

# Department of Environmental Protection

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

David B. Struhs Secretary

April 22, 1999

Mr. David Spencer One Price Dry Cleaning 4176 Tamami Trail North Naples, Florida 34103

Re: Facility No.: 0710182

Dear Mr. Spencer:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 15, 1999.

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, of 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

## Perchloroethylene Dry Cleaning Facility Notification

	Perchloroethylene Dry Cleaning Facility Notification  Facility Name and Location  Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Perchloroethylene Dry Cleaning Facility Notification
	Perchloroethylene Dry Cleaning Facility Notification  Facility Name and Location  Facility Owner/Company Name (Name of corporation, agency, or individual owner):  CALCERN TWC  Site Name (For example, plant name or number):
l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	CALCLEAN INC
2.	Die Timie (1 of Oranipie, prant mano),
	ONE PRICE DAY CLEANING
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: Street Address: 13001 S. Cleveland Ave. 45
	City: County: Zip Code: 33907
5.	Facility Identification Number (DEP Use):
	U71016Q.
4000	
	Responsible Official
j	Name and Title of Responsible Official:
	DAVID STEWER PRESIDENT
7.	Responsible Official Mailing Address:
	Organization/Firm: CA) CEPW FILE. Street Address: 1176 Toronson Toronson Toronson
	Street Address: 14,76 TANIFAM TRAIL N. City: NOOLS County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (941) 3435-0983 Fax: (941) 435-0983
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
. •	·
	Street Address: City: County: Zip Code:
1.	Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -
	recognition. ( ) -

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### **Facility Information**

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

Type of Machine	D	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		5-97	5-97	مدو				-	
(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									
Reclaimer Unit					•				
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls						-			
(b) Control devices are required, but not yet installed [						·			
3. What is the facility's so (Indicate with an "X".  Existing small an Existing large ar	Sele rea se	et one classif	ication only.	) ew sn	initions four nall area sou rge area sou	rce [X		-	

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<ol> <li>What control technology is requ (Indicate with an "X".)</li> </ol>	uired on machines	s pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	12 255 12 1		
New large area source Refrigerated condenser	ιχ		
•	•		
5. A facility which contains non-equivalent to Rule 62-213.300, F.A. following exemption criteria or the	.C. Verify that al	I steam and hot water gene	
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil o	ed exclusively by	natural gas except for peri	ods of natural gas curtailment
All steam and hot water generating No such units on-site	g units exempt		
Equipm	nent Monitoring	and Recordkeeping Infor	mation
Check all logs which are required permit:	to be kept on-site	e in accordance with the rec	quirements of this general
(a) Purchase receipts and solvent	purchases		
(b) Leak detection inspection and	repair		
(c) Refrigerated condenser temper	rature monitoring	·	IXI 14
(d) Carbon adsorber exhaust perc	concentration mo	onitoring	157 14
(e) Instrument calibration			1×1 055
(f) Start-up, shutdown, malfunction	on plan		ĽΧJ

### **Best Available Copy**

APR / 6 1999 D.E.P. - South District

### 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)
Ľ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	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.  Imptly notify the Department of any changes to the information contained in this notification.
Signature	4-10-99 Date

Perchloroethylene Dry Cleaning Facility Notification **Facility Name and Location** 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): 2. Site Name (For example, plant name or number): ONE PRICE DRY CLEANING

3. Hazardous Waste Generator Identification Number: 4. Facility Location: 12001 S. Cleveland Ave. Street Address: 5. Facility Identification Number (DEP Use Responsible Official 6. Name and Title of Responsible Official: Organization/Firm: Street Address: Responsible Official Telephone Number: Fax: (961) 435-0983 Telephone: Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: County: Zip Code: City: 11. Facility Contact Telephone Number: Telephone: Fax: ( ( )

### **Facility Information**

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

Type of Machine	ĺр	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	•	12-NOV-93	ı		пьштес	#3	02-MAR-92	•
Dry-to-Dry Unit									
(1) w/ ref. condenser		5-97							
(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									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
<ul><li>(b) Control devices are</li><li>(c) No control devices</li></ul>									
2.(a) What was the total			oroethylene (	(perc)	purchased i	n the latest 1	2 mo	nths?	
(b) If less than 12 months, how many? [] months  Check why it is less than 12 months: New owner: [] New store: [] Did not keep records:  []									
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (	(3) of	Part II?	
Existing small as	rea so	ource []	Ne	w sn	nall area sour	rce [X	l		
Existing large ar	ea so	urce []	Ne	w laı	rge area sour	ce [	l		

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Effective: 6-25-96

(Indicate v	,					
	ting large area source oon adsorber	<u>*</u>	Refrigerated cond	enser [_		
	small area source igerated condenser	LX.				
	large area source igerated condenser					
	<b>y</b>					
following exe All steam and boiler HP or	emption criteria or the d hot water generatin less), and (2) are fire	at no such unit ng units on-site ed exclusively l	(1) have a total heat i by natural gas except j	nput of 10 m for periods o	sillion BTU/hr or If natural gas cur	less (29
during which			nore than one nercent	cultur is fire	20	
	I hot water generatin		nore than one percent	sulfur is fire	e <b>d.</b>	
All steam and	I hot water generatin			sulfur is fire	e <b>a</b> .	
All steam and	I hot water generatin			sulfur is fire	e <b>a</b> .	
All steam and	I hot water generatin			sulfur is fire	ed.	
All steam and	d hot water generatings on-site	ng units exempt				
All steam and No such units	d hot water generatings on-site  Equipm	ng units exempt		g Informatio	<b>Dn</b>	eral
All steam and No such units  Check all log permit:	d hot water generatings on-site  Equipm	ng units exempt	ng and Recordkeepin	g Informatio	<b>Dn</b>	eral
All steam and No such units  Check all log permit:	d hot water generating on-site  Equipments which are required	nent Monitoring to be kept on-s	ng and Recordkeepin	g Information	<b>Dn</b>	eral
All steam and No such units  Check all log permit:  (a) Purchase (b) Leak detection	Equipment which are required receipts and solvent p	nent Monitoring to be kept on-spurchases	ng and Recordkeepingsite in accordance with	g Information the requires	on ments of this gend	eral
Check all log permit:  (a) Purchase (b) Leak detection (c) Refrigeration	Equipm s which are required receipts and solvent p	nent Monitoring to be kept on-spurchases	ng and Recordkeepingsite in accordance with	g Information the requires	ments of this generally	eral
Check all log permit:  (a) Purchase (b) Leak detection (c) Refrigeration	Equipments which are required receipts and solvent parties and condenser temperatures that the condenser temperatures are condenser temperatures and condenser temperatures are condens	nent Monitoring to be kept on-spurchases	ng and Recordkeepingsite in accordance with	g Information the requires	on ments of this gend	eral

MECEIVED.

APR / 6 1999 D.E.P. - South District

### Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
L1	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ľ	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 ith 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	4-10-99 Date

### INTEROFFICE MEMORANDUM

**Date:** 14-Apr-1999 06:02pm

From: Wayne Lewis FTM

LEWIS\_W@A1@FTM1

Dept: Sout

South District Office

**Tel No:** 941/332-6975

To: Sandy Bowman (Bowman\_s@A1@DER)

Subject:

.....ALERT.....ALERT.....ALERT.....ALERT.....ALERT....

Just had an enforcement meeting with David Spencer of \*\*\*\* One Price Dry Cleaner \*\*\*\*.

He showed us the permit app. which alledgedly was sent to you. It has mistakes, the corrected version will be put in the mail tomorrow - the day you read this....

App. you should be getting has April 06 stamped on it - I believe on the signature page

this is the date the mail room received the whole letter with blank application from the postal  $\,$ 

service due to wrong address, not the date we received an application. Any questions, we'll

talk tomorrow - gotta get out of here - another meeting in 45 minutes down in San Carlos

# PELCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISC	COVERY	
	RE-INSPECTION				
07/0/82					
AIRS ID#: No Pernii	DATE: MAR 04 199	7 TIMI	IN: 10:50 TR	IE OUT: <u>12</u>	<u>: ٢٠</u>
FACILITY NAME:	ONE Price De	y Cienni	Lug		<b> </b>
FACILITY LOCATION:	12001 S CLED	IC CAND	nue 155		
	FT MYERS, FL		33907	_	
RESPONSIBLE OFFICIAL	Dovin Spea	veer	PHONE:	435 - 09	83
CONTACT NAME;			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					•
1. New facility notified DARN	A 30 days prior to startu	р		•	
2. Facility failed to notify DA	RM to use general perm	it	٠		<b>\(\overline{\ov</b>
PART II: CLASSIFICATIO	N				
Facility indicated on notifica (check appropriate box)	tion form that it is:		No notification f ☐ Drop store/out o		bleam
A. 1. Existing small area sou	urce 🗅 2	2. New sma	Il area source		$C_{\sim}$
dry-to-dry only, x < 140 ga	Vут	lry-to-dry or	ly, x < 140 gal/ут	OL A	0,
transfer only, x < 200 gal/y		•	, x < 200 gal/ут	e de	72
both types, x < 140 gal/yr (constructed before 12/9/91			< 140 gal/yr on or after 12/9/91)	100 A.	A 20 1990
3. Existing large area sou		_	e area source		Monitor
dry-to-dry only, $140 \le x \le 3$ transfer only, $200 \le x \le 1$ ,			lly, 140 ≤ x ≤ 2,100 gal/ , 200 ≤ x ≤ 1,800 gal/yτ	ут	2 18 1
both types, $140 \le x \le 1,800$			$40 \le x \le 1,800 \text{ gaVyr}$		
(constructed before 12/9/9)			on or after 12/9/91)		
5. This is a correct facility	classification (	DY DN	□Can not determin	ne	ļ
💢 faci		ral permit as	number abo		
B. The total quantity of perch facility was <u>215</u> gallor		chased withi	n the preceding 12 mon	ths by this dry	cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	MAY ON ON/A
2. Examining the containers for leakage?	MAY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	MA CN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MAY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON <b>B</b> 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 musinstalled 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?	MO YK
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	XY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אארם אם אא
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□Ү <b>⊠</b> и
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	CAN'T TELL DY DN DN/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MA DX

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	N <b>S</b>	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	NO	<b>⊠</b> N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ИП	<b>⊠</b> N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ON.	<b>⊠</b> N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩΥ	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?	ΩΥ	Z	<b>⊠</b> N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	NO	<b>©</b> N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ИП	<b>⊠</b> N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	□Y <b>Æ</b> N
2. Maintained rolling monthly averages of perc consumption?	N <b>A</b> Y
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON <b>M</b> 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 <b>E</b> EN/A
4. Maintained calibration data? (for applicable direct reading instruments)	AVASE NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON <b>D</b> NA
6. Maintained startup/shutdown/malfunction plan?	□Y <b>⊠</b> N
7. Maintained deviation reports?	A'M <b>A</b> NO YO
Problem corrected?	AVA <b>Z</b> KO YO
8. Maintained compliance plan, if applicable?	AVO NOS YOU

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly (for small sources,	bi-weekly) leak detection and rep
inspection?	<b>为</b> (Y
2. Has the facility maintained a leak log?	ΩY

2.	Has the facility maintained a leak log?			ΠY	N
3.	Does the responsible official check the f	following areas for leaks?			
٠	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	<b>A</b> Y	ON ON/A
	Door gaskets and seating	ØY □N □N/A	Stills	⊠Y	מאותם אם
	Filter gaskets and seating	<b>P</b> Y ON ON/A	Exhaust dampers	ÞΥ	מאמם אם
	Pumps	ØY ON ON/A	Diverter valves	ĢΥ	ON ON/A
	Solvent tanks and containers	ÇAY □N □N/A	Cartridge filter housings	βÝΥ	מואם אם
	Water separators	AND NO YA			
4.	Which method of detection is used by the	he responsible official?			
	Visual examination (condensed so	olvent on exterior surfaces	s)	Ø,	
	Physical detection (airflow felt the	rough gaskets)		図	
	Odor (noticeable perc odor)			<b>5</b> 3	
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ic tubes)		
 	Halogen leak detector				
	If using direct-reading instr	umentation, is the equip	ment:	ΠN	/A
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	ΩY	DИ
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	ΩY	□N
	c. Inspected for leaks an	id obvious signs of wear c	on a weekly basis?	ΩY	ΠN
	d Kent in a clean and so	ecure area when not in us	·»?	ΠV	ΠN

Wayne Lewis	9-9-99
Inspector's Name (Please Print)	Date of Inspection
Wayne Lews Inspector's Signature	4-9-99 Approximate Date of Next Inspection

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

DY DN

 $\square$ N

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION:

ANNUAL

ᆆ

COMPLAINT/DISCOVERY

RE-INSPECTION D

	<u> </u>
AIRS ID#: 07/0/82 DATE: 05/05	/2000 TIME IN: 14:25 TIME OUT: 16:05
FACILITY NAME: ONE Price	Dry Civaring
FACILITY LOCATION: 12001 5 C4	
FT Miles F	-L 33907
RESPONSIBLE OFFICIAL: David	Spencer PHONE: 441 435- 0932
CONTACT NAME:	PHONE:
NAME AND	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to st	
2. Facility failed to notify DARM to use general p	permit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	
(check appropriate box) A.	. Drop store/out of business/petroleum
1. Existing small area source diy-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, $140 \le x \le 2,100$ gallyroutransfer only, $200 \le x \le 1,800$ gallyr both types, $140 \le x \le 1,800$ gallyr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	✓Y □N □Can not determine
☐ facility exceeds above l	general permit as number above imits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) facility was 185 gallons.	purchased within the preceding 12 months by this dry cleaning

_	ANO.	<i>))</i>					
P	ART-III:	GENER	AL C	ONT	ROL	REOI	

	٠,	2	N	4	4	
-	-	-	-	-	-	=

Is the responsible official of the	he dry ele	aning fa	acility:
(check appropriate boxes)			

1.	Storing perchloroethylene in tightly scaled and impervious containers?	¥	מין אם אם און
2.	Examining the containers for leakage?		dy on on/
3.	Closing and securing machine doors except during loading/unloading?		DY ON

4. Draining cartridge filters in their housing or in scaled 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 ØN/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 approp	riate vent controls?	ey, or	1
2. Equipped dry-to-dry machines with a c	losed-loop vapor venting system?	QY OV	A/ND 1
	valve so airflow will be directed away from the	QY O	A'ND i
<ol> <li>Measured and recorded the temperature condenser on a weekly/bi-weekly basis</li> </ol>	e of the outlet exhaust stream of a refrigerated?	QY OV	1
condenser exceeded 45°F? Two save	thin 24 hours if the exhaust temperature of the section corrected action wet.  But Temp. Disposed to 3.50		A/ND 1
	after an appropriate cooldown period and after	QY DI	4 .

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 locat on dry-to-dry, reclaimer, and dryer machines on a weekly basis?		<b>п</b>	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם	מם י	ØN/A
	Is the temperature differential equal to or greater than 20° F?	· 07	, DN	<b>Q</b> 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?		□N	⊠N/A
	Is the perc concentration equal to or less than 100 ppm?	. 🗆 7	' □N	<b>Q</b> N/ <b>V</b>
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?	מם	י מם	ДИIА
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	, בם	אם ז	⊡N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ום	ЙП	<b>⊠</b> N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MY DN.
2. Maintained rolling monthly averages of perc consumption?	METON NO AD
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AVME 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?	ם א סא סאים
4. Maintained calibration data? (for applicable direct reading Instruments)	אואים אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	אואם אם צם
6. Maintained startup/shutdown/malfunction plan?	QA ON
7. Maintained deviation reports?	סא סא קאיש
Problem corrected?	אוא אס אס אס
8. Maintained compliance plan, if applicable?	אוא אם אם אם

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduc	a weekly (for small source	s, bi-weekly) leak detection a	nd repair
inspection?			AA DN .
2. Has the facility maintained a leak lo	g?		CAY ON
3. Does the responsible official check the	he following areas for leaks	?	
Hose connections, fittings, couplings, and valves	⊠Y ON ON/A	Muck cookers	dy on ona
Door gaskets and seating	DY ON ON/A	Stills	dy □n □n/A
Filter gaskets and scating	dy on on/a	Exhaust dampers	dy on ona
Pumps	DY ON ON/A	Diverter valves	dy on on/a
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	dy on ona
Water separators	DY DN DNA	•	
4. Which method of detection is used b	y the responsible official?		
Visual examination (condensed	d solvent on exterior surface	es)	<b>d</b>
Physical detection (airflow felt	Has the facility maintained a leak log?  Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  Y DN DN/A  Stills  Filter gaskets and seating  Y DN DN/A  Exhaust dampers  Pumps  Y DN DN/A  Diverter valves  Solvent tanks and containers  Y DN DN/A  Cartridge filter housings		<b>ರ</b>
Odor (noticeable perc odor)			ø
Use of direct-reading instrume	ntation (FID/PID/calorimet	ric tubes)	
Halogen leak detector	•		<b>d</b>
If using direct-reading in	strumentation, is the equi	pment:	□N/A
a. Capable of detection	ng perc vapor concentration	s in a range of 0-500 ppm?	DY DN
	a standard gas prior to and	after each use	אם עם
,	and obvious signs of wear	on a weekly basis?	אם עם
			מם עם
· ·	•		DY DN
<u> </u>			
	•		
Wayne Lawis			<del></del>
Inspector's Name (Please I	rnnt)	Date of Inspe	cuon
Clame Lewis			
Inspector's Signature		Approximate Date of	Next Inspection

## PE. THLOROETHYLENE DRY C EANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION:

PART I: NOTIFICATION

(check appropriate box)

ANNUAL

D

COMPLAINT/DISCOVERY

َ ۵

RE-INSPECTION

AIRS 1D#:	DATE: cs.	/05/2000_ TIM	IE IN:	5 TIME OUT: _ 16::	·5-
FACILITY NAME:	ONE Price	Dry Cwar	·lwg		
FACILITY LOCATION:	12001 5	CLEVELAND	AUR #5	·	<del>.</del> .
•	FT MYERS	FL 339	07		
RESPONSIBLE OFFICIA	L:	Spencer	PHONE: _	941 435-0992	
CONTACT NAME:			PHONE: _		
	<del> </del>		·		

1. New facility notified DARM 30 days prior to star	rtup	. 🗆 🔠
2. Facility failed to notify DARM to use general per	rmit	۰ ت
N. S.		
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petr	oleum
1. Existing small area source diy-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)	2. New small area source dry-to-dry only, $x < 140$ gal/yr $\infty$ Mobile 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 $12/9/91$ )	0
5. This is a correct facility classification	☐Y □N □Can not determine	
	neral permit as number above nits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) per facility was 185 gallons.		cleaning
Receipts SAY	185 - AUERAGE SAYS 245	

12/	ATTIL: GENERAL CONTROL REQUIREMENTS	PH	enik .	
	the responsible official of the dry cleaning facility: neck appropriate boxes)			
1.	Storing perchloroethylene in tightly scaled and impervious containers?	, . <b>1</b>	GY DY	A/A
2.	Examining the containers for leakage?		QY ON	I DN/A
3.	Closing and securing machine doors except during loading/unloading?		ØY ON	Ī
4.	Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?		QY OV	I DN/A
5.	Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?		ם אם	ENIA

#### 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?	EY. DN
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Fan cycles Prior to opening Door?	My On On/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	dy on
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Two Brecechouses of 2° 2° 2 connected nation not received But Temp. Dropped to 2.5°	מאס חם מאס
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY ON

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	₫Y	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	ØN/A
	Is the temperature differential equal to or greater than 20° F?	ĽΥ	DИ	ØN/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?	ПУ	ΠN	₫N/A
	Is the pere concentration equal to or less than 100 ppm?			ØN/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?	ΟY	ПΝ	⊠N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΩИ	⊡N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DΥ	РИ	ØN/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	DY ON Difference		
2. Maintained rolling monthly averages of perc consumption?	dy on'		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN ØN/A		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	dy on Gn/a		
4. Maintained calibration data? (for applicable direct reading Instruments)	DY DN CON/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON GNA		
6. Maintained startup/shutdown/malfunction plan?	קא טא		
7. Maintained deviation reports?	DY ON DNA		
Problem corrected?	DY DN ØNA		
8. Maintained compliance plan, if applicable?	אוא אס אס אס		

PART	PART VI: LEAK DETECTION AND REPAIRS					
1. Doe	es the responsible official conduct	a weekly (for small.sour	ces, bi-weekly) leak detection a	nd repair		
insp	pection?			ØY □N		
2. Has	s the facility maintained a leak log	?		QY ON		
3. Doe	es the responsible official check the	following areas for lea	ks?	·		
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	dy on ona		
	Door gaskets and seating	DY ON ON/A	Stills	dy on onia		
	Filter gaskets and seating	dy on on/a	Exhaust dampers	DY ON ON/A		
  - 	Pumps	DY ON ONA	Diverter valves	DY ON ONIA		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	שארם אם אוא		
	Water separators	DY ON ONA	•			
4. Wh	nich method of detection is used by	the responsible official	?			
	Visual examination (condensed	solvent on exterior surf	aces)	ø.		
. <del>.</del>	Physical detection (airflow felt t	hrough gaskets)		od .		
	Odor (noticeable perc odor)	· .		ø		
	Use of direct-reading instrumen	tation (FID/PID/calorin	netric tubes)			
	Halogen leak detector	• .		ø		
,	If using direct-reading inst	rumentation, is the eq	uipment:	□N/A		
	a. Capable of detecting	perc vapor concentrati	ons in a range of 0-500 ppm?	מם עם		
	b. Calibrated against a (PID/FID only)?	standard gas prior to a	nd after each use	DY DN		
	c. Inspected for leaks a	and obvious signs of wea	ar on a weekly basis?	OY ON		
	d. Kept in a clean and	secure area when not in	use?	DY ON		
	e. Verified for accurac	y by use of duplicate sar	mples (calorimetric only)?	OY ON		
	· ·		.*.			
		•				
	Wayne Lawis 05/05/00					
	Inspector's Name (Please Pr	int)	Date of Inspe			
	Como de de					
	Incrector's Signature		Approximate Date of	Next Inspection		

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: \$50.00** 

Do NOT Remove Label

AIRS ID # 0710182

ONE PRICE DRY CLEANING DAVID SPENCER 4176 TAMIAMI TRAIL N NAPLES FL 34103

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO B O CONTROL OD CONTRO

CALCLEAN INCORPORATED/ONE PRICE DRY CLEANING

Permits and Licenses-Ft

50.00

12/8/99 4121 Dept of Environ Protection

\$50.00



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AIRS ID#0710182

ONE PRICE DRY CLEANING DAVID SPENCER 4176 TAMIAMI TRAIL N NAPLES FL 34103

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

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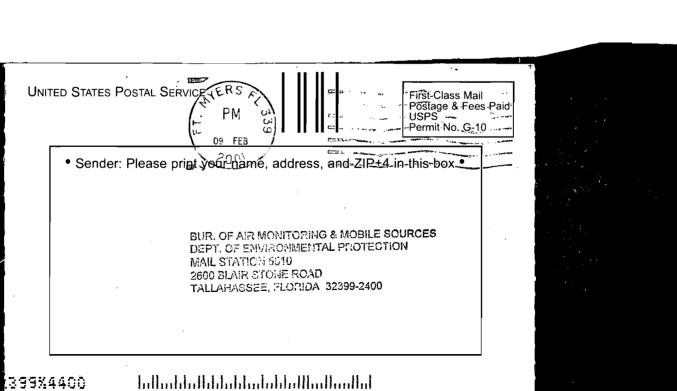
Obj.: 002273

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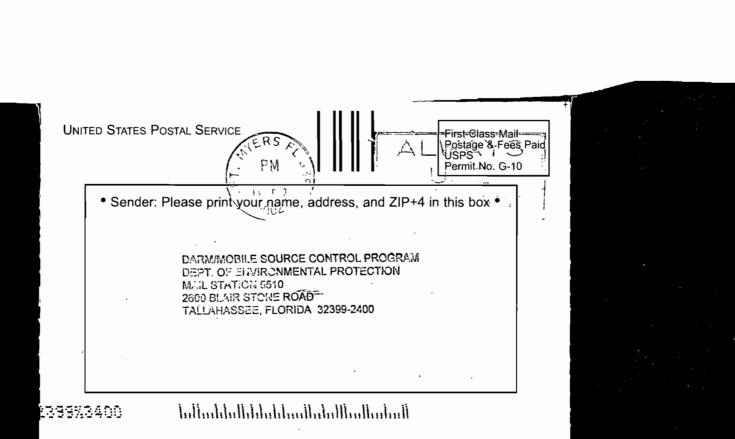
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	PS For		The state of the s	nstructions

SENDER: COMPLETE THIS SECTION  COMPLETE THIS SECTION ON DELIVERY  A. Beceived by (Please Print Clearly) B. Date of Delivery C. Signature C. Signat		
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 # 0710182  ONE PRICE DRY CLEANING DAVID SPENCER 4176 TAMIANT TRAIL N NAPLES FL 34103  AIRS ID # 0710182  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 7825 6058	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
AIRS ID # 0710182  ONE PRICE DRY CLEANING DAVID SPENCER 4176 TAMIAMI TRAIL N NAPLES FL 34103  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 0006 7825 6058	<ul> <li>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>	C. Signature  X 3 CLL
NAPLES FL 34103  3. Service Type    Certified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.     Restricted Delivery? (Extra Fee)   Yes     2. Article Number (Copy from service label)   7000 0600 0036 7835 6058	ONE PRICE DRY CLEANING DAVID SPECIER	
2. Article Number (Copy from service label) 7000 0600 0026 7825 6058		Certified Mail
<u>7000 0600 0026 7825 6058                                  </u>		4. Restricted Delivery? (Extra Fee)
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	2. Article Number (Copy from service label) 7000 0600 0036 7825	6058
·	PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789



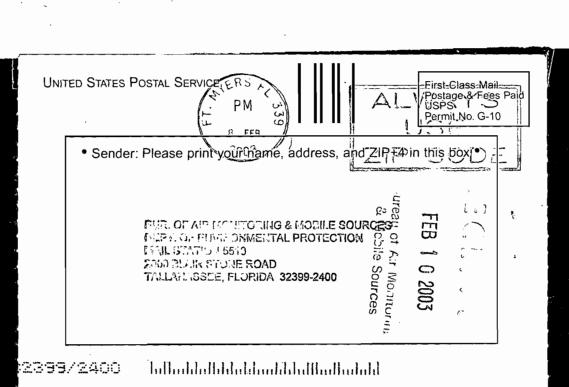
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26 41.28	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)	\$	Postmark Here
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	SE	The value of the second	or Instructions

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)  B. Date of Delivery  C. Signature  X
Article Addressed to:	If YES, enter delivery address below:
AIKS ID # U/1U182 ONE PRICE DRY CLEANING DAVID SPENCER 4176 TAMIAMI TRAIL N	· ·
NAPLES FL	3. Service Type
34103	☐ 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) 4/28	7676
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789



	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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E H	Return Receipt Fee (Endorsement Required)				
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7,5	Sen: ONE PRICE DRY CLEANING				
	Stre 4176 TAMIAMI TRAIL N				
7000	City, NAPLES FL				
	34103 PS-74	Misinicitors			

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> <li>Article Addressed to:         <ul> <li>AIRS ID#0710182</li> </ul> </li> <li>ONE PRICE DRY CLEANING DAVID SPENCER</li> </ul>	A. Signature  X Permit Agent  Addressee  B. Received by (Printed Name)  C. Date/of Delivery  Addressee  D. Is delivery address different from item 17  If YES, enter delivery address below:
4176 TAMIAMI TRAIL N	3. Service Type
NAPLES-FL 34103	
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label) 7 000 1670	0013 3108 6694



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405577 FEB16 2001

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**TOTAL AMOUNT DUE: \$50.00** 

2116101 Pd

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AIRS ID # 0710182

ONE PRICE DRY CLEANING DAVID SPENCER 4176 TAMIAMI TRAIL N NAPLES FL 34103 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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

K

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** 

41396/11/02

Do NOT Remove Label

AIRS ID # 0710182
ONE PRICE DRY CLEANING
DAVID SPENCER
4176 TAMIAMI TRAIL N
NAPLES FL
34103

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 Calclean Inc 4176 Tamiami Trail N Naples, FL 34103





General Permits Section
Bureau of Air Monitoring
Dept of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

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