

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. 0730088 (#201)

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,

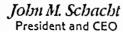
Dotty Diltz, Chief

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

#0730088

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

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	0730084	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	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

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	Concord Custom Cleaners	
2.	Site Name (For example, plant name or number):	_
2.	Site Name (1 of example, plant name of number).	
	Concord Custom Cleaners #201	
3.	Hazardous Waste Generator Identification Number:	
	FLD-112-766-704	
1	Facility Location:	
4.	Street Address: 1413 S. Monroe St.	
	City: Tallahassee County: Leon Zip Code: 32301	
	Eng. 23p cour. 32301	
5.	Facility Identification Number (DEP Use):	
	0730088	
Phil		
	Responsible Official	
	Responsible Official	
6.	Name and Title of Responsible Official:	
	Cinda Viment Environmental Manager	
<u> </u>	Cindy Vimont - Environmental Manager	4
7.	Responsible Official Mailing Address: Organization/Firm: Concord Custom Cleaners	ļ
	Street Address: P.O. Box 1000	
	City: Richmond, KY County: Madison Zip Code: 40476	
	Chy. Recliniona, Ri County. Made Son 2h Couc. 40470	
8.	Responsible Official Telephone Number:	\neg
	Telephone: $(606) 623-2550$ Fax: $(606) 624-9185$	
	Facility Contact (If different from Responsible Official)	
	Facility Contact (II different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	\neg
10.	Facility Contact Address:	
	Street Address:	
	City: County: Zip Code:	
	County. Zip couc.	
11.	Facility Contact Telephone Number:	\dashv
	Telephone: () - Fax: () -	

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SEP 1 3 1996

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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
	l	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	JAN-90	JAN-90						
(2) w/ carbon adsorber									
(3) w/ no controls	1								
Washer Unit					•			•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					•	•	•	•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		•			•	•		•	•
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of 3∂5.3 (b) If less than 12 monto Check why it is less 	are ro	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	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large are					rge area sour		- 1		
Laisting large an	Ça 301		INC	w iai	50 area sour	· L	i		

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(Indicate with an "X".)	pursuant to section (5) of P	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 Rule 62-213.300, F.A.C. Verify that all steam an 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 m	d hot water generating units have a total heat input of 10	on-site meet the following O million BTU/hr or less (298)
during which propane or fuel oil containing no more		
All steam and hot water generating units exempt No such units on-site	<u>X</u>	
Equipment Monitoring	and 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 mor	nitoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		[X]
1		

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

Surrender of Existing Air Permit(s)

Please indica	ate 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)					
[X]	No air permits currently exist for the oper this notification form.	ation of the facility indicated in				
	Responsible Officia	al Certification				
this notif statemen maintain comply w	fication. I hereby certify, based on information in the made in this notification are true, accurate in the air pollutant emissions units and air pollutant emissions of this general public terms and conditions of this general p	ined in Part II of this form, of the facility addressed in on and belief formed after reasonable inquiry, that the e and complete. Further, I agree to operate and lution control equipment described above so as to ermit as set forth in Part II of this notification form.				
	omptly notify the Department of any changes nde Vinout	to the information contained in this notification. 9/5/96				
Signature	re)	Date				

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	. Facility Owner/Company Name (Name of corporation, agency, or individu	al owner):
	Concord Custom Cleaners	
2.	2. Site Name (For example, plant name or number):	
	Concord Custom Cleaners #201	
3.	Hazardous Waste Generator Identification Number: FLD-113 - 746 - 704	
4.	Facility Location:	
	Street Address: 1413 S. Monroe St.	
	City: Tallahassee County: Leon	Zip Code: 32301
5.	Facility Identification Number (DEP Use):	04200 0

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
	chy. Riemmond, Ri County. Madison Zip Code. 40470
	D 31 00 1 T 1
δ.	Responsible Official Telephone Number:
	Telephone: (606) 623-2550 Fax: (606) 624=9185

Facility Contact (If different from Responsible Official)

CHRIS RACKLEY, STURE MANA	ALSO GEPL
10. Facility Contact Address:	
Street Address: 1413 S. MONROE ST City: TALLAHASSEE FL County: CEON	Zip Code: 3230 /

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SEP 1 3 1995

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	JAN-90	JAN-90		1				}
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit								•	
(4) w/ ref. condenser									_
(5) w/ carbon adsorber		_							
(6) w/ no controls									_
Dryer Unit					•	•			<u> </u>
(7) w/ ref. condenser			1						
(8) w/ carbon adsorber									
(9) w/ no controls		-							
Reclaimer Unit								_	
(10) w/ ref. condenser									
(11) w/carbon adsorber									_
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of 335.3 (b) If less than 12 montrol Check why it is less	are requant	equired to be ity of perchlo ons ow many? [installed [perc)	purchased is				
3. What is the facility's so (Indicate with an "X". Existing small an Existing large ar	Selectrea so	urce []	ication only.) Ne	ew sr	initions foun nall area sou rge area sour	rce [3) of	Part II?	
LAIŞTING IAIGE AI	Ca 30		140	. ** 14	. 50 area 30ui		1		

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4. What control technology is required on machines pursuant to section (5) of Part II of this (Indicate with an "X".)	notification form?				
Existing large area source Carbon adsorber [] Refrigerated condenser [X]					
New small area source Refrigerated condenser []	ŧ				
New large area source Refrigerated condenser []					
5. A facility which contains non-exempt emissions units shall not be eligible to use the gento Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meaning that no such units exist on-site:	-				
All steam and hot water generating units on-site (1) 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					
No such units on-site	this general permit:				
No such units on-site Equipment Monitoring and Recordkeeping Information	this general permit:				
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of	this general permit:				
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of (a) Purchase receipts and solvent purchases	this general permit:				
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of (a) Purchase receipts and solvent purchases [X] (b) Leak detection inspection and repair	this general permit:				
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of (a) Purchase receipts and solvent purchases [X] (b) Leak detection inspection and repair [X] (c) Refrigerated condenser temperature monitoring	this general permit:				

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
[<u>X</u>]	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notifi statement maintain comply w	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.						
1 will pro	mptly notify the Department of any changes to the information contained in this notification.						
<u>Cu</u>	nde Vimont 9/5/96						
Signature	Date						

DEP Form No. 62-213.900(2)

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:CON	CORD CUSTOM	CLEANER	'S #20	DATE	c: 3/21/97
FACILITY LOCATION:	1413 SOUTH	MONROE.	ST		
	TALLAHASSE	E, FL 32	301		
Annual Reporting Period:	EP 3	19 96	то	MAP 21	₁₉ 97
Based on each term or condition of 62-213.300, Florida Administrative		- •		<u> </u>	DEP Rule
If NO, complete the following:					
#1. Term or condition of the gener	al permit that has not l	peen in continuous	compliance duri	ng the reporting per	iod stated above:
Exact period of non-compliance: fi	rom		to	REC	EIVED
Action(s) taken to achieve compliant	nce:			MAY	5 1997
Method used to demonstrate compl	iance:				
#2. Term or condition of the gener	al permit that has not l	been in continuous	compliance duri		ALLAHASSEE CH OFFICE God stated above:
Exact period of non-compliance: f	rom		to	;	
Action(s) taken to achieve complia	nce:				
Method used to demonstrate compl	iance:				
As the responsible official, I hereby made in this notification are true, of upon rolling averages of purchase year for transfer or combination fa	accurate and complete. receipts, does not exce	Further, my annu	al consumption	of perchloroethylen	e solvent, based
RESPONSIBLE OFFICIAL:	CINDY VIMON	IT G	inch Vino	nt	5/1/97
	Name (Please Pr	int)	ノ Sign	nature	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.

AIRS ID#: _ 0730088 '

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	NCORD CUSTOM	CLEANER	S	DATE:	3/21/97
FACILITY LOCATION:	1413 South	MONROE.	5-		
	TALLAHASSEE		,		
			_		
Annual Reporting Period:	SEP 3	19 <u>96</u>	TO	42 21	<u>19</u> 97
Based on each term or condition 62-213.300, Florida Administrat					P Rule □NO
If NO, complete the following:			,		
#1. Term or condition of the ger	neral permit that has not be	en in continuous	-	the reporting period	· inin e
Exact period of non-compliance:	from		to		
Action(s) taken to achieve comp	liance:			APR 2 2	199 7
Method used to demonstrate con	npliance:			Bureau of Air M & Mobile So	
#2. Term or condition of the gen	neral permit that has not be	en in continuous (compliance during	the reporting period	d stated above:
Exact period of non-compliance:	from		to		
Action(s) taken to achieve comp	liance:				
Method used to demonstrate con	npliance:				
As the responsible official, I her made in this notification are true upon rolling averages of purcha year for transfer or combination	e, accurate and complete. I se receipts, does not exceed facilities.	Further, my annu I 2,100 gallons pe	al consumption of p	perchloroethylene s	colvent, based
	1				
RESPONSIBLE OFFICIAL:	CINDY VIMONT Name (Please Prin	<u> </u>	Signatu		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 PERMITINSPECTION SUMMARY REPORT



TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 0855	TIME OUT:	0955	AIRS ID#:	0730088
TYPE OF FACILITY:	LARGE EXIS	TING		
FACILITY NAME:	CONCORD CUSTO	M CLEANE		DATE: 3/21/97
FACILITY LOCATION:	1413 SOUTH			
	TALLAH ASS	PE, FL	31301	<u> </u>
RESPONSIBLE OFFICIAL:	CINDY VIMON	<u> </u>	PHONE NUMBE	R: 606-623-2550
<u>/</u>	f the compliance requireme Rule 62-213.300, Florida A		- •	acility is found to be in
Based on the results of discrepancies were not	f the compliance requiremented:	nts evaluated duri	ing this inspection, the fo	ollowing compliance
COMPLIANCE REQ	UIREMENT/PROBI	LEM	FOLLOW-UP ACT	TION REQUIRED
No noted proble	m S	^	Jone	
COMMENTS:				
•				
The Annual Compliance Certif	ication form has been prop	erly certified and	submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION	ON: MAN	1APR 98 (Approxim		has to go to Corp
INSPECTION CONDUCTED	Parl	(Approxim (Please Pr	1.5	· <u>A</u>
INSPECTOR'S SIGNATURE	: (Mulgh St	Thease Pr	PHONE NUMBE	R: 904-488-3704

Page 1 of 1.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANN RE-I	UAL NSPECTION	,⊠ □	COMPLAINT/DISC	COVERY		
AIRS ID#: <u>073 0088</u> DATE: FACILITY NAME: <u>CONCOME</u> FACILITY LOCATION: 141	D CUSTUM	CLE	ANERS LOE ST	IE OUT: <u></u>	1955	
PART I: NOTIFICATION		* 1907 72.				
(check appropriate box) 1. Existing facility notified DARM by 9/1/96 2. New facility notified DARM 30 days prior to startup 3. Facility failed to notify DARM to use general permit						
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box)						
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	dry- tran both	to-dry onlusfer only, a types, x<	area source y, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91)			
3. Existing large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 140<x<2,100="" 200<x<1,800="" 4.="" 9="" 91)="" 91)<="" after="" area="" before="" both="" dry-to-dry="" gal="" large="" new="" on="" only,="" or="" source="" td="" transfer="" types,="" yr=""></x<2,100>						
This is a correct facility classification						
If no, please check the appropriate class	ification:					
facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit						
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 215 gallons.						

PART III: GENERAL CONTROL REQUIREMENTS All perc in machine buy in 3 tunks; no spare; bulk Is the responsible official of the dry cleaning facility: (check appropriate boxes) ØY □N 1. Storing perchloroethylene in tightly sealed and impervious containers? ØN □N 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? **59**Y □N 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ØY □N Drained in place; stlamed 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/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). $^{\prime\prime}$ If classification 3 has been checked, the machine should be equipped with either a refriger<u>ate</u>d 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) EXY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? XIY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □Y DAÑ □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MA □N condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? none required to date XIY □N 6. Conducted all temperature monitoring after an appropriate cooldown period and after

ØY □N

verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:	. <u>-</u>
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?	MAT □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F?	DY ON MO
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON MANA
4.	Is the perc concentration equal to or less than 100 ppm? Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	N/A DY DN
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? no transfer machines (dryers, reclaimers, and washers) with individual	OY ON \$\text{\$\psi\n\a}\$
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ŒŃ/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	ÀG □N		
2. Maintained rolling monthly averages of perc consumption?	ĎaY □n		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or,	Ø(Y □N		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY □N		
4. Maintained calibration data? (for direct reading instruments only)	□Y □N ÞÁN/A		
4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 11 UN IN			
6. Maintained startup/shutdown/malfunction plan?)⊠(Y □N		
7. Maintained deviation reports? None my to date	' DY DN		
Problem corrected?	□Y □N		
8. Maintained compliance plan, if applicable?	DY DN MANA		

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?				⊠Y	□N
2. Which method of detection is used by	the respon	sible official?		•	
Visual examination (condensed	Visual examination (condensed solvent on exterior surfaces)				
Physical detection (airflow felt the	rough gas	kets)		赵	
Odor (noticeable perc odor)				Ø	
Use of direct-reading instrument	ation (FID	/PID/calorimetric	tubes)	- U	A
If using direct-reading instrum	entation,	is the equipment	:		
a. Capable of detecting	perc vapo	r concentrations i	n a range of 0-500 ppm?		lN
b. Calibrated against a (PID/FID only)?	standard g	as prior to and af	ter each use)N
c. Inspected for leaks a	nd obvious	signs of wear on	a weekly basis?		IN
d. Kept in a clean and	secure area	when not in use	?		lN
e. Verified for accuracy	by use of	duplicate sample	s (calorimetric only)?		lN
3. Has the facility maintained a leak log?	•			<u>,</u> ⊠(Y □	IN
4. Does the responsible official check the	following	areas for leaks?	Not segurately do	cume	test
Hose connections, fittings, couplings, and valves	⊠Y	□N	Muck cookers -	- DY	ON .
Door gaskets and seating	DY	□N	Stills	<u>oy</u>	ΠN
Filter gaskets and seating	ΞΥ	□N	Exhaust dampers Nove	ΘY	□N
Pumps	₽Y	□N	Diverter valves Nove	□ Y	□N
Solvent tanks and containers	T Y	□N	Cartridge filter housings	Z Y	□N
Water separators	ery	□N			
Name of Responsible Office RALPH STAPLIN Inspector's Name (Please Presented in Signature) CHRIS RACILLEY, Stre Manager.			MAR 21, Pate of Insper MAN APR Approximate Date of	ection 98	pection

Revised 10/28/96

ADDITIONAL SITE INFORMATION:

Copy of permit not available on site. Retorned vi Colprate office per Steve Parke.

Store records of pure purchases for 12 mos prior to this permit all not agree - should 343 ±.

Delivery receipts are available on site, luveur, are often changed based on actual delivery. Invoices of actual are held only at Corporate office. May cause discrepancies. The not sufficient record.

Hay Waste # FCD 112766704

No diverter valve on machine; no obvious warnings in area of dror regarding danger of wihaling perc fumes

TITLE V AIR QUALITY GENERAL PERMIT

INSPECTION SUM	IMARY REPORT
TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1925 TIME OUT: 1/5	OAIRS ID#: 0730088
TYPE OF FACILITY: EXISTING LARGE	
FACILITY NAME: CONCORD CUSTOM CLE	ANERS DATE: 21 APR 98
FACILITY LOCATION: 1413 S. MONROE S	T
TALLAHASSEE FL	32301
RESPONSIBLE OFFICIAL: CINDY VIMONT / STEVE PARK	F 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 evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No diverter value or vents. Machine appears 4th Gla. EPA investigating requirements.	
appears 4th Gen. EPA investigating	
Nea art amente	
1 June 11.5.	Burea M
No noted problems.	APR 27 1998 Bureau of Air Monitoring Mobile Sources
	onitorin Jurces
	·
· 	
COMMENTS:	
The Annual Compliance Certification form has been properly certification	
DATE OF NEXT INSPECTION: MAY JULY	oproximate)
INSPECTION CONDUCTED BY: RALPIT (P)	STAPLIN
	lease Print)

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	x	COMPLAI	NT/DISCOVERY	CI.
AIRS ID#:				TIME OUT:	1150
FACILITY NAME:CON					-400 ·
FACILITY LOCATION:				~	1 Or 1 Or
	TAllahassee	F2 3	32301		Mobile Air
RESPONSIBLE OFFICIAL:					٠. ١
CONTACT NAME: 57676	E PARKE S RACKLE Y BUBI	RY BR	_PHONE: _	850 - 224 - 2 222 -	2044
PART I: NOTIFICATION		10		· <u> </u>	
(check appropriate box)	dans miss to startum		, 1		_
 New facility notified DARM 30 Facility failed to notify DARM 			<i>N</i> / .	A-	
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A.	form that it is:			fication form ore/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)	dry-to trans both	to-dry only, sfer only, x types, x <	x < 140 gal x < 200 gal/yr 140 gal/yr or after 12/9	·	
3 Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$)	00 gal/yr dry-t gal/yr trans l/yr both	to-dry only, sfer only, 20 types, 140	area source $0.140 \le x \le 2$ $0.00 \le x \le 1.8$ $0.00 \le x \le 1.800$ or after 12/9	00 gal/yr gal/yr	
5. This is a correct facility clas	sification	ПИ	□Can not	determine	:
If no, please check the ap facility facility	propriate classification: qualified for a general p exceeds above limits an	permit as ni	umber 3	above eneral permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 234 gallons.					

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? BY ON ON/A 2. Examining the containers for leakage? DY DN DN/A 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 DN/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 plas 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) DY ON 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 DW DN/A condenser upon opening the door? News machine 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated ray □N condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the □N □N/A condenser exceeded 45°F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

_		
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?	OPY 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 WWA
	Is the perc concentration equal to or less than 100 ppm?	NY DN DWA
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 DEN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON PON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN PAN/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	DY DN		
2. Maintained rolling monthly averages of perc consumption?	DY ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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 DN DNA		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A		
6. Maintained startup/shutdown/malfunction plan? Ope manual	DY ON		
7. Maintained deviation reports?	DY DN PN/A		
Problem corrected?	DY DN PN/A		
8. Maintained compliance plan, if applicable? None reg	DY DN 124N/A		

		<u> </u>			
PA	ART VI: LEAK DETECTION AND R	EPAIRS			
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			DN DN	
2.	Has the facility maintained a leak log?			□X □N	
3.	Does the responsible official check the fe	ollowing areas for leaks?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A	
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves /	- CY DN DN/A	
	Solvent tanks and containers	DRY ON ON/A	Cartridge filter housings	DY ON ON/A	
	Water separators	CY ON ON/A			
4.	4. Which method of detection is used by the responsible official?				
	Visual examination (condensed solvent on exterior surfaces)				
	Physical detection (airflow felt thr	ough gaskets)			
	Odor (noticeable perc odor)			9	
	Use of direct-reading instrumentation (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?	DY DN	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
	c. Inspected for leaks an	d obvious signs of wear or	a weekly basis?	OY ON	
	d. Kept in a clean and se	ecure area when not in use	?	□Y □N	

Ralph Staplin	21 APR 98
Inspector's Name (Please Print)	Date of Inspection
_ Ole Staplin	MAY / JUN 1999
Inspector Signature	Approximate Date of Next Inspection

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

 \Box Y \Box N

VIC 1250 P/s machine; su # P6-89-1065-11 (June 89)

Door has delay feature
No vents
No dweiter value (Type IX / 4th Gen machini?)
Weigh clothes each load

CONCORD CUSTOM CLEANERS DRY CLEANING MACHINE INSPECTION

Store	#	201
-------	---	-----

The following components must be checked <u>EVERY SATURDAY</u> for perceptible or potential leaks while the dry cleaning system is operating. Perceptible leaks are those that are detectible by odor, visual observation (such as pools or drops), and touch when passing fingers over equipment:

Hose and pipe connections,

4. Pump

8. Still

11. Cartridge filter housing

fittings, couplings, and valves
2. Door gaskets/seatings

5. Perc tanks6. Water separator

Exhaust dampers
 Diverter valves

12. Containment System13. Perc containers

3. Filter gaskets/seatings

7. Muck cooker

1998

DATE	LEAKY COMPONENT(S)* (write "none" if no deficiencies are found)	DATE PART ORDERED	DATE PART RECEIVED	DATE REPAIR COMPLETED	CONDENSER TEMP. (F°) **	INSPECTED BY
JAN 3	None	NIA	NIA	Nin	37	RUB
10	None	N/A	NIA	NIA	40	R45
18	Nonp	NIA	NIA	NIA	39	RLA
24	None	NIA	N/A	N.117	38	KLB
31	Hone	NIT	IV/IT	NIA	740	x'+5
FEB 7	None	NIA	NIA	NIA	37	King
14	None	NIA	NIA	NIA	39	R12
21	None	NIA	NIA	MA	42	程下
28	None	NIA	NIA	1/16	45,	,
MAR 7	None	NIA	NIA	NIF	40	1243
14	Vone	NIT	NILL	NIA	39	863
21	None.	1/1/2	Nit	NIA	37	JULY 1
28	8/10 M.E-	NIT	1///	N/ it	28	22-12
APR 4	None	WIA	N./H	1/1/	30	K. Luli
11	None	NIA	1/1/+	NIVI	30	RUZ
18	none	MA	MP	AM	30	J.A.
25		,				
MAY 2	_		 			
9						A .
16 23						150
30						· · · · · · · · · · · · · · · · · · ·
JUN 6			-		Δ	APR 2 / 1998 Non Air Monja Sources Ving
13					Sur	72
20				;	- 4 ,	101 An 1998
27					-	So Moni
	The state of the s	1		-		Our Con Inc
		<u> </u>				2, 8

Repairs must be made within 24 hours. If parts are needed for repairs, they must be ordered within 2 days and repairs made within 5 days after parts are received.

^{*} Read on outlet side of refrigerated condenser during low speed cool down or deodorizing cycle. Temperature must be 45 degrees Fahrenheit (F) or less. Adjust if necessary.

[.] This form is to be posted on the dry cleaning machine.

[.] This form must be maintained in store files for 5 years.

CONCORD CUSTOM CLEANERS PERC PURCHASE LOG

Store #: 201
To be completed at the end of each month

RECEIVED

APR 27 1998

Bureau of Air Monitoring
& Mobile Sources

1998

MONTH OF PURCHASE	QUANTITY PURCHASED THIS MONTH 1997*	QUANTITY PURCHASED THIS MONTH 1998*	TOTAL QUANTITY PURCHASED IN PAST 12 MONTHS (GALLONS)**	INITIALS
		+	232	K
JAN	25	.30	237	8213
FEB	23	30	244	RLB
MAR	0	ϕ	244	RLP
APR	40	30	234	KIR
MAY	Ð			
JUNE	30			
JULY	15			
AUG	15			
SEPT	39			
OCT	0			
NOV	45			
DEC	0			
	232		·	

- To be posted on the dry cleaning machine.
- This record, along with shipping receipts, must be maintained in store files for five (5) years.
 - * If no purchases were made in that month, record zero (0) gallons purchased.
- ** Total quantity purchased in past 12 months <u>must be calculated each month</u> by adding the new month's purchase to the preceding 11 months.

TITLE V-AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

V	

TYPE OF INSPECTION: ANNUAL X COMPLA	INT/DISCOVERY RE-INSPECTION
TIME IN: 0930 TIME OUT: 1000	AIRS ID#: 073 008 8
TYPE OF FACILITY: EXISTING LARGE	
FACILITY NAME: CONCURD CUSTOM CLETANE	725 # 20/ DATE: 12 APR 99
FACILITY LOCATION: 1413 SOUTH MONROE	-
TALLAHASSEE FL 3	230)
RESPONSIBLE OFFICIAL: CINDY VIMONT STEVE PARK	EE PHONE NUMBER: 850 - 224 - 2044
Based on the results of the compliance requirements evaluated of compliance with DEP Rule 62-213.300, Florida Administrative	
Based on the results of the compliance requirements evaluated of discrepancies were noted:	uring this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No problems	
·	
<u> </u>	
P	
BE TO THE SECOND	
E Notile Sour	,
toring.	
COMMENTS:	
~	
The Annual Compliance Certification form has been properly certified a	nd submitted to the inspector. YES NO X
DATE OF NEXT INSPECTION: MAY June 200	
(Approx	
INSPECTION CONDUCTED BY: RALPH A S (Please	TAPUN Print)
	PHONE NUMBER: 850 488 370 4

Page _ __of ___. Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	X .	COMPLAINT/DISCO	OVERY -
AIRS ID#: 073 00 88 DA	ATE: 12 APR 95	TIME I	N: <u>0930</u> TIM	E OUT: <u>/</u> 333
facility name:	cord cust	om cle	ANERS	
FACILITY LOCATION:	1413 SOUTH	MONI	COEST	
	TALLAFASSE	ER	32301	
RESPONSIBLE OFFICIAL : _	STEVE PARIE	<u>(e</u>	PHONE: 850 - 2	224-2044
RESPONSIBLE OFFICIAL: _ CONTACT NAME: _ ぺっぴっぴ	Y BRIDGES		PHONE: 850- 3	227-0652
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	0 days prior to startup			. ت
2. Facility failed to notify DARM	to use general permit			
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box) A.	n form that it is:		☐ No notification for ☐ Drop store/out of I	
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	nsfer only, x h types, x <	x < 140 gal/ут < 200 gal/ут	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before 12/9/91)	00 gal/yr dry gal/yr tra: ıl/yr bot	nsfer only, 2 h types, 140	area source , $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	r .
5. This is a correct facility cla	ssification 🖎	Y. ON	□Can not determine	:
	qualified for a general	l permit as n	umber above	
B. The total quantity of perchlor facility was 277 gallons.	oethylene (perc) purch:		he 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) DY DN DN/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 DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DEN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) PAY UN 1. Equipped all machines with the appropriate vent controls? BY 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 DY 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? DY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DAYA 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?	<u>G</u> Y	ΠN	,
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	DN /A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□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?	ΠY	ΠN	ON/A
1	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	DAHA
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	□N	QN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	<u> P</u> Y	_UN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/Á

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 ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	BY 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? 	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	oy on Baya
Problem corrected?	AWA NO YO
8. Maintained compliance plan, if applicable?	DY DN DNA

•				
P.	RT VI: LEAK DETECTION AND R	EPAIRS		
1.	Does the responsible official conduct	veekly for small sources	, bi-weekly) leak detection an	d repair
	inspection?			DY ON
2.	Has the facility maintained a leak log?		•	NO YO
3.	Does the responsible official check the f	ollowing areas for leaks?		4.
	Hose connections, fittings, couplings, and valves	GY ON ON/A	Muck cookers	□Y □N □N/A
	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	ey on on/a	Diverter valves	Cy On Daya
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	BY ON ON/A
	Water separators	BY ON ON/A		
4.	Which method of detection is used by the	he responsible official?		
	Visual examination (condensed so	olvent on exterior surface	es)	<u>-</u>
	Physical detection (airflow felt the	rough gaskets)		<u> </u>
	Odor (noticeable perc odor)			9
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes) -	
	Halogen leak detector		_	

If using direct-reading instrumentation, is the equipment:

d. Kept in a clean and secure area when not in use?

(PID/FID only)?

RAIDH Staplin	12 Apr 99
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?

b. Calibrated against a standard gas prior to and after each use

c. Inspected for leaks and obvious signs of wear on a weekly basis?

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

UY UN

 $\square Y \square N$

 $\square Y$ $\square N$

DY DN

 \square Y \square N

; 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 # 0730088

CONCORD CUSTOM CLEANERS #201 CINDY VIMONT PO BOX 1000 RICHMOND KY 40476

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

AIRS ID#: 0130088 DATE: 15 Flag CO TIME IN: 11-30 TIME OUT: 12-30 FACILITY NAME: CONCORD Custon Cleaners # 201 FACILITY LOCATION: 1413 South Mouree 94. TRESPONSIBLE OFFICIAL: PHONE: B50-724-7044 CONTACT NAME: Steve Packe Phone: Bandle PART I: NOTIFICATION [check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: □ No notification form □ Drop store/out of business/petroleum A. 1. Existing small area source □ 2. New small area source □ dry-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr both types, x < 140 gallyr transfer only, x < 200 gallyr transfer only, x < 140 gallyr transfer only, x < 140 gallyr transfer only, x < 140 gallyr transfer only, x < 100 gallyr transfer only, x < 1,800 gallyr transfer only, x < 1,800 gallyr transfer only, x < 1,800 gallyr tooth types, 140 ≤ x ≤ 1,800 gallyr tooth types, 14	TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	0	COMPLAINT/DISCOVER	Y 🗆
RESPONSIBLE OFFICIAL: PHONE: B50-724-7044 CONTACT NAME: Steve Value PHONE: Bfmee PART I: NOTIFICATION [check appropriate box) 1. New facility indicated DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit Drop store/out of business/petroleum		21	\sim		T: 12:30
Check appropriate box	FACILITY LOCATION:		FL	37301	
(check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit □ PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source □ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) 5. This is a correct facility classification □ facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit				phone: <u>850-224</u> phone: <u>Same</u>	-2044
1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit □ PART II: CLASSIFICATION Facility indicated on notification form that it is: □ No notification form (check appropriate box) □ Drop store/out of business/petroleum	PART I: NOTIFICATION				
2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION	(check appropriate box)				
PART II: CLASSIFICATION Facility indicated on notification form that it is:	1. New facility notified DAR	M 30 days prior to startup	ı		
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification: facility exceeds above limits and is not eligible for a general permit	2. Facility failed to notify DA	RM to use general permi	t		.0
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification: Gallity exceeds above limits and is not eligible for a general permit	PART II: CLASSIFICATIO)N	_		
1. Existing small area source	TIME AN OBINODE TOTAL	214			
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit	Facility indicated on notification (check appropriate box)				ess/petroleum
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	Facility indicated on notifical (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	urce \(\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\texitt{\$\text{\$\texit{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$	y-to-dry only, ansfer only, x oth types, x <	□ Drop store/out of busine rea source □ x < 140 gal/yr < 200 gal/yr 140 gal/yr	ess/petroleum
facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit	Facility indicated on notifical (check appropriate box) A. 1. Existing small area sond dry-to-dry only, x < 140 galyst transfer only, x < 200 galyst both types, x < 140 galyst (constructed before 12/9/9) 3. Existing large area sond dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80	ation form that it is: urce	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140	Drop store/out of busine rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	ess/petroleum
B. The total quantity of perchlorocthylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 200 gallons.	Facility indicated on notifical (check appropriate box) A. 1. Existing small area sond dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area sond dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9)	ation form that it is: urce	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140 constructed on	Drop store/out of busine rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	ess/petroleum

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? Function IV IN IN/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?

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

DY DN 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)

1.	Equipped all machines with the appropriate vent controls?	DA. DN
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 on a weekly/bi-weekly basis?	DY ON
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON BON/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON :

В.	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ØN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	DAN/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	□и	₫N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	⊠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	ПИ	ŪM/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	₽Ý	ND	□N/A
6	. Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	ØN/A

PART V: RECORDKEEPING REQUIREMENTS

<u></u>	
Has the responsible official: (check appropriate boxes)	. /
1. Maintained receipts for perc purchased?	מס אם
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	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?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ØN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY DN DN/A
Problem corrected?	DY DN DNIA
8. Maintained compliance plan, if applicable?	OY ON DAN/A

्या विकासिक विकास में विक्रिक विकास के अपने के किया है। विकास के अपने किया

P	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	מצ מא				
2.	2. Has the facility maintained a leak log?	מע עם				
3.	3. Does the responsible official check the following areas for leaks?	٠.				
	Hose connections, fittings, couplings, and valves Y DN DN/A Muck cookers	DY ON ON/A				
	Door gaskets and seating	DY ON ON/A				
	Filter gaskets and seating	מ/אם אם צע				
	Pumps Diverter valves Diverter valves	בואם אם צם				
	Solvent tanks and containers DY DN DN/A Cartridge filter housings	מ/אם אם צע				
Vi	Water separators QY QN QN/A					
4.	4. Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
ļ	Odor (noticeable perc odor)	Q				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:	DN/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OY ON				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	DY DN				
	d. Kept in a clean and secure area when not in use?	OY ON				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON				
		,				

Inspector's Name (Please Print

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

EVAPORATOR TEMP. Delow 45°F

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

access

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:30 TIME OUT: 12:3	AIRS ID#: 0730088
TYPE OF FACILITY: (DOCOKD CUSTOM (leavers #201
FACILITY NAME:	DATE: 13 HUG 00
FACILITY LOCATION: 14/3 SOUTH MONEO	e st.
Tauphasse FL	32301
RESPONSIBLE OFFICIAL:	PHONE NUMBER: 850 224-2044
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administr Based on the results of the compliance requirements evalu discrepancies were noted:	rative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO PROBLEMS	NONE
·	
	·
The RESPONSIBLE OFFICIAL (CINDY The COMPANY A REPLACEMENT	Viniont) is no longer with has not been found.
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: JULY AUG	200 (pproximate)
INSPECTION CONDUCTED BY: 1 ANIELLE	ROWN
INSPECTOR'S SIGNATURE: (P)	PHONE NUMBER: 850 468 3704
Page	of Revised 10/96



AIRS 1D#: 0730088

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CONCORD CUSTOM CLEANERS # 201 DATE: 15 AUG C	20
FACILITY LOCATION: 1413 South MONROE St.	
TAUAHAUSEE FL 32301	
Annual Reporting Period: APRIL 1999 20 TO AUG 20 0	<u>D</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:	
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:	
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements me in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature 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.



303 849

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 0730088

CONCORD CUSTOM CLEANERS CINDY VIMONT PO BOX 1000 RICHMOND KY 40476

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273



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CINDY VIMONT
PO BOX 1000
RICHMOND KY 40476

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



0358009

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RICHMOND KY 40476

FOR GOVERNMENT USE ONLY

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

 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature Ag Ag Ag Ag Ag Ag Ag Ag Ag A
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
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CONCORD CUSTOM CLEANERS #201	
PO BOX 55910 LEXINGTON KY 40555-5910	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service Jabel) 70006006000664/302	331
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Bureau of Air Monitoring & Mobile Sources

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AIRS ID # 0730088

CONCORD CUSTOM CLEANERS #201
CINDY VIMONT COMPLIANCE DIRECTOR

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RICHMOND KY 40476 LEXINGTON, KY 40555-59 10

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

01-04-01 pd

on the reverse side?	SENDER: Ol adojanua jo dol jan Complete items 1 and 2 for addition 2. These. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form card to you. Attach this form to the front of the mailpiece, or on the bapermit. Write "Return Receipt Requested" on the mailpiece below The Return Receipt will show to whom the article was dedelivered.	so that we ack if space the article livered an	e can return this e does not e number. d the date	is also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt Service.
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_	PS Form 3811 , December 1994			Domestic Return Receipt	: ;

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