

Department of Environmental Protection

07/0/36

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

Virginia B. Wetherell Secretary

August 28, 1996

Mr. Peter D. Ferragi President Peter's Classic Cleaners, Inc. 4199 Palm Beach Boulevard Fort Myers, Florida 33916

Dear Mr. Ferragi:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 12, 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 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. Sherrill Culliver, South District

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



Department of Environmental Protection

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

July 17, 2001

David B. Struhs Secretary

Mr. Peter D. Ferragi Peter's Classic Cleaners, Inc. 4199 Palm Beach Boulevard Ft. Myers, Florida 33916

Dear Mr. Ferragi:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 16.

In reviewing your submittal, it was noted that Peter's Classic Cleaners, Inc., elected to surrender its existing Title V air general permit (AIRS ID 0710136). 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 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/jw Enclosure

cc: Mr. Sherrill Culliver, South District

"More Protection, Less Process"

#07/0136

	# U+101500
	Peter's Classic Cleaners, Inc.
P.14	1. (a) add date control device
	1. (c) mark out and initial 3. Should be new small area source
p./5	4. Should be new small area source W/refig. con.
	W/refig. con. 5.(f) required
,	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	PETER'S CLASSIC CLEHNERS INC.
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
	0403974
4.	Facility Location: 4199 PALM BEACH BLUD. Street Address:
	City: FT MYRRS FL County: LEE Zip Code: 33916.
5.	Facility Identification Number (DEP:Use):
	0710136
	Responsible Official
6.	Name and Title of Responsible Official:
	•
	PETER D. FRRRAGI PRRS Responsible Official Mailing Address:
17	Responsible Official Mailing Address:
, , .	Organization/Firm: PETRIC CLASCIC CLEBNETS.
, , .	Organization/Firm: PFTERS CLASSIC CLERNERS. Street Address: LIGG OALM BEACH BLud.
, , .	Organization/Firm: PFTERS CLASSIC CLEANERS. Street Address: 4199 PALM BEACH BLud. City: County: LEE Zip Code: 33916
	Organization/Firm: PFTERS CLASSIC CLEBARES. Street Address: 4199 PALM BEACH BLvd. City: County: LEE Zip Code: 33916 Responsible Official Telephone Number:
	Organization/Firm: PFTERS CLASSIC CLEBARES. Street Address: 4199 PALM BEACH BLvd. City: County: LEE Zip Code: 33916 Responsible Official Telephone Number:
	Organization/Firm: PFTERS CLASSIC CLEANELS. Street Address: 4199 PALM BEACH BLvd. City: County: LEE Responsible Official Telephone Number: Telephone: (941) 694-3557 SHME.
	Organization/Firm: PFTERS CLASSIC CLEBARES. Street Address: 4199 PALM BEACH BLvd. City: County: LEE Zip Code: 33916 Responsible Official Telephone Number:
8.	Organization/Firm: PFTERS CLASSIC CLEANELS. Street Address: 4199 PALM BEACH BLvd. City: County: LEE Responsible Official Telephone Number: Telephone: (941) 694-3557 SHME.
8.	Organization/Firm: PFTERS CLASSIC CLEANELS. Street Address: 4199 PALM BEACH BLvd. City: County: LEE Zip Code: 33916 Responsible Official Telephone Number: Telephone: (941) 694-3557 Facility Contact (If different from Responsible Official)
8.	Organization/Firm: PFTERS CLASSIC CLEANELS. Street Address: 4199 PALM BEACH BLvd. City: County: LEE Zip Code: 33916 Responsible Official Telephone Number: Telephone: (941) 694-3557 Facility Contact (If different from Responsible Official)
8.	Organization/Firm: PFTERS CLASSIC CLEANELS. Street Address: 4199 PALM BEACH BLvd. City: County: LEE Zip Code: 33916 Responsible Official Telephone Number: Fax: () Telephone: (941) 694-355) Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address:
8.	Organization/Firm: PETERS CLASSIC CLEANELS. Street Address: 41 99 PH-IM BEACH BLVd. City: County: LEE Zip Code: 339/6 Responsible Official Telephone Number: Telephone: (941) 694-3557 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address:
9.	Organization/Firm: PFTERS CLASSIC CLEANELS. Street Address: 4199 PALM BEACH BLvd. City: County: LEE Zip Code: 33916 Responsible Official Telephone Number: Fax: () Telephone: (941) 694-355) Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address:
9.	Organization/Firm: PFTERS CLASSIC CLEANELS. Street Address: 41 99 Ph M BEACH BLvd. City: County: LEE Zip Code: 339/6 Responsible Official Telephone Number: Telephone: (941) 694 - 3557 Fax: () Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County: Zip Code:

RECEIVED

AUG 1 2 1996

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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.

		Date Machine	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Initially Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1		12-NOV-93	#2	08-DEC-91	1	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	1-FEB	14						
(2) w/ carbon adsorber			ĺ						
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		The state of					. "		Tarry
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	40			. 19		· Virt jii			10.10
(10) w/ ref. condenser									
(11) w/carbon adsorber							•		
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are requant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	X	_] purchased in				
What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.))	nitions found		3) of	Part II?	
Existing large are	ea so	urce []	Ne	w la	rge area sour	ce []		

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new Snall P.C.

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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 [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser	
	1
	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 e 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	
(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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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)						
ĽĹ	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notifi statemeni 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	tu O Ferrogi 8-7-96 Date						

DEP Form No. 62-213.900(2)

Effective: 6-25-96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTIO	COMPLAINT/DISC	COVERY	
AIRS ID#: <u>07/0/36</u> DAT FACILITY NAME: Potau's			Æ OUT:	
FACILITY LOCATION: 4/99	9 Palm	/		
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DARM b	oy 9/1/96			_
2. New facility notified DARM 30 d	ays prior to star	tup		
3. Facility failed to notify DARM to	use general per	mit		
		·		
PART II: CLASSIFICATION				
Facility indicated on notification fo (check appropriate box)	rm 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)	. 🗆	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td><td>. </td></x<2,></td></x<2,>		4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td><td>. </td></x<2,>		.
This is a correct facility classification	n.	⊡Ý □N		
If no, please check the appropriate cl	assification:			
facility qualified for facility exceeds abo		nit as numberabove not eligible for a general permit	•	
E. The total quantity of perchloroeth facility was 80 gallons.	ylene (perc) put	rchased within the preceding 12 months	by this dry cleaning	g

1 of 4

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?

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?	OY ON	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	GA. DN	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON	⊕N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY ON	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON	
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON	

В.	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DN
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?	DY DN
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Ү □й
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
<u> </u>		
PA	ART V: RECORDKEEPING REQUIREMENTS	
	In the responsible official: Check appropriate boxes)	
1.	. Maintained receipts for perc purchased?	DY DN
2.	. Maintained rolling monthly averages of perc consumption?	BY DN
3.	. Maintained leak detection inspection and repair reports for the following: yes	V
	a. documentation of leaks repaired w/in 24 hrs? or;	DY DN D MA
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	

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

DY DN

OY ON

OY ON ON/A

DY DN MAR

DY ON PANA

DY DN PANA

DY DN DN/A

and parts installed w/in 5 days of receipt?

5. Maintained exhaust duct monitoring data on perc concentrations?

4. Maintained calibration data? (for direct reading instruments only)

6. Maintained startup/shutdown/malfunction plan?

8. Maintained compliance plan, if applicable?

7. Maintained deviation reports?

Problem corrected?

		- Contract C				
2.	2. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (a	irflow felt through	ġaskets)	•		
	Odor (noticeable per	c odor)			ď	
	Use of direct-reading	g instrumentation (FID/PID/c	alorimetric tubes)		
	If using direct-read	ing instrumentati	on, is the	equipment:	,	
	a. Capable	of detecting perc v	apor conce	entrations in a range of 0-500 ppm?	DY DN	
	b. Calibrat (PID/FII		rd gas pric	or to and after each use	OY ON	
	c. Inspecte	d for leaks and obv	ious signs	of wear on a weekly basis?	DY DN	
	d. Kept in	a clean and secure	area when	not in use?	UA UN	
	e. Verified	for accuracy by use	of duplic	ate samples (calorimetric only)?	DY DN	
3.	Has the facility maintaine	d a leak log?			DY ON	
4.	Does the responsible offic	ial check the follow	ing areas	for leaks?		
	Hose connections, fi		□и	Muck cookers	DY DN	
	Door gaskets and sea	ating 🖃 🖽	' □N	Stills	DY ON	
	Filter gaskets and se	ating 🖭	. Пи	Exhaust dampers	DY ON	
	Pumps ·	KC)	ΠN	Diverter valves	BY ON .	
<i>.</i>	Solvent tanks and co	ontainers 🖆 Y	ПП	Cartridge filter housings	DA ON	
ĺ	Water separators	ΔΥ	ΠN			
	Sherrill Colling Inspector's Name Inspector's Samuel Calling Inspector's Sa	e (Please Print)		Date of Inspe	<u> </u>	
1	Yotick HW aku	W MOV 262/6				

AIRS ID#0710136 PETER'S CLASSIC CLEANERS PETER D FERRAGI 4199 PALM BEACH BLVD FT MYERS FL 33916

Do NOT Remove Label
1997 то 1998
E.A.C.), during the period covered by this statement.
t that has not been in continuous compliance during the reporting period stated above:
Bureau of Air Monitoring ^{op} & Mobile Sources
JAN 2 6 fock
<u>RECEIVED</u>
t that has not been in continuous compliance during the reporting period stated above:
to
and on information and belief formed after reasonable inquiry, that the statements made in this surther, my annual consumption of perchloroethylene solvent, based upon purchase receipts, or dry facilities or 1,800 gallons per year for transfer or combination facilities. C. D., FERRAGIA Signature Date
ii e i e i e

^{*}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.

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

JAN 17 Si

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0710136

PETER'S CLASSIC CLEANERS PETER D FERRAGI 4199 PALM BEACH BLVD FT MYERS FL 33916

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273

TILLEV	GENERAL PE	CRIVILL
COMPLIANCE	INSPECTION	CHECKLIST

RE-INSPECT	TION
AIRS ID#: <u>(>110 / 36.</u> DATE: <u>// - 20</u>	9-93 TIME IN: 9:40 TIME OUT: 10:15
FACILITY NAME: Perens Con	ssic. Cleaners
FACILITY LOCATION: 4,99 Polm	Benist Bivel
	s 126 33816
RESPONSIBLE OFFICIAL: Perer	Ferragi PHONE: 941 644-3557
CONTACT NAME: Peter	Ferrne i 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 \square
PART II: CLASSIFICATION	
Facility indicated on notification form that it is (check appropriate box) A.	is: ☐ No notification form ☐ Drop store/out of business/petroleum
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ 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 ≤ 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 class facility qualified for a	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 \square Can not determine

Is the responsible official of the dry cleaning facility: (check appropriate boxes) EY ON ONA 1. Storing perchloroethylene in tightly scaled and impervious containers? DY MN DNA 2. Examining the containers for leakage? MY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY MN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/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) MY UN 1. Equipped all machines with the appropriate vent controls? DY ON ONA 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 DN WNA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY N condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY WN DNA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	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?	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 ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
-		
P	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	
1.	Maintained receipts for perc purchased?	QY ON
2.	Maintained rolling monthly averages of perc consumption?	MY ON
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or;	DY WN DN/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 WN ON/A
4.	Maintained calibration data? (for applicable direct reading instruments)	OY ON ØN/A
5.	Maintained exhaust duct monitoring data on perc concentrations?	OY ON MYA
6.	Maintained startup/shutdown/malfunction plan?	OY ON
7.	Maintained deviation reports?	OY ON ØN/A
li .	Problem corrected?	AVAD KO YO

8. Maintained compliance plan, if applicable?

PART \	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspe	ection?			NO M		
2. Has t	the facility maintained a leak log?			DY ON		
3. Does	the responsible official check the fe	ollowing areas for leaks?				
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	ØY ON ON/A		
	Door gaskets and seating	AY ON ON/A	Stills	ØY □N □N/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ØY □N □N/A		
	Pumps	ØY □N □N/A	Diverter valves	MY ON ON/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	DY ON ON/A				
4. Whic	ch method of detection is used by th	e responsible official?				
	Visual examination (condensed so	lvent on exterior surfaces)		ø		
	Physical detection (airflow felt thr	ough gaskets)		z		
	Odor (noticeable perc odor)			d		
	If using direct-reading instru	imentation, is the equipm	ent:	□N/A		
	a. Capable of detecting p	erc vapor concentrations is	n a range of 0-500 ppm?	OY ON		
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and af	ter each use	OY ON		
	•	d obvious signs of wear on	a weekly basis?	ПА ПИ		
	•	cure area when not in use?	·	OY ON		
	<u>-</u>	by use of duplicate samples	•	DY DN		
	/1					
	Sine Lais		11-20	-98		
	Inspector's Name (Please Prin	it)	Date of Inspe	ection		
		·	~ /			
	Wagne Low	1		7000		
	Inspector's Signature		Approximate Date of	Next Inspection		

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	囡	COMPLAINT/DISCOVER	RY 🗅
	RE-INSPECTION	N 🗆		. •
AIRS ID#: <u>07/0/36</u>	DATE: 11-19-9	9 TIME	IN: to:ea TIME OU	T:
FACILITY NAME:	Perei's CLASSIC	CLEANE	r5	
FACILITY LOCATION:	4199 PALM BE	ACH BLUG	<i>g</i>	·
	FORT MYEIS	FL 334	iC	
RESPONSIBLE OFFICIAL	Peter Fen	CACI	_ PHONE: <u>941-244</u> -	3557
CONTACT NAME:			· · · · · · · · · · · · · · · · · · ·	<u>. </u>
PART I: NOTIFICATION			· · · · · · · · · · · · · · · · · · ·	
F				
(check appropriate box)	4.20 days well at a stant			
1. New facility notified DARN		_		
2. Facility failed to notify DA	RM to use general per	mit	•	<u> </u>
				<u>_</u> _
PART II: CLASSIFICATIO	N			
Facility indicated on notificat		-	☐ No notification form	
Facility indicated on notificate (check appropriate box)			☐ No notification form ☐ Drop store/out of busine	ess/petroleum
Facility indicated on notificate (check appropriate box) A.	tion form that it is:	2. New small	Drop store/out of busine	ess/petroleum
Facility indicated on notificate (check appropriate box)	tion form that it is:	2. New small dry-to-dry on	Drop store/out of busine	ess/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gatransfer only, x < 200 gal/y.	tion form that it is:	dry-to-dry on transfer only,	Drop store/out of business area source y, x < 140 gal/yr x < 200 gal/yr	ess/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gatransfer only, x < 200 gal/yr both types, x < 140 gal/yr	tion form that it is: arce l/yr r	dry-to-dry only, transfer only, both types, x	Drop store/out of business area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr	ess/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gatransfer only, x < 200 gal/y.	tion form that it is: arce l/yr r	dry-to-dry only, transfer only, both types, x	Drop store/out of business area source y, x < 140 gal/yr x < 200 gal/yr	ess/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gate transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sounds.	tion form that it is:	dry-to-dry on transfer only, both types, x (constructed of 4. New large	Drop store/out of business area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91) area source	ess/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gate transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2	tion form that it is: arce	dry-to-dry on transfer only, both types, x (constructed of the large dry-to-dry on the large dry-to-	Drop store/out of busines area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91) area source y, 140 ≤ x ≤ 2,100 gal/yr	ess/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,8	tion form that it is: arce	dry-to-dry on transfer only, both types, x (constructed of the large dry-to-dry on transfer only,	Drop store/out of business area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91) area source y, $140 \le x \le 2,100 \text{ gal/yr}$ 200 $\le x \le 1,800 \text{ gal/yr}$	ess/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gate transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2	tion form that it is: lirce	dry-to-dry on transfer only, both types, x (constructed of the dry-to-dry on transfer only, both types, 14	Drop store/out of busines area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91) area source y, 140 ≤ x ≤ 2,100 gal/yr	ess/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	tion form that it is: arce	dry-to-dry on transfer only, both types, x (constructed of the dry-to-dry on transfer only, both types, 14	Drop store/out of business area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91) area source y, $140 \le x \le 2,100$ gal/yr $200 \le x \le 1,800$ gal/yr $0 \le x \le 1,800$ gal/yr	ess/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally to both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,800 (constructed before 12/9/91) 5. This is a correct facility of the constructed before 12/9/91	tion form that it is: arce	dry-to-dry on transfer only, both types, x (constructed of the dry-to-dry on transfer only, both types, 14 (constructed of the dry-to-dry on transfer only, both types, 14 (constructed of the dry-to-dry on transfer only, both types, 14 (constructed of the dry-to-dry only).	Drop store/out of business area source y, $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $< 140 \text{ gal/yr}$ on or after $12/9/91$) area source $x < 100 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	ess/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the sound for the sound before 12/9/91.	tion form that it is: arce	dry-to-dry on transfer only, both types, x (constructed of the dry-to-dry on transfer only, both types, 14 (constructed of the dry-to-dry on transfer only, both types, 14 (constructed of the dry the dry-to-dry only).	☐ Drop store/out of business area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91) area source y, $140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ on or after 12/9/91) ☐ Can not determine	ess/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facility of facility of facility of facility in the facility of facility in the facility of facility in the facility of fa	tion form that it is: arce	dry-to-dry on transfer only, both types, x (constructed of the large dry-to-dry on transfer only, both types, 14 (constructed of the large dry-to-dry on transfer only, both types, 14 (constructed of the large dry-to-drion:	☐ Drop store/out of business area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91) area source y, $140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ on or after 12/9/91) ☐ Can not determine	ess/petroleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MN/A 2. Examining the containers for leakage? DY ON XIN/A 3. Closing and securing machine doors except during loading/unloading? MY ON 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? MY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN 20N/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? MO AK 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 DAY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN MN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ØY □N verifying that the coolant had been completely charged?

Has the responsible official of an existing large or new large area source also:			
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	□и	. •
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	∤□Y	□и	□N/A
Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□и	□n/a
Is the perc concentration equal to or less than 100 ppm?	ΟY	□и	□N/A
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,	ΩV		5 27/4
or expansion; and downstream from no other inlet?	ЦY	UN	⊔N/A
Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□и	□N/A
Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ΠИ	□N/A
	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? Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? 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? 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? Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	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? Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? 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? 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? Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	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? Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? 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? 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? Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	• ⊠ Y □N				
2. Maintained rolling monthly total of perc consumption?	ØY □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	<i>></i> □у □и Ж Ωп/А				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	□Y □N S ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	UY □N ⊠N/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N MEN/A				
6. Maintained startup/shutdown/malfunction plan?	MIY □N				
7. Maintained deviation reports?	□Y □N MΩN/A				
Problem corrected?	□Y □N MEN/A				
8. Maintained compliance plan, if applicable?	OY ON ABON/A				

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			⊠ Y □N			
2. Has the facility maintained a leak log?			⊠ Y □N			
3. Does the responsible official check the fo	ollowing areas for leaks?					
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A			
Door gaskets and seating	MY ON ON/A	Stills	ÒTY □N □N/A			
Filter gaskets and seating	ZAY □N □N/A	Exhaust dampers	MY ON ON/A			
Pumps	DAY ON ON/A	Diverter valves	⊠Y □N □N/A			
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MY ON ON/A			
Water separators	DAY ON ON/A					
4. Which method of detection is used by th	e responsible official?					
Visual examination (condensed so	lvent on exterior surfaces)		S			
Physical detection (airflow felt thro	ough gaskets)		S			
Odor (noticeable perc odor)		•	20			
Use of direct-reading instrumentat	ion (FID/PID/calorimetric t	ubes)	a a			
Halogen leak detector	•		a .			
If using direct-reading instru	mentation, is the equipme	nt:	□N/A			
a. Capable of detecting p	erc vapor concentrations in	a range of 0-500 ppm?	OY ON			
b. Calibrated against a sta (PID/FID only)?	andard gas prior to and after	r each use	DY DN			
c. Inspected for leaks and	d obvious signs of wear on a	weekly basis?	□Y □N			
d. Kept in a clean and se	cure area when not in use?		□Y □N			
e. Verified for accuracy l	by use of duplicate samples	(calorimetric only)?	OY ON			
Inspector's Name (Please Print	t) .	Date of Inspection				
inspector's ivalité (Flease Frin	9	Date of hispection				
12 P						
Inchestor's Signature	······································	Approximate Date of	Next Inspection			

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL

Date:

04-Jan-2000 05:22pm

From:

Wayne Lewis FTM 941/332-6975

Wayne.Lewis@dep.state.fl.us

Dept: Tel No:

To:

Sandy Bowman TAL

(Sandy.Bowman@dep.state.fl.us)

Subject: #0710136

Sandy

You guys inactivated this facility. I've already corrected arms but, you need to send them an invoice cause they ***aint*** inactive. I had to use the sample form you gave us and someones sensitive eyes picked up the "shadow" of the erased markings and ignored the rest of the report.

Repeat - 0710136 is an *****active***** plant.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION:

ANNUAL

1

COMPLAINT/DISCOVERY

17

RE-INSPECTION

AIRS ID#: 07/0/36 DATE: 12/24 CIBER TIME IN: 3:40 TIME OUT: 4100
FACILITY NAME: Peters CLASSIC CLEANERS
FACILITY LOCATION: 12-145 S CLEVE LAND AVE # 113
Fo-T MECS FL 33907
RESPONSIBLE OFFICIAL: Peter Ferraci PHONE: 441 - 644 - 3557
CONTACT NAME:PHONE:

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	q
2. Facility failed to notify DARM to use general permit	

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ 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

PARTITIE WERAL CONTROL REQUIREMENTS		
Is the responsible official of the dry cleaning facility: (check appropriate boxes)		
1. Storing perchloroethylene in tightly scaled and impervious containers?	Ħ	A'N& NO YO
2. Examining the containers for leakage?		AVA MOYO
3. Closing and securing machine doors except during loading/unloading?		N□ Y ⊠
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?		⊠Y □N □N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?		OY ON MON/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. I	las the responsible	official of	all new	sources	and exis	ting large	area so	ources:
(checl	k appropriate boxes)						-	

IJ	·			
1.	Equipped all machines with the appropriate vent controls?	⊠Y	ПN	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	⊠Y	ΩΝ	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	⊠Y	ND	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	⊠ Y	ПИ	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΩY	DИ	⊠ N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	B Y	Dи	

1. Managed and recorded the exhaust temperature on the outlet side of the condenses leaves	
Measured and recorded the exhaust temperature on the outlet side of the condenser locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	NO AO
 Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? 	באותם אם צם
Is the temperature differential equal to or greater than 20° F?	אואם אם צם
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?	באמם מם עם
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?	DY ON ON/A
	di di diva
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PART VI: LEAK DET	ECTION AND R	EPAIRS					
1. Does the responsible	official conduct a v	veekly (for s	mall sources, t	oi-weekly) leak detection a	nd rep	air	
inspection?		•			A Y	C	. אנ
2. Has the facility maintained a leak log?							מכ
3. Does the responsible (official check the fo	ollowing are	eas for leaks?	ži.			
Hose connection couplings, and		MY DN	AVA	Muck cookers	⊠ Y	ПΝ	□N/A
Door gaskets an	d seating	MY DN	□N/A	Stills	Ø Y	ΠN	□N/A
Filter gaskets ar	nd seating	MY DN	□N/A	Exhaust dampers	XY	ПN	□N/A
Pumps		MY DN	□N/A	Diverter valves	⊠Y	ИП	□N/A
Solvent tanks ar	id containers	MY DN I	□N/A	Cartridge filter housings	X Y	ПИ	□N/A
Water separator	s	MY DN I	□N/A				
4. Which method of dete	ction is used by the	e responsibl	e official?	•			
Visual examinat	tion (condensed sol	lvent on exte	erior surfaces)		Ø		
Physical detection	on (airflow felt thro	ough gaskets	s)		[2]		
Odor (noticeable	perc odor)				(2)		
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?							
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?							
c. Inspe	ected for leaks and	obvious sig	ns of wear on a	weekly basis?	ΟY	ΠN	
· d. Kept	d. Kept in a clean and secure area when not in use?						
e. Verified for accuracy by use of duplicate samples (calorimetric only)?							ľ
· .							
		•					
77							
Le Aque Legis	s Name (Please Print)	· · · · · · · · · · · · · · · · · · ·		$\frac{O9-31-9}{\text{Datc of Inspec}}$			<u> </u>
mspecial s N	ante (r tease Fillit)	,		Date of Hisper	Juon		
	f.						
Inspector	's Signature		 .	Approximate Date of N	Vext In	specti	ion

400343

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~

MAIL ROOM

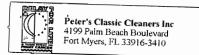
Do NOT Remove Label

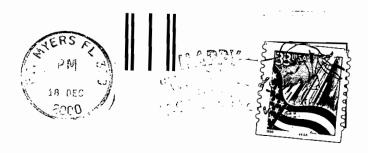
AIRS ID # 0710136

PETER'S CLASSIC CLEANERS PETER D FERRAGI 4199 PALM BEACH BLVD FT MYERS FL 33916

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273





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

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: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No			
10 AIRS ID # 0710136001AG PETER D FERRAGI PETER'S CLASSIC CLEANERS 4199 PALM BEACH BLVD FT MYERS FL 33916	3. Service Type Certified Mail			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
US Postal Service Receipt for Cerl No Insurance Coverage For Do not use for Internation 10 AIRS I PETER D FERRAGI PETER'S CLASSIC CI 4199 PALM BEACH F	tified Mail Provided. nal Mail (See reverse) ID # 0710136001AG			
FT MYERS FL 33916 Certified Fee				
Special Delivery Fee				
Restricted Delivery Fee				
Return Receipt Showing to Whom & Date Delivered				
Return Receipt Showing to Whom, Date, & Addressee's Address				
	\$			
TOTAL Postage & Fees Postmark or Date				

300678

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00JEN 22 98

Do NOT Remove Label

AIRS ID#0710136
PETER'S CLASSIC CLEANERS
PETER D FERRAGI
4199 PALM BEACH BLVD
FT MYERS FL 33916

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

se 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 can return this			I also wish to receive the following services (for an extra fee):			
Ve	card to you. Attach this form to the front of the mailpiece, or on the back if space does not			1. Addressee's Address			
9 6	permit. Write 'Return Receipt Requested' on the mailpiece below the article numb. The Return Receipt will show to whom the article was delivered and the delivered.				2. Restricted Delivery		
Ę				d the date	Consult postmaster for fee.		
ls your <u>RETURN ADDRESS</u> completed on the reverse side?	3. Article Addressed to:			4a. Article N			
	AIRS ID 0710136 PETERS CLASSIC CLEANERS PETERS FERRAGI 4199 PAEM BEACH BLVD FT MYERS FL 33916			Z 33:	3 612 999		
Ĕ				4b. Service			
Š				Registere	•		
S				Express Mail Insured			
贸					☐ Return Receipt for Merchandise ☐ COD		
ᅙ	•			7. Date of De	elivery		
ž						2.79.98	
ET	5. Received By: (Print Name)				Addressee's Address (Only if requested and fee is paid)		
띰	6. Signature: (Ada	resse	g or Agerit) /		†		
Š	XX n.C	il					
9	PS Form 3811 , D		1004	10	0505 07 D 0170	Domestic Return Receipt	
							
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			Z 333 F	75 3	191	·-	
	US Postal Service Receipt for Certified			Mail			
	No Insurance Coverage Provider			4			
		. p	ETER'S CLASSIC CLEA	AIR	S ID 0710136		
			ETER D FERRAGI	MERS			
		4:	199 PALM BEACH BLV	D			
	FT MYERS FL 33916						
		ı	Postage	\$			
			Certified Fee				
			Special Delivery Fee				
		ស្	Restricted Delivery Fee				
	j İ	96	Return Receipt Showing to Whom & Date Delivered				
	;	April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address				
		PS Form 3800 ,	TOTAL Postage & Fees	\$			
		ا ق	Postmark or Date				
		For					
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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

MAIL ROOM

JAN 25 00

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Do NOT Remove Label

AIRS ID # 0710136

PETER'S CLASSIC CLEANERS

PETER D FERRAGI
4199 PALM BEACH BLVD

FT MYERS FL 33916

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

355388

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 # 0710136
PETER'S CLASSIC CLEANERS
PETER D FERRAGI
4199 PALM BEACH BLVD
FT MYERS FL 33916

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273