

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

July 25, 1997

Mr. Mark Dan Creighton Pampers Hi-Tech Cleaners 4600 Summerlin Road Fort Myers, Florida 33919

Re: Facility No.: 0710166

Dear Mr. Creighton:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 16, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Sherrill Culliver, South District

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

	1	#20710111	٦ 
		HOT10166 PAMPERS HI-TECH CLEANERS	
	ρ/3		
	#6	add Title of Responsible Official	-                -
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	P16		
,		Dign acknowledging change	
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# RECEIVED Perchloroethylene Dry Cleaning Facility Notification

**Facility Name and Location** 

JUN 1 6 1997

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  8. Mobile Source of Air Monitoring
	SUNBURY CRANES INC-
2.	Site Name (For example, plant name or number):
	DAMPORS Hi-Tech Cleavers
3	Hazardous Waste Generator Identification Number:
5.	The angular Visite Constitution I visites.
4.	Facility Location:
<b>,</b>	Street Address: 4600 SUMMERTIN KO
	City: FT. Wyers, Fl. County: Lee Zip Code: 339, 9
5.	
	071016b
	Responsible Official
6.	Name and Title of Responsible Official:
	MARK DAN KEISWO
7.	Responsible Official Mailing Address:  Organization/Firm: Street Address:  AS  OVO  V  C
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (94) 936 - 5099 Fax: ( )
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
10.	Facility Contact Address:  Street Address:
10.	
	Street Address:

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

#### **Facility Information**

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed		Purchased	Installed	ID	Purchased	Installed
Example	#1	03-0CT-93	0493 12-NOV-93	#2	08-DEC-91	•	#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									-
(1) w/ ref. condenser		oct 93'	oct 93		, •				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls					·				
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls								1	
Reclaimer Unit									
(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 devices  (b) If less than 12 mont Check why it is less	are requanting gallo	equired to be ity of perchlons ow many? [_	installed [	perc)				nths? eep records:	
3. What is the facility's son (Indicate with an "X".	Selec	t one classifi	cation only.)				•	Part II?	
Existing small area source New small area source New small area source New small area source									

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

4. What control technology is required on machines purs (Indicate with an "X".)	uant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber Ref	rigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
	· .
5. A facility which contains non-exempt emissions units pursuant to Rule 62-213.300, F.A.C. Verify that all steam following exemption criteria or that no such units exist or	n and hot water generating units on-site meet the
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by nature during which propane or fuel oil containing no more than	al gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	, 3
Equipment Monitoring and R	ecordkeeping Information
Check all logs which are required to be kept on-site in accepermit:	cordance with the requirements of this general
(a) Purchase receipts and solvent purchases	iXi
(b) Leak detection inspection and repair	iXi iXi iXi
(c) Refrigerated condenser temperature monitoring	ιXι
(d) Carbon adsorber exhaust perc concentration monitoring	ng []
(e) Instrument calibration	·
(f) Start-up, shutdown, malfunction plan	$\bowtie$ 1

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

# Surrender of Existing Air Permit(s)

	•
Please indicat	te with an "X" the appropriate selection:
1	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιχ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	mptly notify the Department of any changes to the information contained in this notification.
M.] Signature	2 (w/Ho- 6-12-97)

4BD 00944

# X

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DIS	COVERY
1	RE-INSPECTIO	ои 🗆	
07/0166		· ,	
AIRS ID#: DAT	ΓΕ: <u>03/03</u>	3/97 TIME IN: 11:00 TI	ME OUT: 14800
FACILITY NAME:	Pamper	rs Hi Tech CLEANE	<u>rs</u>
FACILITY LOCATION:	4600	Summer Lin Rong FAI	
·	FORT MY	iers 1ºL 33919	<u> </u>
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DARM	•		
2. New facility notified DARM 30 d	* =	-	
3. Facility failed to notify DARM to	use general pe	rmit	<b>X</b>
PART II: CLASSIFICATION			
Facility indicated on notification for (check appropriate box)	orm that it is:		
A.	•		
1. Existing small area source	. 🗅	2. New small area source	<b>(2)</b>
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr		dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	
both types, x<140 gal/yr		both types, x<140 gal/yr	e ·
(constructed before 12/9/91)		(constructed on or after 12/9/91)	
3. Existing large area source		4. New large area source	
dry-to-dry only, 140 <x<2, 100="" ga<="" td=""><td>l/yr</td><td>dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""><td></td></x<2,></td></x<2,>	l/yr	dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td></td></x<2,>	
transfer only, 200 <x<1,800 140<x<1,800="" both="" gal="" td="" types,="" yr="" yr<=""><td><i>:</i></td><td>transfer only, 200<x<1,800 140<x<1,800="" both="" gal="" td="" types,="" yr="" yr<=""><td></td></x<1,800></td></x<1,800>	<i>:</i>	transfer only, 200 <x<1,800 140<x<1,800="" both="" gal="" td="" types,="" yr="" yr<=""><td></td></x<1,800>	
(constructed before 12/9/91)		(constructed on or after 12/9/91)	
This is a correct facility classification	n	MY ON	
If no, please check the appropriate c	lassification:		
	-	mit as number <u>145-9</u> above s not eligible for a general permit	
E. The total quantity of perchloroeth facility was 125.4 gallons.	ylene (perc) pu	rchased within the preceding 12 months	s by this dry cleaning

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) ery □n 1. Storing perchloroethylene in tightly sealed and impervious containers? N DN 2. Examining the containers for leakage? DY DN 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? DY DN B N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MYA 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 DN 1. Equipped all machines with the appropriate vent controls? Y ON DNA 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 ZY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY EN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY WYN 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

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser location on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed UY UN
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ОУ ОИ
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	_ Y _ M
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ay on
2. Maintained rolling monthly averages of perc consumption?	□Y <b>⊠</b> N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY <b>X</b> N
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	oy 🗹
4. Maintained calibration data? (for direct reading instruments only)	OY ON ØN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN & NIN
6. Maintained startup/shutdown/malfunction plan?	□Y ⊠W
7. Maintained deviation reports?	_ סא כאם צם

PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ØY □N	

Problem corrected?

8. Maintained compliance plan, if applicable?

OY ON SN/A

2. Which	2. Which method of detection is used by the responsible official?					
١ ،	Visual examination (condensed so	lvent on	exterior surfaces)		<u>ज</u>	
F	hysical detection (airflow felt thr	ough gas	kets)	•	<b>⊡</b> ∕	
	Odor (noticeable perc odor)				र्ख	
τ	Use of direct-reading instrumental	tion (FID	/PID/calorimetric	tubes)		
1	f using direct-reading instrume	ntation,	is the equipment	<b>:</b>		
	a. Capable of detecting p	erc vapo	r concentrations is	n a range of 0-500 ppm?	ΠY	$\square$ N
	<ul> <li>b. Calibrated against a st (PID/FID only)?</li> </ul>	andard g	as prior to and afi	ter each use	ΠY	□N .
	c. Inspected for leaks and	l obvious	signs of wear on	a weekly basis?	ΠY	□N
	d. Kept in a clean and se	cure area	when not in use?		ΠY	□N
	e. Verified for accuracy b	y use of	duplicate samples	(calorimetric only)?	ΠY	□N
3. Has the	e facility maintained a leak log?	•			ΠY	, Mg/v
4. Does th	he responsible official check the fo	ollowing	areas for leaks?			a
l E	Hose connections, fittings,					newted
l	couplings, and valves	<b>d</b> Y	□N	Muck cookers 2 Found	₫Y	□N
D	oor gaskets and seating	·ŒY	□N	Stills	₫Y	ПN
Ę	ilter gaskets and seating	<b>⊉</b> Y .	□и	Exhaust dampers	<b>⊠</b> Y	□N
P	umps	₫Y	□N	Diverter valves Seems	ĭ₹Y	□И
. S	olvent tanks and containers	$\mathbf{Z}_{\mathbf{X}}$	□И	Cartridge filter housings	<b>₽</b> Y	□N
W	Vater separators	ďY	□N			
	•					

DAN GreigHTON	*.
Name of Responsible Official	· ·
Inspector's Name (Please Print)	3/3/97 + 3/18/97
Inspector's Name (Please Print)	Date of Inspection
Warne Lewis	.3/97
Inspector's Signature	Approximate Date of Next Inspection
<b>/</b>	



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0710166
SUNBRIGHT CLEANERS INC
MARK DAN CREIGHTON
4600 SUMMERLIN ROAD
FT MYERS FL 33919

Do NOT Remove Label

Annual Reporting Period:	1-1	19 98	то	12-31	19 <u>98</u>
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A	-				DEP Rule
If NO, complete the following:					
#1. Term or condition of the general permit th	nat has not been i	n continuous c	compliance d	uring the reporting pe	riod stated above:
Exact period of non-compliance: from	, .		to		
Action(s) taken to achieve compliance:	•		_		0-6 FE
Method used to demonstrate compliance:		•			/Eij 007 93
#2. Term or condition of the general permit th	nat has not been i	n continuous c	ompliance d	Burring the Reporting pe Wobil	riod stated above:
Exact period of non-compliance: from			to	0 X Nir Mo e Sou	
Action(s) taken to achieve compliance:				0 198 Monitor Sources	m
Method used to demonstrate compliance:				ng	U
As the responsible official, I hereby certify, based notification are true, accurate and complete. Furndoes not exceed 2,100 gallons per year for dry-to a RESPONSIBLE OFFICIAL:	ther, my annual co lry facilities or 1,8	onsumption of p	perchloroethy	lene solvent, based upor	n purchase receipts,
Name	(Please Print)		Si	gnature	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.

DEP	ROUTING AND TRANSMITTAL SLIP
TO: (NAME, OFFICE, LOCATION)	3. IAllahassa
1. Rick Butler	4
2. <u>BAAMS</u>	5
PLEASE PREPARE REPLY FOR:	COMMENTS:
SECRETARY'S SIGNATURE	This is how we are
DIV/DIST DIR SIGNATURE	handling these letters.
MY SIGNATURE	I hope this is acceptable
YOUR SIGNATURE	/
DUE DATE	
ACTION/DISPOSITION	
DISCUSS WITH ME	
COMMENTS/ADVISE	
REVIEW AND RETURN	
SET UP MEETING	
FOR YOUR INFORMATION	
HANDLE APPROPRIATELY	
INITIAL AND FORWARD	•
SHARE WITH STAFF	,
FOR YOUR FILES	
FROM: Shanill Carlo	2 DATE: 3/5/98 PHONE:

DEP 15-026 (12/93)



# Department of Environmental Protection



Lawton Chiles Governor South District 2295 Victoria Avenue, Suite 364 Fort Myers, Florida 33901-3881

Mailing Address: Post Office Box 2549 Fort Myers, Florida 33902-2549

March 2, 1998

Mr. Mark Dan Creighton Sunbright Cleaners 4600 Summerlin Road Fort Myers, Florida 33919 Virginia B. Wetherell Secretary

RECEIVED Suresur Nonitorine

Re: Collier County - AP
Sunbright Cleaners

Annual Compliance Certification Form

Dear Mr. Creighton:

Thank you for submitting your Annual Compliance Certification form. In reviewing, the form we found some discrepancies that need correcting. Enclosed is a copy of your form. The area of concern is the Annual Reporting Period. The period should have been reported from January 1997 to January 1998. We request you to review your records and check for any days of non-compliance. Non-compliance means any time your dry cleaning machine is not working properly.

The Department has enclosed another form. Pleas make the corrections and submit both forms within 30 days after receiving this letter. Submit form to the address listed below:

General Permit Sections
Bureau of Air Monitoring and Mobile Sources
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Should you have any questions please call Wayne Lewis or me at (941)332-6975.

Sincerely.

Sherrill C. Culliver

**Environmental Specialist** 

Sherill C. Cullina

SCC/jw Enclosure AIRS ID#: <u>0710166</u>

Revised 10/10/96
RECEIVED

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

MAR 0 4 1998

$\mathcal{O}$	1 1330
FACILITY NAME: Sunbright Cleaners, INC	D.E.P 3002h Distric
FACILITY LOCATION: 4600 Summerlin Rd A-1	
Fort Myers, FL 33319	
Annual Reporting Period: 1997 TO Jan	1998
Based on each term or condition of the Title V general air permit, my facility has remained in compliant 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	_
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the report	ting period stated above:
	· .
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the repor	ting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	· ·
Method used to demonstrate compliance:	·
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquinade in this notification are true, accurate and complete. Further, my annual consumption of perchloroupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	ethylene solvent, based

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

acc

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS 1D#0710166

SUNBRIGHT CLEANERS INC MARK DAN CREIGHTON 4600 SUMMERLIN ROAD FT MYERS FL 33919

Do NOT Remove Label

•					
Annual Reporting Period:	]~	9 <b>9</b> 7		122-54	1998
Based on each term or condition of the Title V g 62-213.300, Florida Administrative Code (F.A.C					DEP Rule
If NO, complete the following:	, during the period		dus statement.	7-120	
#1. Term or condition of the general permit that	has not been in cont	inuous con	mpliance during t	he reporting per	iod stated above:
Exact period of non-compliance: from			to		<u> </u>
Action(s) taken to achieve compliance:	<u> </u>	<u> </u>			6
Method used to demonstrate compliance:					80 <u>00 /</u>
#2. Term or condition of the general permit that	has not been in conti	nuous con	npliance during t	hereporting per	iod stated above:
Exact period of non-compliance: from		· · · · · · · · · · · · · · · · · · ·	to	0:198	1.35.00 M
Action(s) taken to achieve compliance:		•		例 nitor	
Method used to demonstrate compliance:				ു 	
As the responsible official, I hereby certify, based of notification are true, accurate and complete. Furth does not exceed 2,100 gallons per year for dry-to dry.  RESPONSIBLE OFFICIAL: Mark Dane (1)	er, my annual consum y facilities or 1,800 gal	otion of per	rchloroethylene so	lvent, based upor combination facil	purchase receipts,

<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.

DEP ROUTING AND TRANSMITTAL SLIP			
TO: (NAME, OFFICE, LOCATION)	3. Hin BAMMS		
1. Bick Butlou	4		
2. Tallahage ce	5,		
PLEASE PREPARE REPLY FOR:	COMMENTS:		
SECRETARY'S SIGNATURE	We are enducting these		
DIV/DIST DIR SIGNATURE	inspections for a second		
MY SIGNATURE	time. With hAZANdows WASte		
YOUR SIGNATURE	we make going back to		
DUE DATE	Re in sport within 120 days.		
ACTION/DISPOSITION	If these specialities and not		
DISCUSS WITH ME	IN . compliance, WE may		
COMMENTS/ADVISE	look at France en forcement		
REVIEW AND RETURN	Actions.		
SET UP MEETING	N P		
FOR YOUR INFORMATION	By M		
HANDLE APPROPRIATELY	ECEIV  MAR 1 2 190  Bureau of Air Mo  Bureau of		
INITIAL AND FORWARD	oblie 12		
SHARE WITH STAFF	EIVED  AAR 1 2 1998  But of Air Monitoring Mobile Sources		
FOR YOUR FILES	<b>V</b> toring		
FROM: Shen O C.	DATE: 3/10/98 PHONE:		

DEP 15-026 (12/93)

# RECEIVED

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	۵	COMPLAINT/DISCOVERY  ARMS updafed	
AIRS ID#: <u>07/0/66</u> I FACILITY NAME: <u>Sun</u>	_		3:15 time out	
facility location: _4/	•			<u></u>
Fo	out Myers, F	-L 33919	-	
RESPONSIBLE OFFICIAL :				
	•		PHONE:	
PART I: NOTIFICATION	·			
(check appropriate box)				
1. New facility notified DARM	30 days prior to startu	р	••	
2. Facility failed to notify DAR	M to use general perm	it		
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)			☐ No notification form ☐ Drop store/out of business	1
<b>A.</b>			,	s/petroleum
1. Existing small area sour dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr d t: b	c. New small are lry-to-dry only, x ransfer only, x < to the types, x < 14 constructed on or	ea source	s/petroleum
dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	tt de transfer de	e. New small are lry-to-dry only, x ransfer only, x < toth types, x < 14 constructed on or l. New large are lry-to-dry only, 1	ea source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) ea source $40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$	s/petroleum
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 sourd dry-to-dry only, $140 \le x \le 2$ , transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$ )	to the state of th	e. New small are lry-to-dry only, x ransfer only, x < both types, x < 14 constructed on or l. New large are lry-to-dry only, 1 ransfer only, 200 both types, 140 < constructed on or learned types, 140 < constructed on or learned types.	ea source $< 140 \text{ gal/yr}$ 200  gal/yr 0  gal/yr 0  gal/yr ea fiter $12/9/91$ ) ea source $40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ ea fiter $12/9/91$ )	
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 sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 to th types, 140 ≤ x ≤ 1,800 to (constructed before 12/9/91)	to the state of th	e. New small are lry-to-dry only, x ransfer only, x < both types, x < 14 constructed on or l. New large are lry-to-dry only, 1 ransfer only, 200 both types, 140 < constructed on or learned types, 140 < constructed on or learned types.	ea source $< 140 \text{ gal/yr}$ 200  gal/yr 0  gal/yr 0  gal/yr ea fiter $12/9/91$ ) ea source $40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ ea fiter $12/9/91$ )	

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?	OY ON DAN/A
2. Examining the containers for leakage?	OY ON DATA/A
3. Closing and securing machine doors except during loading/unloading?	orý on
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N ®TŃ/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□Y □N □N/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mulinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	DY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	GY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	□Y ⊡AM □N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  8. D. didn't known if he had to road temporary and to the cool to be a few and the cool to be a few an	DY DHY

he must read & document temp biweekly

### **Best Available Copy**

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

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly averages of perc consumption?	□Y □N·
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	□Y □N □N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N □N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N □N/A
6. Maintained startup/shutdown/malfunction plan?	OY ON

PART V: RECORDKEEPING REQUIREMENTS

7. Maintained deviation reports?

Problem corrected?

8. Maintained compliance plan, if applicable?

□Y □N □N/A

 $\Box$ Y  $\Box$ N  $\Box$ N/A

□Y □N □N/A

PA	RT VI: LEAK DETECTION AND	REPAIRS	·		
1.	Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection as	d repair	
	inspection?			øÝ	□и
2.	Has the facility maintained a leak log?			<b>G</b> Y	□N
3.	Does the responsible official check the	following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	EY ON ON/A	Muck cookers	ey oi	N □N/A
	Door gaskets and seating	DY ON ON/A	Stills	<b>d</b> y or	N □N/A
	Filter gaskets and seating	BY ON ON/A	Exhaust dampers		N □N/A
	Pumps	ØY □N □N/A	Diverter valves	GY O	N □N/A
	Solvent tanks and containers	DÝ ON ON/A	Cartridge filter housings		N □N/A
	Water separators	ØY □N □N/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed s	solvent on exterior surfac	es)		
	Physical detection (airflow felt th	rrough gaskets)		<b>a</b>	
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:					
		N			
<ul> <li>a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?</li> <li>b. Calibrated against a standard gas prior to and after each use         (PID/FID only)?</li> </ul>					N
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?		N
	d. Kept in a clean and	secure area when not in u	ise?		N
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?		N
		•			
		,			
	Sherrill Culliver Inspector's Name (Please Pri	int)	3/9/98 Date of Inspe		
	Stemil Cullever Inspector's Signature		7/9/9 Approximate Date of	/ Next Inst	ection
_	Conductionspection with	Hazardous Waste	• •	-	
	e-inspect within 120 do.	1 -		J	

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY COMPLA
AIRS ID#: <u>0710166</u> DATE: <u>Sept.</u> c	29, 1999 TIME IN: 14:45 TIME OUT: 15:43 6
FACILITY LOCATION: 4600 Summers	IN Boad FL 33919
RESPONSIBLE OFFICIAL: DAN CA	eignton PHONE: 941 936-5099
CONTACT NAME: Cre	PHONE: <u>941</u> 936-5099
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to sta	rtup .
2. Facility failed to notify DARM to use general pe	•
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$ )	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	✓Y □N □Can not determine
If no, please check the appropriate classific facility qualified for a general facility exceeds above line	
B. The total quantity of perchloroethylene (perc) per facility was <u>96</u> gallons.	archased within the preceding 12 months by this dry cleaning

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ZNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MINA 2. Examining the containers for leakage? **Q**Y DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at DY DN ZNA 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 DN 1. Equipped all machines with the appropriate vent controls? ZY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY 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 ZNA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MA UM verifying that the coolant had been completely charged?

1. Continually Distilling Pilters

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:	NIA	,
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?	ОУ ОМ	
	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?	מואם אם צם	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?	מערם אם עם	A
	Is the perc concentration equal to or less than 100 ppm?	DY DN DN/	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?	מאם אם צם	A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אַר אַר אַר אַר	A
6.	Routed airflow to the carbon adsorber (if used) at all times?	חאם אם אם	A

Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?   ✓ Y □N	
2. Maintained rolling monthly averages of perc consumption?   ✓Y □N	
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or; □Y □N	Z/N/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?	M/A
4. Maintained calibration data? (for applicable direct reading instruments)	ØN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	ØN/A
6. Maintained startup/shutdown/malfunction plan?   ✓ Y □N	
7. Maintained deviation reports?	M/A
Problem corrected?	™N/A
8. Maintained compliance plan, if applicable?	ZN/A

		<u> </u>			<b>3</b>
PART	VI: LEAK DETECTION AND I	REPAIRS			
i. Do	es the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection ar	nd rep	air
ins	pection?			⊠Y	ПN
2. Has	the facility maintained a leak log?			ΔY	ПN
3. Do	es the responsible official check the	following areas for leaks	?		•
	Hose connections, fittings, couplings, and valves	dy on on/a	Muck cookers	<b>⊠</b> Y	□N □N/A
	Door gaskets and seating	MY ON ON/A	Stills	ŒΥ	□N □N/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	UY	□N □N/A
	Pumps	MY ON ON/A	Diverter valves	ďΥ	□N □N/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ØΥ	□N □N/A
	Water separators	DY ON ON/A			
4. Wh	ich method of detection is used by t	he responsible official?		,	
	Visual examination (condensed se	olvent on exterior surface	s)	व्	
	Physical detection (airflow felt the	rough gaskets)		ব	
	Odor (noticeable perc odor)		,	ত্ৰ	
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ric tubes)		
ļ .	Halogen leak detector				•
	If using direct-reading instr	umentation, is the equip	oment:	□N/	'A
	a. Capable of detecting p	perc vapor concentrations	s in a range of 0-500 ppm?	ΠY	$\square$ N
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard gas prior to and	after each use	ΟY	□и
	c. Inspected for leaks an	d obvious signs of wear o	on a weekly basis?	ΠY	□N
	d. Kept in a clean and se	ecure area when not in us	e?	ΠY	□N
٠	e. Verified for accuracy	by use of duplicate sampl	les (calorimetric only)?	ΠY	ПN
1					
		F <sub>A</sub>			

WAYNE LEWIS	9-9-99
Inspector's Name (Please Print)	Date of Inspection
Warne Lewis	
Inspector's Signature	Approximate Date of Next Inspection

#### PERCHLOROETHYLENE DRY CLEANERS

ACC

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



	ANNUAL	র্ভ	COMPLAINT/DISCO	OVERY D
	RE-INSPECTION	. 0		
	•	Denier	1 - Come Back	
AIRS ID#: 07/0166	DATE: 9-20-00	TIME IN	: 10115 TIM	E OUT:
FACILITY NAME: Pame	PERS H! TECH CLEY	120.08	······································	
FACILITY LOCATION:	4600 SUMMERLIN	Ronn No	n;	· · · · · · · · · · · · · · · · · · ·
	For myers Fe	COM 3341	9	
RESPONSIBLE OFFICIAL:	DAN Creighton		PHONE: 936-	5099
CONTACT NAME:		· · ·	PHONE:	·
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup			
2. Facility failed to notify DAR				
PART II: CLASSIFICATION	7			
	<del></del>			
Facility indicated on notificati	on form that it is:		☐ No notification for	m
(check appropriate box)			☐ Drop store/out of b	
(check appropriate box)  A.  1. Existing small area sour diy-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	ce 🗅 2. 1 yr dry tran botl	New small are to-dry only, x nsfer only, x < h types, x < 14	ea source < 140 gal/ут 200 gal/ут	
A.  1. Existing small area sour day-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ce	New small are to-dry only, x nsfer only, x < 14 nstructed on or New large are to-dry only, 1 nsfer only, 200	ea source < 140  gal/yr 200  gal/yr 0  gal/yr r  after  12/9/91) ea source $40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$	usiness/petroleum
<ol> <li>Existing small area sour day-to-dry only, x &lt; 140 gal/y transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g</li> </ol>	ce	New small are to-dry only, x ensfer only, x < 14 nstructed on on New large are to-dry only, 1 nsfer only, 200 h types, 140 < nstructed on or on types, 140 < nstructed on or on types, 140 < nstructed on or on types, 140 < nstructed on or other types, 140 < nstructed on other types, 140 < nstructed	ea source < 140  gal/yr 200  gal/yr 0  gal/yr r  after  12/9/91) ea source $40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$	usiness/petroleum
<ol> <li>Existing small area sour diy-to-dry only, x &lt; 140 gal/y transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91)</li> <li>This is a correct facility classified in the please check the approximate the property of the property of the please check the approximate the please the plea</li></ol>	ce	New small are to-dry only, x ensfer only, x < 14 nstructed on or New large are to-dry only, 1 nsfer only, 200 h types, 140 < nstructed on or \( \sum \sigma \)	ea source $< 140 \text{ gal/yr}$ $200 \text{ gal/yr}$ $0 \text{ gal/yr}$ $0 \text{ gal/yr}$ $1 \text{ after } 12/9/91)$ ea source $10 \le x \le 2,100 \text{ gal/yr}$ $1 \le x \le 1,800 \text{ gal/yr}$ $1 \le x \le 1,800 \text{ gal/yr}$ $1 \le x \le 1,800 \text{ gal/yr}$ $1 \text{ after } 12/9/91)$ $1 \square \text{Can not determine}$ $1 \text{ above}$	usiness/petroleum

manager recoiced

1.0

ç, Q

ReTURN ZHIS

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY DN DN/A			
2. Examining the containers for leakage?	DY DN DN/A			
3. Closing and securing machine doors except during loading/unloading?	OY ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON ON/A			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:	•			
If classification 1 has been checked, no controls are required. Proceed to Part V	7.			
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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber mit installed prior to September 22, 1993				
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	DY DN			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY DN DN/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם עם			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אס עם			

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 loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  1. Measured and recorded the exhaust temperature on the outlet side of the condenser loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  1. Measured and recorded the exhaust temperature on the outlet side of the condenser loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	utcd
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?	DY ON DN/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 people are conjugated with a cycle adsorber?	OY ON ON/A
if machines are equipped with a carbon adsorber?  Is the pere concentration equal to or less than 100 ppm?	
is the perc concentration equal to or less than 100 ppint?	d; dr dr/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?	A/NO NO YO
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

$P_{\lambda}$	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a	weekly (for small	sources, bi	i-weckly) leak detection a	nd repai	ır
	inspection?	•			ΩY	DΝ ·
2.	Has the facility maintained a leak log?				$\Box$ Y	ПИ
3.	Does the responsible official check the	following areas for	r leaks?	¥		
	Hose connections, fittings, couplings, and valves	מאומם אם עם	4	Muck cookers		איאם אכ
	Door gaskets and seating	DY DN DN/A	<b>Y</b> .	Stills		אומם מכ
	Filter gaskets and seating	אמם מם צם		Exhaust dampers		AYNO NC
	Pumps	אואם אם צם	¥	Diverter valves		אלאם אכ
	Solvent tanks and containers	OY ON ON/A	:	Cartridge filter housings		אואם אב.
	Water separators	OY ON ON/A	<b>.</b>			
4.	Which method of detection is used by	the responsible office	cial?	. •		
	Visual examination (condensed s	olvent on exterior s	surfaces)			
	Physical detection (airflow felt th	rough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instruments	ation (FID/PID/cald	orimetric to	ubes)		
	Halogen leak detector					-
	If using direct-reading instr	umentation, is the	equipme	nt:	□N/A	
	a. Capable of detecting	perc vapor concent	rations in a	a range of 0-500 ppm?		אנ
	b. Calibrated against a s (PID/FID only)?	standard gas prior t	o and after	r each use		אנ
	c. Inspected for leaks ar	nd obvious signs of	wear on a	weekly basis?		אנ
	d. Kept in a clean and s	•		•		אנ
	e. Verified for accuracy			calorimetric only)?		1
	•			•		.
			<del></del>		<del></del>	
		•				
				,		
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on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spapermit.  Write 'Return Receipt Requested' on the mailpiece below the artice.  The Return Receipt will show to whom the article was delivered a delivered.	ce does not	I also wish to rectiful following service extra fee):  1.  Address 2.  Restricte Consult postmas	ee's Address
ADDRESS completed	3. Article Addressed to:  AIRS ID 0710166 SUNBRIGHT CLEANERS INC MARK DÄN CREIGHTON 4600 SUMMERLIN ROAD FT MYERS FL 33919	4a. Article N 4b. Service  Registere Express Return Re 7. Date of D	336/25 Type ed Mail ceipt for Merchandise	Certified Insured Issued Insured Issued Issu
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee of Agent)  X  PS Form 3811, December 1994	8. Addresse and fee is	e's Address (Only paid)  Domestic Ret	if requested Xeq

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

AIRS ID 0710166

SUNBRIGHT CLEANERS INC MARK DAN CREIGHTON 4600 SUMMERLIN ROAD FT MYERS FL 33919

	Certified Fee	
	Special Delivery Fee	
2	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
&UU,	TOTAL Postage & Fees	\$
PS Form 3800	Postmark or Date	

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

**405**684 FEB2**0**2001

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 # 0710166

PAMPERS HI-TECH CLEANERS MARK DAN CREIGHTON 4600 SUMMERLIN ROAD FT MYERS FL 33919

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  C. Signatore  Agent  Addressee  D. Is delivery address different from item 1?   Yes
1. Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0710166  PAMPERS HI-TECH CLEANERS  MARK DAN CREIGHTON  4600 SUMMERLIN ROAD	
FT MYERS FL 33919	3. Service Type  Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 (0600) 0026 4128	7645
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

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

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

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

X

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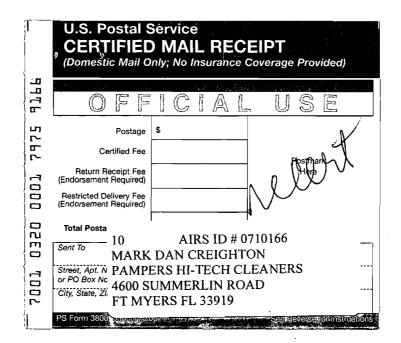
AIRS ID # 0710166
PAMPERS HI-TECH CLEANERS
MARK DAN CREIGHTON
4600 SUMMERLIN ROAD
FT MYERS FL
33919

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

STICKER AT TOP OF ENVELOPE TO THE RIGHT	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0710166  ARK DAN CREIGHTON  MPERS HI-TECH CLEANERS	A. Received by (Please Print Clearly)  C. Signature  D. Is delivery address different from item 1?  If YES, enter delivery address below:  No
00 SUMMERLIN ROAD MYERS FL 33919	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
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PS Form 3811, July 1999 Domestic Ref	turn Receipt , 102595-99-M-1789



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4600 SUMMERLIN.ROAD FT MYERS FL 33919	3. Service Type Certified Mail	
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ADDRESS completed	3. Article Addressed to:  AIRS ID # 0710166  PAMPERS HI-TECH CLEANERS  MARK DAN CREIGHTON  4600 SUMMERLIN ROAD  FT MYERS FL 33919	4b. Service 7  Registered Express I	Type  od  Mail  ceipt for Merchandise	Certified Insured COD	you for using Return R
your BETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  1. Addressee or Agent)	8. Addresses and fee is	o's Address (Only i paid)	f requested	Thank )
<u>8</u>	PS Form <b>3811</b> , December 1994	2595-97-B-0179	Domestic Retu	urn Receipt	

# US Postal Service ' Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID # 0710166 PAMPERS HI-TECH CLEANERS MARK DAN CREIGHTON 4600 SUMMERLIN ROAD FT MYERS FL 33919 Certained 1 60 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

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	Receipt Service.
ADDRESS completed	3. Article Addressed to:  AIRS ID # 0710166  PAMPERS HI-TECH CLEANERS  MARK DAN CREIGHTON  4600 SUMMERLIN ROAD  FT MYERS FL 33919	7. Date of De	Type ed	for using Return
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994	8. Addressee and fee is	e's Address (Only if requested paid)  Domestic Return Receipt	Thank you

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<ul> <li>Attach this form to the front of the mailpiece, or on the back if spapermit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the artise.</li> <li>The Return Receipt will show to whom the article was delivered a delivered.</li> </ul>	cle number.	Addressee's Address     Restricted Delivery Consult postmaster for fee.
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5. Received By: (Print Name)  6. Signature: (Addressed of Agent)  X.	8. Addressee and fee is	e's Address (Only if requested paid)
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, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	<u>'</u>	
80	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date		

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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**

Do NOT Remove Label

AIRS ID # 0710166

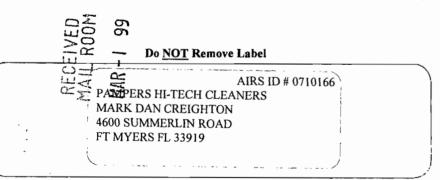
PAMPERS HI-TECH CLEANERS MARK DAN CREIGHTON 4600 SUMMERLIN ROAD FT MYERS FL 33919 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: BI

Fund: 20-2-035001 Obj.: 002273

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



FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  X  Agent  Addressee  D. Is delivery address different from item (?  Yes
AIRS ID # 07101 PAMPERS HI-TECH CLEANERS MARK DAN CREIGHTON 4600 SUMMERLIN ROAD FT MYERS FL 33919	3. Service Type Certified Mail
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PS Form 3811, July 1999 Domest	tic Return Receipt 102595-99-M-1789
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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

AIRS ID # 0710166

PAMPERS HI-TECH CLEANERS
MARK DAN CREIGHTON
4600 SUMMERLIN ROAD
FT MYERS FL 33919

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AIRS ID # 0710166

Mobile Sources
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