

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

Re: Facility I.D. No. 0730086 (#050)

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 permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

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

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

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

Sincerely,

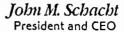
Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

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





January 17, 2001

#0730086

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	0130083	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	0430084	37-9502171
,	Concord Custom Cleaners #045 1940-77 North Monroe St. Tallahassee, FL 32303	0730085	37-9502169
	Concord Custom Cleaners #050 1245 Lafayette St. Tallahassee, FL 32301	07300%	37-9502141
	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	0330234	17-9502138
1	Concord Custom Cleaners #081 400 Capital Circle SE Tallahassee, FL32301	0730087 0730088	37-9502137
/	Concord Custom Cleaners #201 1413 South Monroe Tallahassee, FL 32301	0730088	37-9502135

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NORTHWEST FLORIDA DEP

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 #050					
3.	Hazardous Waste Generator Identification Number:					
	FLD-085-093-557					
4.	Facility Location:					
	Street Address: 1245 E. Lafayette St. City: Tallahassee County: Leon Zip Code: 32301					
5.	Facility Identification Number (DEP Use):					
	0430086					
	Responsible Official					

6.	Name and Title of Responsible Official:
	Cindy Vimont - Environmental Manager
7.	Responsible Official Mailing Address:
İ	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 Telephone Numbe Telephone: () -	r:	Fax: ()	-			

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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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control 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	DEC-89	DEC-89						
(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		L			•	,	,		
(10) w/ ref. condenser			[
(11) w/carbon adsorber							_	1	
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of 353 (b) If less than 12 mont Check why it is less 	are re quanti gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (perc)	purchased in				[]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.)	ew sn	initions found nall area sour	ce [3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?					
Existing large area source						
Carbon adsorber []	Refrigerated condenser [X]					
New small area source						
Refrigerated condenser []						
New large area source						
Refrigerated condenser []						
	units shall not be eligible to use the general permit pursuant I hot water generating units on-site meet the following					
All steam and hot water generating units on-site (l) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.						
All steam and hot water generating units exempt No such units on-site						
Equipment Monitoring a	nd Recordkeeping Information					
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:					
(a) Purchase receipts and solvent purchases						
(b) Leak detection inspection and repair						
(c) Refrigerated condenser temperature monitoring	X					
(d) Carbon adsorber exhaust perc concentration monitoring	itoring []					
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction plan	[X_]					
i						

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

Surrender of Existing Air Permit(s)

ease indica	te with an "X" the appropriate selection:	
	I hereby surrender all existing air permit facility indicated in this notification for	
<u> </u>	No air permits currently exist for the op this notification form.	eration of the facility indicated in
	Responsible Offi	cial Certification
this notif statemen maintain	ication. I hereby certify, based on informa ts made in this notification are true, accura the air pollutant emissions units and air p	efined in Part II of this form, of the facility addressed in tion and belief formed after reasonable inquiry, that the ate and complete. Further, I agree to operate and ollution control equipment described above so as to I permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any change	es to the information contained in this notification.
_C	indy Vimont	9/5/96
Signature	;	Date

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	Concord Custom Cleaners					
2.						
	Concord Custom Cleaners #050					
3.	Hazardous Waste Generator Identification Number:					
	FLD-085-093-557					
4.	Facility Location:					
	Street Address: 1245 E. Lafayette St.					
	City: Tallahassee County: Leon Zip Code: 32301					
5.	Facility Identification Number (DEP Use):					
	0930086					
	Responsible Official					
6.	Name and Title of Responsible Official:					
	Cindy Vimont - Environmental Manager					
7.						
١٠.	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)					
Q	Name and Title of Facility Contact (For example, plant manager):					
	value and Title of Facility Condict (For example, plant manager).					
10.	Facility Contact Address:					
,	Street Address:					
	City: County: Zip Code:					
11.	Facility Contact Telephone Number:					
	Telephone: () - Fax: () -					
	PECTIVE					

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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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ΔI	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit						*			
(I) w/ ref. condenser	#1	DEC-89	DEK-89						
(2) w/ carbon adsorber		-	· ·						
(3) w/ no controls									
Washer Unit	_	•	5		•				
(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				1					
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of 353 (b) If less than 12 mont Check why it is less	are requant	equired to be ity of perchlo ons ow many? [_	installed [perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.) Ne	ew sn	nall area sou	rce [3) of	Part II?	
Existing large are	ea soi	nrce []	Ne	ew ia	rge area sour	ce [J		

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

 What control technology is required on mac (Indicate with an "X".) 	hines pursuant to section (5) of Pa	art II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser	K)
New small area source Refrigerated condenser		
New large area source Refrigerated condenser []		
	· .	
5. A facility which contains non-exempt emis.	sions units shall not be eligible to	use the general permit pursuant
to Rule 62-213.300, F.A.C. Verify that all steamption criteria or that no such units exist o	am and hot water generating units	
All steam and hot water generating units on-si boiler HP or less), and (2) are fired exclusively during which propane or fuel oil containing no	y by natural gas except for periods	s of natural gas curtailment
All steam and hot water generating units exem No such units on-site	pt [X]	
Equipment Monito	ring and Recordkeeping Inform	ation
Check all logs which are required to be kept or	n-site in accordance with the requi	rements of this general permit:
(a) Purchase receipts and solvent purchases		[X]
(b) Leak detection inspection and repair		[X]
(c) Refrigerated condenser temperature monito	oring ,	[X]
(d) Carbon adsorber exhaust perc concentration	n monitoring	
(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 indicate 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)									
No air permits currently exist for the operation of the facility indicated in this notification form.									
	Responsible Official Certification								
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.									
I will promptly notify the Department of any changes to the information contained in this notification.									
Signature	ndy Vinnet 9/5/96 Date								

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1445	TIME OUT:	airs id#:	30086
TYPE OF FACILITY:)	<u></u>		•
FACILITY NAME: Cen	cord Customs Cfa	ener #50	DATE: 2.6.97
FACILITY LOCATION: 1	24-Ehyper	to 51.	() (1)
DEGRONOLD E OFFICIAL (Pend Vi now	3 2 30) (60 PHONE NUMBER:	16)625-0500 V77-1727/100
RESPONSIBLE OFFICIAL: (inde VI Morr	PHONE NUMBER	811 632/ (ACC)
compliance with DEP	Rule 62-213.300, Florida Adr		•
Based on the results o discrepancies were no	•	evaluated during this inspection, the follo	
COMPLIANCE REC	QUIREMENT/PROBLE	M FOLLOW-UP ACTION	ON REQUIRED
	 -		· ·
	•		
	<u> </u>		
COMMENTS: Left w Letter	inte manader	ment water Separ	ator pr hoy
The Annual Compliance Certif	ication form has been properly	contified and submitted to the inspector	VEST NON
DATE OF NEXT INSPECTION	E D as	certified and submitted to the inspector.	YES NO X
DATE OF NEXT INSPECTI	ON: / //)	(Approximate)	Sign.
INSPECTION CONDUCTED	BY: MATO	Ma) (A m) N (Please Print)	(ms. Vimon)
INSPECTOR'S SIGNATURA	1/1/2/1/1/2	PHONE NUMBER	444-8364
		/	
	Pa	ageof	Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION	COMPLAINT/DISC	COVERY
AIRS ID#: <u>07 360%6</u> FACILITY NAME: (3 N CO. 4		7 TIME IN: 1445 TIME	ME OUT: 15,40
t e			
FACILITY LOCATION: _ <i> 6</i>	1456. LAF	ny4 H& 57	
五	Allahass @	FL 32301	
PART I: NOTIFICATION			
(check appropriate box)		The approximation of the second of the secon	
Existing facility notified DA	RM by 94/96 Soft 9		
2. New facility notified DARM			_
3. Facility failed to notify DAR	· -	•	
5. 100mly failed to notify 2110	——————————————————————————————————————		
PART II: CLASSIFICATION			
Facility indicated on notificati (check appropriate box)	on form that it is:		
A. 1. Existing small area sour dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	r d ti b	New small area source by to-dry only, x<140 gal/yr ransfer only, x<200 gal/yr oth types, x<140 gal/yr constructed on or after 12/9/91)	
3. Existing large area sourdry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>0 gal/yr</td><td>. New large area source try-to-dry only, 140<x<2,100 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" on="" only,="" or="" oth="" ransfer="" td="" types,="" yr=""><td></td></x<2,100></td></x<2,100>	0 gal/yr	. New large area source try-to-dry only, 140 <x<2,100 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" on="" only,="" or="" oth="" ransfer="" td="" types,="" yr=""><td></td></x<2,100>	
This is a correct facility classifi	cation	DY ON	
If no, please check the appropri	ate classification:		
	ed for a general permits above limits and is n	t as number above ot eligible for a general permit	
B. The total quantity of perchlo facility was ₹\$\frac{3}{2}\$ gallons.	roethylene (perc) purc	hased within the preceding 12 month	ns by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON
2. Examining the containers for leakage?	מם צם
3. Closing and securing machine doors except during loading/unloading?	NO AG
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
	4.4
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 ref (complete A below).	rigerated 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 minstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated 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?	ØY ˙□N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVACI NO YO
	`\
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AMO NO YO
·	OY ON DIN/A
condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated	\

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?	Q Y	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N (N)	M
	Is the temperature differential equal to or greater than 20° F?	ПY	□и	J
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 □i	
	Is the perc concentration equal to or less than 100 ppm?	ПY	□и √	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?	ПY	□N √	Ŋ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	` □ Y	□h ⊡i	N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	١	√/A

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

P	ART VI: LEAK DETECTION ANI	REPAIR	S	WILDING 1 P. W. 1		41,
1.	Does the responsible official conduct	a weekly (for small	sources, bi-weekly) leak detection	and rep	air
	inspection?				SIY	ПN
2.	Which method of detection is used by	y the respon	nsible off	icial?		
	Visual examination (condensed	i solvent or	exterior	surfaces)	Ġ	
	Physical detection (airflow felt	through ga	skets)	`	_ D	
	Odor (noticeable perc odor)				(I)	
	Use of direct-reading instrumen	ntation (FII	D/PID/ca	lorimetric tubes)		
	If using direct-reading instru	mențation,	is the e	quipment:		
	a. Capable of detecting	g perc vapo	or concer	strations in a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against	a standard	gas prior	to and after each use	_	
	(PID/FID only)?				ΠY	ΠN
	c. Inspected for leaks	and obviou	ıs signs o	f wear on a weekly basis?	ПY	□N
	d. Kept in a clean and	l secure are	a when r	not in use?	ПY	□N
	e. Verified for accura-	cy by use of	f duplicat	te samples (calorimetric only)?	ПY	□N
3.	Has the facility maintained a leak log	; ?			\Box Y	□N
4.	Does the responsible official check the	ne following	g areas fo	or leaks?		
	Hose connections, fittings,				`	5
	couplings, and valves	□Y	ПN	Muck cookers	` © Y	□N
	Door gaskets and seating	∕ □Y	□N	Stills	DY	□N
	Filter gaskets and seating	ŪY	□N	Exhaust dampers	□Y	ПŇ
	Pumps	ΔY	□N	Diverter valves	₽Y	ПN
	Solvent tanks and containers	□Y	ПN	Cartridge filter housing	s • • • Y	ПN
	Water separators	MY	ΟN			
	Cin Dy Viment					
	Name of Responsible Offi	cial				
	(Phasha Normal	3		2.6.97	7	
_	/ Inspector's Name (Please P	rint)		Date of Inst	ection	

Revised 10/28/96

Approximate Date of Next Inspection

Inspector's Signature

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: <u>Concord</u> C			DATE: _	
FACILITY LOCATION: 1245 E	E. Lafayette S	t.		
Tallahassee,	•			
Annual Reporting Period: Sept	3	<u>î6</u> то	2/6	19 97
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		<u>-</u>		PRule □NO
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been in contin	uous compliance during	the reporting period	l stated above:
	<u> </u>		RECE	IVED
Exact period of non-compliance: from		to		4005
Action(s) taken to achieve compliance:			MAY 5	1997
Method used to demonstrate compliance:			DEP, TALLA	HASSEE
			BRANCH	OFFICE
#2. Term or condition of the general permi	t that has not been in contin	uous compliance during	the reporting period	l stated above:
Exact period of non-compliance: from		to	:	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my	annual consumption of p	perchloroethylene s	olvent, based
RESPONSIBLE OFFICIAL: CINDY	VIMONT	Cinda Vinont		511197
Na	me (Please Print)	J Signatu	ire	Date

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 0956	TIME OUT:	1040	AIRS ID#:	073 0086
TYPE OF FACILITY:	EXISTING LAN	24E		
FACILITY NAME:	CONCORD CUST	OM CLEAN	JERS #050	DATE: 4/21/98
FACILITY LOCATION:				
	ALLA HASSEE			
RESPONSIBLE OFFICIAL:				R: 850-224-2044
compliance with DEP Based on the results o	f the compliance requirements Rule 62-213.300, Florida A f the compliance requirements	Administrative Co	ode (F.A.C.).	
discrepancies were no COMPLIANCE REQ		LEM	FOLLOW-UP AC	TION REQUIRED
No dwerter Valve - Y	rovents. Machin	ú		
appears to be 4th	Gen (or Type 4) -		
EPA investigating	requirement			
No noted proble	m S .			PKC P
				PR27 19
				RPR 27 1938 Reau of Air Monitoring Sources
	-			
COMMENTS:				
·				
The Annual Compliance Certif		•	. •	
DATE OF NEXT INSPECTI	ON:	/ JUN (Approxim	<i>1999</i> nate)	
INSPECTION CONDUCTE	DBY: RALPI	14 STAP (Please Pr	rint)	er: 850-488-3704
INSPECTOR'S SIGNATUR	E: Gla Stay	nlin	PHONE NUMBE	CR: 850-488-3704
	U	Page_/_of	<u>/</u> .	Revised 10/

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Ø	COMPLAINT/DIS	COVERY	
	RE-INSPECTION	1 D	·		~~
		_		. 10	
				- K	7 %
AIRS ID#: 073 0086			-	6	0400
FACILITY NAME:	CONCORS CO	USTOM C	LEANERS #	-050	
FACILITY LOCATION: _	1245 CAS	T LAFAY	ETTE ST		THE THE STATE OF T
_	TALLAHA	YSEE FO	2 32301		
RESPONSIBLE OFFICIAL	L: CINDY VIN	10,05	_ PHONE: <u>606</u> -	-623 - 2	. محح
CONTACT NAME:	STEVE PARK	E	_ phone: <u> </u>	224 - 204	14
PART I: NOTIFICATION					
(check appropriate box)	,				
1. New facility notified DAI	RM 30 days prior to star	tup	NA		
2. Facility failed to notify D		_	/ * / / /		
2. 1 101111, 111101 10 11011, 2	. Have to the general per				
PART II: CLASSIFICATI	ON				
Facility indicated on notific	cation form that it is:		☐ No notification	form	
(check appropriate box)			☐ Drop store/out	of business/per	troleum
A. 1. Existing small area s	ource 🗆	2. New small	2702 COUPCA		
dry-to-dry only, x < 140			у, х < 140 gal/ут	u u	
transfer only, x < 200 gal			x < 200 gal/yr		
both types, x < 140 gal/y	r	both types, x	< 140 gal/yr		
(constructed before 12/9/	91)	(constructed o	n or after 12/9/91)		
3 Existing large area s	ource 🖼	4. New large	2702 5011700		
dry-to-dry only, 140 ≤ x			y, $140 \le x \le 2,100$ ga	_	
transfer only, $200 \le x \le 1$			$200 \le x \le 1,800 \text{ gal/y}$	=	
both types, $140 \le x \le 1.8$			$0 \le x \le 1,800 \text{ gal/yr}$		
(constructed before 12/9/			n or after 12/9/91)		
5. This is a correct facility	ty classification	oy on	□Can not determ	ine	·
☐ fa	the appropriate classific acility qualified for a gen acility exceeds above lin	neral permit as	number 3 ab	oove ermit	· .
B. The total quantity of per facility was 170 gall	chloroethylene (perc) prons.	urchased withir	the preceding 12 mo	nths by this dr	y cleaning
1	n / 7/1/2	- (. my	~~~~		

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DY ON ON/A ¬DN □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 least 24 hours prior to disposal? DY DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DNYA 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) OY UN 1. Equipped all machines with the appropriate vent controls? DY 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 BY DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DV DV 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the BY ON ON/A condenser exceeded 45°F?

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

OY 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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY 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 PAYA
	Is the perc concentration equal to or less than 100 ppm?	MY ON ONTA
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 QNA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON On a
6.	Routed airflow to the carbon adsorber (if used) at all times?	AIME NO YO

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? BY ON 2. Maintained rolling monthly averages of perc consumption? NOTE 3. Maintained leak detection inspection and repair reports for the following: DY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY ON ON/A DY DN DNA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? OPS Manual MO AE DY DN DN/A 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable? Work reg DY DN BN/A DY DN BN/A

PAF	PART VI: LEAK DETECTION AND REPAIRS							
1. I	Does the responsible official conduct	veekly (for small sources, t	oi-weekly) leak detection ar	ıd repair				
i	nspection?			DY ON				
2. I	Has the facility maintained a leak log?			OY ON				
3. I	Does the responsible official check the fo	following areas for leaks?						
	Hose connections, fittings,	DY ON ON/A	Muck cookers	DY ON ON/A				
	couplings, and valves							
	Door gaskets and seating	OY ON ON/A	Stills	DY ON ON/A				
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY ON ON/A				
	Pumps	OY ON ON/A	Diverter valves	CY DAY ON/A				
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A				
	Water separators	DY ON ON/A						
4. 3	Which method of detection is used by th	ne responsible official?						
	Visual examination (condensed so	olvent on exterior surfaces))					
ļ	Physical detection (airflow felt thr	rough gaskets)		9				
	Odor (noticeable perc odor)			Q ·				
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes) -					
	Halogen leak detector			 /				
	If using direct-reading instru	umentation, is the equipn	nent:	⊡N/A				
 	a. Capable of detecting p	perc vapor concentrations i	in a range of 0-500 ppm?	□Y □N				
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	fter each use	OY ON				
	c. Inspected for leaks an	d obvious signs of wear or	a weekly basis?	□Y □N				
	d. Kept in a clean and se	ecure area when not in use	?	OY ON				
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	□Y □N				
L		<u>-</u>		_				
	RALPH STAPLIN 21 APR 98							
	Inspector's Name (Please Prin	nt)	Date of Insp					
	O_{1}		,					
	bla Staplia			1999				
	Inspector's Signature		Approximate Date of	Next Inspection				

ADDITIONAL SITE INFORMATION:

VIC 1265 F/s (machine) Ser # P7-89-1002-/ (July 1989)

No deverter valve - no vents - machines appear & se Type 4/4th Den

Door has delay feature for opening

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

•

TYPE OF INSPECTION:	ANNUAL K	j co	MPLAIN I/D	ISCOVERY []	KE-INSPE	CTION []
TIME IN: 1040	TIME O	UT: /05	5	AIRS ID#:	073 0086	
TYPE OF FACILITY:	EXISTI	NG LARGE	•			
FACILITY NAME:		STOM CLET	ANERS A	F 050	DATE: 12A	4299
FACILITY LOCATION:						
3	TALLANASSE					•
RESPONSIBLE OFFICIAL	: CINDY VIMONT /	STEVE PARK	<u>'E</u>	PHONE NUMBE	:R: <u>850-224</u> -1	2044
	s of the compliance rec EP Rule 62-213.300, F				acility is found to b	e in
Based on the results discrepancies were	s of the compliance reconstend:	quirements evalı	uated during	this inspection, the	following compliand	ce
COMPLIANCE RI			FO	LLOW-UP AC	TION REQUIR	EED
No publems- m to temp monito	ust strictly	adhere			_	
to Lead want to	Time Alluin	and a A				
my momit	my / my					-
	<i>) V</i>					
		•				
· (K)						
	♦					
	A D					
Ap A	S PC					
Ources onig				,		
COMMENTS:						
	~					
The Annual Compliance Ce	ertification form has be	een properly cert	ified and sub	mitted to the inspec	tor. YES	МОМ
		Mara 1 A	. 70	~ AB		- 2
DATE OF NEXT INSPEC	.110N:	(A	one 441))		
INSPECTION CONDUCT	TED BY:	RAJA	Stapl.	, , , , , , , , , , , , , , , , , , , ,		·
INSPECTOR'S SIGNATU	JRE: Ja	Shaplu	Please Print) ` 	PHONE NUMBI	er: 850 - 480	8-370 X
		// Page_	<u>/</u> of			Revised 10/9

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION:	N D
	99 TIME IN: <u>1040</u> TIME OUT: <u>1055</u>
FACILITY NAME: CONCORD CUSTON	1 CLEANERS #050
FACILITY LOCATION: 1245 EAST	LAFAYETTE ST
TALLAHASSEE	A 3230/
	PHONE: FSD - 224 - 2044
CONTACT NAME: KARIM GEORGE	PHONE: <u>850 - 877 - 6327</u>
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	rmit 🔲
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	✓Y □N □Can not determine
	cation: cneral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchlorocthylene (perc) p facility was 270 gallons. as 4 dec 9	urchased within the preceding 12 months by this dry cleaning 80 gal to date 99

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

`	TER TE TO	
1.	Equipped all machines with the appropriate vent controls?	GY ON
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser of a weekly/bi-weekly basis?	OY ON
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY ON ON/A

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

BY ON

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY.	ĺΝ,	٠
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	□N ⁄A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ПN	QN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□ N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□и	₽N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	⊟N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	OY ON			
2. Maintained rolling monthly averages of perc consumption?	OY UN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	OY 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? 	GY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN BN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BN/A			
6. Maintained startup/shutdown/malfunction plan?	DY ON			
7. Maintained deviation reports?	DY DN DN/A			
Problem corrected?	רם או <u>תי</u> אם צם			
8. Maintained compliance plan, if applicable?	OY ON GN/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?				OY ON	
2.	Has the facility maintained a leak log?				NO YE	
3.	Does the responsible official check the f	ollowing are	eas for leaks?	•	·	
	Hose connections, fittings, couplings, and valves	DY ON	□N/A	Muck cookers	ey on on/a	
	Door gaskets and seating	BY ON	□N/A	Stills	DY ON ON/A	
	Filter gaskets and seating	ey on	□N/A	Exhaust dampers	ON ON/A	
	Pumps	ON PE	□N/A	Diverter valves	CY ON GMA	
	Solvent tanks and containers	OY ON	□N/A	Cartridge filter housings	OY ON ON/A	
	Water separators	BY ON	□N/A			
4.	Which method of detection is used by the	ne responsib	le official?			
Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					-8-	
Halogen leak detector						
	If using direct-reading instr	umentation	, is the equipm	ent:	₽N/A	
11	a. Capable of detecting p	perc vapor c	oncentrations is	n a range of 0-500 ppm?	□Y □N	
	b. Calibrated against a s (PID/FID only)?	tandard gas	prior to and aft	ter each use	□Y □N	
ļ	c. Inspected for leaks an	d obvious si	igns of wear on	a weekly basis?	□Y □N	
	d. Kept in a clean and so	ecure area w	hen not in use?	,	□Y □N	
	e. Verified for accuracy	by use of du	plicate samples	(calorimetric only)?	□Y □N	

KAIM A STAPIN	12 ap 99
Inspector's Name (Please Print)	Date of Inspection
The Staplin	May/ June 2000
Inspector's Signature	Approximate Date of Next Inspection

One weeks temp was not juggerly reinded

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION.
TIME IN: 9:70 TIME OUT: 10:20	AIRS ID#: 0730086
TYPE OF FACILITY:	
FACILITY NAME: CONCORD CISTOM C	leavers # 050 DATE: 1 Aug 00
FACILITY LOCATION: 1245 EAST LAFAYETTE	2 Heart
Tauahassee FL	32301
RESPONSIBLE OFFICIAL: Steve Proke	PHONE NUMBER: 850-224-2044
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No problems noted	NONE
	E Nobile of Air N
	Sources
	Sources Sources
·	
	,
COMMENTS:	<u> </u>
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2001	· · · · · · · · · · · · · · · · · · ·
	oproximate)
INSPECTION CONDUCTED BY: 1 ANICUL 1	ease Print) , /
INSPECTOR'S SIGNATURE: MALLE FLOW	PHONE NUMBER: 488-3704
Page	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION) X	COMPLAINT/DIS	COVERY	
AIRS ID#: <u>07300810</u> FACILITY NAME: <u>CON</u>	, ()	. ^	i: <u>9:20</u> TII ANERS #	me out: _	10:20
FACILITY LOCATION:	1245 FAST	LAFAJE	He Street	<u>.</u>	
1	Aughassee	FL	32301	ď	
RESPONSIBLE OFFICIAL:	CINPY VIN	10N+	PHONE: <u>850</u>	2242	049
CONTACT NAME: 946	eve Parke		PHONE:	& Mobiliary	U L
PART I: NOTIFICATION				Sour	E M
				\$ 6 g	**
(check appropriate box)	· • · · · · · · · · ·			. 5	á _
New facility notified DARM	-				
2. Facility failed to notify DAR	M to use general permit	t 			
PART II: CLASSIFICATION	<u> </u>				
Facility indicated on notificat (check appropriate box) A.	ion form that it is:		☐ No notification☐ Drop store/out o		troleum
(check appropriate box)	rce 🗆 2. /yr dr tra bo	ansfer only, x oth types, $x < x$	□ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr		troleum
(check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce	ry-to-dry only, ansfer only, x oth types, x < 1 constructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140	☐ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	of business/pe	troleum
 (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 	rce	ry-to-dry only, ansfer only, x oth types, x < 1 constructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	of business/pe	troleum
(check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facilit	rce	ry-to-dry only, ansfer only, x oth types, x < 1 constructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140 constructed on TY	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ or after $12/9/91$) $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) \Box Can not determine the source \Box	of business/pe	troleum

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DXYA 1. Storing perchloroethylene in tightly scaled and impervious containers? MY ON ON/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 UN UN/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? ON ON/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY DN 1. Equipped all machines with the appropriate vent controls? 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 Z PIN TIN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 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?

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?		JA
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON O	N/A
	Is the temperature differential equal to or greater than 20° F?	DY DN D	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?	0 N	IN/A
	Is the perc concentration equal to or less than 100 ppm?	MY DN D	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?	מן עם עם	N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON O	IN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON O	N/A

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?	DY DN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON 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?	□Y □N □N/A			
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N □N/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A			
6. Maintained startup/shutdown/malfunction plan?	OY ON			
7. Maintained deviation reports?	□Y □N □N/A			
Problem corrected?	□Y □N □N/A			
8. Maintained compliance plan, if applicable?	OY ON ON/A			

P	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?			MY ON		
3.	Does the responsible official check the	i,				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	מ/אם אם צעם	Stills	אום אם עם		
	Filter gaskets and seating	מארם אם עום	Exhaust dampers	DY ON ON/A		
	Ритрѕ	DY ON ON/A	Diverter valves	CY ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	DY ON ON/A				
4	. Which method of detection is used by t	he responsible officia	1?			
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instruments	ation (FID/PID/calori	metric tubes)			
	Halogen leak detector					
	If using direct-reading inst	rumentation, is the e	quipment:	☑N/A		
	a. Capable of detecting	perc vapor concentra	tions in a range of 0-500 ppm?	NO YO		
	b. Calibrated against a (PID/FID only)?	standard gas prior to	and after each use	□У □И		
	c. Inspected for leaks a	nd obvious signs of w	ear on a weekly basis?	OY ON		
	d. Kept in a clean and	secure area when not	in use?	DY DN		
	e. Verified for accuracy	by use of duplicate s	amples (calorimetric only)?	DY DN		
1						

Inspector's Name (Please Print)

Inspector's Signature

ADDITIONAL SITE INFORMATION:

ADEQUATE RECORD KEEPING

- DATA OBSERVED FROM 1995 PRESENT
- PERC RECORDS IN ORDER
- RUNNING totals Aualible
- MAINHANCE RECORDS UPDATED
- Store uses company generated Forms

MACHINE

- DRYING CYCLE/COOL DOWN below 45° F

N

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: CONCORD CUSTOM CLEANERS #050 DATE: 1 AUG	מכ
ACILITY LOCATION: 1245 EAST LAFAYETE Street	
TAURHASSEE FL 32301	
nnual Reporting Period: SUNE 1999 20 TO Aug 1 200	0
used on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule	
-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES	
NO, complete the following:	
. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:	
act period of non-compliance: fromto	
ction(s) taken to achieve compliance:	
ethod used to demonstrate compliance:	
. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:	
cact period of non-compliance: fromtoto	
ction(s) taken to achieve compliance:	
ethod used to demonstrate compliance:	
the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements not this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon archase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or mbination facilities. ESPONSIBLE OFFICIAL: Name (Please Print) Signature Date	nade O

*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.

AUG 2 8 2000

Page _____ of _____.

Protation with



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

TOTAL AMOUNT DUE: \$50.00

areau of Air Monitoring
C Mobile Sources

Do NOT Remove Label

AIRS ID # 0730086

CONCORD CUSTOM CLEANERS #050

CINDY-VIMONT COMPLIANCE DIRECTOR
PO-BOX-1000 PO BOX \$5910

RICHMOND KY 40476

LEXINGTON, KY 40555-5910

FOR GOVERNMENT USE ONLY

Bureau of Air Monitoring

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

1-4-01 pl.



(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 # 0730086

CONCORD CUSTOM CLEANERS #050 CINDY VIMONT PO BOX 1000 RICHMOND KY 40476

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 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 # 0730086

CONCORD CUSTOM CLEANERS #050 CINDY VIMONT PO BOX 1000 RICHMOND KY 40476

FOR GOVERNMENT USE ONLY

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

Fund: 20-2-035 Obj.: 002273

on the reverse side?	 Print your name and address on the reverse of this form so that we can return thi card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date 		wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
Is your RETURN ADDRESS completed	AIRS ID#: 0730086 CONCORD CUSTOM CLEANERS CINDY VIMONT PO BOX 1000 RICHMOND KY 40476 5. Received By: (Print Name) 6. Signature: (Addressée of Agent)	4b. Service Registere Express Return	Type ed Certified Mail Insured ceipt for Merchandise COD elivery S Address (Only if requested paid)	Thank you for using Return Rec
	PS Form 3811 , December 1994		Domestic Return Receipt	ļ

		P 174 05	5 015	
	Ī	US Postal Service Receipt for Cert No Insurance Coverage F	i fied Mail Provid <u>ed</u> .	
	C	AIRS ONCORD CUSTOM CL INDY VIMONT O BOX 1000 IICHMOND KY 40476	ID#: 0730086 LEANERS	
	1	. Jungo	Þ	
	Ī	Certified Fee		
	İ	Special Delivery Fee		
١	ľ	Restricted Delivery Fee		
	1995	Return Receipt Showing to Whom & Date Delivered		
	April	Return Receipt Showing to Whom, Date, & Addressee's Address		,
	300,	TOTAL Postage & Fees	\$	
	n 36	Postmark or Date		
	PS Form 3800 , April 1995	2/17	197	

€P 1174 052 002

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

AIRS ID#: 0950305 SHAHEEN VENTURES INC GHANI KASU 2131 AMERICANA BLVD ORLANDO FL 32839

		¥
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
3800	TOTAL Postage & Fees	\$
E E	Postmark or Date	(0.7)

Article Addressed to:	D. Is delivery address different from item 1? YES, enter delivery address below:
10 AIRS ID # 0730086001AG PHIL GORGAS CONCORD CUSTOM CLEANERS #050 PO BOX 55910 LEXINGTON KY 40555-5910	3. Service Type A Certified Mail

U.S. Postalis CERTIFIED (bomesticilisation) 17	ervice MAIL RECEIP My, No Insurance Cove	PT rage Provided)	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here	
AIRS ID # 0730086001AG PHIL GORGAS CONCORD CUSTOM CLEANERS #050 PO BOX 55910 LEXINGTON KY 40555-5910 AVERS FOR INSTRUCTIONS			

Z 333 612 853

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

AIRS ID 0730086

CONCORD CUSTOM CLEANERS CINDY VIMONT PO BOX 1000 RICHMOND KY 40476

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1999	Return Receipt Showing to Whom & Date Delivered	
Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
rm 3	Postmark or Date	
PS Fo		
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TOTAL AMOUNT DUE: \$50.00

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Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

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

Fund: 20-2-035 Obj.: 002273



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TOTAL AMOUNT DUE: \$50.00

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AIRS ID 0730086

CONCORD CUSTOM CLEANERS CINDY VIMONT PO BOX 1000

RICHMOND KY 40476

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273