

### Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

October 18, 1996

Mr. David Barker Jasper Laundry & Dry Cleaners, Inc. Post Office Box 229 Jasper, Florida 32052

Dear Mr. Barker:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Rick Banks, Northeast District

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	David Barker Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	0400122
4.	0400 122 Facility Location: 2/4 S.ω. 15 5 5. Street Address:
	City: County: Zip Code:  As fer Hap: 1/on 32.051  Facility Identification Number (DEP Use):
5.	Facility Identification Number (DEP Use):
	0470012
	Responsible Official
6.	Name and Title of Responsible Official:
	David Barker Owner
7.	Responsible Official Mailing Address:  Organization/Firm:  Street Address:  City:  Coupty:  Coupty:  City:  Coupty:  Cou
	Street Address: PO BOX 2349 City: County: Zip Code:  Responsible Official Telephone Number: Telephone: (201) 201 - 1412 (2) Fax: (1) -
0	Dasper Hamylton 32052
٥.	Telephone: (904) 192 - 1430 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
	racinty contact (it 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: ( ) -
	RECEIVE

AUG 28 1996

Bureau of Air Monitoring & Mobile Sources

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

# #0470012

ĺ	9 .
	Jasper Laundry + Dry Cleaners
	spoke with David Barker - 9/19/96
D.14	1.(a) for clarification, write date (04 April 91) above existing date; add date control device
	date (04 April 91) above existing
	date add date control device
	installed if any
715	installed, if any 5.(f) required
γ.19	J.C/)-1 29 all Co
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	:
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### **Facility Information**

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example :	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	1	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(I) w/ ref. condenser	)Q	04 Apr. 196							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit				•		•			•
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls					ŀ				
Dryer Unit		1	•		•	<del>'</del>			<del></del>
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls	-					-			
Reclaimer Unit		•			•	_			
(10) w/ ref. condenser						T			
(11) w/carbon adsorber		_							
(12) w/ no controls									
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of a second of the second of</li></ul>	are requant gallo	equired to be ity of perchlo ons ow many? [_	installed [	perc)	purchased in				[]
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	t one classifi	cation only.) No	ew sn	initions found nall area sour	rce [	3) of ]	Part II?	
Laisting large an	Ju 30		140	· • • 1a.	i se area sour		J		

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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		None					
New large area source Refrigerated condenser							
5. A facility which contains non-ex	xempt emissions u	nits shall not be eligible to	use the general permit pursuant				
to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and						
boiler HP or less), and (2) are fired	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 No such units on-site	units exempt	<u>X</u>					
	·						
Equipmo	ent Monitoring a	nd Recordkeeping Inforn	nation				
Check all logs which are required to	o be kept on-site in	n accordance with the requ	irements of this general permit:				
(a) Purchase receipts and solvent pu	urchases						
(b) Leak detection inspection and re	epair						
(c) Refrigerated condenser tempera	ture monitoring						
(d) Carbon adsorber exhaust perc c	oncentration moni	toring					
(e) Instrument calibration							
(f) Start-up, shutdown, malfunction	n plan						

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### Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:							
[] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
Ľ	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.								
	<u>.</u>							
Q. 4	wid. Banks 8-26-96							
Signature	Date							

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### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
David Parts
David Barker  2. Site Name (For example, plant name or number):
· ·
Jasper Laund V + Div Cleaners
3. Hazardous Waste Generator Identification Number:
0400122
4. Facility Location: 914 S.W. 1st St.
Street Address:
Jasper Hamilton 32052
Street Address: City: County: Zip Code:  105 fer //an //on 32052  5. Facility Identification Number (DEP Use):  2470012
0470012
Responsible Official
6. Name and Title of Responsible Official:
David Barker Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address:  Po Rix 229
Organization/Firm: Jasper Launury & Dry Cleaners
City: County: , Zip Code:
Jasper Hamilton 32052
Street Address: FO Wax 2015 City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (904) 792 - 1430 Fax: ( )
Telephone: (904) 792 - 1430 Fax: ( ) -
Facility Contact (If different from Responsible Official)
Name and Title of Facility Contact (For example, plant manager):
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: ( ) -
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AUG 28 1996

Bureau of Air Monitoring & Mobile Sources

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

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control '		Machine	Control		Machine	Control
•,		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	lD	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit				_					
(1) w/ ref. condenser	X	04 Apr. 196	. HAPROT				_		
(2) w/ carbon adsorber		07.1977	1						
(3) w/ no controls			<del></del>						
Washer Unit		,		<del>.</del>	·	······		<u> </u>	<del></del>
(4) w/ ref. condenser									
(5) w/ carbon adsorber				٠,					
(6) w/ no controls									
Dryer Unit					•	•		'	
(7) w/ ref. condenser			]						
(8) w/ carbon adsorber	_				_				
(9) w/ no controls									
Reclaimer Unit				•		<u>-</u>			
(10) w/ ref. condenser					_				
(11) w/carbon adsorber									
(12) w/ no controls						,		,	
(b) Control devices are  (c) No control devices  2.(a) What was the total of the second of the secon	are ro quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	perc)	_] purchased in				
<ol> <li>What is the facility's so (Indicate with an "X".</li> <li>Existing small ar</li> </ol>	Selec	t one classifi	cation only.)	)	nitions found		3) of	Part II?	
Existing large are						<u> </u>	1		
Existing large are	.a 501	urce []	IN C	w idi	rge area sour	re [	ĺ	•	

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	at control technology is required at the control technology is require	uired on machines	s pursuant to section (3) of	Part II of this notification form?
	Existing large area source Carbon adsorber	<u>e</u>	Refrigerated condenser	
	New small area source Refrigerated condenser		None	
	New large area source Refrigerated condenser			
to Rule		fy that all steam a	nd hot water generating un	to use the general permit pursuant its on-site meet the following
boiler		ed exclusively by	natural gas except for peri	10 million BTU/hr or less (298 ods of natural gas curtailment is fired.
	am and hot water generatin th units on-site	g units exempt	<u> </u>	
	•			
	Equip	nent Monitoring	and Recordkeeping Info	rmation
Check	all logs which are required	to be kept on-site	e in accordance with the re-	quirements of this general permit:
(a) Pur	rchase receipts and solvent	purchases		
(b) Lea	ak detection inspection and	repair		$\mathcal{L}$
(c) Re	frigerated condenser temper	rature monitoring		
(d) Ca	rbon adsorber exhaust perc	concentration mo	onitoring	
(e) Ins	trument calibration			
(f) Sta	art-up, shutdown, malfuncti	on plan		

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

#### Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:							
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
ĽΧ̈́́J	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pron	nptly notify the Department of any changes to the information contained in this notification.							
S. A.	2012 Barks							

AIRS 1D#: 0470012

### RECETY FD

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: JASPER LAUNDRY & DRY CLEANER	Bureau of Air Monitoring
FACILITY LOCATION: 214 S.W. 1ST STREET	
JASPER, HAMILTON, FL 32052	•
Annual Reporting Period: SEPIEMBER 11996 TO MARC	1H 6 1997
Based on each term or condition of the Title V general air permit, my facility has remained in complia 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	Ance with DEP Rule YES PNO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the re	porting period stated above:
Exact period of non-compliance: from SEPT 96 to M	4R97
Action(s) taken to achieve compliance: MAINTHIN RECORDS	
Method used to demonstrate compliance: ANNUAL INSPECTION	a/
#2. Term or condition of the general permit that has not been in continuous compliance during the re  NOT MAINTAINING RECORD OF INSPECTIONS	<del>-</del>
Exact period of non-compliance: from SFP % to MA	1R97
Action(s) taken to achieve compliance:  MAINTAIN RECORD	<u> </u>
Method used to demonstrate compliance:  ANNUM INSPECT	tost
As the responsible official, I hereby certify, based on information and belief formed after reasonable made in this notification are true, accurate and complete. Further, my annual consumption of perchl upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry fact year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature	oroethylene solvent, based

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL D	COMPLAI	NT/DISCOVERY [	RE-I	NSPECTION
TIME IN:	TIME OUT:		AIRS ID	#: 0470	012
TYPE OF FACILITY:	DRY CLEANER	>			
FACILITY NAME: JA  FACILITY LOCATION: 5	SPER LAUNDRY	DRY	CLEANER	DATE:	3/6/97
FACILITY LOCATION:	DODED HAMILI	Tinal	FC 320		
RESPONSIBLE OFFICIAL:	DAVID BARKE	ER /		MBER: 904	-742-1430
<del></del>	the compliance requirements Rule 62-213.300, Florida Adm		-	, the facility is for	and to be in
Based on the results of discrepancies were not	the compliance requirements ed:	evaluated di	uring this inspection,	, the following co	mpliance
COMPLIANCE REQ	UIREMENT/PROBLEM	М	FOLLOW-UP	ACTION REC	QUIRED
NOT MAINTAIN, PERC TOTAL			MAINTAIN	PECORPS	5
• • •	INING INSPECTION	ou/	MAINTAI	IN RECOR	205
				RECEI	VED
COMMENTS:				APR 7	7 1997
				Bureau of Air & Mobile	
The Annual Compliance Certification	ication form has been properly	certified an		nspector. YE	s / NO
DATE OF NEXT INSPECTION	ON:	(Approxim	R 98		
INSPECTION CONDUCTED	) BY: R, /	(Please P	KS		
INSPECTOR'S SIGNATURE	: A Same	as I	•	mber: <u>904</u> -	448-4310

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCO	OVERY	
AIRS ID#: 04700/2 TIME FACILITY NAME: JASPER LAI	INDRY & DRY CLEA	NER	
FACILITY LOCATION: 214  JAST	S.W. 1STREET PER, HAMILTON, FL	<i>3205</i> 2	2
PART I: NOTIFICATION	<u> </u>		
(check appropriate box)	<u>.</u>		
1. Existing facility notified DARM by 9/1/96			4
2. New facility notified DARM 30 days prior to state	rtup	•	о .
3. Facility failed to notify DARM to use general pe	rmit		
	And the second distance of the second distanc		
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)	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)		54
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>· ·</td><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>· ·</td><td></td></x<2,>	· ·	
This is a correct facility classification	DN ON		
If no, please check the appropriate classification:			
facility qualified for a general per facility exceeds above limits and i			
B. The total quantity of perchloroethylene (perc) put facility was 90 gallons.	urchased within the preceding 12 months	s by this dry cl	eaning

### (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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? 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) 1. Equipped all machines with the appropriate vent controls? $\Box$ Y $\Box$ N 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN-DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? OY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? $\Box$ Y $\Box$ N 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN 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? $\Box$ Y $\Box$ N

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ОУ ОИ
Is the temperature differential equal to or greater than 20° F?	OY ON
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?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	OY ON ON/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?	try on					
2. Maintained rolling monthly averages of perc consumption?	DY DIN					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or,	DEY ON					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	tox on					
4. Maintained calibration data? (for direct reading instruments only)	AVACO NO YO					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON MANA					
6. Maintained startup/shutdown/malfunction plan?	DY ON					
7. Maintained deviation reports?	ON YOU					
Problem corrected?	OY ON T					
8. Maintained compliance plan, if applicable?	DY DN ZN/A					

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	VY ON
2. Which method of detection is used by the responsible official?	^
Visual examination (condensed solvent on exterior surfaces)	<b>6</b>
Physical detection (airflow felt through gaskets)	0
Odor (noticeable perc odor)	9
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	

	<del></del>						
If using direct-reading instrumentation, is the equipment:							
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						IN	
(PID/FID only)?						N	
	c. Inspected for leaks an	d obvious	signs of wear on	a weekly basis?		IN	
	d. Kept in a clean and se	ecure area	when not in use?			IN	
	e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?	OY D	N	
3. Has the facili	ity maintained a leak log?				DY 🗆	IN	
4. The followin	g areas should be checked	for leaks	by the inspector:				
Leak Detected?					Leak Detected?		
	onnections, fittings,	77x	Пи	Morale an alvana	IDA T	ΠΝ	
coupii	ings, and valves	UX	<b>1</b> 14	Muck cookers	WE Y	ПN	
Door g	askets and seating	₫\{	ПN	Stills	₫¥	□N	
Filter g	askets and seating	by	_ ON	Exhaust dampers	Câx	□N	
Pumps		Y	□N	Diverter valves	dy	□N	
Solvent	t tanks and containers	<b>V</b> Y	ПΝ	Cartridge filter housings	DX X	□N	
Water	separators	by.	ΠN				
The section of the se	Color Mark the Mark to Several and the last product, which had been several as	egita i grapi desetti ese i desetti.					

Name of Responsible Official

ANCS

(Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

DAVID BARKER
DAVID BARKER
PO BOX 229
JASPER FL 32052

#### Do NOT Remove Label

Annual Reporting Period://-97		19	то	. 12	1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		•		<u></u> /	DEP Rule
If NO, complete the following:			,		
#1. Term or condition of the general permit	that has not been in co	ontinuous co	ompliance durin	g the reporting peri	iod stated above:
Exact period of non-compliance: from			to	RECEL	VED
Action(s) taken to achieve compliance:			<u> </u>	IAN 1 5	1000
Method used to demonstrate compliance:				Bureau of Air & Mobile	Monitoring Sources
#2. Term or condition of the general permit	that has not been in co	ontinuous co	ompliance durin		
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:			<del></del>		
As the responsible official, I hereby certify, base notification are true, accurate and complete. F. does not exceed 2,100 gallons per year for dry-to	urther, my annual cons	umption of p	erchloroethylene	solvent, based upon	purchase receipts,
RESPONSIBLE OFFICIAL: J. Doo Nan	ne (Please Print)	- J.	Raud a	Buku	1/13/98 Date

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

# TITE V AIR QUALITY GENERAL PEINSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🔀 COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9;40 TIME OUT: 10;	05 AIRS ID#: 0470012
TYPE OF FACILITY: DRY CLEANER	
FACILITY NAME: JASPER LAUNDRY	DRY CLEANER DATE:
FACILITY LOCATION: 214 S.W. 15T	STREET
JASPER HAMI	LTON, FL 32052
RESPONSIBLE OFFICIAL: DAVID BARKER	PHONE NUMBER: 904-792-1430
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· .	
•	
	·
·	·
	·
	·
COMMENTS:	
CONTRACTO.	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $\frac{3/99}{2}$	)
(A)	pproximate)
INSPECTION CONDUCTED BY: Kick	ISANKS
INSPECTOR'S SIGNATURE:	lease Print)PHONE NUMBER: <u>904-448-43/0</u>

Page\_\_\_of\_

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	<b>À</b>	COMPLAINT/DISCO	OVERY 🗆
AIRS ID#: 0470012 D	,	*		
FACILITY NAME:	PER LAUN	1DRY ? D	RY CLEANER	· · · · · · · · · · · · · · · · · · ·
FACILITY LOCATION: 2	14 S.W.	15T ST	<u>.</u>	<u> </u>
			DAY, FL 320	052
RESPONSIBLE OFFICIAL :	/	,	,	
CONTACT NAME:			PHONE:	
	· · · · · · · · · · · · · · · · · · ·			
PART I: NOTIFICATION				
(check appropriate box)		-		
1. New facility notified DARM 30	days prior to sta	rtup	,	
2. Facility failed to notify DARM	to use general per	rmit		
<u></u>	<b>_</b>			<del></del>
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	form that it is:	·	☐ No notification form☐ Drop store/out of but	
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 a dry-to-dry only transfer only, x both types, x < (constructed on	x < 140 gal/yr < 200 gal/yr	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$ )	00 gal/yr gal/yr	transfer only, 20 both types, 140	rca source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	
5. This is a correct facility class	sification	DY ON	□Can not determine	·
	qualified for a ger	neral permit as ni	umber above gible for a general permi	t

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>90</u> gallons.

1 of 5

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) A/A 1. Storing perchloroethylene in tightly scaled and impervious containers? □N □N/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 □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DYN/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) $\Box$ Y $\Box$ N 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΩУ	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	□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?	ΠY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	□N	□N/A

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

### PART VI: LEAK DETECTION AND REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			ØY ON		
2.	Has the facility maintained a leak log	?		MO AM		
3.	Does the responsible official check the	e following areas for leaks	s?			
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	ÓNY ON ON/A		
	Door gaskets and seating	ם אים אים אם	Stills	אואם אם צים		
<b>,</b>	Filter gaskets and seating	DY DN DN/A	Exhaust dampers	MY ON ON/A		
	Pumps	□Y □N □N/A	Diverter valves	אוחם מם צעם		
	Solvent tanks and containers	□Y □N □N/A	Cartridge filter housings	DY ON ON/A		
	Water separators	□Y □N □N/A				
4.	Which method of detection is used by	the responsible official?		1		
	Visual examination (condensed	solvent on exterior surface	es)	D		
	Physical detection (airflow felt the	nrough gaskets)				
	P					
	⊠N/A					
	a. Capable of detecting	□Y □N				
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON		
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	$\Box Y \Box N$		
	d. Kept in a clean and	secure area when not in u	se?	□Y □N		
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	NO YO		
	RICK BANKS		3/13/	78		
	Inspector's Name (Please Pri	nt)	Date of Inspe	ction		
	Parala		5/00	-		
	Inspector's Signature		Approximate Date of 1	Next Inspection		

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

TYPE OF INSPECTION:

Øγ

COMPLAINT/DISCOVERY

RE-INSPECTIO	RECEIVED
AIRS ID#: 047001Z DATE: 3-31-0	99 TIME IN: 11:00 APPRIME 101989 11:35
FACILITY NAME: Jasper Laundry	Dry Cleaner Bureau of Air Monitoring
FACILITY LOCATION: 214 S. W.	12t Street & Mobile Sources
Jasper FL	
•	1cer PHONE: 904-792-1430
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	· .
2. Facility failed to notify DARM to use general per	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	□Y □N □Can not determine
	ration: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pure facility was 30 gallons.	archased within the preceding 12 months by this dry cleaning

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY DN DNA 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ONA 2. Examining the containers for leakage? MD Y DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ONA 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) $\Box Y \Box N$ 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 AVAD ND YD condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□n/a
	ls the temperature differential equal to or greater than 20° F?	$\Box$ Y	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	ΟY	ИП	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟΥ	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)	-A			
1. Maintained receipts for perc purchased?	MY DN			
2. Maintained rolling monthly averages of perc consumption?	ØY □N			
3. Maintained leak detection inspection and repair reports for the following:	, '			
a. documentation of leaks repaired w/in 24 hrs? or;	ANO NO YA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	1907   DI   DI/A			
4. Maintained calibration data? (for applicable direct reading instruments)	AVA NO YO			
5. Maintained exhaust duct menitoring data on perc concentrations?	OY ON MONA			
6. Maintained startup/shutdown/malfunction plan?	ØY □N			
7. Maintained deviation reports?	OY ON <b>Ø</b> N/A			
Problem corrected?	AVA D NO YO			
8. Maintained compliance plan, if applicable?	OY ON ANA			

PART VI:	LEAK DETECTION AND R	EPAI	RS_					
1. Does the	e responsible official conduct a v	veekly	(for	small sources, b	oi-weekly) leak detection a	nd rep	air	
inspection	on?					ΧΊY		מכ
2. Has the	facility maintained a leak log?					<b>Д</b> У	0	מב
3. Does the	responsible official check the f	ollow	ing ai	reas for leaks?				
II .	se connections, fittings,	A						
C	ouplings, and valves	Ama	UN	□N/A	Muck cookers	ΔY	UN	□N/A
Do	oor gaskets and scating	¥ Y	ПN	□N/A	Stills	βY	ПN	□N/A
Fil	ter gaskets and seating	YDY	ПN	□N/A	Exhaust dampers	фY	ΠN	□N/A
Pu	mps	<b>Ø</b> Y	ПN	□N/A	Diverter valves	<b>\</b> Y	ПN	□N/A
So	lvent tanks and containers	PY	ПN	□N/A	Cartridge filter housings	ØY	ПN	□N/A
w <sub>a</sub>	ater separators	(ay	ΠN	□N/A				
4. Which n	nethod of detection is used by th	e resp	onsib	ole official?				
Vi	sual examination (condensed so	lvent	on ex	terior surfaces)		Ø		
Ph	ysical detection (airflow felt three	ough	gaske	ts)		Þ		
Odor (noticeable perc odor)						B		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)								
Halogen leak detector								
	If using direct-reading instru	ment	ation	, is the equipm	ent:	ON/	'A	
	a. Capable of detecting p	erc va	por c	oncentrations in	a range of 0-500 ppm?	$\Box$ Y	ΠN	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?							
	c. Inspected for leaks and	l obvi	ous si	gns of wear on	a weekly basis?	ΠY	ΠN	
	d. Kept in a clean and se			-	•	ΟY	ΩN	
	c. Verified for accuracy b	y use	of du	plicate samples	(calorimetric only)?	ΩY	ПΝ	
				<del></del>				
$\alpha t$					a 21.00			
Chris	Jopher L. Scott Inspector's Name (Please Print	1)			3~31-99 Date of Inspe	ction		
s	1. 1	.,			Date of Hispe	Cuon		
(VI)	HO HA			,	March Ze	シャン		
1	Inspector's Signature				Approximate Date of		nspec	tion

ADDITIONAL	SITE	INFOR	MATION
ADDITIONAL	SILL	mron	

1235 F1S

AIRS ID#: 047001Z

Revised 10/10/9

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTE CATION OF CATION OF COMPLIANCE CERTE CATION OF C

FACILITY NAME: Josper Laurdry	& Dry Clean	<u>e.                                    </u>	APR -	/ 1999	DATE:	3-31-99
FACILITY LOCATION: 214 S.W.	1st Street	Bur		r Monitoring Sources		
Annual Reporting Period: Monch		19 <u>98</u>	то	March		1999
Based on each term or condition of the Title V gr 62-213.300, Florida Administrative Code (F.A.C If NO, complete the following:	•			c-A		PRule □NO
#1. Term or condition of the general permit that	t has not been in con	itinuous c	ompliance	during the re	porting period	i stated above:
Exact period of non-compliance: from			to			
Action(s) taken to achieve compliance:		<u> </u>				
Method used to demonstrate compliance:						
#2. Term or condition of the general permit that	t has not been in con	itinuous C	ompliance	e during the re	porting period	d stated above:
Exact period of non-compliance: from	·	<u>-</u>	to_			
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:		•		· 		<u>.</u>
As the responsible official, I hereby certify, base made in this natification are true, accurate and a upon rolling averages of purchase receipts, does year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (F	complete. Further,	my annua	l consum)	otion of perchl	oroethylene s	olvent, based

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL DOM	PIRAINT/RISGOVERY ED RE-INSPECTION
TIME IN: //:00 TIME OUT: /1:35	
TYPE OF FACILITY: Dry Cleaner	APR - 7 1999
FACILITY NAME: Jasper Laundry & Dry	Clarant of Air Monitoring DATE: 3-31-99
FACILITY LOCATION: 214 5 W. 135 Street	₩ & Mobile Sources
Josper, Hamilton, F	1. 32052
RESPONSIBLE OFFICIAL: DOVID BORKER	PHONE NUMBER: 904-792-1430
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	:
•	
-	
COMMENTS:	
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: Non Zooo	
	proximate)
INSPECTION CONDUCTED BY: Christopher L. 2	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904-448-4310 X 240

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Revised 10/96

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:45	TIME OUT: //-'/	AIRS ID#: 047	0012
TYPE OF FACILITY: Dry C.	legner		
FACILITY NAME: Jaspen	Laurdry & Dry Cle	aners	DATE: 3-72-00
FACILITY LOCATION: 214	5.W. 15 St.	· ·	· · · · · · · · · · · · · · · · · · ·
	per, FL 32052	<u>·                                      </u>	
RESPONSIBLE OFFICIAL:	and Barker	PHONE NUMBER: 9	04-792-1430
	ne compliance requirements evaluale 62-213.300, Florida Administ	nated during this inspection, the facilitative Code (F.A.C.).	ity is found to be in
Based on the results of the discrepancies were noted		nated during this inspection, the follo	wing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
			•
			*
			Bure &
	· ·		
			PR - 1 u of Air Mobile
			S >
		·	Nonitor Sources
			lonitoring urces
			. 04 (
			·
,			
COMMENTS:			
		•	
The Annual Compliance Certifica	ation form has been properly certification	ified and submitted to the inspector.	YES NO NO
DATE OF NEXT INSPECTION	T: May 01	pproximate)	<u> </u>
INSPECTION CONDUCTED B	Ci	cott	
MSTECTION CONDUCTED B		lease Print)	
INSPECTOR'S SIGNATURE	IHL. L	PHONE NUMBER:	904-448-4310

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AIRS ID#: <u>0470012</u>

Acc

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: -asper Laur	dry + Dry	Cleaner	DATE: 3-2	2-00
FACILITY LOCATION: 214 5.V	V 15+ 5+			<del></del>
	J20J Z			
Annual Reporting Period:	Zo 1999	_19 TO	Mar Zooo	_19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		•	<del></del>	· ·
If NO, complete the following:		•	<u>Б</u>	7
#1. Term or condition of the general permit	that has not been in co	ntinuous compliance during	the reporting period stated object of Air	above:
Exact period of non-compliance: from		to	Sour	
Action(s) taken to achieve compliance:			Monitorin Sources	
Method used to demonstrate compliance:		•		
#2. Term or condition of the general permit	that has not been in co	ontinuous 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, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further	, my annual consumption of p	perchloroethylene solvent,	based
	Barker me (Please Print)	\sumalization \text{Aus il Aus au Bignature} Signature	arke 3-7	.7-00 ite
			·	

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

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT. COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION		COMPLAINT/I	DISCOVERY	<u> </u>
AIRS ID#: <u>0470012</u>				TIME OUT: _	11:15
FACILITY NAME: Jasp	er laundry & I	Dry Clea	ner.		<u>.</u>
facility location:					
	JASper FL	32052			· ,
RESPONSIBLE OFFICIAL:	David Barker		_phone: _ 90°	1-792-14	30
CONTACT NAME:	· ·		PHONE:	<del></del>	
PART I: NOTIFICATION					_
(check appropriate box)					
1. New facility notified DARM	30 days prior to startup				Ö
2. Facility failed to notify DAR	M to use general permit				
PART II: CLASSIFICATION	<u> </u>				
Facility indicated on notificati (check appropriate box)	on form that it is:		☐ No notification ☐ Drop store/or	at of business/pe	etroleum
1. Existing small area sour dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr dr tra bo (co	ansfer only, x th types, x <	. x < 140 gal/yr : < 200 gal/yr	APR - 7 2000  Degree of Air Monit & Mobile Source	
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.80$ both types, $140 \le x \le 1.800$ (constructed before $12/9/91$ )	.100 gal/yr dr .00 gal/yr tra gal/yr bo	y-to-dry only ansfer only, 2 oth types, 140	area source $x_1, 140 \le x \le 2,100 \text{ g}$ $x_2, 140 \le x \le 1,800 \text{ gal}$ $x_3 \le x \le 1,800 \text{ gal/y}$ $x_4 = 1,800 \text{ gal/y}$ $x_5 = 1,800 \text{ gal/y}$ $x_5 = 1,800 \text{ gal/y}$	yr g	
5. This is a correct facility of	assification	Y DN	□Can not deter	mine	
☐ facili	appropriate classification ty qualified for a generate twexceeds above limits	ıl permit as n			
B. The total quantity of perchlo facility was 60 gallons		ased within	the preceding 12 m	onths by this di	r cleaning

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? BY DN DNA AVID NO YA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? NO YES 4. Draining cartridge filters in their housing or in scaled containers for at STY ON ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) NO VO 1. Equipped all machines with the appropriate vent controls? AND NO YES 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

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

אואם אם צאבר

AVAGE NO YO

NO YES

🗷 ОИ

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?	חם אם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	. □N/A
	Is the temperature differential equal to or greater than 20° F?	DY DN	□N/A
3.	Measured and recorded the pere concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	OY ON	
1	if machines are equipped with a carbon adsorber?	טו זוט	A/NI Li
	Is the perc concentration equal to or less than 100 ppm?	DY DN	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?		I ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY 01	I DN/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	ØYY □N					
2. Maintained rolling monthly averages of perc consumption?	<b>Z</b> Y □N					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	AVØG 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?	AVA <b>S</b> NO YO					
4. Maintained calibration data? (for applicable direct reading instruments)	A/See NO YO					
5. Maintained exhaust duct menitoring data on perc concentrations?	DY DN <b>SQ</b> NA					
6. Maintained startup/shutdown/malfunction plan?	ФУ ОИ					
7. Maintained deviation reports?	AYA <b>ES</b> NO YO					
Problem corrected?	AVY CH YO					
8. Maintained compliance plan, if applicable?	DY DN <b>SS</b> V/A					

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small source	s, bi-weekly) leak detection	and repair
inspection?	•		AN DH
2. Has the facility maintained a leak log	3?	, ·	A DN
3. Does the responsible official check th	ne following areas for leaks	?	
Hose connections, fittings, couplings, and valves	AND ND YA	Muck cookers	SQY ON ON/A
Door gaskets and scatting	PA ON ONIÀ	Stills	אואם אם צא
Filter gaskets and seating	AND NO YES	Exhaust dampers	AND NO YES
Pumps	AVA NO NO Y	Diverier valves	ANO NO YES
Solvent tanks and containers	AND NO VER	Cartridge filter housing	ANO NO YEE
Water separators	SEY ON ON/A		
4. Which method of detection is used by	y the responsible official?	•	
Visual examination (condensed	i solvent on exterior surfac	es)	<b>52</b>
Physical detection (airflow felt	through gaskets)		\$2.
Odor (noticeable perc odor)			200
Use of direct-reading instrume	ntation (FID/PID/calorime	tric tubes)	
Halogen leak detector	•		
If using direct-reading in:	strumentation, is the equi	pment:	□N/A
a. Capable of detection	ig perc vapor concentration	ns in a range of 0-500 ppm?	מם עם
b. Calibrated against (PID/FID only)?	a standard gas prior to and	after each use	מם עם
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	DY DN
d. Kept in a clean and	d secure area when not in t	isc?	מם עם
c. Verified for accura	cy by use of duplicate samp	ples (calorimetric only)?	אם עם
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<u></u>	***************************************		
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Clarkel		3-22-00	2
Christopher L. Scott Inspector's Name (Please F	Print)	Date of Ins	
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Inspector's Signature		Approximate Date of	

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