	rting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance: JAN 16 2004	
Wethod used to demonstrate comphance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable indin this notification are true, accurate and complete. Further, my annual consumption of perchloroethyl purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities.	ene solvent, based upon
RESPONSIBLE OFFICIAL: Arthur J Visic Cultur (Manne (Please Print)	1/10/01
Name (Please Print)	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

FACILITY NAME: Ama assa and Communication 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 COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: Annual Compliance (Please Print)	TYPE OF INSPECTION: A	NNUAL 🔀	COMPLAI	NT/DISCOVERY	RE-INSPECTION
FACILITY NAME: Area as a deal Creminary Date: 1/10/0) FACILITY LOCATION: 4 TO BARRANCAS A VERY STATE AS A VERY SENSACIAL FOR SALE AND SALE A VERY SENSIBLE OFFICIAL. DAKE VILL 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 COMMENTS: COMMENT FOLLOW-UP ACTION REQUIRED COMMENTS: FOLLOW-UP ACTION REQUIRED COMMENTS: COMMENT FOLLOW-UP ACTION REQU	TIME IN:	TIME OUT:		AIRS ID#:	330257
FACILITY LOCATION: 470 BARRANCAS A V G PENS ACE / A F 32507 RESPONSIBLE OFFICIAL: DAKE VILL 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 62-215.300. 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 COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: 1442 LOS NOR MAN (Please Print) (Please Print) S 95-8364 INSPECTOR'S SIGNATURE AND STATE OF THE PROPERTY OF THE	TYPE OF FACILITY: DC	·			
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		1/1-	7	•	595-8364
Page of Page 10/9	INSPECTOR'S SIGNATURE.	Merles M/le	your	PHONE NUMBE	R: X/222
		F	Page of_	<u>.</u>	Revised 10/9

Kraff

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL (INS1, INS2)

COMPLAINT/DISCOVERY (CI) □

RE-INSPECTION (FUI) □

AIRS ID#: 033 0257 DATE: 1/0/01 TIME IN: TIME OUT:
FACILITY NAME: AMBRISHION CLIENNING
FACILITY LOCATION: 34170 BARRINGISAVE
Pensacula FL 32507
RESPONSIBLE OFFICIAL: DOKE VICK PHONE:
CONTACT NAME: 50 m PHONE:
PART I: NOTIFICATION
(check appropriate box) Facility Compliance Status: IN
1. New facility notified DARM 30 days prior to startup (ARMS Data) MNC MNC MNC
2. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION
Facility indicated on notification form that it is:
(check appropriate box)
M · · ·
1. Existing small area source 2. New small area source
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr
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 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 both types, x < 140 gal/yr
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)
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3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
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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?	DY DN BNA			
2. Examining the containers for leakage?	אאם אם אם			
3. Closing and securing machine doors except during loading/unloading?	MO AB			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? USE DYNA CLEDN 5157.	DY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON DN/A			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
lf 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)	s:			
Equipped all machines with the appropriate vent controls?	BY DX			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אותם אם עם			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY W			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Jemp 3 ENSOR BROKE N. See Page 5 - Multimatic,	DY DN N/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after	\ .			



MO AQ

verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:	•	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	B Y	מם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ON DIN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		
	if machines are equipped with a carbon adsorber?	ΠY	AVAE NO
	Is the perc concentration equal to or less than 100 ppm?	ΩY	DN ZIN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,		
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	DN DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ON SIN/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
Maintained receipts for perc purchased?	אם גופ		
2. Maintained rolling monthly total of perc consumption?	MA DK		
3. Maintained leak detection inspection and repair reports for the following:	. \		
a. documentation of leaks repaired w/in 24 hrs? or;	A NE NO YO		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ארב אם אם א		
4. Maintained calibration data? (for applicable direct reading instruments)	אימב אם עם		
5. Maintained exhaust duct monitoring data on perc concentrations?	אומל מם עם		
6. Maintained startup/shutdown/malfunction plan?	אם אם		
7. Maintained deviation reports?	אאנ <i>פ</i> ן אם אם A		
Problem corrected?	אעם אם אם א		
8. Maintained compliance plan, if applicable?	OY ON DN/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? $\square N$ 2. Has the facility maintained a leak log? YΖ ПN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AMO NO YO DY DN BNA couplings, and valves Muck cookers DY DN DN/A DY ON ON/A Door gaskets and seating Stills DY DN DN/A Filter gaskets and seating DY ON ON/A Exhaust dampers NY ON ON/A AVA UN UN/A Diverter valves Pumps Cartridge filter housings DY DN MN/A Solvent tanks and containers A'NO NO YO DYNACLLEAN-LISEDEN Maced normal bilting let OY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) . Halogen leak detector A\ZE If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DA DN d. Kept in a clean and secure area when not in use? NO YO e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Charles Nonman	1/10/01
Inspector's Name (Please Print)	Date of Inspection
Jul Moman	
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

#/

WESTERN BUTOMATION - 4°C Multi matic 5 HOPS TAR 7 Temp sum on not walling multimotion taken out.

Broke eyestendag installing wini for hell. - Someone en July hroke/ Livaments winig for T. Sendor.

· TEMS Senson: Obtained head held senson to use on 10th. because per to had to be or devel, These were ordered the mouning of 10 Jan, Expect to receive new temp eggip. 11th.

Grant, Patricia

From:

Thomas, Bruce X.

Sent:

Wednesday, January 26, 2005 2:07 PM

To:

Norman, Charles

Cc: Subject: Allen, Andy; Grant, Patricia RE: Ambassador Cleaners

Thanks Charlie. The status has been changed to inactive.

----Original Message-----**From:** Norman, Charles

Sent: Wednesday, January 26, 2005 11:43 AM

To: Thomas, Bruce X. **Cc:** Allen, Andy

Subject: Ambassador Cleaners

Ambassador Cleaners, ID 0330240, should be inactive. It was sold in June 1999. The new owner kept the name but a new ID (0330257) was issued. ID 0330257 is now inactive also. I believe it has already been changed to Inactive.

Charlie

VICK'S CLEANERS, INC. Check Number: 25304

Check Date: Jan 13, 2000

25304

DEPT. OF ENVIRO. PROTECTION Vendor: Check Amount: \$150.00

Item to be Paid Discount Taken Amount Paid

0330257 50.00

1130156 50.00 0330229 50.00



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 # 0330257

AMBASSADOR CLEANERS ARTHUR J VICK 2915 NAVY BLVD PENSACOLA FL 32505

FOR GOVERNMENT US SILE Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



413018 JAN142882

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 # 0330257

AMBASSADOR CLEANERS ARTHUR J VICK 2915 NAVY BLVD PENSACOLA FL 32505

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

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

TOTAL AMOUNT DUE:

Do NOT Remove Label

ID# 330257 ARTHUR VICK AMBASSADOR CLEANERS 2915 NAVY BLVD PENSACOLA, FL 32505

FOR GOVERNMENT ESE ONLY-Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273



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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0330257

AMBASSADOR CLEANERS ARTHUR J VICK 2915 NAVY BLVD PENSACOLA FL 32505

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: AND

Fund: 20-2-035001

Obj.: 002273

404341

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 # 0330257

AMBASSADOR CLEANERS ARTHUR J VICK 2915 NAVY BLVD PENSACOLA FL 32505

FOR GOVERNMENT USEXONIC Org.: 37550101000 EO: A1

Fund: 20-2-035001

Оыј.: 002273

AMBASSADON CLEANERS 7170 BANKANAS AVE PENSACOLA 71 32507





FL Dept OF Environmental Protection 2600 Blancstone RD Tallahassee 71 32399-2400

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· VICK'S CLEANERS, INC.

29499

29499 Check Number:

Chook Date: Dog 31, 8008

Vendor: DEPT. OF ENVIRO. PROTECTION

Check Amount: \$150.00

Item to be Paid

Discount Taken

Amount Paid

0330257 2003

50.00

0330229 2003

50.00

50.00

1130156 2003

0901	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
J —	For delivery information visit our website at www.usps.com ■
27	OFFICIALYUSE
25	Postage \$
<u>B</u>	Certified Fee
000	Return Reciept Fee (Endorsement Required)
192	Restricted Delivery Fee (Endorsement Required)
띱	Total F ID# 330257
m	ARTHUR VICK
7003	Sent To AMBASSADOR CLEANERS
12	Street, 2915 NAVY BLVD
1	or POB: PENSACOLA, FL 32505
	City, Sta
	្រីទីForm 3800; June 2002 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
ID# 330257 ARTHUR VICK AMBASSADOR CLEANERS 2915 NAVY BLVD	the state of the s	
PENSACOLA, FL 32505	3. Service Type Greatified Mall Express Mall Registered Return Receipt for Merchandise Insured Mail C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Art 7003 2260 0003 5651	0901	
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0 600	R VICKS CLEANERS INC
02	4170 Barrancas Avenue PENSACOLA, Fb. 32507
	PS Form 3800, June 2002 See Reverse for Instructions

•	PLACE STICKER AT TOP OF ENVELOPE	
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Article Addressed to:		If YES, enter delivery address below:
0330257001AG VIÇKS CLEANERS INC +4170 Barrancas Avenue PENSACOLA, FL 32507	10	3. Service Type Certified Mall
and the second s		4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	7003 05	500 0004 0140 8048
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