

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 24, 1996

Mr. Theodore J. Ahneman President Acacia Serives, Inc. 13401 U.S. Highway #1 Sebastian, Florida 32958

Dear Mr. Ahneman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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. Louis Nichols, Central District

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

## #0610069

	Classic Cleaners
P.14	1.(a) If 2nd machine, add date control device installed; if only Imachine, mark out 2nd
	control device installed; if only
	Imachine, mark out 2nd
	machine date.
p. 15	5.4) required
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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):
Acacia Services, Inc.
2. Site Name (For example, plant name or number): dba Classic Cleaners
3. Hazardous Waste Generator Identification Number:
FLD 981019284
4. Facility Location: Street Address: 13 401 US Hwy 1
4. Facility Location: Street Address: 13 401 US Hus 7 1 City: Sebas than County: Indian River Zip Code: 32958
5. Facility Identification Number (DEP Use):
06/0069
Responsible Official
6. Name and Title of Responsible Official: Theodore J. Ahneman, Pres.
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 13401.U.S. Hwy *1 City: Sebastian County: Indian River Zip Code: 32958
City: Sebastian County: Indian River Zip Code: 32958
8. Responsible Official Telephone Number:
Telephone: (561) 589 - 5514 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: ( ) -
Telephone: ( ) - Fax: ( ) -
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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit				79		. The second	·		from the second
(1) w/ ref. condenser		25 Nov. 94	es Nov 94	Ī	25040294			<u> </u>	
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	1,11	1 11111 34							1. 94-13
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1	of Mary Mary Barry			entral Para establish		# 7	Paragonia de la	Maria e sept
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	Lag	i jan er				· 医多数 · · · · · · · · · · · · · · · · · · ·			
(10) w/ ref. condenser									
(11) w/carbon adsorber		1							
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the property of t	are r quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	perc)	purchased ir				· []
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec				nitions found	d in section (	3) of	Part II?	

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 Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source  Refrigerated condenser  []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	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	ίΧι
(b) Leak detection inspection and repair	$\succeq$ 1
(c) Refrigerated condenser temperature monitoring	$\bowtie$
(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 indicat	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)
$\times$	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi 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 its 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	mptly notify the Department of any changes to the information contained in this notification.  Aug. 73, 1996  Date

## #O610069 BEST AVAILABLE COPY

## #0610069 Classic Cleaners

2. d \ 3. I	p.14 1.(a) If 2nd machine, add date control device installed; if only Imachine, mark out 2nd machine date.  p.15 5.(f) required	
4. I	· · · · · · · · · · · · · · · · · · ·	-
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ੱ5. × 1		
6. N	11/2/qb 45	. Pres.
7. R		
S, C		ie: 3 Z958
8. R T		
9. N	ame and Title of Facility Contact (For example, plant manager):	
10. F:	acility Contact Address:	
	reet Address:	
	ity: County: Zip Code:	
	ncility Contact Telephone Number: elephone: ( ) - Fax: ( ) -	

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Bureau of Air Monitoring & Mobile Sources

## Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
Acacia Services Inc	
Acacia Services Inc.  2. Site Name (For example, plant name or number):  aba Classic Cleaners	
dba Classic Cleaners	
3. Hazardous Waste Generator Identification Number:	
•	
FLD 981019284  4. Facility Location: Street Address: 13401 US Hwy #1 City: Sebastian County: Indian Ruer Zip Code: 32958	
Street Address: 13 401 US Hwy #1	
City: Sebastian County: Indian Eiver Zip Code: 32958	
-5: Facility Identification Number (DEP Use):	
06/0069	
Responsible Official	
6. Name and Title of Responsible Official: Theodore J. Ahneman, Pres.	
. Hame and The of Responsible Official. Theodotte J. A. Michael Pres.	
7. Responsible Official Mailing Address:	
Organization/Firms	
Street Address: 13401 U.S. Hur *1 City: Sebastian County: Indian River Zip Code: 3295	ا ء-
City: Sebas Action County: Indian Act 21p code: 5 275	,0
8. Responsible Official Telephone Number:	$\neg$
Telephone: $(561)589-5514$ Fax: ( ) -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	$\dashv$
Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -	
Telephone: ( ) - Fax: ( ) -	

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AUG 26 1996

Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

Type of Machine	1	Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
Type of Machine		Initially	Device		Initially	Device		Initially	Device
, , ,	ID.	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91	ab	#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit					1000.2	<del>}</del>			
(1) w/ ref. condenser	<del>                                     </del>	25 Nov. 94	es Nov 94	· · · · · ·	25	1			
(2) w/ carbon adsorber	1				,				
(3) w/ no controls								-	
Washer Unit							1		
(4) w/ ref. condenser									
(5) w/ carbon adsorber			_						
(6) w/ no controls									
Dryer Unit						•			ı
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit								No. 1	. i
(10) w/ ref. condenser									
(11) w/carbon adsorber	-								
(12) w/ no controls									
(b) Control devices ar  (c) No control devices  2.(a) What was the total  [ (O) B	are r quant	equired to be ity of perchlo	installed [_ proethylene (	perc)		n the latest 1	2 mor	nths?	
(b) If less than 12 mon Check why it is les					New store	: [] Did	not k	eep records:	

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

4. What control technology is require (Indicate with an "X".)	ed on machines p	oursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	<b>∑</b> ı		
New large area source Refrigerated condenser			
	•		
5. A facility which contains non-exer to Rule 62-213.300, F.A.C. Verify th exemption criteria or that no such uni	nat all steam and	_	
All steam and hot water generating un boiler HP or less), and (2) are fired e during which propane or fuel oil cont	exclusively by na	tural gas except for period	ls of natural gas curtailment
All steam and hot water generating un No such units on-site	nits exempt	$\succeq$	
Equipmen	t Monitoring as	nd Recordkeeping Inforn	nation
Check all logs which are required to b	be kept on-site in	n accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purc	chases		$\boxtimes$
(b) Leak detection inspection and rep	air		$\geq$
(c) Refrigerated condenser temperature	re monitoring		$\bowtie$
(d) Carbon adsorber exhaust perc con	ncentration moni	toring	
(e) Instrument calibration			L 36-26
(f) Start-up, shutdown, malfunction p	plan		× No as

DEP Form No. 62-213.900(2)

Effective: 6-25-96

	Surrender of Existing Air Permit(s)
Please indicat	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)
$\succeq$	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
, this notifi 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 its 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	mptly notify the Department of any changes to the information contained in this notification.
Signature	odre Holmenan Aug. 23, 1996  Nov. 21, 1996

DEP Form No. 62-213.900(2)

Effective: 6-25-96



## Department of Environmental Protection

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

David B. Struhs Secretary

June 21, 2001

Mr. Theodore J. Ahneman Classic Cleaners 13401 US Hwy 1 Sebastian, Florida 32958

Dear Mr. Ahneman:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on June 18.

In reviewing your submittal, it was noted that Classic Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0610069). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate as a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

## Classic Cleaners

Dry Cleaning, Alterations and Shoe Repair PRESENT THIS CARD FOR 10% DISCOUNT (For Dry Cleaning Only)

Quality Cleaning At Reasonable Prices

1851 Palm Bay Rd. #2 Palm Bay, FL 32905 (407) 725-0745 218 Eau Gallie Blvd. Indian Har. Bch., FL 32937 (407) 779-1169



## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	4 0	COMPLAINT/DISCOVER	у 🗆
AIRS ID#: 0610069 D  FACILITY NAME:	<b>'</b> \( \tag{ }	<del></del>	in: <u>2:30</u> time ou	r: <u>3.00</u>
	ebastian	+10	32958	
PART I: NOTIFICATION	<u> </u>			
<ol> <li>(check appropriate box)</li> <li>Existing facility notified DARM</li> <li>New facility notified DARM 3</li> <li>Facility failed to notify DARM</li> </ol>	0 days prior to star	•		
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	1 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)	e . 🗆	transfer only, a both types, x<	/, x<140 gal/yr x<200 gal/yr	
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="" gaboth="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr l/yr</td><td>transfer only, both types, 140</td><td>area source  v, 140<x<2, 0<x<1,800="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" n="" or="" td="" yr=""><td></td></x<2,></td></x<2,>	gal/yr l/yr	transfer only, both types, 140	area source  v, 140 <x<2, 0<x<1,800="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" n="" or="" td="" yr=""><td></td></x<2,>	
This is a correct facility classification	ation	MY ON		
If no, please check the appropria	te classification:			
	l for a general perm above limits and is		above a general permit	
B. The total quantity of perchlor facility was beginning gallons.	oethylene (perc) pu	rchased within	the preceding 12 months by the	is dry cleaning

## 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? 2. Examining the containers for leakage? SEY □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at VAY ON least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MYN/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) N□ Y**ù** 1. Equipped all machines with the appropriate vent controls? A/ND ND Y 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 Y 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 basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after 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?	DY ØN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	□Y □N
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PA	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official:	
(c)		ØY □N
(c)	as the responsible official: neck appropriate boxes)	MY ON
(c) 1. 2.	as the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?	MA ON
(c) 1. 2.	as the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	MA ON MO AM
(c) 1. 2.	As the responsible official:  neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	
(c) 1. 2. 3.	As the responsible official:  neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	<b>ў</b> л □й
1. 2. 3.	As the responsible official:  neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN /
1. 2. 3. 4. 5.	As the responsible official:  Ineck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)	DY ON ON/A
1. 2. 3. 4. 5. 6.	As the responsible official:  Ineck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON ON ON ON ON ON
1. 2. 3. 4. 5. 6.	As the responsible official:  meck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	DY ON DANA OY ON DANA OY ON
(c) 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?	DY ON ON/A OY ON ON OY ON OY ON OY ON
(c) 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	DY ON ON/A OY ON ON OY ON OY ON OY ON OY ON
(cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	DY ON ON/A OY ON ON OY ON OY ON OY ON OY ON

2.	. Which method of detection is used by the responsible official?	
	Visual examination (condensed solvent on exterior surfaces)	
	Physical detection (airflow felt through gaskets)	
	Odor (noticeable perc odor)	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes) □	
	If using direct-reading instrumentation, is the equipment:	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y	□и
	<ul><li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li><li>□Y</li></ul>	□и
	c. Inspected for leaks and obvious signs of wear on a weekly basis? □Y	□N
	d. Kept in a clean and secure area when not in use? □Y	□N
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	□N
3.	. Has the facility maintained a leak log? □Y	□N
4.	Hose connections fittings	
	Hose connections, fittings, couplings, and valves	□и
	Door gaskets and seating	□и
	Filter gaskets and seating $\Box Y$ $\Box N$ Exhaust dampers $\Box Y$	ПИ
	Pumps	□N
	Solvent tanks and containers	И□
	Water separators	
	Theodoro Ahneman	

Theodore Ahneman	
Name of Responsible Official	
Sheila Schweider	11/21/96
Inspector's Name (Please Print)	Date of Inspection
Stela Schreids	11/97
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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## DRY CLEANER AIR QUALITY GENERAL PE

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0610069

ACACIA SERVICES INC THEODORE J AHNEMAN 13401 US HWY #1 SEBASTIAN FL 32958

Bureau of Air Monitoring Wiobile Sources

70

Do NOT Remove Label

_	Annual Reporting Period:	January	1, 19 <i>9</i> /	<u>/</u> то	December	31,	19 <u>_</u> 97_
	Based on each term or condition of 62-213.300, Florida Administrative	•		-		_	O
	If NO, complete the following:					-	
	#1. Term or condition of the genera	al permit that has no	t been in continuo	ıs complia	ance during the reporting	ng period state	d above:
							· 
	Exact period of non-compliance: fr	om			_ to		
	Action(s) taken to achieve complian	nce: <u>,</u>	·		-		
	Method used to demonstrate compli	iance:					
	#2. Term or condition of the general	al permit that has no	t been in continuo	us complia	ance during the reporting	ng period state	d above:
	Exact period of non-compliance: fr	om			to		
	Action(s) taken to achieve complian						
	Method used to demonstrate compli	ance:			_		
					-		
	As the responsible official, I hereby ce notification are true, accurate and con does not exceed 2,100 gallons per year	nplete. Further, my a	nnual consumption	of perchlo	roethylene solvent, based	d upon purchas	made in this e receipts,
	RESPONSIBLE OFFICIAL:	heodore o Name (Please F	rint)	, the	Signature		6.(6,(99 <u>8</u> Pate

<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.



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

FACILITY NAME:	212	RLEA	LNE	es	_ <sub>DATE:</sub> 3	-19-98
FACILITY LOCATION: 13401	US	Hwy	, Se	bastian	,FL 3	2958
Annual Reporting Period: Mar c	h	19 <b>9</b>	<u>T</u> TO _	March	\	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (I		-	•	•		NO P
If NO, complete the following:		•			blie	7
#1. Term or condition of the general permi	it that has not	been in continuo	is complianc	e during the repo	orting period s	Modabove.
Exact period of non-compliance: from						
Action(s) taken to achieve compliance:	*-	. <u>.</u>				
Method used to demonstrate compliance:						
#2. Term or condition of the general perm	it that has not	been in continuo	ıs complianc	e during the repo	orting period s	stated above:
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 made in this notification are true, accurate upon purchase receipts, does not exceed 2 combination facilities.  RESPONSIBLE OFFICIAL:	e and completo 1,100 gallons p	e. Further, my ar per year for dry-to	nual consum dry facilitie	nption of perchloss or 1,800 gallor	roethylene sol	lvent, based r transfer or
TY CONTRACTOR OF THE PROPERTY	anic (Licase F	. w.()		Signature		Date

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

106/0069 INSPECTION SUMM	ARY REPORT
TYPE OF INSPECTION: ANNUAL X COMPL	AINT/DISCOVERY RE-INSPECTION I
TIME IN: 11:25 TIME OUT: 12:0	O AIRS ID#: 06 100 69
TYPE OF FACILITY: On Cleaning	
FACILITY NAME: MASSON CRANCIS	DATE:
FACILITY LOCATION: 13401 than US 4 5	Sebastian Fr. 22958
RESPONSIBLE OFFICIAL: 160 Amenan	PHONE NUMBER: 561-589-5514
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	i during this inspection, the facility is found to be in we Code (F.A.C.).
Based on the results of the compliance requirements evaluated discrepancies were noted:	i during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	ECE APP ECE
	Mobile Sources
	arces are
	3
COMMENTS:	
Facility is in compliance.	
The Annual Compliance Certification form has been properly certifie	d and submitted to the inspector. YES NO
2100	a and submitted to die hispector. TEST 140[1]
DATE OF MEXT LYSPECTION:	-oximate)
INSPECTION CONDUCTED BY: DAADA	QUREOHI
INSPECTOR'S SIGNATURE: (Plea	se Print)PHONE NUMBER: \(\lambda \) 1 - 893 - 3333

Page\_\_\_of\_\_\_.

Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

	COMPLIANCE	SECTION	HECKLIST	
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOV	VERY SUR DE NO.
AIRS ID#: DOLONG  FACILITY NAME:  FACILITY LOCATION:  RESPONSIBLE OFFICIAL  CONTACT NAME:  PART I: NOTIFICATION	assiz clea 13401 th Sebastian	ners vy US: , Fc: man	(Indian Riv 1 32958 PHONE: 561-	er County)
(check appropriate box)				
New facility notified DAR	M 30 days prior to start	מנס		<u> </u>
2. Facility failed to notify DA				
		- <u>-</u> -		
PART II. CLASSIFICATIO	ON			
PART II: CLASSIFICATION Facility indicated on notific (check appropriate box)			☐ No notification form☐ Drop store/out of bu	
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gather transfer only, x < 200 gather transfer only, x < 140 gather (constructed before 12/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9	ation form that it is:  ource	transfer only, a both types, x < (constructed of the large dry-to-dry only transfer only, both types, 14 (constructed of the large dry-to-dry only).	☐ Drop store/out of but area source  7, x < 140 gal/yr  6 < 200 gal/yr  140 gal/yr  n or after 12/9/91)	13
Facility indicated on notifical (check appropriate box)  1. Existing small area so dry-to-dry only, x < 140 gather transfer only, x < 200 gather types, x < 140 gather (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1 both types, 140 \le x \le 1,80 (constructed before 12/9/9)  5. This is a correct facility of the property of the p	ation form that it is:  ource	dry-to-dry only transfer only, a both types, x < (constructed of the large dry-to-dry only transfer only, both types, 14 (constructed of the large dry-to-dry only) both types, 14 (constructed of the large dry-to-dry only) both types, 14 (constructed of the large dry-to-dry only) both types, 14 (constructed of the large dry-to-dry only) both types, 14 (constructed of the large dry-to-dry only) both types, 14 (constructed of the large dry-to-dry only) both types, 14 (constructed of the large dry-to-dry-	Drop store/out of but area source $y$ , $x < 140$ gal/yr $x < 200$ gal/yr $x < 140$ $x < 140$ $x < 140$ gal/yr $x < 140$ $x $	usiness/petroleum  NOV. 1994  Mulfimatiz

#### 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?
- 2. Examining the containers for leakage?
- 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?
- 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? Not equipped
- 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 condenser exceeded 45°F? not a problem yet
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

YOY □N

RY ON ONA

DY DX DN/A

DY DN ANA

B. Has the responsible official of an existing large or new large area source	ce also:
Measured and recorded the exhaust temperature on the outlet side of the co     on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ndenser located
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	AVAD ND YD
Is the temperature differential equal to of greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream week! at the end of the final drying cycle while the machine is venting to the adsorption.	
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 ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuri perc concentrations is at least 8 duct diameters downstream of any bend, or expansion; is at least 2 duct diameters upstream from any bend, contract	ontraction,
or expansion; and downstream from no other inlet?	אואם אם צם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individ condenser coils?	ual 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)						
<ol> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly total of perc consumption? USING Calendar PDN</li> <li>Maintained leak detection inspection and repair reports for the following:</li> </ol>	XY DN					
2. Maintained rolling monthly total of perc consumption? USING Calendar Fut	XY DN					
3. Maintained leak detection inspection and repair reports for the following:	`					
a. documentation of leaks repaired w/in 24 hrs? or,	ava da da					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	H OY ON DYN/A					
4. Maintained calibration data? (for applicable direct reading instruments)	ava <b>x</b> no yo					
5. Maintained exhaust duct monitoring data on perc concentrations?	ANDE NO YO					
6. Maintained startup/shutdown/malfunction plan?	ØZY □N					
7. Maintained deviation reports?	₩ DN DN/A					
Problem corrected?	AND AD AD					
8. Maintained compliance plan, if applicable?	OY ON ON A					

## PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a	weeki	y (for	small sources,	bi-weekly) leak detection ar	ıd rep	air	
	inspection?				/		? -	M
2.	Has the facility maintained a leak log?				2	<b>X</b>		M
3.	Does the responsible official check the	follow	ring ar	eas for leaks?				
	Hose connections, fittings, couplings, and valves	фY	MП	□N/A	Muck cookers	ФŶ	□и	□N/A
	Door gaskets and seating	фх	□И	□N/A	Stills	ΦY	□и	□N/A
	Filter gaskets and seating	фy	_N	□N/A	Exhaust dampers	QΥ	ΠN	□N/A
	Pumps	dy	_ □N	□N/A	Diverter valves	ΠY	□и	□N/A
	Solvent tanks and containers		□N	□N/A	Cartridge filter housings	□ķ	□и	□N/A
	Water separators	□ţ	□И	□N/A				
4.	Which method of detection is used by t	he res	ponsit	ole official?				
	Visual examination (condensed s	olyent	on ex	terior surfaces)	·	2	,	
	Physical detection (airflow felt th	rough	gaske	ets)				
	Odor (noticeable perc odor)					1		
	Use of direct-reading instruments	uion (	FID/P	ID/calorimetric	tubes)		_	
	Halogen leak detector						- Andrews	
	If using direct-reading instr	umen	tation	, is the equipu	nent:	ПN	/A	
	a. Capable of detecting	perc v	apor o	concentrations i	in a range of 0-500 ppm?	ΩY	ПΝ	
	b. Calibrated against a (PID/FID only)?	standa	ıd gas	prior to and at	fter each use	QΥ	□и	
	c. Inspected for leaks as	nd obv	rious s	igns of wear on	a weekly basis?	ΠY	ПN	
	d. Kept in a clean and s	есше	area v	vhen not in use	?	ΠY	□И	
	e. Verified for accuracy	by us	e of di	uplicate sample	es (calorimetric only)?	ΠY	и□	

s Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

hazardors waste in pan > yes

Cpoxy? yes

pan for machini? yes

has zero waste machini
for condensate water

no perc on spotting board MCF \$\frac{7}{2} hazardous waste

\* told that condensale water container needs to have a hid - wilde.

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE IN	SENERAL PER SPECTION C		ARI	R UPDATED
TYPE OF INSPECTION:	ANNUAL	Ø.	COMPLAINT/	DISCOVERY	7-8-9
	RE-INSPECTION	4 🗆		O BY A	ee_
AIRS ID#:			IN: 11:00	TIME OUT:	11530
FACILITY NAME: Clq 5	Sic Cleans	(5	The Total		
FACILITY LOCATION:	3401 Hay	, US I	1905 A	2	
	sebastian,	FL 32	958 °53		<u> </u>
RESPONSIBLE OFFICIAL :	Ted Ahne	man	_phone: _5	64-589	-5514
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION				· .	
(check appropriate box)					
1. New facility notified DARM	[ 30 days prior to start	up			
2. Facility failed to notify DAF	M to use general perr	mit			
PART II: CLASSIFICATIO			•		
Facility indicated on notificat (check appropriate box)	ion form that it is:		☐ No notificati ☐ Drop store/o	on form ut of business/p	etroleum
A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yī -	2. New small a dry-to-dry only, x transfer only, x both types, x < (constructed on	, x < 1 <sup>4</sup> 40 gal/уг < 200 gal/уг	<u>,</u> ≯	
3. Existing large area soundry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,8$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$ )	,100 gal/ут 00 gal/ут gal/ут	transfer only, 2 both types, 140	area source , $140 \le x \le 2,100$ $00 \le x \le 1,800$ ga $\le x \le 1,800$ gal/y or after $12/9/91$ )	ıl∕yr	
5. This is a correct facility of	lassification	MY ON	□Can not dete	rmine	
	appropriate classifica ity qualified for a gene ity exceeds above limi	eral permit as n		above l permit	
B The total quantity of perchl	oroethylene (perc) nur	chased within t	he preceding 12 n	nonths by this d	ry cleaning

facility was 95 gallons.

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ANGED NO YOU 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/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? □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN **M**N/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? BY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY X DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OY ON DONA 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:	<del></del>
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?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	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?	DY DN DN/A
4. Account that the compling part on the carbon advantar autount for managing	
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	<b>\</b> ,
condenser coils?	DY DN DN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
o. Routed attriow to the carbon adsorber (it used) at all times?	UI UN UNA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased? had Phoenix Fax them	<b>ta</b> ry on
2. Maintained rolling monthly averages of perc consumption? Show how to use calendon	ON POD
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or; Noleahs	AVA <b>Ž</b> VA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON SAN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN CSN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DANA
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	AVNO NO YE
Problem corrected?	OY ON SANIA
8. Maintained compliance plan, if applicable?	OY ON QN/A

	•	·		
P	ART VI: LEAK DETECTION AND F	REPAIRS		
1.	Does the responsible official conduct a	weekly (for small sources,	, bi-weekly) leak detection as	nd repair
	inspection?			אם על
2.	Has the facility maintained a leak log?		·	dy on
3.	Does the responsible official check the	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	GY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	by on on/a
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A
	Pumps	AY ON ON/A	Diverter valves	MY ON ON/A
	Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	Y ON ON/A
	Water separators	Y ON ON/A	·	
4.	Which method of detection is used by the	he responsible official?		
	Visual examination (condensed so	olvent on exterior surfaces	s)	Ø
	Physical detection (airflow felt the	rough gaskets)		
	Odor (noticeable perc odor)			Ø
	Use of direct-reading instrumenta	tion (FID/PID/calorimetri	ic tubes)	

Halogen leak detector		<b>X</b>
If using direct-reading instrumentation, is the equipme	nt:	□N/A
a. Capable of detecting perc vapor concentrations in	a range of 0-500 ppm?	DY DN
b. Calibrated against a standard gas prior to and afte (PID/FID only)?	r each use	OY ON
c. Inspected for leaks and obvious signs of wear on a	weekly basis?	OY ON
d. Kept in a clean and secure area when not in use?		OY ON
e. Verified for accuracy by use of duplicate samples (	calorimetric only)?	OY ON
·		
Inspector's Name (Please Print)  Inspector's Signature	7-9-99 Date of Insp 7-2008 Approximate Date of	)

ADDITIONAL SITE I	NFORMATION:			
		-		
	,			
	,			
·				
			-	·
				·

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:		0069
TYPE OF FACILITY: DC	cleaner		
FACILITY NAME: Cla	SSIC · Cleant/5	·	_DATE:
FACILITY LOCATION:	3401 US Hay	1	
5	ebastian, FL		
RESPONSIBLE OFFICIAL:_	Ted Ahneman	PHONE NUMBER:	561-589-5514
L	of the compliance requirements eval P Rule 62-213.300, Florida Adminis	luated during this inspection, the facilistrative Code (F.A.C.).	ity is found to be in
Based on the results of discrepancies were no		luated during this inspection, the follo	owing compliance
COMPLIANCE REC	QUIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
			· · · · · · · · · · · · · · · · · · ·
•			
			· · · · · · · · · · · · · · · · · · ·
COMMENTS			
COMMENTS:	compliance	2	
The Annual Compliance Certi	fication form has been properly cer	tified and submitted to the inspector.	YESIT NO
DATE OF NEXT INSPECTI		)	
Ditto of Heat mor bell	(A	Approximate)	
INSPECTION CONDUCTE		Luningham Please Print)	
INSPECTOR'S SIGNATUR	E: MAGNU T	PHONE NUMBER:	843-3333
	Page_	1 of $1$ .	Revised 10/96

AIRS ID#: 06/0069

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



FACILITY NAME: <u>Classic</u> (	Cleaners	DATE: 7-8-99
FACILITY LOCATION: 1340	US Hwy 1	
	ian, FL 32958	
Annual Reporting Period:	July 1998 TO	July 19 <u>99</u>
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code		, <u></u>
If NO, complete the following:		
#1. Term or condition of the general perm	uit that has not been in continuous compli	ance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:	·	<del></del>
Method used to demonstrate compliance:		
#2. Term or condition of the general perm	nit that has not been in continuous compli	iance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		

<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 CHECKLIS	3

1	BY RC
	DATE 12-9-99
	LYMING OPDATED

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVER'Y

**RE-INSPECTION** 

AIRS ID#: 0610069 DATE: 12-8-99 TIME IN: 1:30 pg TIME OUT: 2:00pm		
FACILITY NAME: <u>C/9557c Cleaner</u>	15	
FACILITY LOCATION: 13401 US	Hny I	
Se bastian, F	L 32958	
	eman PHONE: 561-589-5514	
CONTACT NAME:	PHONE:	
	72	
	<u> </u>	
PART I: NOTIFICATION		
(check appropriate box)	Not of I	
1. New facility notified DARM 30 days prior to sta	rtup of Air 4	
2. Facility failed to notify DARM to use general pe	rtup bile Source Commit Source Commit	
	ce o	
PART II: CLASSIFICATION	ag	
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	
	cation: neral permit as number above nits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) per facility was gallons. 50	urchased 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) DY DN ÆN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN BAYA 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 AND NO YES least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DNA 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? AYO UN 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 AVIO NO YA 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 ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after AY DN verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			<del></del>
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?	D¥	ND	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΟY	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?	$\Box Y$	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	□N/A
4.	Assured that the sampling port on the earbon 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	ΟN	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□n/a
6	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	NO YO
2. Maintained rolling monthly averages of perc consumption?	MY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON <b>S</b> IN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON <b>SA</b> N/A
4. Maintained calibration data? (for applicable direct reading instruments)	al <mark>me</mark> no yo
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON <b>S</b> AN/A
6. Maintained startup/shutdown/malfunction plan?	₩Y ON
7. Maintained deviation reports?	□Y □N <b>Ø</b> N/A
Problem corrected?	alv <b>æ</b> nd yd
8. Maintained compliance plan, if applicable?	OY ON ONIA

PA	ART VI: LEAK DETECTION AND	REPAIRS	· · · · · ·	*				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?				ÆY		N	
2.	Has the facility maintained a leak log	?			XX		M	
3.	Does the responsible official check th	e following ar	eas for leak	5?				
	Hose connections, fittings, couplings, and valves	AY ON	A/ND	Muck cookers	KY	ND	□N/A	
	Door gaskets and seating	X DN	□N/A	Stills	ΣΊΥ	ПN	□N/A	
	Filter gaskets and seating	XY ON	□N/A	Exhaust dampers	ŻΥ	ИΩ	□N/A	
	Pumps	NO KA	□N/A	Diverter valves	XY	ПN	□N/A	
	Solvent tanks and containers	MA DN	□N/A	Cartridge filter housings	<b>A</b> Y	ПИ	□N/A	
	Water separators	A DN	□N/A					
4.	Which method of detection is used by	the responsib	le official?	·				
	Visual examination (condensed	solvent on ext	terior surfac	es)	Z.			
	Physical detection (airflow felt t	hrough gasket	ts)			,		
	Odor (noticeable perc odor)							
	Use of direct-reading instrumen	tation (FID/PI	D/calorimet	ric tubes)				
	Halogen leak detector				1			
	If using direct-reading inst	rumentation,	, is the equi	pment:		A		
	a. Capable of detecting	perc vapor co	oncentration	s in a range of 0-500 ppm?	$\Box$ Y	ПΝ		
	b. Calibrated against a (PID/FID only)?	standard gas	prior to and	after each use	ΟY	ПN		
	c. Inspected for leaks a	nd obvious si	gns of wear	on a weekly basis?	$\Box Y$	ПИ		
	d. Kept in a clean and	secure area w	hen not in u	se?	ΩY	ПΝ		
	e. Verified for accuracy	by use of du	plicate samp	oles (calorimetric only)?	ΩY	ПN		
	·							
	Randall (caninal	a m		12-8-99				
_	Kandall Conningh Inspector's Name (Please Pr	int)		Date of Inspe	ction			
	Madelle (1)	•		12-2000				
	Inspector's Signature Approximate Date of No.						ion	

ADDITIONAL SITE INFORMATION:	
	•
,	
	·

ATRS ID#: \_\_\_\_\_\_ Revised 09/15/97

# OG 10069 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Clussic Cleaners	DATE: 12-8-99
FACILITY LOCATION: 13401 US Hwy	
Sebastian, FL 32958	
Annual Reporting Period: December 1998 TO December	19 99
Based on each term or condition of the Title V general air permit, my facility has remained in compliant 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the repo	rting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the repo	rting period stated above:
Exact period of non-compliance: fromtoto	
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 in made in this notification are true, accurate and complete. Further, my annual consumption of perchlor upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallon combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature	roethylene solvent, 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.

Page \_\_\_\_ of \_\_\_\_.

25.0 GL

25.0" GL

20.0 GL

25.0 GL

25.0 GL

321.4

TOTAL GALLONS:

							111年114人 1月11年6			PAGE	1
•	12/08/9	,		SUPPLY C MER PERC			PAGE. 1				
	cus!#	SHIPPING ADDRESS		INVOICE#	DATE	TLENA	DESCAIPTION	QTY	UN		
•	0620360	ACACIA SERVICES, CLASSIC CLEANERS		F069055 F073216	03/23/9 05/06/9	6 1300011	PERC *DUMPER*	- 25.3 25.4			
		13401 U.S. 1 SEBASTIAN, FE	32958	F085037 F097115	09/13/9	7		25.2 25.2	GL		
				F112249 F000652 F008000	06/06/9 10/11/9 12/22/9	7 -		25.3 25.0 25.0	GL		
					04/20/9	•		25.0			

F035471 09/23/98

F042524 12/02/98

F043914 12/16/98

F051451 03/03/99

F070229 09/13/99

all perc purchases from March 1996 through 12/8/99. Wepe this helpful. J. Carter

PHENIX SUPPLY COMPANY 1920 TAMPA EAST BLYD TAMPA, FL. 35818 (819) 823-8563

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

TYPE OF INSPECTION:	ANNUAL 💢 COMI	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1:30 PM	TIME OUT: 2100 pm	AIRS ID#:	0069
TYPE OF FACILITY: Dry	Cleaning	_	
FACILITY NAME: <u>Class</u>	ic Cleaners		DATE: 12-8-99
FACILITY LOCATION: 13	401 Huy US 1		
51	695 tran FL 32958		
	ted Ahreman	PHONE NUMBER:_	561-589-5514
compliance with DEP I	the compliance requirements evaluat Rule 62-213.300, Florida Administrat	tive Code (F.A.C.).	
Based on the results of discrepancies were note	the compliance requirements evaluated:	ed during this inspection, the follo	ving compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
			·
· · · · · · · · · · · · · · · · · · ·			
			·
COMMENTS:			_
InCon	nplrance		
The Annual Compliance Certific	cation form has been properly certifie	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO		proximate)	
INSPECTION CONDUCTED	BY: Kandall CVI	nnînghum	
INSPECTOR'S SIGNATURE	MINI	PHONE NUMBER: _	<u>(407) 893-3333</u>
	Page	of 1.	Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE	10-24-00
R(CI)	Re

TYPE OF INSPECTION:

ANNUAL (INS1, INS2) COMPLAINT/DISCOVER

RE-INSPECTION (FUI)

AIRS ID#: 06/00 69 DATE: 10-23	-00 TIME	IN: 2:00 TIME O	UT:2!	30	7 2
FACILITY NAME: Classic Clear	1115				
FACILITY LOCATION: 13401 US H	wy 1				
·Sebastian	F(3)	958			
RESPONSIBLE OFFICIAL: Ted 14	,		4-59	14	
	11717401		<u> </u>	<del>' -                                   </del>	—.
CONTACT NAME:		PHONE:	<del>,</del>		-
PART I: NOTIFICATION					
(check appropriate box)	. I	Facility Compliance Status:	IN	X	
1. New facility notified DARM 30 days prior to sta	rtup 🚨	(ARMS Data)	MNC		·
2. Facility failed to notify DARM to use general pe	rmit 🚨		SNC		
PART II: CLASSIFICATION		· · · · · · · · · · · · · · · · · · ·	·		
Facility indicated on notification form that it is:		☐ No notification form			
(check appropriate box) A.		☐ Drop store/out of busing	ness/petr	oleum	
1. Existing small area source	2. New small	area source			
dry-to-dry only, $x < 140 \text{ gal/yr}$		/, x < 140 gal/yr			
transfer only, x < 200 gal/yr	transfer only, x both types, x <				
both types, x < 140 gal/yr (constructed before 12/9/91)		or after 12/9/91)			ļ
	(				지
3. Existing large area source	4. New large		387	1259	T
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$		$y$ , 140 $\le$ x $\le$ 2,100 gal/yr	Sec. All		
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	•	$0.00 \le x \le 1,800 \text{ gal/yr}$	で (で) (で)		,
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )		$0 \le x \le 1,800 \text{ gal/yr}$ n or after 12/9/91)	而之		
(constructed before 12/9/91)	(constructed of	Tof after 12/7/71)	(4) S	2	
5. This is a correct facility classification	NO Y	□Can not determine	THE SHE BY	3	
If no, please check the appropriate classific	ation:	•			
facility qualified for a ge		umber above			
facility exceeds above lin					
B. The total quantity of perchloroethylene (perc) pu					

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?	OY ON ZÑ/A					
2. Examining the containers for leakage?	DY ON MYA					
3. Closing and securing machine doors except during loading/unloading?	ZY ON					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? SpindlsH	OY ON ANA					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON PAN/A					
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification 1 has been checked, no controls are required. Proceed to Part V	v					
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	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 refr (complete A and B below).	igerated condenser					
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	s:					
1. Equipped all machines with the appropriate vent controls?	YA ON					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AY ON ON/A					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ZY ON ON/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	9γ □N					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	£y on on/a					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON					

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?	ΩY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	<u>O</u> Y	-ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□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?	ПY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПN	□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,			
		ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

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

#### 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?			fay □N			
2.	Has the facility maintained a leak log?			אם צם			
3.	Does the responsible official check the	following areas fo	or leaks?	J			
	Hose connections, fittings, couplings, and valves	DY DN DN	/A Muck cookers	TY ON ON/A			
	Door gaskets and seating	OY ON ON	'A Stills	Y ON ON/A			
	Filter gaskets and seating	מום מם עם	'A Exhaust dampers	DY ON ON/A			
	Pumps	CY ON ON	'A Diverter valves	Y ON ON/A			
	Solvent tanks and containers	CY ON ON	A Cartridge filter house	ings DY DN DN/A			
	Water separators	אם אם צוף	'A .	• 1			
4.	Which method of detection is used by	he responsible off	īcial?				
	<b>.</b> .						
	Physical detection (airflow felt th	rough gaskets)		<b>.</b> .			
	Odor (noticeable perc odor)		•				
	Use of direct-reading instruments	tion (FID/PID/cal	orimetric tubes)				
	Halogen leak detector	•					
	If using direct-reading instr	umentation, is th	e equipment:	N/A			
	a. Capable of detecting	perc vapor concer	ntrations in a range of 0-500 ppm	? <b>DY DN</b>			
	b. Calibrated against a s (PID/FID only)?	tandard gas prior	to and after each use	OY ON			
	c. Inspected for leaks an	d obvious signs o	f wear on a weekly basis?	OY ON			
	d. Kept in a clean and s	ecure area when n	ot in use?	OY ON			
	e. Verified for accuracy	by use of duplica	te samples (calorimetric only)?	OY ON			
	·						

Randall Conninnham	10-23-00
Inspector's Name (Please Print)	Date of Inspection
Phill Ca	10-2001
Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#: 06/0064

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

FACILITY NAME: (1955, C (1941	115		D	ATE: 10-23-00
FACILITY LOCATION: 13401 US H				
Segastan, Fo	,			
Annual Reporting Period: October	19.99	TO 00	tober	20 <i>00</i>
Based on each term or condition of the Title V general air 62-213.300, Florida Administrative Code (F.A.C.), during	•			h DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit that has not b	een in continuous o	ompliance durin	g the reporting p	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 b	een in continuous c	ompliance durin	g the reporting p	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 informing this notification are true, accurate and complete. Furth purchase receipts, does not exceed 2,100 gallons per year combination facilities.  RESPONSIBLE OFFICIAL: Theodore J  Name (Please Pri	er, my annual cons for dry-10 dry facil	umption of perchities or 1,800 gai	hloroethylene so	lvent, based upon

<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 🔀 COME	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#: 06	10069
TYPE OF FACILITY: Dr	Clean	——————————————————————————————————————	<u></u>
FACILITY NAME: La	STC Cleaners		DATE: 10-23-00
FACILITY LOCATION: 13	401 Us Huy I		
Se	bastian FL 3)95		
RESPONSIBLE OFFICIAL:	Ted Ahneman	PHONE NUMBER:_	561-589-5514
	the compliance requirements evaluate Rule 62-213.300, Florida Administrat		ty is found to be in
Based on the results of discrepancies were not	the compliance requirements evaluated:	ed during this inspection, the follow	ving compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
			·
	· · · · · · · · · · · · · · · · · · ·		,
COMMENTS:			
J-hCo.	mpliance	·	
The Annual Compliance Certifi	cation form has been properly certifie	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	on: 10-2001		,
INSPECTION CONDUCTED	DBY: Randall C	oroximate)	
INSPECTOR'S SIGNATURE		PHONE NUMBER:_	467-843-333
	Page	of .	Revised 10/96

... P 265 302 195

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

AIRS ID#: 0610069 ACACIA SERVICES INC THEODORE J AHNEMAN 13401 US HWY #1 SEBASTIAN FL 32958

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b>	Postmark or Date Z/14	/97

on the reverse side?	SENDER:  O) adolarua to dot taro auti to tupit at the services.  Complete items 1 and or 2 for adultional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we 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 can return this e does not e number. d the date	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
N ADDRESS completed	AIRS ID#: 0610069 ACACIA SERVICES INC THEODORE J AHNEMAN 13401. US HWY #1 SEBASTIAN FL 32958	4a. Article N  4b. Service 1  Registere  Express I  Return Rec  7. Date of De	Type  ad Certified  Mail Insured  ceipt for Merchandise COD  ceipt for Merchandise
Is your RETUR	5. Received By: (Print Name)  6. Signature (Addressee of Agent)  X  PS Form 3811, December 1994	8. Addressee and fee is	e's Address (Only if requested

Fold at line over top of envelope to the return address.	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  Coll  Agent  Accressee
Article Addressed to:	D. Is delivery address different from item 1?
10 AIRS ID # 0610069001AG THEODORE J AHNEMAN CLASSIC CLEANERS 13401 US HWY #1	Bureau of Air Monitoring  & Mobile Sources  3. Service Type
SEBASTIAN FL 32958	S. Selvice Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.
Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)
PS Form 3811, July 1999  Z Z L D L  US Postal Service  Receipt for Certi  No Insurance Coverage Pr  Do not use for Internationa  10 AIRS ID # 0  THEODORE J AHNEMAN  CLASSIC CLEANERS  13401 US HWY #1	fied Mail rovided. I Mail /See reverse) 0610069001AG
SEBASTIAN FL 32958  Certified Fee	
Special Delivery Fee  Restricted Delivery Fee	4
Return Receipt Showing to	
Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address	'
Postmark or Date	
TOTAL Postage & Fees \$ Postmark or Date S	·
	· ·

7584	U.S. Posed S CERTIFIE Bomestic Metto		E <b>IPT</b> Coverage Provided)
002th 4200	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
7000 0600	CLASSIC CLEA THEODORE J A 13401 US HWY SEBASTIAN FL 32958	HNEMAN	9  for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0610069  CLASSIC CLEANERS  THEODORE J AHNEMAN	A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address-below:
13401 US HWY #1 SEBASTIAN FL 32958	3. Service Type  Certified Mail  Registered Registered Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
2. Article Number (Copy from service label) 114/28.	758411 111 11 11
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

0

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING,

**TOTAL AMOUNT DUE: \$50.00** 

392362

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

Do NOT Remove Label

AIRS ID # 0610069

CLASSIC CLEANERS THEODORE J AHNEMAN 13401 US HWY #1 SEBASTIAN FL 32958 FOR GOVERNMENT USE ONLY

(\*\*) FOR GO

		Z 333	667 397		
		US Postal Service			
		Receipt for Cer No Insurance Coverage	tified Mail Provided.		
		n	AIRS ID # 06	10069	
		CLASSIC CLEANERS	S		
	T	THEODORE J AHNE! 3401 US HWY #1	MAN		
	5	SEBASTIAN FL 3295	8		
				,	
		Ond Food	<del>                                     </del>	-	
		Certified Fee	<del>-</del>	- 1	
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☐ Insured Mail

Domestic Return Receipt

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-99-M-1789

☐ C.O.D.

2. Article Number (Copy from service label)

PS Form 3811, July 1999

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## US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. ALPS ID # 061

AIRS ID # 0610069

CLASSIC CLEANERS THEODORE J AHNEMAN 13401 US HWY #1 SEBASTIAN FL 32958

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SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we 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 anticle The Return Receipt will show to whom the article was delivered and delivered.	does not	I also wish to recipility following service extra fee):  1.	s (for an ee's Address
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Is your RETURN ADDRESS completed o	3. Article Addressed to:  AIRS ID 0610069  ACACIA SERVICES INC THEODORE J AHNEMAN 13401 US HWY #I SEBASTIAN FL 32958  5. Received By: (Print Name)  6. Signature: (Addressee or Agent) PS Form 3811, December 1994	4b. Service 1  Registere Express I  Return Ret	Type  ad Certified  Mail Insured  ceipt for Merchandise COD  elivery  as Address (Only) if requested

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## US Postal Service Receipt for Certified Mail AIRS ID 0610069

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

AIRS ID # 0610069

CLASSIC CLEANERS THEODORE J AHNEMAN 13401 US HWY #1 SEBASTIAN FL 32958

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on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we 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 can return this ce does not le number.	I also wish to receive the following services (for an extra fee):  1.		Receipt Service.
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#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361562

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

RECEIVED MAIL ROOM FEB 23 99

### **TOTAL AMOUNT DUE: \$50.00**

BEST AVAILABLE COPY

Do NOT Remove Label

AIRS ID # 0610069

CLASSIC CLEANERS THEODORE J AHNEMAN 13401 US HWY #1 SEBASTIAN FL 32958

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261415

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

RECEIVED MAIL ROOM FEB 25 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

ACACIA SERVICES INC THEODORE J AHNEMAN 13401 US HWY #1 SEBASTIAN FL 32958 AIRS ID# 0610069

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

RECEIVED MAIL ROOM

FEB 18 98

Do NOT Remove Label

AIRS ID 0610069

ACACIA SERVICES INC THEODORE J AHNEMAN 13401 US HWY #1 SEBASTIAN FL 32958

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273

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Receipt for Certified Mail AIRS ID # 0610069 CLASSIC CLEANERS THEODORE J AHNEMAN 13401 US HWY #1 SEBASTIAN FL 32958 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee PS Form 3800, April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address \$ TOTAL Postage & Fees Postmark or Date

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Article Addressed to:	If YES, enter delivery address below:				
AIRS ID # 0610069					
CLASSIC CLEANERS THEODORE J AHNEMAN 13401 US HWY #1					
SEBASTIAN FL 32958	3. Service Type				
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.				
Z 333 667 025	4. Restricted Delivery? (Extra Fee)				
2. Article Number (Copy from service label)					
PS Form <b>3811</b> , July 1999 Domestic Return Receipt 102595-99-M-17					