

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 27, 1996

Mr. Russell Powell Touch of Quality Cleaners #1 1194 South Broad Street Brooksville, Florida 34601

Re: Facility I.D. No. 0530052

Dear Mr. Powell:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
LUSSEIL H. POWELL
2. Site Name (For example, plant name or number):
Touch of Quality # 1 Dry Cleaners
3. Hazardous Waste Generator Identification Number:
7LD 984 225 896
4. Facility Location: Street Address: 1194 S. BROAD St.
Street Address: 11940. Deans County: Nerenvo, 7/4 Zip Code: 34601
5. Facility Identification Number (DEP Use):
0530052
Responsible Official
6. Name and Title of Responsible Official: Owner ✓
- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12
7. Responsible Official Mailing Address: 11.94 S. BROAD ST Organization/Firm: TouCh of Guality CRANEYS Street Address:
Street Address:
City: Brooksv, 1/e County: NerNANDO, Flazip Code: 34601
8. Responsible Official Telephone Number:
Telephone: (352) 796 - 7965 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address: City: County: Zip Code:
City. Zip Code.
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
Drerive N

RECEIVED

AUG 3 0 1996

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

Bureau of Air Monitoring & Mobile Sources

#0530052

Touch of Quality #1 p.14 1.(a) add date control device installed
p.14 1.(a) add date control device
p.14 1.(a) add date control device
p.14 1.(a) add date control device
installed
installed
<u>Installed</u>
p.15 5 d) not required, markout "_"
D.15 5/d) not required, mark out "_"
and initial
5.(4) required
· · · · · · · · · · · · · · · · · · ·

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
-		03 OCT 03	12 1/01/02		00 05001	•	"2	02.1440.02	
Example	#]	_	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAK-9
Dry-to-Dry Unit	7 . a	12-7cB-	. 1. 1 "	1 31,7		*		and the second second	- Comment of
(1) w/ ref. condenser	-	E2-			a ja diasa ding salah T	· ·		<u></u>	North State of
(2) w/ carbon adsorber	1	12-7eB-43							
(3) w/ no controls				_				<u> </u>	
Washer Unit		<u> </u>	3 55.	<u> </u>				The state of the state of the	
(4) w/ ref. condenser			The street of the second	T	T	The Military A	· · ·		<u>. </u>
(5) w/ carbon adsorber								-	_
(6) w/ no controls								-	
Dryer Unit	1 100		** ** ** **	10 01	1	- Letter	1	l Sagaty, Political estate	
(7) w/ ref. condenser			<u>. (11.47</u> I	1. <u>1</u> . 1. 1. 1		14 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		10.000	tojavijašiji T
(8) w/ carbon adsorber					-		ļ		
` /							<u> </u>		
(9) w/ no controls			<u></u>					<u> </u>	<u> </u>
Reclaimer Unit	117		pássyllty fil. T	1 ****	in a let pitte ja T	l e e e e e			ig significant T
(10) w/ ref. condenser									
(11) w/carbon adsorber								<u> </u>	
(12) w/ no controls									
(b) Control devices are No control devices 2.(a) What was the total of the following forms of the following fore	are requant	equired to be ity of perchlo ons ow many? [_	installed [proethylene (X perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	et one classifi	cation only.) Ne	ew sm	nall area sour	rce 🔀	3) of]	Part II?	
Existing large are	ca so	urce []	Ne	w lai	rge area sour	LE [1		

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

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	(Indicate with an "X".)	bursuant to section (3) of raft if of this notification form:
Refrigerated condenser New large area source Refrigerated condenser S. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring		Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring		
to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring		
to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	·	·
to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring		
boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring		
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring	boiler HP or less), and (2) are fired exclusively by no	tural gas except for periods of natural gas curtailment
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring	All steam and hot water generating units exempt No such units on-site	
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring		
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring		
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring		
(a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring	Equipment Monitoring a	nd Recordkeeping Information
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring	Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring	(a) Purchase receipts and solvent purchases	
(d) Carbon adsorber exhaust perc concentration monitoring	(b) Leak detection inspection and repair	. · ·
	(c) Refrigerated condenser temperature monitoring	
(e) Instrument calibration [] (f) Start-up, shutdown, malfunction plan []	(d) Carbon adsorber exhaust perc concentration mon	toring
(f) Start-up, shutdown, malfunction plan	(e) Instrument calibration	
	(f) Start-up, shutdown, malfunction plan	
	(f) Start-up, shutdown, malfunction plan	

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

Page 15 of 16

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
Signature	2/27/96 Date

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
Touch of Quality # 1 DRY Cleavers
3. Hazardous Waste Generator Identification Number:
7LD 984 225 896
4. Facility Location: Street Address: 1194 S. BEOAD St.
Street Address: 1194 C. WERANDO, F/A Zip Code: 34601 City: BROOKS VI 11e County: NeraNDO, F/A Zip Code:
5: Facility Identification Number (DEP Use):
0530052
Responsible Official
6. Name and Title of Responsible Official:
The Mind Salva Palle
7. Responsible Official Mailing Address: 11.94 S. BROAD ST Organization/Firm: TOUCH of Guality Cleaners Street Address: City: BROOKSVILLE County: NERNANDO, FLAZip Code: 34601
8. Responsible Official Telephone Number:
Telephone: (352) 796 - 7965 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

RECEIVED

AUS 3 n 1996

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

Page 13 of 16

Sureau of Air Monitoring & Mobile Sources

Facility Information

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

									
	1	Date	Date		Date	Date		Date	Date
-		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
		12-4cB-	93						
Dry-to-Dry Unit		E2-	<u> </u>						
(I) w/ ref. condenser		12-7eB-43	12-feb-93						
(2) w/ carbon adsorber									
(3) w/ no controls	<u> </u>								
Washer Unit								•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		100	•					100	The same of the
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	· .	- A) 3-3	ale vije Niti,	Miler	vi inge kov	Same of			· · · · · ·
(I0) w/ ref. condenser								,	
(11) w/carbon adsorber									
(12) w/ no controls									
		•						•	
			•						
(b) Control devices are	requ	ired, but not	vet installed	ſ	1				
` ,	•	,	,						
(c) No control devices	are r	eauired to be	installed [1				
		1	4	• •	_1				
2.(a) What was the total of	uant	ity of perchlo	oroethylene (perc)	purchased in	the latest 12	mor	nths?	
[& 70]				,	•				
	_								
(b) If less than 12 mont	hs. h	ow many? [1 months						
Check why it is less					1 New store:	. [] Did	not k	eep records:	r 1
									·1
3. What is the facility's so	urce	classification	based on the	e defi	nitions found	l in section (3) of	Part II?	
(Indicate with an "X".						5561.61. (5	,, 0.		
(
Existing small ar	ea so	urce []	Ne	w sn	nall area sour	ce r	1		
-				511		<u> </u>	•		
Existing large are	a soi	urce []	Ne	w la	ge area sour	ce [}		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines [(Indicate with an "X".)	pursuant to section (5) of P	Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser	
New small area source Refrigerated condenser [X]		,
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions uto Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:		
All steam and hot water generating units on-site (1) hoiler HP or less), and (2) are fired exclusively by no during which propane or fuel oil containing no more	ntural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		i
	,	
Equipment Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to be kept on-site i	n accordance with the requ	pirements of this general permit:
(a) Purchase receipts and solvent purchases		
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature monitoring		
(d) Carbon adsorber exhaust perc concentration mon	itoring	
(e) Instrument calibration		
(f) Start up shutdown malfunction plan		

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

Surrender of Existing Air Permit(s)

Please 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)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain comply w	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 the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. Inptly notify the Department of any changes to the information contained in this notification.
Signature	1 3/27/96 Date
X	Summer of Server 2 1 1 1 1 cm

DEP Form No. 62-213.900(2)

Effective: 6-25-96

FEB 1 3 1997 THILE V AIR QUALITY GENERAL PERMIT FEB 1 8 1997

Revised 10/96

Departme. INSPECTION SUM SOUTHWEST DISTRICT	IMARY REPORTDepartment of Environmental Protection
SOUTHWEST DISTRICTANNUAL COM	PLAINT/DISCOVER BY SOUTHWEST IN THE TOTAL PROTECTION
TIME IN: 6 TIME OUT:	AIRS ID#: 0530052
TYPE OF FACILITY: DC	
FACILITY NAME: Touch of Quality Dru	1 Cleaners #1 DATE: 2/10/97
	A COLEMAN TO THE COLE
	7///
Brooksville, R.	34601
RESPONSIBLE OFFICIAL RUSSELL OF Sandra Powel	PHONE NUMBER: 352-
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administration	·
Based on the results of the compliance requirements evaluat discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
	·
· ·	
· · · · · · · · · · · · · · · · · · ·	
	•
COMMENTS:	
<u> </u>	
The Annual Compliance Certification form has been properly certified	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: Feb '98	roximate)
INSPECTION CONDUCTED BY: MAKGARET LA	NGRO se Print)
INSPECTION CONDUCTED BY: MARGARET CA (Plea INSPECTOR'S SIGNATURE: Margaret Cangro	Serimity Co. 2. 1. 1. 1.
INSPECTOR'S SIGNATURE: / Wangaut Cangro	PHONE NUMBER: 813-744-6100
\mathcal{O}	×125

Revised	10/1	NIC

AIRS ID#: 0530052

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touch of Quality	•	#, DATE: 2/10/97
FACILITY LOCATION: 1194 S. Broad	H	
Brooksville, Fi	34601	
Annual Reporting Period: Sept /	19 <u>96</u> то	Feb 10 1997
Based on each term or condition of the Title V general air permit, m 62-213.300, Florida Administrative Code (F.A.C.), during the period	•	\ <u>-</u>
If NO, complete the following:		·
#1. Term or condition of the general permit that has not been in cor	ntinuous compliance during	the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that has not been in cor	ntinuous compliance during	the reporting period stated above:
Exact period of non-compliance: from	to	,
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based on information an made in this notification are true, accurate and complete. Further, upon rolling averages of purchase receipts, does not exceed 2,100 g year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	my annual consumption of p	perchloroethylene solvent, based

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.



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	COMPLAINT/DISC	COVERY 🗆
FACILITY NAME: <u>700ch</u>	of Qua	97 TIME IN: TIM	ме оит: # /
FACILITY LOCATION:/	194 S.	Broad St	·
<u></u>	rooksvil	le, FL 34601	·
PART I: NOTIFICATION			
(check appropriate box)			
Existing facility notified DARN	M by 9/1/96		ø
2. New facility notified DARM 30	days prior to sta	rtup	٥
3. Facility failed to notify DARM	to use general per	rmit	
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	form that it is:	·	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	s . 🗅	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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" gal.="" only,="" td="" transfer="" types,="" yr=""><td>gal/yr //yr</td><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></x<2,></td></x<2,>	gal/yr //yr	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></x<2,>	
This is a correct facility classificat	tion	× □ν	
If no, please check the appropriate	e classification:	·	
	for a general pernabove limits and is	mit as number above s not eligible for a general permit	
B. The total quantity of perchloros facility was 20 gallons.	ethylene (perc) pu	irchased within the preceding 12 months	s by this dry cleaning

ADDITIONAL SITE INFORMATION

Marvel Model HCH. 35 R Serial #3768

PART III: GENERAL CONTROL REQUIREMENTS	es . gifre
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	が 数 と - ジ ュンジ
1. Storing perchloroethylene in tightly sealed and impervious containers?	NO YX
	: m kg Å □N
3. Closing and securing machine doors except during loading/unloading?	* AT ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MC JA
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DAVA
PART IV: PROCESS VENT CONTROLS	· .
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part	v
If classification 2 has been checked, the machine should be equipped with a ref (complete A below).	frigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber minstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	frigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	•
1. Equipped all machines with the appropriate vent controls?	gx. □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ANO NO YE
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DN ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	Ж ои
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	⊠Y □N
6. Conducted all temperature monitoring after an appropriate cooldown period and after	р Ку ПИ

	the detail
B. Has the responsible official of an existing large or new large area source also:	· · · · · · · · · · · · · · · · · · ·
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	7 Stating -
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?	
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?	0. 4W. 10 4W. 10 10
 Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
Sometimes of the state of the s	
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	, sta
1. Maintained receipts for perc purchased?	AST ON
2. Maintained rolling monthly averages of perc consumption?	XY DN
3. Maintained leak detection inspection and repair reports for the following:	TO THE STATE OF TH
a. documentation of leaks repaired w/in 24 hrs? or;	KA :□N
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AY ON
4. Maintained calibration data? (for direct reading instruments only)	DY DN DXVA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON NA
6. Maintained startup/shutdown/malfunction plan?	XXY DN

· ·	
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ДУ ОИ

DY ON NA

OY ON WA

7. Maintained deviation reports?

Problem corrected?

8. Maintained compliance plan, if applicable?

	<u> </u>					
2. W	hich method of detection is used by the	ne respo	nsible off	icial?		
	Visual examination (condensed so	lvent o	n exterior	surfaces)	Ø	
	Physical detection (airflow felt thr	ough g	askets)	•	Ø Ø	
	Odor (noticeable perc odor)				Ø(
	Use of direct-reading instrumentar	tion (FI	D/PID/cal	lorimetric tubes)		
	If using direct-reading instrume	ntation	, is the ed	quipment:		
	a. Capable of detecting p	erc vap	or concen	strations in a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a st (PID/FID only)?	andard	gas prior	to and after each use	ΟY	□N
	c. Inspected for leaks and	d obvio	us signs o	f wear on a weekly basis?	ΩY	□N
	d. Kept in a clean and se	cure are	ea when n	ot in use?	ΠY	□N
	e. Verified for accuracy b	y use o	f duplicat	e samples (calorimetric only)?	ΠY	□N
3. Ha	s the facility maintained a leak log?				ΩY	□N
4. Do	es the responsible official check the f	ollowin	g areas fo	r leaks?		
	Hose connections, fittings,	h-sir	CDVI.	. Malanta	ak.	
	couplings, and valves	A	ПN	Muck cookers	γY	ПN
	Door gaskets and seating	ØΥ	ПN	Stills	ĮΫ́Υ	ПN
	Filter gaskets and seating	₫Y	ПN	Exhaust dampers	ØΥ	ПN
	Pumps	ΔY	ПN	Diverter valves	χίΥ	ПN
	Solvent tanks and containers	ΔY	ПΝ	Cartridge filter housings	A Y	Πи
	Water separators	[] Y	ПN			
R	Pussell Powell					
IA	Name of Responsible Official			. /		
I	largaret Cangro	_		2/10/97		·
(~	Inspector's Name (Please Print	t)		Date of Inspec	tion	

4 of 4

Revised 10/28/96

Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ANNUAL COMPLIANCE CERTIFICATION FORM	÷
FACILITY NAME: Touch of Quality #/ FACILITY LOCATION: 1194 S. Broad St Brocksville 34601	19/98
1 JOOK SMILE J. FOOT	
Annual Reporting Period: Feb 1 1997 TO Feb 9	1998
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP F 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	Rule NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period s	tated above:
Exact period of non-compliance: from	
4 4 17,0	
Action(s) taken to achieve compliance: Method used to demonstrate compliance: Bureau of Air Monitoring & Mobile Sources	·
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period s	tated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solve 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 combination facilities.	vent, based

^{*}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.

0311593

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RUSSELL H POWELL
RUSSELL H POWELL
1194 S BROAD STREET
BROOKSVILLE FL 34601

	Do <u>N</u>	OT Remove Label		
Annual Reporting Period:	Jan	19 <u>9</u> 7 то _	Dec	19 9
Based on each term or condition of t	he Title V general air permit	, my facility has rema	ained in compliance with	DEP Rule
62-213.300, Florida Administrative	Code (F.A.C.), during the pe	riod covered by this s	statement. YES	NO
If NO, complete the following:				
#1. Term or condition of the general	permit that has not been in	continuous compliand	ce during the reporting pe	riod stated above:
Exact period of non-compliance: fro	m		to	P AN
-				EN PR
Action(s) taken to achieve compliance				<u> </u>
Method used to demonstrate complia	nce:			
#2. Term or condition of the general		continuous compliand	ce during the reporting pe	riod stated above:
Exact period of non-compliance: fro	m	to		<u>, , , , , , , , , , , , , , , , , , , </u>
Action(s) taken to achieve compliance	ee:		Essinga in A	3, 3,0
Method used to demonstrate complia	nce:		BUILDING COLC.	کی
		•	. 80 .	
As the responsible official, I hereby cernotification are true, accurate and company does not exceed 2,100 gallons per year j	plete. Further, my annual con	sumption of perchloro	ethylene solvent, based upoi	ı purchase receipts,
RESPONSIBLE OFFICIAL:	Name (Please Print)	VEM Say	udia Soneal Signature	3/9/ Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
·	98 TIME IN: 12:15 TIME OUT: 12:40
13hodes	Wille, Fr 346DI
RESPONSIBLE OFFICIAL: Russell	Powell PHONE: 352-796-7965
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to state	artup
2. Facility failed to notify DARM to use general pe	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum
II = =	
(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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general facility exceeds above line.	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
Storing perchloroethylene in tightly scaled and impervious containers?	AY ON ON/A		
2. Examining the containers for leakage?	AY ON ON/A		
3. Closing and securing machine doors except during loading/unloading?	Øy □N		
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	XY ON ON/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ANIA		
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?	N⊡ Y ¢		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVID NO YE		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DAY ON ON/A		
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ио уж		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	AY ON ON/A		
Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ју 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?	ΩY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ו אם	⊃N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N I	⊃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 I	⊃n/a
	Is the perc concentration equal to or less than 100 ppm?	ПY	□N I	⊃N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	מם	⊃N/A
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	חא □	⊃N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	מם	⊐N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	ADA DN			
2. Maintained rolling monthly averages of perc consumption?	MY □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	YNU UU AMA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DAA ON ON/V			
4. Maintained calibration data? (for applicable direct reading instruments)	AIDE NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	AMPE NO YO			
6. Maintained startup/shutdown/malfunction plan?	XY ON			
7. Maintained deviation reports?	OY ON #IN/A			
Problem corrected?	DY ON XIVA			
S. Maintained compliance plan, if applicable?	DY DN XN/A			

		•	
ART VI:	LEAK	DETECTION	AND REPAIRS

1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			YY	ПN
2.	Has the facility maintained a leak logs	?		Ϋ́Y	ПN
3.	Does the responsible official check the	e following areas for leaks	s?	1	
٠	Hose connections, fittings, couplings, and valves	AND NO DNA	Muck cookers	ŒΥ	□N □N/A
	Door gaskets and seating	BY ON ON/A	Stills	ZYY	□N □N/A
	Filter gaskets and seating	-□Y □N □N/A	Exhaust dampers	$\mathbf{v}_{\mathbf{Y}}$	□N □N/A
	Pumps	AND NO YES	Diverter valves	ØY.	□N □N/A
	Solvent tanks and containers	by on ona	Cartridge filter housings	\cancel{p}_{Y}	□N □N/A
	Water separators	RY ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfac	es)	$ otal_{-} $	
	Physical detection (airflow felt the	hrough gaskets)		Ø	
	Odor (noticeable perc odor)			盔	
	Use of direct-reading instrument	tation (FID/PID/calorime	tric tubes)		
	Halogen leak detector				
	If using direct-reading inst	rumentation, is the equi	ipment:	ZN/	'A
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	ΩY	ПN
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	ΠY	□N
	d. Kept in a clean and	secure area when not in u	ise?	ПΥ	□N
	e. Verified for accuracy	y by use of duplicate samp	ples (calorimetric only)?	ПΥ	□N

MARGARET CANGRO	2/9/98
Inspector's Name (Please Print)	Date of Inspection
Margaret Slanger	Feb 99
Inspector's Signature	Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	PEC.
AIRS ID#: 0530052 FACILITY NAME: 100 FACILITY LOCATION: RESPONSIBLE OFFICIAL CONTACT NAME:	ich of Qu 1194 S. Brooksville	solity Groad	#1 % St	Air Nomitoring
PART I: NOTIFICATION				
(check appropriate box) 1. New facility notified DARN 2. Facility failed to notify DAN				0
PART II: CLASSIFICATIO)N			
☐ faci	2. al/yr dry tra bo 1) (cc 2,100 gal/yr dry 300 gal/yr bo 1) (cc	Ansfer only, x oth types, x < onstructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140 constructed on Y \bigcup N	x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source 1, 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □Can not determine	/petroleum
D The seal amount to a Consult				

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/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? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) XY DN 1. Equipped all machines with the appropriate vent controls? AND ND YA 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 XY ON ON/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? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ND Y 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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser	
	inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official:			
(check appropriate boxes)			
1. Maintained receipts for perc purchased?	MA □N		
2. Maintained rolling monthly total of perc consumption?	Agy □n		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	AVN UN DYA		
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	□Y □N €N/A		
4. Maintained calibration data? (for applicable direct reading instruments)	אומלם אם צם		
5. Maintained exhaust duct monitoring data on perc concentrations?	A/Myst NO YO		
6. Maintained startup/shutdown/malfunction plan?	6 4 □N		
7. Maintained deviation reports?	ר איא ום אם צם		
Problem corrected?	DY DN DN/A		
8. Maintained compliance plan, if applicable?	OY ON ∯N/A		

PA	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?			BLA DN		
2.	Has the facility maintained a leak log	?	•	DX DN		
3.	Does the responsible official check th	e following areas for leaks	?	`		
	Hose connections, fittings, couplings, and valves	AND ND YA	Muck cookers	AND NO YØ		
	Door gaskets and seating	AN ON ONA	Stills	₽ Y □N □N/A		
	Filter gaskets and seating	AY ON ON/A	Exhaust dampers	A/NO NO YE		
ı	Pumps	AY ON ON/A	Diverter valves	AND ND Y		
	Solvent tanks and containers	AN ON ON/A	Cartridge filter housings	אומם מם צדם		
	Water separators	AND ND YA		· •		
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed	solvent on exterior surface	es)	Þ		
	Physical detection (airflow felt	through gaskets)		/ ₽		
	Odor (noticeable perc odor)			\$		
	Use of direct-reading instrumer	tation (FID/PID/calorimet	ric tubes)			
	Halogen leak detector					
	If using direct-reading ins	trumentation, is the equi	pment:	₩/A		
	a. Capable of detectin	g perc vapor concentration	s in a range of 0-500 ppm?	אם אם		
	b. Calibrated against a (PID/FID only)?	a standard gas prior to and	after each use	OY ON		
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	NO YO		
	d. Kept in a clean and	secure area when not in u	se?	OY ON		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					

MARGARET CANGRO	2/18/99
Inspector's Name (Please Print)	Date of Inspection
Margaret Slangro Inspector's Signature	Feb 2000
Inspector's Signature	Approximate Date of Next Inspection
	·

pol

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

· ·					
FACILITY NAME: Touch of	Qualit	41		DATE; 2/18/9	9
FACILITY LOCATION: 199), Isroad	· K	· <u></u>	·	
Prooksuil	li	•		<u>. </u>	
	1			·	
Annual Reporting Period:	2-10-	_19 <u>98</u>),	2-18- 19	99
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	·	•	1		î:
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in c	ontinuous com	pliance during th	e reporting period stated above	e:
Exact period of non-compliance: from			to	Burger CT	
Action(s) taken to achieve compliance:				30 0	
Method used to demonstrate compliance:		·	·	9 1 19	
#2. Term or condition of the general permit	that has not been in c	ontinuous com	pliance during th	e reporting period stated above) e:
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. RESPONSIBLE OFFICIAL: Nat	and complete. Furthe	r, my annual co	nsumption of per	rchloroethylene solvent, based	1

^{*}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.

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Classic	Cleaners	Plus	Inc.	DATE: <u>9-2</u> 2	2.99
FACILITY LOCATION: $62/8$	Commercial	•			· .
Spria	Will, Fc	34613			
		•		•	
Annual Reporting Period:	9-23-1	948 то	· ·	9-22-	- 19 9
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		· ·		ce with DEP Rule)
If NO, complete the following:			SEP		
#1. Term or condition of the general permit	that has not been in conti	nuous compliance (forting the report	rting period stated	above:
Exact period of non-compliance: from		to	ources		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:		· 			
#2. Term or condition of the general permit	that has not been in conti	nuous compliance o	during the repo	rting period stated	l above:
Exact period of non-compliance: from		to		<u> </u>	<u> </u>
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:	-			_	<u> </u>
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, m does not exceed 2,100 gai	y annual consumpti	ion of perchlor	oethylene solvent,	based
Nan	ne (Please Print)	y vs	Signature	Da	ate '

^{*}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		COMPLAINT/DISCOVERY	ECE SERVE
AIRS ID#: 0530352 FACILITY NAME: CONTACT NAME: CONTACT NAME: CONTACT NAME:	Spring Hill	ers Ps vere ial	lees	ources long
PART I: NOTIFICATION	· · ·			
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DAR				0
PART II: CLASSIFICATION	· · · · · · · · · · · · · · · · · · ·			
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 \le x \le 2, transfer only, 200 \le x \le 1,800 g (constructed before 12/9/91) 5. This is a correct facility cliff no, please check the facility of the constructed before 12/9/91)	ce 2. yr dr tra bo (cc ce 4. 100 gal/yr dr 0 gal/yr tra gal/yr bo (assification appropriate classification ty qualified for a genera	nnsfer only, x on the types, x < onstructed or New large a y-to-dry only ansfer only, 2 on the types, 140 on tructed or \(\begin{align*} \Pi & \Pi \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	y, x < 140 gal/yr < 200 gal/yr 140 gal/yr n or after 12/9/91)	s/petroleum
B. The total quantity of perchlo facility was 125 gallons.		ased within t	he preceding 12 months by tais	dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN KON/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 AY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN (QN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY ON ON'A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the BY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the PY ON ONA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

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

PART VI: LEAK DETECTION AND REPAIRS									
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair									
insp	ection?				EX.	□N			
2. Has	the facility maintained a leak log?				A Y	DИ			
3. Does									
	Hose connections, fittings, couplings, and valves	g⊋,□N (□N/A	Muck cookers		⊃N □N/A			
	Door gaskets and seating	ו אם צם	□n/a	Stills	dy c	אום אם			
	Filter gaskets and seating	ו אם צף	□N/A	Exhaust dampers	dy C	A/ND NC			
	Pumps	ו אם עם	□N/A	Diverter valves	dy c	DN □N/A			
	Solvent tanks and containers	ו אם צף	□N/A	Cartridge filter housings	dy c	ON □N/A			
	Water separators	ו אם צף	□N/A	·					
4. Which method of detection is used by the responsible official?									
Visual examination (condensed solvent on exterior surfaces)						Ø			
	Physical detection (airflow felt through gaskets)								
	Odor (noticeable perc odor)								
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)								
ė,	Halogen leak detector								
	If using direct-reading instru	ØN/A -							
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?								
	b. Calibrated against a standard gas prior to and after each use								
	(PID/FID only)?								
c. Inspected for leaks and obvious signs of wear on a weekly basis?						ПN			
d. Kept in a clean and secure area when not in use?						אב			
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						אכ			
	•								
				/					
An	LEGARIT CANGE	0		9/22/	99				

Inspector's Name (Please Print)

Output

Unique

Inspector's Signature

Approximate Date of Next Inspection

Touch of Quality Cleaners 1194 S. Broad St. Brooksville, FL 34601

RECEIVED AIR SOURCES OURCES OF THE

General Permits Section **BAMMS, MS 5510** Department of Environmental Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400

February 1, 2000

Re: Change of Responsible Official

Effective immediately, the Responsible Official for the four (4) Touch of Quality Cleaners will no longer be Russell Powell. Please change your records to reflect Sandra S. Powell as the owner of these facilities.

0530052 Touch of Quality #1

0170038 Touch of Quality #2

0170039 Touch of Quality #3

0170354 Touch of Quality #4

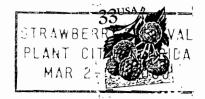
Thank you for your prompt attention.

Sandra S. Powell

Touch Of Zuality Cleaners

1194 So. Broad St. Brooksville, FL 34601





General Pernet Section

BoMMS, MS 5510

Best of Enveronmental Pertection

26,00 Blair Store Sel

32393+6542 հվետևերկերերի հետևերերերեր

AIRS 1D#: 0530052

Pri

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMITS ANNUAL COMPLIANCE CERTIFICATION FORM

				40	
FACILITY NAME: Touch of	Quality (Cleaners	41	DATE: 2	low
FACILITY LOCATION: 1194 S	. Broad S	t		M.ce Vilto	
Brooksville	FC 34601			9, P	
Annual Reporting Period:	2-19-169	9 TO		2-11-	<u> 200</u> 0
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.		-	<u> </u>	: —	
If NO, complete the following:			.*		
#1. Term or condition of the general permit t	hat has not been in continu	ous compliance dur	ing the repo	orting period state	d above:
· ·					
Exact period of non-compliance: from		to			
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:	·		.		
#2. Term or condition of the general permit t	hat has not been in continu	ous compliance dur	ing the repo	orting period state	d above:
Exact period of non-compliance: from	·	to			,
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
		<u> </u>			
As the responsible official, I hereby certify, b made in this notification are true, accurate a upon rolling averages of purchase receipts, d year for transfer or combination facilities.	nd complete. Further, my d	nnual confumption	of perchlor	oethylene solvent	, based
RESPONSIBLE OFFICIAL: SANAra Nam	S. Powell e (Please Print)	Gudas	yature	2/1	i/OO Date
		<i>l</i> /			

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT	DISCOVERY	`C_
	RE-INSPECTION	1 🗆		THE TEST	
AIRS ID#: 1050285	DATE: 2/7/07	TIME I	N: 1:45	TIME OUT, 4	7.85
FACILITY NAME:	D Clean	ers		YC	
FACILITY LOCATION:	617 E. t	Edgewa			
	akeland		-		
RESPONSIBLE OFFICIAL:	Donald	Stocu	MYHONE: S	03/686.	<u> 2550</u>
CONTACT NAME:			_PHONE:		
					
PART I: NOTIFICATION				_	
(check appropriate box)					
1. New facility notified DARM	1 30 days prior to start	úp			
2. Facility failed to notify DAF	RM to use general pern	nit			
PART II: CLASSIFICATIO	N				
Facility indicated on notificat			☐ No notifica	ation form	
(check appropriate box)			☐ Drop store	out of business/po	etroleum
A.1. Existing small area sou	rce MXÎ	2. New small a	rea source		
dry-to-dry only, x < 140 gal	l/yr	dry-to-dry only	, x < 140 gal/yr	_	
transfer only, x < 200 gal/yr both types, x < 140 gal/yr		transfer only, x both types, $x <$			
(constructed before 12/9/91)		* * *	or after 12/9/91)	
3. Existing large area soundry-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 $12/9/91$	2,100 gal/yr 00 gal/yr gal/yr	transfer only, 2 both types, 140	rea source $x, 140 \le x \le 2,10$ $x \le 1,800 \text{ gal}$ $x \le 1,800 \text{ gal}$ or after 12/9/91	al/yr /yr	
5. This is a correct facility of	classification	XY DN	□Can not det	ermine	
	appropriate classifica lity qualified for a gene lity exceeds above lim	eral permit as ni		above al permit	
B. The total quantity of perchl facility was 20 gallons		chased within th	ne preceding 12	months by this dr	y cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 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 beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

DY DN

verifying that the coolant had been completely charged?

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?	□Y □N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		!/A
	Is the temperature differential equal to or greater than 20° F?	אם אם צם	I/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?	OY ON ON	!/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN DN	I/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,		
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON	I/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	חס אם אם	J/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	חם אם אם	1/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly total of perc consumption?	MA DN
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	YY 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?	DY DN XN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN XXVA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DYNA
6. Maintained startup/shutdown/malfunction plan?	XY ON
7. Maintained deviation reports?	DY ON MON/A
Problem corrected?	DY DN DXA/A
8. Maintained compliance plan, if applicable?	DY DN 550/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?	:	,			¥Ϋ́		N
2. Has the facility mai	intained a leak log?	•			· yy		N .
3. Does the responsible	le official check the fo	ollowing a	reas for leaks?				
Hose connect couplings, a		AY ON	□N/A	Muck cookers	χÝ	םא כ	JN/A
Door gaskets	and seating	A Y □N	□N/A	Stills	ÆΥ	ם אם	A/NC
Filter gaskets	and seating	ØY ON	□N/A	Exhaust dampers	ΠY	□N Ø	ZN/A
Pumps	,	MA DN	□N/A	Diverter valves	ΩY	םא ק	XV/A
Solvent tanks	and containers	DY DN	□N/A	Cartridge filter housings	×Υ	□N C	JN/A
Water separat	tors	AU UN	□N/A				
4. Which method of d	etection is used by the	e responsib	ole official?				
Visual exami	nation (condensed sol	vent on ex	terior surfaces)		A		
Physical dete	ction (airflow felt thro	ugh gaske	ets)		AT.		
Odor (notices	able perc odor)				α		
Use of direct-	reading instrumentati	on (FID/P	ID/calorimetric t	ubes)	□ `		
Halogen leak	detector						
If using d	firect-reading instru	nentation	, is the equipme	ent:	NOW.	'A	
a. C	apable of detecting pe	erc vapor c	concentrations in	a range of 0-500 ppm?	ΠY	מם	
	Calibrated against a sta PID/FID only)?	ndard gas	prior to and afte	r each use	ΠY	DИ	
	rspected for leaks and	obvious s	igns of wear on :	a weekly basis?		ПN	
	Cept in a clean and sec		_	2 com, case.		DΝ	
	erified for accuracy b			(calorimetric only)?		אם	
	cimed for accuracy o	, 430 01 4	apriodio sampios	(caror amount carry).		 .	
							
(a				1.10	٠.		
MARGARET	's Name (Please Print)			Date of Inspection	<u> U</u>		
mspector	5 Maine (1 lease Fill))		Date of hispection			
Margano	(a.m.			Fr.h 201	51		
Inspec	ctor's Signature			Approximate Date of	Next I	nspecti	on

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	×	COMPLAINT/DISCOVER	Υ□
AIRS ID#: <u>OS30052</u> FACILITY NAME: <u>TOLIC</u> FACILITY LOCATION: RESPONSIBLE OFFICIAL: CONTACT NAME:	h of Qua 194 S. 1: Drooksvil	lity Stoad le F	N: 12:30 TIME OUT # St C 3460 PHONE: 352 796	
PART I: NOTIFICATION				·
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup)		ū
2. Facility failed to notify DAR	M to use general permit	t		۵
_				
PART II: CLASSIFICATION	N			
Facility indicated on notificati (check appropriate box)			☐ No notification form ☐ Drop store/out of busine	ss/petroleum
Facility indicated on notificati	on form that it is: ce	ansfer only, x oth types, x <	☐ Drop store/out of busine trea source x < 140 gal/yr < 200 gal/yr	ss/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is: ce	ry-to-dry only ansfer only, x oth types, x < constructed on . New large a ry-to-dry only ansfer only, 20 oth types, 140	Drop store/out of busine trea source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ss/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 goth	on form that it is: ce	ry-to-dry only ansfer only, x oth types, x < constructed on . New large a ry-to-dry only ansfer only, 20 oth types, 140	Drop store/out of busine area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	ss/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classing large check the facility of facility of the constructed before 12/9/91)	on form that it is: ce	ry-to-dry only ansfer only, x oth types, x < constructed on New large a ry-to-dry only ansfer only, 20 oth types, 140 constructed on	Drop store/out of busine area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $< x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	ss/petroleum

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 DXN/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 DN 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? MANO NO YA 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 ON ON/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? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ⊄OTŶ □N □N/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON 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	□N	, ,·
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΔY I	□N I	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N I	□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,	ΠV		
	if machines are equipped with a carbon adsorber?	ЦY	י אנט	LIN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□И□	□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	ו אם	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	ΠV	ואם	
	condenser coils?	Чĭ	UIV	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A
<u>_</u>				

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	,
1. Maintained receipts for perc purchased?	MO N
2. Maintained rolling monthly total of perc consumption?	Ď ∜ □N
3. Maintained leak detection inspection and repair reports for the following:	3.7
a. documentation of leaks repaired w/in 24 hrs? or;	- N 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? 	DN DN/A
4. Maintained calibration data? (for applicable direct reading instruments)	MY DN (DKIA)
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN XWA
6. Maintained startup/shutdown/malfunction plan?	DAY DN
7. Maintained deviation reports?	DY DN DN/A.
Problem corrected?	DY DN SEN/A
8. Maintained compliance plan, if applicable?	DY DN BYA

PA	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?			ØŻY □N			
2.	Has the facility maintained a leak log?		•	XY ON			
3.	Does the responsible official check the	following areas for le	eaks?	•			
	Hose connections, fittings, couplings, and valves	AND NO NIA	Muck cookers	SAN ON ONIVA			
	Door gaskets and seating	AVA HO YA	Stills	AND NO PA			
	Filter gaskets and seating	AND NO DAVA	Exhaust dampers	A/NO NO YA			
	Pumps	איאם אם א יםי	Diverter valves	DAY ON ONIA			
	Solvent tanks and containers	AND NO PO	Cartridge filter housings	אואם אם א ב ל			
	Water separators	DN DNIA					
4.	Which method of detection is used by the	ne responsible officia	1?				
	Visual examination (condensed so	olvent on exterior sur	faces)	×			
	Physical detection (airflow felt the	ough gaskets)	·				
	Odor (noticeable perc odor)	•		X			
	Use of direct-reading instrumenta	tion (FID/PID/calori	netric tubes)				
	Halogen leak detector	. *					
	If using direct-reading instru	ımentation, is the ed	quipment:	DECV/A			
	a. Capable of detecting p	perc vapor concentra	tions in a range of 0-500 ppm?	אם אם			
	b. Calibrated against a st (PID/FID only)?	andard gas prior to a	nd after each use	□Y □N			
	c. Inspected for leaks an	d obvious signs of w	ear on a weekly basis?	DY DN			
	d. Kept in a clean and se	cure area when not i	n use?	□Y □N			
	e. Verified for accuracy	by use of duplicate s	amples (calorimetric only)?	OY ON			
_							
			·				
A .	INDEADTH (ANGO		1-11-1	90			

MARGART (ANGRO
Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

P.265,302 139 **US Postal Service Receipt for Certified Mail** AIRS ID#: 0530052 RUSSELL H POWELL RUSSELL H POWELL 1194 S BROAD STREET **BROOKSVILLE FL 34601** Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

on the reverse side?	SENDER: Complete items 1 and/or 2 for auditional set and a card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	o wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	leceipt Service.
N ADDRESS completed of	AIRS ID#: 0530052 RUSSELL H POWELL RUSSELL H POWELL 1194 S BROAD STREET BROOKSVILLE FL 34601	7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD	you for using Return Rec
Is your RETUR	5. Received By: (Print Name) 6. Signature/(Addressee or Agent) PS Form 38/11, December 1994		e's Address (Only if requested	Thank

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# 0530052 TOUCH OF QUALITY #1 DRY CLEANERS RUSSELL H POWELL 1194 S BROAD STREET BROOKSVILLE FL 34601

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0359304

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 # 0530052 TOUCH OF QUALITY #1 DRY CLEANERS RUSSELL H POWELL 1194 S BROAD STREET BROOKSVILLE FL 34601 FOR GOVERNMENT USE ON LYOUNG Org.: 37550101000 EO: B1 OF Fund: 20-2-035001 Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

AIRS ID 0530052

Do NOT Remove Label

RUSSELL H POWELL RUSSELL H POWELL 1194 S BROAD STREET

BROOKSVILLE FL 34601

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

US Pos	tal Se	rvice	PJ5	
Rece	ipt	for Co	ertifie	d Mail
No Insu	rance	Coverag	ge Provid	led.
Do not i	use fo	or Interna	itional Ma	ail <i>(See reverse)</i> AIRS ID 0530052
USSEL	л. Н 1	POWEL	_	11113 12 033002
		POWEL		
194 S E	BROA	D STRE	ET	
		LE FL 3		
Certified	Fee			
Special	Delive	ry Fee		
	ed Del	livery Fee		
Restrict		• Ob		
	Receip & Date	ot Showing Delivered	10	
Return Whom	& Date leceipt S	Delivered Showing to W	/hom,	
	& Date leceipt S Address	Delivered	/hom,	
	& Date leceipt S Address Posta	Delivered Showing to Wee's Address age & Fees	/hom,	

	/ parkers	A CONTRACTOR OF THE PARTY OF TH		
SENDER: Complete items 1 and/or 2 for addition Complete items 3, 4a, and 4b. Print your name and address on the recard to you.	•	we can return this	I also wish to re following service extra fee):	
Attach this form to the front of the mai permit.	•	-	_	see's Address
 Write "Return Receipt Requested" on t The Return Receipt will show to whom 			2. Restrict	red Delivery
delivered.	Title alticle was delivered a	7	Consult postrna	ster for fee.
3. Article Addressed to:	AIRS JIR 05300	4a. Article N	336121	<i>933</i>
RUSSELL H POWELL	7 E 100	4b. Service	Туре	
RUSSELL H POWELL	وم يوق	Registere	ed	Certified
1194 S BROAD STREET BROOKSVILLE FL 34601	Mobile of Air	□Æxpress l		Insured
	S Z S	□ Bettyrn Red	ceipt for Merchandis	e □ COD
	Monitor Monitor Sources	7. Date of De	elivery - 17 - 98	/
5. Received By: (Print Name)	, B	8. Addressed and fee is	e's Address <i>(Only</i> paid)	if requested
6. Signature: Addressee or Age	nt)			

Thank you for using Return Receipt Service.

Certified
Insured

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

٠.

Print your name, address, and ZIP Code in this box ●

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PED 11701998
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

 $HI_{11111} \cap I_{1111} \cap I_{1111$

302622

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#0530052

RUSSELL H POWELL RUSSELL H POWELL 1194 S BROAD STREET BROOKSVILLE FL 34601 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

/u391480

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

JAN 25 0

Do NOT Remove Label

AIRS ID # 0530052
TOUCH OF QUALITY #1 DRY CLEANERS
RUSSELL H POWELL
1194 S BROAD STREET
BROOKSVILLE FL 34601

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0530052

TOUCH OF QUALITY #1 DRY CLEANERS SANDRA S POWELL 1194 S BROAD STREET

BROOKSVILLE FL 34601

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273