

## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 17, 1997

Ms. Cindy Vimont Concord Custom Cleaners Post Office Box 1000 Richmond, Kentucky 40476

Facility I.D. No. 0730085 (#045)

Dear Ms. Vimont:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 13, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

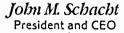
Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

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





January 17, 2001

#0730085

FDEP Air Resources Management

Attn: Charles Norman 160 Governmental Center Pensacola, FL 32501-5794

Dear Mr. Norman:

Please accept this letter as notification that Phil Gorgas (Vice President - Facilities & Technical Support) is authorized to serve as our "Responsible Official" for all of our Concord Custom Cleaners locations in the state of Florida (please see attached list of locations). Mr. Gorgas has replaced Cindy Vimont in this capacity.

Please call my office should you have any questions.

Sincerely,

John M. Schacht

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NORTHWEST FLORIDA

## **Best Available Copy**

## Concord Custom Cleaners List of Locations

	Location		Facility ID Number
	Concord Custom Cleaners #015 324 N. Monroe St. Tallahassee, FL 32301	0430083	37-9502182
√	Concord Custom Cleaners #018 1703 W. Fairfield Dr. Pensacola, FL 32501	0330232	17-9502176
√	Concord Custom Cleaners #019 2910 Kerry Forest Parkway Tallahassee, FL 32308	0730084	37-9502171
<i>\int</i>	Concord Custom Cleaners #045 1940-77 North Monroe St. Tallahassee, FL 32303	0730085	37-9502169
<i>)</i> ,	Concord Custom Cleaners #050 1245 Lafayette St. Tallahassee, FL 32301	0730086	37-9502141
$\sqrt{}$	Concord Custom Cleaners #065 8181-A North Davis Hwy. Pensacola, FL 32514	0330233	17-9502140
1	Concord Custom Cleaners #074 4081 East Olive Pensacola, FL32514	0.33 0234	17-9502138
1	Concord Custom Cleaners #081 400 Capital Circle SE Tallahassee, FL32301	0730087	37-9502137
/	Concord Custom Cleaners #201 1413 South Monroe Tallahassee, FL 32301	0730088	37-9502135

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NORTHWEST FLORIDA

#### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Concord Custom Cleaners
2.	Site Name (For example, plant name or number):
	Concord Custom Cleaners #045
3.	Hazardous Waste Generator Identification Number:
	FLO-981-025-505
4.	Facility Location:
	Street Address: 1940-77 N. Monroe St. City: Tallahassee County: Leon Zip Code: 32303
5.	Facility Identification Number (DEP Use):
	0430085
	Pernonsible Official

6.	Name and Title of Responsible Official:
	Cindy Vimont - Environmental Manager
7.	Responsible Official Mailing Address:
	Organization/Firm: Concord Custom Cleaners
	Street Address: P.O. Box 1000
	City: Richmond, KY County: Madison Zip Code: 40476
8.	Responsible Official Telephone Number:
	Telephone: (606) 623-2550 Fax: (606) 624-9185

#### Facility Contact (If different from Responsible Official)

9. Name and Title of Facil	ity Contact (For example, plant mana	iger):	
10. Facility Contact Addres	S:		
Street Address: City:	County:	Zip Code:	
11. Facility Contact Teleph Telephone: ( )		x: ( ) -	

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SEP 1 3 1996

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

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device	,,,	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	AUG - 91	Aug -91						
(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		1							
(12) w/ no controls									
(b) Control devices are required, but not yet installed []  (c) No control devices are required to be installed []  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [									
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	et one classifi	cation only.) Ne	ew sn	nitions found nall area sour rge area sour	rce [	ĺ	Part II?	
Laisting large at	Ua 301		140	w idi	50 area sour		I		

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(Indicate with an "X".)	pursuant to section (5) of F	art II of this notification form?
Existing large area source		
Carbon adsorber []	Refrigerated condenser	
New small area source		
Refrigerated condenser []		
New large area source		
Refrigerated condenser []		
5. A facility which contains non-exempt emissions to	units shall not be eligible to	ouse the general nermit pursuant
to Rule 62-213.300, F.A.C. Verify that all steam and		
exemption criteria or that no such units exist on-site:		
All steam and hot water generating units on-site (1)		
boiler HP or less), and (2) are fired exclusively by ne during which propane or fuel oil containing no more		
auring which propune or fact on containing no more		jii cu.
All steam and hot water generating units exempt No such units on-site		
•		
Equipment Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to be kept on-site	in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases		[ X _]
(b) Leak detection inspection and repair		[ X _]
(c) Refrigerated condenser temperature monitoring		X
(d) Carbon adsorber exhaust perc concentration mon	itoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		[X_]
:		

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

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

Please indicat	te with an "X" the appropriate selection	:				
1	I hereby surrender all existing air per facility indicated in this notification f					
[_X]	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible O	Official Certification				
this notifi statement maintain	ication. I hereby certify, based on infor ts made in this notification are true, acc the air pollutant emissions units and ai	s defined in Part II of this form, of the facility addressed in mation and belief formed after reasonable inquiry, that the turate and complete. Further, I agree to operate and r pollution control equipment described above so as to eral permit as set forth in Part II of this notification form.				
I will pro	mptly notify the Department of any cha	nges to the information contained in this notification.				
Signatura	inch Vimont	9/5/96 Date				

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):									
	Concord Custom Cleaners									
2.	Site Name (For example, plant name or number):									
	Concord Custom Cleaners #045									
3.	Hazardous Waste Generator Identification Number:									
	FLO-981-075-505									
4.	Facility Location:									
	Street Address: 1940-77 N. Monroe St. City: Tallahassee County: Leon Zip Code: 32303									
5.	Facility Identification Number (DEP-Use):									
	0480085									
	Responsible Official									
	·									
6.	Name and Title of Responsible Official:									
	Cindy Vimont - Environmental Manager									
7.	Responsible Official Mailing Address: Organization/Firm: Concord Custom Cleaners									
	Street Address: P.O. Box 1000									
	City: Richmond, KY County: Madison Zip Code: 40476									
8.	Responsible Official Telephone Number:									
	Telephone: (606) 623-2550 Fax: (606) 624-9185									
	Facility Contact (If different from Responsible Official)									
9.	Name and Title of Facility Contact (For example, plant manager):									
10.	Facility Contact Address:									
	Street Address:									
	City: County: Zip Code:									
11	Facility Contact Tolophone Number									
' ' '	Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -									

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

Type of Machine  Example  Dry-to-Dry Unit  (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls	ID #1	Machine Initially Purchased	Control Device Installed	ID	Machine Initially Purchased	Control Device Installed	ID	Machine Initially Purchased	Control Device Installed
Example  Dry-to-Dry Unit  (1) w/ ref. condenser  (2) w/ carbon adsorber  (3) w/ no controls		Purchased	Installed	ID			ID	1 -	
Example  Dry-to-Dry Unit  (1) w/ ref. condenser  (2) w/ carbon adsorber  (3) w/ no controls				ID	Purchased	Installed	ID	Purchased	Installed
Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls	#1	03-OCT-93	12-NOV-03						
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls			12-1101-33	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
(2) w/ carbon adsorber (3) w/ no controls									
(3) w/ no controls	#1	Auc - 51	Auc - 91						
	1								
Washer Unit								•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			L., _	_				•	
(7) w/ ref. condenser			-						
(8) w/ carbon adsorber	1								
(9) w/ no controls								1	
Reclaimer Unit	T								1
(10) w/ ref. condenser			_						
(11) w/carbon adsorber	1								
(12) w/ no controls	<del>                                     </del>							,	
(b) Control devices are required, but not yet installed									
3. What is the facility's s (Indicate with an "X".  Existing small a	Selec	ct one classif	ication only.)	)	initions foun		3) of ]	Part II?	

DEP Form No. 62-213.900(2)

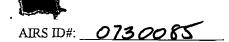
Effective: 6-25-96

4. What control technology is required on machines p (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser [X]
New small area source Refrigerated condenser	
New large area source  Refrigerated condenser []	
5. A facility which contains non-exempt emissions up to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	nave a total heat input of 10 million BTU/hr or less (298 tural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
,	
	nd Recordkeeping Information
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	[ X _]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration moni	toring
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[X ]

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

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

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
[ <u>X</u> ]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
this notif statemen maintain comply w	ication. 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



Revised 10/10/96

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

FACILITY NAME:	CONCORD	CUSTOM	CLEAN	lees	ľ	ATE: 5/8/97		
FACILITY LOCATION:	1940-77	NORTH	MONROE	ニンア				
	TALLAHAS	SEE FL	32 303	)				
Annual Reporting Period:	SEPT 3		19 <b>96</b>	то	May 8	19 <b>97</b>		
Based on each term or condit					_	_		
62-213.300, Florida Adminis	trative Code (F.A.	C.), during the p	eriod covered	by this stat	tement. YES	MO		
If NO, complete the following	g:							
#1. Term or condition of the	general permit the	at has not been in	n continuous co	ompliance	during the reportin	g period stated above:		
Exact period of non-complian	nce: from			to_				
Action(s) taken to achieve co	mpliance:				DECE	VED		
Method used to demonstrate	compliance:	RECEIVED						
					MAY 30			
#2. Term or condition of the	general permit th	at has not been in	n continuous co	ompliance				
		REC	EIVE	D_	DEP, TALLA BRANCH C			
Exact period of non-complian	nce: from			to	:	•		
Action(s) taken to achieve co	mpliance:	JUN						
Method used to demonstrate	compliance:		f Air Monitor bile Sources	ing				
As the responsible official, I made in this notification are upon rolling averages of pur- year for transfer or combinal	true, accurate and chase receipts, do	d complete. Furt	her, my annua	l consump	tion of perchloroet	hylene solvent, based		
RESPONSIBLE OFFICIAL	L: CINDY	(Please Print)	Cu	oly V	1 mont	5/28/97		
	Name	(Please Print)		J	Signature	Date		

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

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

	/
-	

TYPE OF INSPECTION:	ANNUAL 🔀	COMPL	AINT/DISCOVERY	RE-INSPECTION
TIME IN: 1250	TIME OUT:	/330	AIRS ID#:	0730085
TYPE OF FACILITY:	EXISTING L	ARGE		<del></del>
FACILITY NAME:	CONCORD CO	USTOM (	CLEANERS_	DATE: <u>5/8/97</u>
FACILITY LOCATION:	1940-77 1	NORTH	MONROE ST	
	TALLAHASSEE I	FL 323	803	
RESPONSIBLE OFFICIAL:_	_			R: 606-623-2550
compliance with DEI	of the compliance requireme P Rule 62-213.300, Florida A of the compliance requireme	Administrativ	e Code (F.A.C.).	
discrepancies were no	oted:			
COMPLIANCE RE	QUIREMENT/PROBI	LEM	FOLLOW-UP AC	TION REQUIRED
No noted pro	blems			
				·
COMMENTS:				
	•			
			•	•
The Annual Compliance Certi	fication form has been prope	erly certified	and submitted to the inspect	or. YES NO
DATE OF NEXT INSPECT	ION: MA	4 / June	? /998 vimata)	forwarded to re
INSPECTION CONDUCTE	D BY: RA	(Appro (Please)	Print)	•
INSPECTOR'S SIGNATUR	(E: Gla Sty	rlin	PHONE NUMBE	R: 904.488 3704
		Pageo	f	Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION	COMPLAINT/DISC	COVERY		
AIRS ID#: 0730085 DAT	•		ле оит: <u>/330</u>		
FACILITY LOCATION: /9	40-77 A	1. MONROE ST			
		FL 32303			
PART I: NOTIFICATION					
(check appropriate box)					
<ol> <li>Existing facility notified DARM b</li> </ol>	y 9/1/96		9		
2. New facility notified DARM 30 da	ays prior to startup	•			
3. Facility failed to notify DARM to	use general permit				
PART II: CLASSIFICATION					
Facility indicated on notification for (check appropriate box)	rm that it is:				
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	dry trai bot	New small area source y-to-dry only, x<140 gal/yr nsfer only, x<200 gal/yr th types, x<140 gal/yr nstructed on or after 12/9/91)	ם		
3. Existing large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>/yr dry r trai bot</td><td>New large area source y-to-dry only, 140<x<2,100 gal="" yr<br="">nsfer only, 200<x<1,800 gal="" yr<br="">th types, 140<x<1,800 gal="" yr<br="">onstructed on or after 12/9/91)</x<1,800></x<1,800></x<2,100></td><td></td></x<2,100>	/yr dry r trai bot	New large area source y-to-dry only, 140 <x<2,100 gal="" yr<br="">nsfer only, 200<x<1,800 gal="" yr<br="">th types, 140<x<1,800 gal="" yr<br="">onstructed on or after 12/9/91)</x<1,800></x<1,800></x<2,100>			
This is a correct facility classification	n 🙇	Y DN			
If no, please check the appropriate c	lassification:				
	or a general permit a ove limits and is not	as number above eligible for a general permit			
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 302 gallons. How Am 97					

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? CTY ON 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN WN/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 condense) 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) NO YES 1. Equipped all machines with the appropriate vent controls? non vented PY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN BAYA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the No deviationo 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

For 2 1 2 1 18

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?	ПY	□и
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N
	Is the temperature differential equal to or greater than 20° F?	ПY	□N
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□n □n/a
	Is the perc conceptration equal to or less than 100 ppm?	ПY	□N
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y	□N
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N □N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days מם אם and parts installed w/in 5 days of receipt? DY DN CONTA 4. Maintained calibration data? (for direct reading instruments only) NO YE 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? None required OY ON Problem corrected? 8. Maintained compliance plan, if applicable? DY ON DINA

PART VI: LEAK DETECTION AND R	EPAIR	s					
1. Does the responsible official conduct a	weekly (	for small	sources, bi-we	ekly) lea	k detection a	nd repai	r_
inspection?						PY	□N
2. Which method of detection is used by the	ne respon	nsible off	icial?				
Visual examination (condensed so	lvent or	exterior	surfaces)			9	_
Physical detection (airflow felt thr	ough ga	skets)				9	
Odor (noticeable perc odor)				_		9	
Use of direct-reading instrumental	tion (FII	D/PID/cal	lorimetric tube	s) (A	(A) -	-	
If using direct-reading instrume	ntation,	is the ea	quipment:				
a. Capable of detecting p	erc vapo	or concer	trations in a r	ange of 0-	.500 ppm?	□Y (	⊒N
b. Calibrated against a st (PID/FID only)?	andard	gas prior	to and after ea	ich use			⊒N
c. Inspected for leaks and	d obviou	s signs o	f wear on a we	ekly basis	s?	□Y (	חב
d. Kept in a clean and se	cure are	a when r	ot in use?				חכ
e. Verified for accuracy l	by use of	f duplicat	te samples (cal	orimetric	only)?		עֻׂכ
3. Has the facility maintained a leak log?							ΩN
4. Does the responsible official check the f	ollowin	g areas fo	or leaks?				
Hose connections, fittings, couplings, and valves	₽Y	□N	Mu	ck cooke	rs (NA)	ΟY	□N
Door gaskets and seating	<b>W</b> Y	□N	Sti	lls		₽Y	□N
Filter gaskets and seating	₽Y	□N	Ex	haust dan	ipers NA	ПY	□N
Pumps	DY	□N	Div	erter val	ves WA	ΟY	□N
Solvent tanks and containers	DY	DN	Ca	rtridge fil	ter housings	<b>□</b> Y	□N
Water separators	₽Y	□N					
CINDY VIMONT							
Name of Responsible Officia	i						
RALPH STAPLIN			_	00	3 MA	19	7
Inspector's Name (Please Prin	t)				Date of Inspe		
6 les Staplin					IM JUN	e 199	78

VIC 1250 F/S Dry to dry machine
No vents - no dwerter valve —
Fan stops your door opening - no air oflow
Containment barrier around machine
Cell perc stored w internal tanks
Facility appears compliant - no noted problems.
Sheve Parke, area Mgs.

FLD 981025505 Haz Waste #

#### **Best Available Copy**

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT



TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/DISC	COVERY	RE-INSPECTION
TIME IN: 0840	TIME OUT:	0905	AIRS ID#:	073 0085
TYPE OF FACILITY:	EXISTING LAR	GE		
FACILITY NAME:	PONCORD CUST	OM CLEANERS	# 045	DATE: 4/21/98
FACILITY LOCATION:	1940-77 No.	RTH MONRUE S	T	
	TALLAHASSEE A	2 32303		
RESPONSIBLE OFFICIAL: C	NOY VIMONT STEVE	PARKE	PHONE NUMBE	R: 850-224-2044
compliance with DEP R	the compliance requiremental to the compliance requiremental Aule 62-213.300, Florida A	Administrative Code (F.A	A.C.).	·
Based on the results of the discrepancies were note	the compliance requirement d:	nts evaluated during this	s inspection, the f	ollowing compliance
COMPLIANCE REQU			LOW-UP AC	TION REQUIRED
Nodiverter value	/ no vert to a	nt-		
Nodiverter valve Side. Recent mi no publim - E diverter reg.	nchine - pro	Ь,		
no publin- E	PA mustica	tus	· · · · · · · · · · · · · · · · · · ·	P
diverter reg,	0	)		8 6
—— <del>—</del>				RO TO
No noted prop	/28.			No. P. 15
				**************************************
				Aurces Auring
COMMENTS:				
	<u> </u>		· ·	
The Annual Compliance Certific	cation form has been prope	erly certified and submi	tted to the inspect	tor. YES NO
DATE OF NEXT INSPECTIO	N:	/ JUN 1999		
	<i>n</i> .	(Approximate)  LPH STAPLIA	1	
INSPECTION CONDUCTED	BY: // / / / / / / / / / / / / / / / / /	(Please Print)		
INSPECTOR'S SIGNATURE	: Gla 1	,	HONE NUMBE	CR: 850-488-3704
		// Page / of /.		Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TVPF	OF	INSPE	CTIO	N.
TILE	$\mathbf{v}_{\mathbf{r}}$	THOLE	しょん	17.

ANNUAL

σX

COMPLAINT/DISCOVERY

385-7226

RE-INSPECTION

AIRS ID#: 0730085 DATE: 4/21/98 TIME IN: 0840 TIME OUT: 0905

FACILITY NAME: CONCORD CUSTOM CLEANERS # 045

FACILITY LOCATION: 1940-77 NORTH MONROE ST

TALLAHASSEE FL 32303

RESPONSIBLE OFFICIAL: CINNY VIMONT PHONE: 606-823-2550

CONTACT NAME: STEVE PARKE PHONE: 850-224-2044

PART I: NOTIFICATION	-	
(check appropriate box)		·
1. New facility notified DARM 30 days prior to startup	N/A	
2. Facility failed to notify DARM to use general permit	<i>N   N</i>	

MIKE CULPEPPER

· ·				
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)			
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 classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit				
2710	urchased within the preceding 12 months by this dry cleaning  98 (quantity varies 356 - 406)			

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly scaled and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN PN/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 actificerated 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) MO A 1. Equipped all machines with the appropriate vent controls? DY 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 condenser upon opening the door? Never type machine DY DW DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MU AR condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY ON DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after

PART III: GENERAL CONTROL REQUIREMENTS

verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	DY ON			
2. Maintained rolling monthly averages of perc consumption?	OYON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/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 ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON BNA			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A			
6. Maintained startup/shutdown/malfunction plan? 0/5 Manual	DY ON			
7. Maintained deviation reports?	DY DN BNA			
Problem corrected?	DY DN DNA			
8. Maintained compliance plan, if applicable? None reg.	DY DN BNA			

PΑ	RT VI: LEAK DETECTION AND R	EPAIRS					
l.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			UN P			
2.	Has the facility maintained a leak log?			OY ON			
3.	Does the responsible official check the f	ollowing areas for leaks?	į				
	Hose connections, fittings, couplings, and valves	BY ON ON/A	Muck cookers	CY ON ON/A			
	Door gaskets and seating	DY ON ON/A	Stills	BY ON ON/A			
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	GY ON ON/A			
	Pumps	ey on on/a	Diverter valves	CY ON ON/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	OY ON ON/A			
	Water separators	DY ON ON/A					
4.	Which method of detection is used by the	ne responsible official?					
	Visual examination (condensed so	olvent on exterior surfaces)		9			
	9						
	Odor (noticeable perc odor)			9			
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes) —	<del>-</del>			
	Halogen leak detector		_	-			
	If using direct-reading instr	umentation, is the equipn	nent:	<u>□</u> N/A			
	a. Capable of detecting I	perc vapor concentrations i	n a range of 0-500 ppm?	□Y □N			
	□У □И						
	c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	□Y □N			
	d. Kept in a clean and so	ecure area when not in use	?	□Y □N			
	e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	□Y □N			
_		<del></del>					

RALPH STAPLIN	21 APR 98
Inspector's Name (Please Print)	Date of Inspection
Can Staplin	MAY/JUN 99
Inspector's Stenature	Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

VIC 1250 Ets (Filter Still) P6-90-1132-6

(mann 6/90)

Hus delay time for door optning

Weigh loads

No diviter valve - no vent

Machine appears to be Type 4(4th genealing)

# TITLE V.AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAI	NT/DISCOVERY	RE-INSPECTIO	И
TIME IN: /300	TIME OUT:	1325	AIRS ID#:	0730085	
TYPE OF FACILITY:	EXISTING LARGE	<del>,</del>			
FACILITY NAME:	CONCORD CUSTOM	CLEANERS	#045	DATE: 12 APR	-99
FACILITY LOCATION:	1940-77 NORTH	MONROE	57		
	TALLAH ASSEE	FZ 32	3 <i>0</i> 3		
RESPONSIBLE OFFICIAL:	CINDY VIMONT/ STEN	E PARKE	PHONE NUMBER	R: 850 - 224 - 2049	<u>/</u>
compliance with DE	of the compliance requiremen P Rule 62-213.300, Florida A	dministrative C	ode (F.A.C.).		
Based on the results discrepancies were r	of the compliance requirement noted:	ts evaluated du	ring this inspection, the fo	ollowing compliance	
COMPLIANCE RE	QUIREMENT/PROBL	EM	FOLLOW-UP ACT	TION REQUIRED	
No problems					
	÷				
				& M	R E C
·				Mobile	<u> </u>
	•			le Sources	9 199
	•			Se S	
		·			
COMMENTS:		<b>.</b>			
	~				
The Annual Compliance Cer	tification form has been prope	rly certified and	d submitted to the inspect	or. YES NO	 ○ <b>⊠</b>
DATE OF NEXT INSPEC	TION: MA	4/ June	1999		
INSPECTION CONDUCT	ED BY: RAIDH	Stap	liù		
INSPECTOR'S SIGNATU	RE: Ru Stry	(Please P	rint)PHONE NUMBE	R: 850-488-	370¥
		Pageof	<u>/</u> .	Rev	vised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>M</b>	COMPLAINT/	DISCOVERY	of Air Monite
AIRS ID#: 0730075	DATE: 12 APR 9	19 TIME I	N: 130	TIME OUT: _	
FACILITY NAME:	CONCORD CUST	OM CLEAT	VERS # 04	5	
FACILITY LOCATION:	1940-77 NOR	TH MONK	0E ST		
	TALLAHASSEE	FC 323	303		
RESPONSIBLE OFFICIAL	: STEVE PAR	KĒ	PHONE: 850	224 204	4
CONTACT NAME:	ILE CULPEPPE	<u> </u>	_PHONE: <u>85</u> v	. 385 - 72	26
PART I: NOTIFICATION					<u>'</u>
(check appropriate box)				-	
New facility notified DAR	M 30 days prior to start	חני			
2. Facility failed to notify DA		-			<u> </u>
<u> </u>					
PART II: CLASSIFICATION	ON				
Facility indicated on notificated on notificate (check appropriate box) A.	ation form that it is:		☐ No notificati	ion form out of business/p	etroleum
1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9	al/ут ут	transfer only, x both types, x <	, x < 140 gal/ут < 200 gal/ут		
3. Existing large area so dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$ both types, $140 \le x \le 1,80$ (constructed before $12/9/9$	2,100 gal/yr 800 gal/yr 0 gal/yr	transfer only, 2 both types, 140	area source , $140 \le x \le 2,100$ $00 \le x \le 1,800$ ga $0 \le x \le 1,800$ gal/y a or after 12/9/91)	al/yr ⁄r	
5. This is a correct facility	classification	XY ON	□Can not dete	rmine	
¹ □ fao	he appropriate classifica cility qualified for a gen cility exceeds above lim	eral permit as n		above Il permit	·
B. The total quantity of perconfacility was 49 gallo	hloroethylene (perc) pu	_	the preceding 12 to 185 / 1999	. •	* 1

					ထ္
PART III: GENERAL CO	NTROL REQUIREMENTS		•	, R	
Is the responsible official of (check appropriate boxes)	the dry cleaning facility:			Pilopile C	of Air
1. Storing perchloroethylene	in tightly scaled and impervious containers?	<b>Ø</b> Y	ПΝ	□N/A §	Mon
2. Examining the containers	for leakage?	<b>A</b> Y	ПΝ	□N/A 8	toring
3. Closing and securing mac	hine doors except during loading/unloading?	ZY	ПЙ		eg.
Draining cartridge filters in least 24 hours prior to disp	n their housing or in sealed containers for at posal?	<b>∕</b> X <b>Y</b>	ПN	□N/A	
_	rbon ratios and steam pressure for carbon adsorber ufacturer's specifications?	ΩY	ΠN	DYN/A	
		,			<b>=</b>
	TO COMPANY O				11

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 $\bf A$ and $\bf B$ 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?	X Y DN						
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?	A'אם אלע צם						
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	XY DN						
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	XY ON ON/A						

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

XXY □N

_			_	= 1
ษ.	Has the responsible official of an existing large or new large area source also:			& N
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?	<b>X</b> Y	□и	of Air Mobile
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□и	Monitor Sources
	Is the temperature differential equal to or greater than 20° F?	ΠY	$\square N$	MN/AR
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?			DAN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	$\Box$ N	<b>⊠</b> N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ПΝ	ØN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	Æ(N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПП	Ø(N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)	·				
1. Maintained receipts for perc purchased?	M□ YXX				
2. Maintained rolling monthly averages of perc consumption?	AY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	XY ON ON/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?	<b>⊠</b> y on on/a				
4. Maintained calibration data? (for applicable direct reading instruments)	oy on <b>¤</b> (n/a				
5. Maintained exhaust duct monitoring data on perc concentrations?	XY ON ON/A				
6. Maintained startup/shutdown/malfunction plan?	Ď <b>(</b> Y □N				
7. Maintained deviation reports?	XY □N □N/A				
Problem corrected?	MY ON ON/A				
8. Maintained compliance plan, if applicable?	XY ON ON/A				

PA	PART VI: LEAK DETECTION AND REPAIRS						
l.	. Does the responsible official conduct a weekly for small sources, bi-weekly) leak detection and repair						
	inspection?				<b>∀</b> Y	חח	
2.	Has the facility maintained a leak log?			•	<b>X</b> Y	□и	
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	XY DA	N DN/A	
	Door gaskets and seating	MA ON O	√A	Stills	MY DI	N □N/A	
	Filter gaskets and seating	MY ON O	√A	Exhaust dampers	ØY □1	A/ND V	
	Pumps	MY ON O	√A	Diverter valves	CY X	Ń □N/A	
	Solvent tanks and containers	MY ON O	√A	Cartridge filter housings		A/N□ V	
	Water separators	מם אם צאָ	N/A				
4.	Which method of detection is used by the	he responsible o	official?				
	Visual examination (condensed so	olvent on exteri	or surfaces)		×		
	Physical detection (airflow felt the	rough gaskets)			<b>X</b>		
	Odor (noticeable perc odor)				pa(		
	Use of direct-reading instrumenta	tion (FID/PID/	calorimetric 1	tubes) —	<del>-</del>	-	
	Halogen leak detector				X		
	If using direct-reading instr	umentation, is	the equipme	ent:	XV/A		
	a. Capable of detecting	perc vapor conc	entrations in	a range of 0-500 ppm?		N	
	b. Calibrated against a s (PID/FID only)?	standard gas pri	or to and afte	er each use	OY O	N	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					N	
	d. Kept in a clean and secure area when not in use?					N	
	e. Verified for accuracy	by use of duplic	cate samples	(calorimetric only)?		N	

Inspector's Name (Please Print)

/2 Apr 99
Date of Inspection

Approximate Date of Next Inspection

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

	NSPECTION	COMPLA	INT/DISCOVERY	
AIRS ID#: <u>D73008</u> S DATE: FACILITY NAME: <u>CONCORI</u> FACILITY LOCATION: <u>1940 - 7</u> RESPONSIBLE OFFICIAL: <u>CIND</u> CONTACT NAME:	OUSTOM 7 N. MON y Vimont	Cleavers RDE PHONE:	UOL-423-	2550
PART I: NOTIFICATION  (check appropriate box)  1. New facility notified DARM 30 days  2. Facility failed to notify DARM to use	·			
PART II: CLASSIFICATION  Facility indicated on notification form (check appropriate box)	that it is:		fication form	etroleum
<ul> <li>A. <ol> <li>Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>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)</li> <li>This is a correct facility classificating the proprious of the proprious facility qualif</li> </ol> </li> </ul>	dry-to- transfe both ty (constr  4. Nev dry-to- transfe both ty (constr  constr  ion  Y  ate classification: fied for a general per	w small area source dry only, $x < 140$ galary only, $x < 200$ gal/yr opes, $x < 140$ gal/yr ructed on or after 12/9 w large area source dry only, $140 \le x \le 2$ er only, $200 \le x \le 1.80$ opes, $140 \le x \le 1.80$ or on or after 12/9 $\square$ N $\square$ Can not	/91)  "100 gal/yr gal/yr gal/yr determine above	MAR - 7
B. The total quantity of perchloroethyle facility was $468$ gallons.		14.1 A 31	12 tha hu thia dw	1

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

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?	ØY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON WAN/A
	Is the temperature differential equal to or greater than 20° F?	אוא אם עם אם
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?	DY ON BN/A
	ls the perc concentration equal to or less than 100 ppm?	DY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON WN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN MN/A.

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	My ON
2. Maintained rolling monthly total of perc consumption?	אם צלפ
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/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?	ey on on/a
4. Maintained calibration data? (for applicable direct reading instruments)	DY MY DN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN WN/A
6. Maintained startup/shutdown/malfunction plan?	QY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	DY ON WN/A
8. Maintained compliance plan, if applicable?	DY DN DN/A

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			DY DN			
2.	Has the facility maintained a leak log?			DAY DN			
3.	Does the responsible official check the f	ollowing areas for leak	s?				
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	חוש אם עם			
	Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A			
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN ØN/A			
	Pumps	DY ON ON/A	Diverter valves	DY DN ØN/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ØY ON ON/A			
	Water separators	DY ON ON/A					
4.	Which method of detection is used by th	e responsible official?					
	Visual examination (condensed so	lvent on exterior surfac	res)				
	Physical detection (airflow felt three	ough gaskets)		☑ ,			
	□ /						
	<sup>-</sup> /						
	SZN/A						
	a. Capable of detecting p	erc vapor concentration	ns in a range of 0-500 ppm?	DY DN			
	<ul><li>b. Calibrated against a statement of the control of the co</li></ul>	andard gas prior to and	after each use	OY ON			
	c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	OY ON			
	d. Kept in a clean and sec	cure area when not in u	se?	OY ON			
	e. Verified for accuracy t	by use of duplicate sam	ples (calorimetric only)?	OY ON			
				·			
				-			
\			100 100				
	DANIEUR DEDWN 2/24/2000						
1	Inspector's Name (Please Prin	t)	Date of Inspection				
	anielle Frow						
1	Inspector's Signature		Approximate Date of	Next Inspection			

ADDITIONAL SITE INFORMATION:		
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## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CONC	ord Clex	nees	#045	DATE	: 2/29/00
FACILITY LOCATION:	40-77 N.	MONRO	e stre	et	<i>1 1</i> .:
$\cap$	uphassee				
Annual Reporting Period:	Ipric	199920	то Т	ebupry	20
Based on each term or condition of 62-213.300, Florida Administrative				rest.	EP Rule
If NO, complete the following:				,	
#1. Term or condition of the genera	l permit that has not bee	en in continuous (	compliance during	g the reporting perio	d stated above:
Exact period of non-compliance: fr	om		to		
Action(s) taken to achieve complian	ce:		-		
Method used to demonstrate compli	ance:				
#2. Term or condition of the genera	l permit that has not bee	en in continuous	compliance during	g the reporting perio	od stated above:
Exact period of non-compliance: fr	om		to		
Action(s) taken to achieve complian	ce:				
Method used to demonstrate compli	ance:				
			/		·
As the responsible official, I hereby in this notification are true, accurate purchase receipts, does not exceed a combination facilities.	e and complete. Further	r, my annual con	sumption of perch	loroethylene solven	t, based upon
RESPONSIBLE OFFICIAL: P	GORGAS		Ng5		10-26-00
	Name (Please Print	t) [	Signa	ature D	ate

Revised 01/18/00

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is not the discretion of the responsible official to use this form.

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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 # 0730085

CONCORD CUSTOM CLEANERS #045

CINDY VIMONT COMPLIANCE DIRECTOR

PO-BOX-1000 PO BOX 55910

RICHMOND-KY-40476

LEXINGTON, KY 40555-5910

,\_x,01/A

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1



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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**

#### Do NOT Remove Label

AIRS ID 0730085

CONCORD CUSTOM CLEANERS CINDY VIMONT PO BOX 1000 RICHMOND KY 40476

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

on the reverse side?	<ul> <li>Print your name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if spac permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article.</li> <li>The Return Receipt will show to whom the article was delivered and delivered.</li> </ul>	e can return this e does not e number.	I also wish to red following service extra fee):  1.  Address 2.  Restricte Consult postmas	s (for an ee's Address ed Delivery	eceipt Service.
Is your RETURN ADDRESS completed of	AIRS ID#: 07300853  CONCORD CUSTOM CLEANERS CINDY VIMONT PO BOX:1000 RICHMOND:KY 40476  5. Received By: (Print Name)  6. Signature: (Addressee or Agent) X  PS Form 3811, December 1994	7. Date of De	Type ed Mail ceipt for Merchandise elivery	Certified Insured COD if requested	Thank you for using Return Rec

( '.	>P 265 30	02 747	}
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<u>س</u>	Restricted Delivery Fee		
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April	Return Receipt Showing to Whom, Date, & Addressee's Address	n,	
800,	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date Z/14	197	

#### 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# 0730085 CONCORD CUSTOM CLEANERS CINDY VIMONT PO BOX 1000 RICHMOND KY 40476 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1



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

#### Do NOT Remove Label

AIRS ID # 0730085

CONCORD CUSTOM CLEANERS #045 CINDY VIMONT PO BOX 1000 **RICHMOND KY 40476** 

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

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## Department of Environmental Protection

Jeb Bush Governor Division of Air Resource Management 2600 Blair Stone Road, MS 5510 Tallahassee, Florida 32399-2400

Colleen M. Castille Secretary

#### TO: Holder of Title V Air General Permit

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

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

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





(CUT HERE)

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

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 730085 1st CONCORD CUSTOM CLEANERS #045 1940-77 N Monroe Street TALLAHASSEE, FL 32303 FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273



## Department of Environmental Protection

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

Colleen M. Castille Secretary

01/12/2006

PHIL GORGAS, VICE PRES FAC CONCORD CUSTOM CLEANERS #6045 PO BOX 55910 LEXINGTON, KY 40555-5910

DEP/EPA ID:

FLD981025505

LOCATION:

1940-77 N MONROE ST, TALLAHASSEE.

Based on information supplied by you, we have processed and accepted your request for the facility identified with the above DEP/EPA identification number the following status change under RCRA. Your facility status has been changed to:

Closed/Moved

Your EPA ID number is now inactive. Please notify us in writing if there is any further change in your operations which would affect your status. For further assistance, please call the Hazardous Waste Notification Coordinator at (850)245-8707.

Sincerely,

Michael X. Redig

Environmental Manager Hazardous Waste Regulation Section

nichael L. Gedig

Site: 8934

AIRS ID#: 073008.5

Revised 01/18/00

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CONCORD CUSTON	CLEANERS	#045	DAT	E: <u>/-6-06</u>
FACILITY LOCATION: 1940-77 News	N MONROS	Sr	· .	
TALLAHASSEE,	-L 32303	4		
		-		
Annual Reporting Period:	20 <b>05</b>	TO CLOSED	ON DEC	. 16 20 <b>05</b>
Based on each term or condition of the Title V general a	r narmit my facility h	as remained in co	mnliance with F	APD Rule
62-213.300, Florida Administrative Code (F.A.C.), durin	• • •		·	□NO
If NO, complete the following:				
#1. Term or condition of the general permit that has not	been in continuous co	•		iod stated above:
Exact period of non-compliance: from				
Action(s) taken to achieve compliance:				<u> </u>
Method used to demonstrate compliance:			<del></del>	
#2. Term or condition of the general permit that has not	been in continuous co	mpliance during	the reporting per	riod stated above:
<del></del>				<u> </u>
Exact period of non-compliance: from		to	<u> </u>	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based on infining this notification are true, accurate and complete. Fur purchase receipts, does not exceed 2,100 gallons per year combination facilities.	ther, my annual consu	mption of perchl	oroethylene soly	ent, based upon
RESPONSIBLE OFFICIAL: PHIL GORGA	<u> </u>	be levane		1-6-06
Name (Please I	Print)	Signat	ure	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.

#### Z 333 612 852

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID 0730085
CONCORD CUSTOM CLEANERS
CINDY VIMONT
PO BOX 1000
RICHMONT RICHMOND KY 40476

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

8		Service  MAIL RECEIP  only; No Insurance Covera	
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	Restricted Delivery Fee (Endorsement Required)		N
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0600	F PHIL GORGAS	AIRS ID # 0730085001AG	4
2	CONCORD CUS	STOM CLEANERS #045	
7000	CLEXINGTON K	Y 40555-5910	<i>y</i>
	PS Form 3800; February 2	2000 Se	ee Reverse for Instructions

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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 # 0730085

CONCORD CUSTOM CLEANERS #045

CINDY VIMONT PO BOX 1000

**RICHMOND KY 40476** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1