

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 30, 1996

Mr. Sterling J. Searcy President 5th Avenue Dry Cleaners 2146 5th Avenue Vero Beach, Florida 32960

Re: Facility I.D. No. 0610072

Dear Mr. Searcy:

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, Florida 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 Nichols, Central District

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

## # 0610072

P.14

3. new large area source

P.15

4. New large Tr.C. Should be marked

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	ICS Group, INC.
2.	Site Name (For example, plant name or number):
	5th Aue. Orycleaners
3.	Hazardous Waste Generator Identification Number:
	FLO 982 081 606
4.	Facility Location: 2146 5 Apre. Street Address:
	Street Address:
	Street Address: City: Vero Beach County: Ind. River Zip Code: 32960
5.	Facility Identification Number (DEP Use):
	0610072
	D 111 Cem 1 1
	Responsible Official
6.	Name and Title of Responsible Official:
	Sterling J. Searcy Pres.
7.	Responsible Official Mailing Address:
,.	Organization/Firm: 3146 S= Aue.
	City: Vero Beach County: Ind. River Zip Code: 32960
8.	Responsible Official Telephone Number:
ο.	Telephone: (561)562 - 3146 Fax: ( ) -
	100pmons (00pm) (62 377 6 mm)
	Facility Contact (If different from Responsible Official)
	racinty 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:
	Zang County .
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -
1	
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AUG 30 1996

Bureau of Air Monitoring & Mobile Sources

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#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	
Example		, ,				-1-96	#3			ent
Dry-to-Dry Unit			S Del Dr		20 611	1 #/ +			7 3	
(1) w/ ref. condenser										1
(2) w/ carbon adsorber										
(3) w/ no controls		1-1-96								
Washer Unit										
(4) w/ ref. condenser										
(5) w/ carbon adsorber										
(6) w/ no controls								_		
Dryer Unit					* * * * *				***	1
(7) w/ ref. condenser										
(8) w/ carbon adsorber										
(9) w/ no controls										
Reclaimer Unit	· :.	, the same								
(10) w/ ref. condenser										
(11) w/carbon adsorber										
(12) w/ no controls								_		
(c) No control devices  2.(a) What was the total of [39f.9]  (b) If less than 12 mont	are ro	equired to be ity of perchlo ons シムク	installed [_oroethylene (	perc)	purchased in				:]	
(Indicate with an "X".  Existing small ar	Machine   Machine   Control   Initially   Device   Initially   Device									
		7			-	<del></del>				

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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									
boiler HP or less), and (2) are fired exclusively by no	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 steem and hot water generating units evenunt	r× 1									
All steam and hot water generating units exempt No such units on-site										
·										
Equipment Monitoring a	nd 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 mon	itoring []									
(e) Instrument calibration										
(f) Start-up, shutdown, malfunction plan										

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

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
K	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the							
statemen maintain	nts made in this notification are true, accurate and complete. Further, I agree to operate and in 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.							

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3. Haza	urdou	ew large of	marked	
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4. Faci	et A			25010
City		<i>L</i> .		e: 32960
5: Faci		correction	96 55	25
		, ,		
6. Nam				
7. Resp	onsible Official Mailing nization/Firm: 219	Address:		
Stree	* A dd	Ach County: 1	nd. River	Zip Code: 32960
	onsible Official Telephonohone: (561)562		Fax: ( ) -	
	Facility	y Contact (If different from	n Responsible Official)	
9. Nam	e and Title of Facility Co	ontact (For example, plant m	anager):	
10. Faci	ity Contact Address:	-		
Stree	et Address:	County:	Zip C	Code:
11. Faci	ity Contact Telephone N	umber:		

RECEIVED

 $\partial PP = 0$  5 Sua

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Telephone: ( )

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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):
	ICS Group, INC.
2.	
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3.	Hazardous Waste Generator Identification Number:
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4.	Facility Location: 2146 5 Aue. Street Address:
	Street Address:
	Street Address: City: Vero Beach County: Ind. River Zip Code: 32960
<b>35.</b>	Facility/Identification Number (DEP Use):
	06/00/72
	D
	Responsible Official
6.	Name and Title of Responsible Official:
	Ct. Lio T Scarces Page
	Sterling J. Searcy Pres.
7.	Responsible ()tticial Mailing Address:
	Organization/Firm: 2146 S= Au e.  Street Address:
	Street Address: City: Vere Benelo County: Ind. River Zip Code: 32960
	Vere Benevi Ind. That I sound with
8.	Responsible Official Telephone Number:
	Telephone: (561)562-3146 Fax: ( ) -
L	
	English Contact (If different from Page engine)
	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: ( ) -
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MIG 3 0 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.

		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
			<u> </u>						
Example	1	) 03-OCT-93			08-DEC-91	01	#3		02-MAR-92
		erchiase	<u>برا لی ب</u>	<u>سز ي</u>	css /			vew e	29 WIN 0
Dry-to-Dry Unit		pchine	5 04 01	حلح	r w/	#/+	#	2	,
(1) w/ ref. conden		ļ	ļ	2/	12/19/9	6 12/9/	96	818 2 11	101/96
(2) w/ carbon ads		2/80/8	<u> </u>	12	812/19/90	12/19/	96	818)"/	
(3) w/ no controls	3	1-61 SE		· O				0	
Washer Unit		~g~		<b></b>	•				
(4) w/ ref. conden									
(5) w/ carbon ads									
(6) w/ no controls			_						
Dryer Unit						_			
(7) w/ ref. conden	ser								
(8) w/ carbon adso	orber								
(9) w/ no controls	3								
Reclaimer Unit		1 1							
(10) w/ ref. conde	nser						1		
(11) w/carbon ads	sorber		Ī				'		
(12) w/ no contro	ls								
		•							
(b) Control device	es are requ	ired, but not	yet installed		<u>&lt; )</u>				
•				,					
(c) No control de	vices are r	equired to be	installed [_		_]				
2.(a) What was the	total quant	ity of perchlo	proethylene (	perc)	purchased in	the latest 12	mor	iths?	
[39F.	💆] gallo	ons Since	e /-	-/-	- 5 6				
			$\sim$		•				
(b) If less than 12	months, h	ow many? [_	months		·•				
Check why it	is less thar	12 months:	New owner:	$\mathcal{L}X$	New store	: [] Did	not k	eep records:	
				, .					
3. What is the facilit					nitions found	l in section (3	3) of	Part II?	•
(Indicate with an	"X". Selec	t one classifi	cation only.)	)					
Existing sm	nall area so	urce []	Ne	ew sm	iall area sour	ce [			
	•	100							
Existing lar	ge area so	urce [X]	Ne	ew lar	ge area sour	ce [			
		,							

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(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	11/21/86
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
exemption criteria or that no such units exist on-site	
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e 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 mor	nitoring
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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[	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
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mainta	tin 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.
mainte compl	in the air pollutant emissions units and air pollution control equipment described above so as to

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## Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 June 29, 2001

David B. Struhs Secretary

Mr. Sterling Searcy 5<sup>th</sup> Avenue Dry Cleaners 27 Dolphin Drive Vero Beach, Florida 32960

Dear Mr. Searcy:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 29.

In reviewing your submittal, it was noted that 5<sup>th</sup> Avenue Dry Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0610072). 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 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 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Mr. John Turner, Central District

"More Protection, Less Process"

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>d</b>	COMPLAINT/DISC	COVERY 🗆
AIRS ID#: <u>0610072</u> FACILITY NAME: 5 <sup>H</sup> FACILITY LOCATION:	Avenue D	TIME I	n: <u>//:30</u> tin	
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DA	RM by 9/1/96			<b>76</b>
2. New facility notified DARM	30 days prior to startu	ıp		
3. Facility failed to notify DAR	M to use general perm	uit		
PART II: CLASSIFICATION				
Facilitý indicated on notificati (check appropriate box)	on form that it is:			
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, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,=""><td>ce</td><td>4. New large a dry-to-dry only, transfer only, 20 both types, 140</td><td>x&lt;140 gal/yr &lt;200 gal/yr 40`gal/yr or after 12/9/91)</td><td></td></x<2,>	ce	4. New large a dry-to-dry only, transfer only, 20 both types, 140	x<140 gal/yr <200 gal/yr 40`gal/yr or after 12/9/91)	
This is a correct facility classifi	cation	ØY □N		
If no, please check the appropri	ate classification:			
☐ facility exceed	ed for a general permissabove limits and is	not eligible for	a general permit	oc by this dry alconing
B. The total quantity of perchlo facility was 399 gallons.		chascu within t	ne preceding 12 month	is by this 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? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at XXY ON 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) AY ON 1. Equipped all machines with the appropriate vent controls? XY 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 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?

ll 100	TT Alice consequently a fitter of the constant of the constant of the constant of the consequent of the consequence of	
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?	AY DW
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY EN
	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 MY MYA
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?	ио уд
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MIN/A
6.	Routed airflow-to the carbon adsorber (if used) at all times?	XY ON ON/A
_		
∥ no		
<u> </u>	AKT V: RECORDKEEPING REQUIREMENTS	
H	as the responsible official: heck appropriate boxes)	1.
<b>H</b> (c	as the responsible official:	NO VE
H (c	as the responsible official: heck appropriate boxes)	MY ON
H (c 1.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?	NO APP
H (c 1.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	AY ON AY ON
H (c 1.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	Y ON Y ON OY ON
H (c 1. 2. 3.	as the responsible official: heck 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	DY ON
H (c 1. 2. 3.	as the responsible official: heck 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 ON
H (c 1. 2. 3.	as the responsible official: heck 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)	OY ON AWA
H (c 1. 2. 3. 4. 5. 6.	as the responsible official: heck 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?	OY ON ANA OY ON ANA OY ON
H (c 1. 2. 3. 4. 5. 6.	As the responsible official: heck 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?	OY ON OY ON OY ON
H (c 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck 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?  Maintained deviation reports?	OY ON
H (c 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck 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?  Maintained deviation reports?  Problem corrected?  Maintained compliance plan, if applicable?	OY ON AWA OY ON AWA OY ON OY ON OY ON OY ON
H (c 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck 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?  Maintained deviation reports?  Problem corrected?	NO NO YOU AND

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 instrumentar									
If using direct-reading instrumentation, is the equipment:									
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? $\Box$ Y $\Box$ N									
b. Calibrated against a st (PID/FID only)?	ΩY	□и							
c. Inspected for leaks and obvious signs of wear on a weekly basis?									
d. Kept in a clean and secure area when not in use?									
e. Verified for accuracy l	oy use o	f duplicate	samples (calorimetric only)?	ΠY	□И				
3. Has the facility maintained a leak log?				ПY	ПИ				
4. Does the responsible official check the f	ollowin	g areas for	leaks? USS Top						
Hose connections, fittings, couplings, and valves	ΟY	ПN	Muck cookers	ΩY	□N				
Door gaskets and seating	ΠY	□N	Stills	ΠY	□N				
Filter gaskets and seating	ΠY	ΠN	Exhaust dampers	ΠY	□N				
Pumps	QY	□N	Diverter valves	ΠY	□N				
Solvent tanks and containers	ΠY	□N	Cartridge filter housings	ΠY	□N				
Water separators	ΠY	□N							
Sterling Searcy									
Name of Responsible Officia	1								
Sheila Schneider	<u> </u>		11/21/96						
Inspector's Name (Please Prin	t)		Date of Inspec	ction					
Starle E. Schred	<u>گر</u>		11/97	• -					
Inspector's Signature			Approximate Date of N	Next I	nspection				

ADDITIONAL SITE I	NFORMATION:		
			·
	•		
		*	
	•		

acol

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

ANN	UAL COMPLIANCE CERTIFICATIO	· ·
	AIRS ID#0610072 ICS GROUP INC STERLING J SEARCY 2196 5TH AVENUE VERO BEACH FL 32960  Do NOT Remove Label	ECEIVED  JAN 29 1998  Bureau of Air Monitoring & Mobile Sources
Annual Reporting Period:	19 <u>9</u> 7 то	12-31 1997
62-213.300, Florida Administrative Code (F. If NO, complete the following:	V general air permit, my facility has remained in A.C.), during the period covered by this statement that has not been in continuous compliance during	nt. YES NO
Exact period of non-compliance: from	to	<u> </u>
Action(s) taken to achieve compliance:	<u> </u>	A ARE 2
Method used to demonstrate compliance:	<del></del>	7 98
#2. Term or condition of the general permit	that has not been in continuous compliance durin	1,000
Exact period of non-compliance: from	to	•
Action(s) taken to achieve compliance:	· 	·
Method used to demonstrate compliance:		<u> </u>
notification are true, accurate and complete. Fi	ed on information and belief formed after reasonable urther, my annual consumption of perchloroethylene o dry facilities or 1,800 gallons per year for transfer o	e solvent, based upon purchase receipts,
RESPONSIBLE OFFICIAL:	ne (Please Print)  Signa	1-18-88 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.

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL C	COMPLAINT/DISCOVERY	
FACILITY NAME:	MAV. Cleane 2146 5th Ave Ven Beach.	ME IN: 1:45 TIME OUT: 2  NO PHONE: 561) 562-314	
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·	PHONE:	
(check appropriate box)	20 deservation to atautum		
1. New facility notified DARM	· •		
2. Facility failed to notify DAR	Wi to use general permit		
DADE TE OF ACCITETOACTO	LT.		
PART II: CLASSIFICATION			
Facility indicated on notificat		☐ No notification form ☐ Drop store/out of business/petro	leum
Facility indicated on notificat (check appropriate box) A.	ion form that it is:	☐ Drop store/out of business/petro	leum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour	ion form that it is:	☐ Drop store/out of business/petromall area source ☐	leum
Facility indicated on notificat (check appropriate box) A.	rce	☐ Drop store/out of business/petro  mall area source  only, x < 140 gal/yr nly, x < 200 gal/yr	leum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce 2. New so dry-to-dry transfer o both types	☐ Drop store/out of business/petro  mail area source  v only, x < 140 gal/yr nly, x < 200 gal/yr s, x < 140 gal/yr	leum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area souldry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr	rce 2. New so dry-to-dry transfer o both types	☐ Drop store/out of business/petro  mall area source  only, x < 140 gal/yr nly, x < 200 gal/yr	leum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is:  rce	☐ Drop store/out of business/petro  mail area source  v only, x < 140 gal/yr nly, x < 200 gal/yr s, x < 140 gal/yr	leum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gallytr both types, x < 140 gallytr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	ion form that it is:  rce	Drop store/out of business/petromail area source of only, $x < 140$ gal/yr nly, $x < 200$ gal/yr s, $x < 140$ gal/yr ted on or after $12/9/91$ )  arge area source of only, $140 \le x \le 2,100$ gal/yr nly, $200 \le x \le 1,800$ gal/yr s, $140 \le x \le 1,800$ gal/yr	leum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gallytransfer only, x < 200 gallytroth types, x < 140 gallytroth (constructed before 12/9/91)  3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of the facility o	ion form that it is:  rce	Drop store/out of business/petromail area source of only, $x < 140$ gal/yr nly, $x < 200$ gal/yr s, $x < 140$ gal/yr ted on or after $12/9/91$ )  arge area source of only, $140 \le x \le 2,100$ gal/yr nly, $200 \le x \le 1,800$ gal/yr s, $140 \le x \le 1,800$ gal/yr ted on or after $12/9/91$ )  Can not determine  t as number above	leum

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

PART III: GENERAL CONTROL REQUIREMENTS

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?	1 🗸	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	A YY	□N	□N/A □N/A
	Is the temperature differential equal to or greater than 20° F?	Ŷ	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		-	Δ
	if machines are equipped with a carbon adsorber?	ЦY	ЦN	DXVA DXVA
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ΠN	DX(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	DAVA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		□N`	
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	□N,	XIN/A

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

#### PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a w	eekly	(for	small sources, b	i-weekly) leak detection ar	d rep	air	
	inspection?					Yγ		מנ
2.	Has the facility maintained a leak log?					YY		אנ
3.	Does the responsible official check the fo	llow	ing ar	eas for leaks?		/		
	Hose connections, fittings,		_	_		,		
	couplings, and valves	PY	ΠN	□N/A	Muck cookers		ΠN	□N/A
	Door gaskets and seating	ÞΥ	□N	□N/A	Stills	d <sub>Y</sub>	□N	□N/A
	Filter gaskets and seating	þΥ	ΠN	□N/A	Exhaust dampers	þΥ	ΠN	□N/A
	Pumps	фY	ПN	□N/A	Diverter valves	PY	ПN	□N/A
	Solvent tanks and containers	фY	ПN	□N/A	Cartridge filter housings	фA	ΠN	□N/A
	Water separators	ďY	ΠN	□N/A				
4.	Which method of detection is used by the	resp	onsit	ole official?		/		
	Visual examination (condensed sol	vent	on ex	terior surfaces)		ø,		
	Physical detection (airflow felt thro	ugh	gaske	ts)	•			
	Odor (noticeable perc odor)					Ø		
	Use of direct-reading instrumentati	on (I	FID/P	ID/calorimetric	tubes)			
	Halogen leak detector			,	·			
	If using direct-reading instru	men	tation	, is the equipm	ent:		'A	
	a. Capable of detecting pe	rc va	apor c	concentrations in	a range of 0-500 ppm?	ПY	ΠN	
	b. Calibrated against a sta (PID/FID only)?	ındaı	d gas	prior to and aft	er each use	ПY	□N	
	c. Inspected for leaks and	obvi	ous s	igns of wear on	a weekly basis?	ПY	ΠN	•
	d. Kept in a clean and sec	ure a	area v	when not in use?		ПY	ΠN	,
	e. Verified for accuracy b	y use	of du	iplicate samples	(calorimetric only)?	ΠY	ΠN	4"
					·			.,

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
-	
·	·
	·

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## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1', 45TIME OUT:	2110 AIRS ID#: 0610072
TYPE OF FACILITY: Dry ( Caning	
FACILITY NAME: 5th Avenue (	Cleaners DATE: 11-25-97
FACILITY LOCATION: 2146 5Th	h-Av
Vero Deac	v+ = PHONE NUMBER: (561) 562-3146
RESPONSIBLE OFFICIAL: BONNIE KOOK	vrt 7 PHONE NUMBER: (861) 562-3146
Based on the results of the compliance requireme compliance with DEP Rule 62-213.300, Florida A	nents evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.).
Based on the results of the compliance requireme discrepancies were noted:	ents evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBL	LEM FOLLOW-UP ACTION REQUIRED
•	
	1
COMMENTS:	^
Now using new DE lecord Keeping	EP Calendar for
lecord Keeping	9.
The Annual Compliance Certification form has been prop	White Die Hill
DATE OF NEXT INSPECTION:	7
INSPECTION CONDUCTED BY: SAADI	(Approximate)  A  URESH1
INSPECTION CONDUCTED BY:	(Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407-894-7555
	Page of . Revised 10/96

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:30 TIME OUT: 2:45	AIRS ID#: 0610072
TYPE OF FACILITY: Dy Cleaning	5th Ar Cleaner
FACILITY NAME: 2146 5th Avenu	DATE: 3//7/99
FACILITY LOCATION: 2 Vew Bead	PC
_	
RESPONSIBLE OFFICIAL: Sandra Sloan	PHONE NUMBER: 562-3146
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evaluation discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
COMMENTS: Ocendensate water need	ed to be on pan I worlds.
•	
The Annual Compliance Certification form has been properly certification.	ed and submitted to the inspector. YES NO
	proximate)
INSPECTION CONDUCTED BY:	de Ouveshi
	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407-893-3333

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

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

•	195 TIME IN: 11,30 TIME OUT: 2:45
FACILITY NAME: 577 A	v. C1.
FACILITY LOCATION: 2146 =	3th Avenue
Ven &	Beach Pl. 22960
RESPONSIBLE OFFICIAL: Sandra	Stone PHONE: 362-3146
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general pe	<b>,1</b>
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
(check appropriate box)  A.  1. Existing small area source	2. New small area source
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, 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	2. New small area source
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 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	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
(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	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
(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 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 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 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 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	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
(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 \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	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 \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
(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 \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)  5. This is a correct facility classification	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 \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)  DY ON Can not determine
(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 \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)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general content of the content of the classification of the content of the content of the classification of the content o	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 \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)  DY  Can not determine  fication: eneral permit as number above
(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 limits.	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 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,300 gal/yr (constructed on or after 12/9/91)  The constructed on or after 12/9/91)

#### 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?

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?

DY DN DNIA

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אואם אם צם

#### 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?
- 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?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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DY ON ON/A

PY 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	ND	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	$\Box Y$	ИD	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QΥ	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,		•	
	or expansion; and downstream from no other inlet?	ΩY	ПN	□N/A
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coals?	ΩY	ПN	□N/A
6	. Routed airflow to the carbon adsorber (if used) at all times?	QY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	DA DA
2. Maintained rolling monthly total of perc consumption?	ZÝ ON
3. Maintained leak detection inspection and repair reports for the following:	/
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ONA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מאס מס אים
4. Maintained califoration data? (for applicable direct reading instruments)	בי בא סאלוא (A
5. Maintained exhaust duct monitoring data on perc concentrations?	מעס אם צם
6. Maintained startup/shutdown/malfunction plan?	EX CH
7. Maintained deviation reports?	OY ON MY
Problem corrected?	בא מש אם אוש
8. Maintained compliance plan, if applicable?	<u> </u>

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			DX DN	
2. Has the facility maintained a leak log?			אם עם	
3. Does the responsible official check the f	following areas for leaks?			
Hose connections, fittings, couplings, and valves	and a second sec			
Door gaskets and seating	אואם אם אם	Stills	מאם מם אם	
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	DY ON ON/A	
Pumps	OY ON ON/A	Diverter valves	אותם אם או	
Solvent tanks and containers	ם או חואם	Cartridge filter housings	DY ON ON/A	
Water separators	AND ND YD			
4. Which method of detection is used by the	he responsible official?			
Visual examination (condensed so	olvent on exterior surfaces)		Ø	
Physical detection (airflow felt th	rough gaskets)		<b>/</b> Ø	
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector				
If using direct-reading instrumentation, is the equipment:				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? UY UN				
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
			UN UN	
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)?			UZ UN	
) APPUA				
Inspector's Name (Please Print)  Date of Inspection				
3150				
Inspector's Signature Approximate Date of Next Inspection				

#### ADDITIONAL SITE INFORMATION:

Union 35 pan? yes.

eaxy? 40

Perc on sportling board? you

Zero waste macheni for cord. we has and water covered.

pen for has waste? yes

mot haz-naste prokus

Using catendon DK Vecado.

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

**RE-INSPECTION** 

COMPLAINT/DISCOVERY

AIRS 10#: 06/0072 DATE: 12-8-99 TIME IN: FACILITY NAME: 5th Ave, Cleaners FACILITY LOCATION: 2146 5th Ave, Vero Beach, FL 32960 RESPONSIBLE OFFICIAL: Syndry Slung PHONE: \$561 CONTACT NAME: PHONE:

PART I:	NOTIFICATION

(check appropriate box)

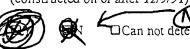
- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit
- ☐ No notification form
- ☐ Drop store/out of business/petroleum

PART II: CLASSIFICATION

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

- 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr(constructed before 12/9/91)
- 3. Existing large area source dry-to-dry only,  $140 \le x \le 2,100 \text{ gaVyr}$ transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ both types,  $140 \le x \le 1,800$  gal/yr (constructed before 12/9/91)
- 5. This is a correct facility classification

- 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr (constructed on or after 12/9/91)
- 4. New large area source dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ 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)



If no, please check the appropriate classification:

facility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was gallons. (buider line)

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN EN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DY DN GXVA 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN **X**N/A least 24 hours prior to disposal? Spindist 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON KINA 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? AYO NO YA 3. Equipped the condenser with a diverter valve so airflow will be directed away from the **⊅**Y □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MD AZ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MC Y verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

•		will	now the	hat
		<u> </u>	100 the	yner
В.	Has the responsible official of an existing large or new large area source also:	V		large
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?	D Y C	/ IN	are
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY O	A\N□ NI	
	Is the temperature differential equal to or greater than 20° F?	OY O	AVA NI	
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 O	AND N	
	Is the perc concentration equal to of less than 100 ppm?	OY O	IN SON/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?	nv n	INT 1800AT/A	
		uru	N <b>B</b> OVA	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY O	n <b>S</b> v/a	

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (Check appropriate boxes)				
1. Maintained receipts for perc purchased?	₩Y □N			
2. Maintained rolling monthly averages of perc consumption? Showed how to do	₩Y □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN MANA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	leaks			
4. Maintained calibration data? (for applicable direct reading instruments)	AVA <b>X</b> NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN CONIA			
6. Maintained startup/shutdown/malfunction plan?	MO Y			
7. Maintained deviation reports?				
Problem corrected?	ava <b>r</b> no yo			
8. Maintained compliance plan, if applicable?				

6. Routed airflow to the carbon adsorber (if used) at all times?

PA	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	MO Y				
2.	Has the facility maintained a leak log?	MY ON				
3.	Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves  LY ON ON/A Muck cookers	X DN DNIA				
	Door gaskets and seating YON ON/A Stills	AVU UU YA				
	Filter gaskets and seating DY ON/A Exhaust dampers	ANO NO YÁ				
	Pumps Diverter valves	XY ON ON/A				
	Solvent tanks and containers  Y  N  N/A  Cartridge filter housings	ØY ON ON/A				
	Water separators THY ON ON/A					
4.	4. Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?   □Y □N					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					
	d. Kept in a clean and secure area when not in use?					
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					

Randall Compingham
Inspector's Name (Please Print)

Date of Inspection

12-8-99

Date of Inspection

12-2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:						
	•					
				. *		
				,		
	·				•	
				* . *		
			•	*		
				,		
·						

### 06 1 00 72 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: 5th AND CHANGES	DATE: 12-8-49			
FACILITY LOCATION: 2146 Sth Ave				
Vero Beach, FL	32 960			
Annual Reporting Period: Dccember	1998 TO December 1999			
Based on each term or condition of the Title V general air pe 62-213.300, Florida Administrative Code (F.A.C.), during the				
If NO, complete the following:				
#1. Term or condition of the general permit that has not bee	n in continuous compliance during the reporting period stated above:			
Exact period of non-compliance: from	to			
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·			
Method used to demonstrate compliance:				
#2. Term or condition of the general permit that has not bee	n in continuous compliance during the reporting period stated above:			
Exact period of non-compliance: from	to			
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
made in this notification are true, accurate and complete. I	vation and belief formed after reasonable inquiry, that the statements  Further, my annual consumption of perchloroethylene solvent, based  wear for dry-to dry facilities or 1,800 gallons per year for transfer or  Landa Llove 12-8-99  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.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAIN	IT/DISCOVERY	RE-INSPECTION
TIME IN: 11:45 TIME OUT: 12	1:15	airs id#: <u>_66</u>	0072
TYPE OF FACILITY: DIY Cleaning	•	·	
FACILITY NAME: 5th Ave Cleaners			DATE: 12-8-99
FACILITY LOCATION: 2146 5th Avenue	•		<u> </u>
Vero Beach, FC3			
RESPONSIBLE OFFICIAL: Sandra Slone		PHONE NUMBER:	1561) 562-3146
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Ad			lity is found to be in
Based on the results of the compliance requirements discrepancies were noted:	s evaluated dur	ing this inspection, the follow	owing compliance
COMPLIANCE REQUIREMENT/PROBLE	EM	FOLLOW-UP ACTI	ON REQUIRED
•			
<del></del>			
· ·			
COMMENTS:			
Incompliance			
The Annual Compliance Certification form has been properl		submitted to the inspector.	YEST NO
DATE OF NEXT INSPECTION: 12-2000	(Approxim		· · ·
INSPECTION CONDUCTED BY: Randall	Cunn (Please Pr	ngham	
INSPECTOR'S SIGNATURE:	7	PHONE NUMBER:	(407)893-3333
i	Pageof	_·	Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED DATE\_10-24-00

TYPE OF INSPECTION:

PART I: NOTIFICATION

ANNUAL (INSI, INS2) COMPLAINT/DISCOVERY(CI)

RE-INSPECTION (FUI)

AIRS ID#: 06/0072 DATE: 10-23-00TIN	ME IN: 11:00 TIME OUT: 11:30 6
FACILITY NAME: 5th Ave.	
FACILITY LOCATION: 2146 5th Ave.	
responsible official: Sandra Stone	32960
RESPONSIBLE OFFICIAL: Sandra Stone	PHONE: (561)562-3146
CONTACT NAME:	PHONE:
	The state was a

(check appropriate box)	Facility Compliance Status: IN
1. New facility notified DARM 30 days prior to star	tup 🔲 (ARMS Data) MNC 🗖 .
2. Facility failed to notify DARM to use general per	mit 🖸 SNC 🗅
PART II: CLASSIFICATION	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (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, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )
	Mon Mark determine
B. The total quantity of perchloroethylene (perc) pu facility was (1) gallons.	rchased 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 ON PA/A 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON MY/A 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? least 24 hours prior to disposal? 5 Pin Ur5 ( 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? OY ON ZN/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) LY ON 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 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/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the Y ON ON/A 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?	(אם צם
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?	□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 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,	
		OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY 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?	MY ON			
2. Maintained rolling monthly total of perc consumption? Explained doing better	ØY □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN PANA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ZN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON PANA			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ØN/A			
6. Maintained startup/shutdown/malfunction plan?	ØY □N			
7. Maintained deviation reports?	DY DN DN/A			
Problem corrected?	□Y □N <b>∕</b> AN/A			
8. Maintained compliance plan, if applicable?				

#### PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	<b>Z</b> Y	ПN		
2.	2. Has the facility maintained a leak log?	<b>Z</b> Y	ПN		
3.	3. Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves	Y C	N □N/A		
	Door gaskets and seating	Y C	IN □N/A		
	Filter gaskets and seating TY IN IN/A Exhaust dampers	אַ כ	IN □N/A		
	Pumps	ם צכ	IN □N/A		
	Solvent tanks and containers TY DN DN/A Cartridge filter housings	) Y	IN □N/A		
	Water separators				
4.	4. Which method of detection is used by the responsible official?				
	Visual examination (condensed solvent on exterior surfaces)	<b>2</b>			
	Physical detection (airflow felt through gaskets)	ם			
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector	ב			
If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			אנ		
	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? □Y □N				
	d. Kept in a clean and secure area when not in use?				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	JY C	JN N		

Randal Conningham
Inspector's Name (Please Print)

Adult
Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

AIRS ID#: 06/0072

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 5 f4 Ave	Cleaners	DATE: 10/23/00
FACILITY LOCATION: 2146	5th Ave	
Vero	Beach, FL 32960	· · · · · · · · · · · · · · · · · · ·
	J. Gard	
Annual Reporting Period: 01 to be	v 1994 TO U	ctober 2000
	V general air permit, my facility has remained A.C.), during the period covered by this staten	
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous compliance du	ring 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 t	hat has not been in continuous compliance du	ring 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, be in this notification are true, accurate and compurchase receipts, does not exceed 2,100 gala combination facilities.  RESPONSIBLE OFFICIAL: Sound!	nplete. Further, my annual consumption of pe lons per year for dry-to dry facilities or 1,800	rchloroethylene solvent, 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 🔂	COMPLAIN	IT/DISCOVERY		RE-INSPECTI	ои 🔲
TIME IN: 11:00	TIME OUT:	130	AIRS I	D#:_06/00	172	
TYPE OF FACILITY:	· Clean ing					21.3
FACILITY NAME: 512 A	ve. (leaners			DA	ΤΕ: <u>[///</u>	<i>S/00</i>
VP	10 Beach FL 3	2960				
RESPONSIBLE OFFICIAL:	Sandra Slone		PHONE N	UMBER: 15	51)362-	3146
	he compliance requirements ule 62-213.300, Florida Adr		•	n, the facility is	found to be in	ŀ
Based on the results of the discrepancies were noted	he compliance requirements d:	evaluated dur	ing this inspection	n, the following	compliance	
COMPLIANCE REQU	IREMENT/PROBLE	M	FOLLOW-U	PACTION	REQUIRE	D
	-					<del></del>
			···		·	
		·				
:						
COMMENTS:						
InCom	pliance					
The Annual Compliance Certifica	ation form has been properly	y certified and	submitted to the	inspector.	YES 1	NO[]
DATE OF NEXT INSPECTION	N: 10-2001	(1)				
INSPECTION CONDUCTED BY: Randall Cuningham  (Please Print)						
INSPECTOR'S SIGNATURE:	Roll T	F.	PHONE N	UMBER: 40	17-893-	-3333
	P	ageof	<u>[</u> .		R	evised 10/96

ICS GROUP, INC. 6502 Department of Environmental Protection 12/6/1999 12/06/1999 Bill# 50.00 Nations Bank 50.00 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 389136 Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. TOTAL AMOUNT DUE: \$50.0@ Do NOT Remove Label AIRS ID # 0610072 **5TH AVENUE DRYCLEANERS** FOR GOVERNMENT USE ONLY STERLING J SEARCY Org.: 37550101000, EO: B1 Fund: 20-2-035001

Obj.: 002273

2196 5TH AVENUE VERO BEACH FL 32960

#### Z 570 PP3 555

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID # 0610072001AG STERLING J SEARCY 5TH AVENUE DRYCLEANERS 2196 5TH AVENUE VERO BEACH FL 32960

ı		<b></b>
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
ъ	Postmark or Date	
뎐		
PS		
PS Form <b>3800</b> , April 1995	9	<b>\$</b>

Company of the second of the s	
Fold at line over top of envelope to	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:  10	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:
5TH AVENUE DRYCLEANERS 2196 5TH AVENUE VERO BEACH FL 32960	3. Service Type  Certified Mail
2. Article Number (Copy from service label)  2. 2 1 0 1 6 3 2 2 2 1 1 1	
PS Form 3811, July 1999 Domestić Ret	urn Receipt 102595-99-M-1789



## Department of Environmental Protection

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

David B. Struhs
... Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400123

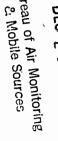
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0610072 5TH AVENUE DRYCLEANERS STERLING J SEARCY

2196 5TH AVENUE VERO BEACH FL 32960 in la pl





FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

0.1

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

412203 DEC242001

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 # 0610072
5TH AVENUE DRYCLEANERS
STERLING J SEARCY
27 DOLPHIN DRIVE
VERO BEACH FL
32960

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

ICS GROUP, INC.

Department of Environmental Protection 12/20/2001

Bill#

12/20/2001

50.00

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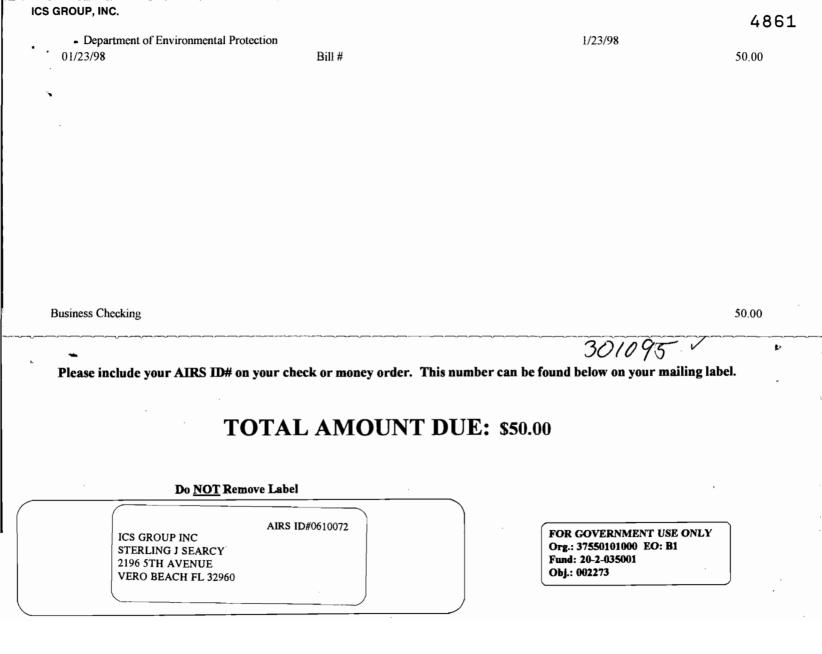
8490

Bank Of America

AIRS ID 0610072

FULL Ave. Drycleaners 2146 5th. Avenue Vero Beach, Fl. 32960 50.00 PM 60 21 DEC 2001

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



5575 ICS GROUP, INC. Department of Environmental Protection 12/8/98 Bill# 50.00 12/08/98

**Business Checking** 

50.00

### 0353976

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Do NOT Remove Label AIRS ID # 0610072 **5TH AVENUE DRYCLEANERS** STERLING J SEARCY 2196 5TH AVENUE VERO BEACH FL 32960

**TOTAL AMOUNT DUE: \$50.00** FOR GOVERNMENT USE ONLY Org.: 37550101000 Fund: 20-2-035001 Obj.: 002273

ICS GROUP, INC. 4036

Bill#

Department of Environmental Protection 01/11/97

1/11/97

50.00

Business Checking

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

25.8134

50.00

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

RECEIVED MAIL ROOM

JAN 15 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0610072

ICS GROUP INC STERLING J SEARCY 2196 5TH AVENUE VERO BEACH FL 32960 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273