

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 16, 1997

Ms. Judith A. Delaportas Oasis Cleaners, Inc. 3210 First Street West Bradenton, Florida 34208

Re: Facility I.D. No. 0810171

Dear Ms. Delaportas: .

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 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. Louis Fernandez, Southwest District

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

#### Perchloroethylene Dry Cleaning Facility Notification

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

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	OASIS CLEANERS INC.
2.	Site Name (For example, plant name or number):
	PLANT 1 /5T ST. STORE  Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	FDL 982 131 559
4.	Facility Location: 3210 /ST ST. $W$ . Street Address:
	City: BRADENTON County: Zip Code: 34208
5.	Facility Identification Number (DEP Use):
	Facility Identification Number (DEP-Use):
	Responsible Official
6.	Name and Title of Responsible Official:
	·
7	TUDITH A. DELAPORTAS PRES.  Responsible Official Mailing Address:
,.	Responsible Official Mailing Address: Organization/Firm:  AS ABOVE
	Street Address:
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (941) 747 - 9077 Fax: ( ) -
	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	Engility Contact Telephone Number
11.	Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -
	• • • • • • • • • • • • • • • • • • • •

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Bureau of Air Monitoring & Mobile Sources

世 0810171

P. 14 1. (a) add date control device installed

6444353

### 3 976

Cahadidaka ng ta libera. Samura nganga

#### **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.

RENZACCI SERENA 310		Machine	Control		Machine	Control		Machine	Date  Control
SERENH 310		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		23-14/1/2	85°						
(2) w/ carbon adsorber		,_							
(3) w/ no controls									
Washe: Unit						_			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		_							
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber						1			
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the	uant gallo	equired to be ity of perchlo ons ow many? [_	installed [	NA (perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small are Existing large are	Selec ea so	t one classifi	cation only.)	) ew sr	initions found nall area sout rge area sour	rce [	(3) of	Part II?	

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

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

Please indica	ite 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></u>	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the use made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pro	omptly notify the Department of any changes to the information contained in this notification.						
Qued	ted a Relaportas g-31-96						

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

	•	•			
1.	Facility Owner/Company Name (Name	of corporation,	agency, or inc	lividual owner):	
	OASIS CLEANERS	INCI			
2.	Site Name (For-example, plant name or	number):			
	PLANT 1 /ST	ST. ST	TORC!		
3.	Hazardous Waste Generator Identification	on Number:			
	FDL 982 131 559				
4.	Facility Location: 3210 /57 Street Address:				
	City: BRADENTON	County: NANATEE	3.	Zip Code: 34208	
5.	Facility Identification Number (DEP Us	e): 🚈 💮			
39 - 1				0810141	
		Responsible O	fficial		
	Name and Title of Responsible Official:		_	·	
,	JUDITH A. DELAPORT	<del>AS</del> :	PRES.		
7.	Responsible Official Mailing Address: Organization/Firm:	AS ABOU			
	Street Address: City:	County:		Zip Code:	
8.	Responsible Official Telephone Number	··			-
0.	Telephone: (941) 747 - 907		Fax: (	· .	
	Facility Contact	(If different fro	m Responsib	le Official)	
9.	Name and Title of Facility Contact (For	example plant	manager).	·	_
<i>)</i> .	reality contact (For	example, plant	munager).		
10.	Facility Contact Address:	· · · ·			$\neg$
	Street Address:			•	
	City:	County:		Zip Code:	
11.	Facility Contact Telephone Number:				
	Telephone: ( ) -		Fax: (	) -	

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Bureau of Air Monitoring & Mobile Sources PLEASE ROUTE THIS

PLEASE ROUTE THIS

DOCUMENT TO:

Sandy Bowman of Air Marie of Individual Office

55/0

Mail Station Number

#### **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.

0-1-1-1	Ī	Date	Date		Date	Date		Date	Date
RENZACCI		Machine	Control		Machine	Control		Machine	Control
SERENA 310.		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ĺD	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	7	27-11/1/	3/23MAY69						
(2) w/ carbon adsorber		227776	,						
(3) w/ no controls									
Washer Unit					•			'	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls							-		
Dryer Unit						•		•	
(7) w/ ref. condenser	,								
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			•		•	•			•
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls		_							
<ul><li>(b) Control devices are</li><li>(c) No control devices</li></ul>									
2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [									
3. What is the facility's so (Indicate with an "X". Existing small are Existing large are	Selec ea so	t one classifi	cation only.)	ew sn	initions foun nall area sour	rce [	]	Part II?	
					<u>.</u>	L	_		

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(Indicate with an "X".)
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 ensissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or 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
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:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

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

Please indica	te 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							
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pro	emptly notify the Department of any changes to the information contained in this notification.							
Signature Signature	auf a. Delaportas B-11-96							

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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPL	AINT/DISCOVERY	RE-IN	ISPECTION []
TIME IN:	TIME OUT:		AIRS ID#:_	08/017	7/
TYPE OF FACILITY: 1	<u></u>			·	
FACILITY NAME: Oa.	sis Cleaners	/		DATE:	12/11/96
FACILITY LOCATION:	3210 1St St	W			
B	radealox, Fr	3420	08		
RESPONSIBLE OFFICIAL:	_ ~ /	ortas	PHONE NUME	BER: 941 - 7	47-9077
	the compliance requirementule 62-213.300, Florida A			e facility is found	to be in
Based on the results of discrepancies were note	the compliance requirements:	nts evaluated	during this inspection, the	e following comp	liance
COMPLIANCE REQU	UIREMENT/PROBL	EM	FOLLOW-UP A	CTION REQ	UIRED
					·
				•	
•					
COMMENTS:			· ·		
The Annual Compliance Certifica	_		id submitted to the inspec	tor. YES	X NO
DATE OF NEXT INSPECTION	v:Dec	- 97	·		
INCRECTION CONDUCTES	W. Margaret	(Approx	mate)		
INSPECTION CONDUCTED E	ST: TO COCK OF CO	(Please I	Print)		
DATE OF NEXT INSPECTION INSPECTION CONDUCTED E INSPECTOR'S SIGNATURE.	Margaret Car	ugro	PHONE NUMBE	ER: 813/74	4-6100
•		0 Page <u>/</u> of_		ſ	X/25 Revised 10/96

AIRS ID#: 08/0/7/

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Oasis Clear	rers		DATE	12/11/96
FACILITY LOCATION:	3210 15	E St. W			
	Bradenton,	FL 342	08		
			•		
Annual Reporting Period: _	9-1	19 <i>Q</i>	<u>6</u> то	12/11	19 <u>96</u>
Based on each term or cond	ition of the Title V gener	al air permit, my facil	ity has remained	in compliance with DI	EP Rule
62-213.300, Florida Admin	istrative Code (F.A.C.), d	uring the period cover	ed by this staten	nent. XYES	$\square$ NO
If NO, complete the following	ng:			·	
#1. Term or condition of th	e general permit that has	not been in continuou	s complian <b>ce du</b>	ring the reporting perio	od stated above:
Exact period of non-complia	nnce: from		to		
Action(s) taken to achieve o	ompliance:				
Method used to demonstrate	compliance:				
#2. Term or condition of the	e general permit that has	not been in continuou	s compliance du	ring the reporting perio	od stated above:
Exact period of non-complia	ince: from		to		
Action(s) taken to achieve co	ompliance:				
Method used to demonstrate	compliance:				
As the responsible official, I made in this notification are upon rolling averages of pur year for transfer or combina	true, accurate and comp chase receipts, does not tion facilities.	lete. Further, my ann exceed 2,100 gallons	ual consumption per year for dry-	of perchloroethylene :	solvent, based
	Name (Please	e Print)	Sig	nature	Date

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

2/20/97

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	COMPLAINT	/DISCOVERY	
	RE-INSPECTION	941-7	47-907	7
AIRS ID#: <u>08/0   7/</u> E FACILITY NAME: <u>Oas</u>	ATE: 12/11/96  S Cleaners	TIME IN:		· · · · · · · · · · · · · · · · · · ·
FACILITY LOCATION: 3		W 34208		
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DAR	M by 9/1/96	9/5/9/2		×
2. New facility notified DARM 3	0 days prior to startup	·		
3. Facility failed to notify DARM	I to use general permit			۵
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	n form that it is:			
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	dry-to- transfe both ty	v small area source dry only, x<140 gal/yr r only, x<200 gal/yr pes, x<140 gal/yr ucted on or after 12/9/91)		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr dry-to-d l/yr transfer r both ty</td><td>v large area source dry only, 140<x<2, 100="" ga<br="">r only, 200<x<1,800 gal="" y<br="">pes, 140<x<1,800 gal="" yr<br="">ucted on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	gal/yr dry-to-d l/yr transfer r both ty	v large area source dry only, 140 <x<2, 100="" ga<br="">r only, 200<x<1,800 gal="" y<br="">pes, 140<x<1,800 gal="" yr<br="">ucted on or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classification	ation <b>A</b> Y	ПИ		
If no, please check the appropriat	e classification:			
	l for a general permit as nu above limits and is not elig			
B. The total quantity of perchlore facility was 220 gallons.	oethylene (perc) purchased	within the preceding 12 m	nonths by this dry o	cleaning

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 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)

(c	heck appropriate boxes)	
I.	Equipped all machines with the appropriate vent controls?	DX-ON
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	A ON ONIV
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	XY ON ON/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	YY ON
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	X DN
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	NO YO

E	3. 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?	M □N				
2	. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY DN NA				
	Is the temperature differential equal to or greater than 20° F?	OY ON				
3	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?	OY ON AMIA				
	Is the perc concentration equal to or less than 100 ppm?	OI ON				
4	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON NA				
5	. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DAVA				
6	Routed airflow to the carbon adsorber (if used) at all times?	OY ON DONA				
_						
11	PART V: RECORDKEEPING REQUIREMENTS					
늘						
B	ART V: RECORDKEEPING REQUIREMENTS  (as the responsible official: check appropriate boxes)					
E (c	(as the responsible official:	ØY □N				
1.	Las the responsible official: check appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	MY ON				
1.	Ias the responsible official: check appropriate boxes)  Maintained receipts for perc purchased?	MY ON MY ON				
1.	Itas the responsible official: check appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;	MY ON  MY ON				
1.	Itas the responsible official: check appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:					
1. 2.	Itas the responsible official: check appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	ÞÝ DN				
1. 2. 3.	Itas the responsible official: check appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ØY ON				
1. 2. 3. 4. 5.	Its the responsible official: check appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)	DY ON MIN'A				
1. 2. 3. 4. 5. 6.	Itas the responsible official: check appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	DY ON DANA				
1. 2. 3. 4. 5. 6.	Itas the responsible official: check appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?					
1. 2. 3. 4. 5. 6. 7.	As the responsible official: Check appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?					
1. 2. 3. 4. 5. 6. 7. 8.	As the responsible official: check appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? **Gor direct reading instruments only**)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?  Maintained compliance plan, if applicable?					
1. 2. 3. 4. 5. 6. 7. 8.	As the responsible official: check appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?					

			<u> </u>					
2. Which method of detection is used by the responsible official?								
Visual examination (condensed solvent on exterior surfaces)								
Physical detection (airflow felt the	M							
Odor (noticeable perc odor)	$\bowtie$							
Use of direct-reading instrument								
If using direct-reading instrum	If using direct-reading instrumentation, is the equipment:							
a. Capable of detecting	perc vapo	or concentrations is	n a range of 0-500 ppm?	<b>□</b> Y .	□и			
b. Calibrated against a (PID/FID only)?	ΩY	□N						
c. Inspected for leaks a	nd obviou	s signs of wear on	a weekly basis?	ΩY	ПN			
d. Kept in a clean and	secure are	a when not in use?	•	OY ON				
e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?	OY ON				
3. Has the facility maintained a leak log?	,			$\Box$ Y	⊓א			
4. Does the responsible official check the	following	g areas for leaks?						
Hose connections, fittings, couplings, and valves	XY	ПN	Muck cookers	ØY'	DИ			
Door gaskets and seating	<b>∞</b> (Y	□N	Stills	ZY	ПN			
Filter gaskets and seating	Ø <b>∑</b> (Y	ПN	Exhaust dampers	<b>Q</b> Y	ПN			
Pumps	<b>Ø</b> Y	□N	Diverter valves	ΔY	ПN			
Solvent tanks and containers	Solvent tanks and containers OY DN Cartridge filter housings							
Water separators	QY	ПИ						
JUDITH 4. DELAPORTE	n S							

JUDITH 4. DELAPORTAS	
Name of Responsible Official	
MARGART CANGRO	12/11/96
Inspector's Name (Please Print)	Date of Inspection
Margaret Cangro	Dec '97
Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#: 08/0/7/

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

s Cleaners		DATE: 11/18/97
3210 15	St. W	,
70071		
2/11/1	9 <u>96</u> то	Nov. 18, 197
	- ·	
-	•	
Log create	el.	<u> </u>
e: Logs		
ermit that has not been in conti	nuous compliance duri	ing the reporting period stated above:
· .	to	RECEIVED
		NOV 2 1 1997
e:		Bureau of Air Monitoring & Mobile Sources
rate and complete. Further, m ipts, does not exceed 2,100 gal	y annual consumption	asonable inquiry, that the statements of perchloroethylene solvent, based
	Title V general air permit, my de (F.A.C.), during the period of ermit that has not been in continuous formation and formation and rate and complete. Further, mipts, does not exceed 2,100 gains.  DINA DELAPORI	3210   St. W  2n for  2/11   1996 TO  Title V general air permit, my facility has remained it de (F.A.C.), during the period covered by this statement of the following formula of the purchase of the purchas

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

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/DISCO	OVERY		
·	RE-INSPECTION					
-0::	1 0 10.		0.22		muc.	
AIRS ID#: <u>08/01/7/</u> DAT		•	1: <u>4:30a</u> timi	E <b>OUT</b> : <u>/</u>	0:15A	
FACILITY NAME: 0451	S CLEANE	RS				
facility location: $32$	10 /St/.	St W				
Bru	adestox		34208			
RESPONSIBLE OFFICIAL:				747-9	3077	
CONTACT NAME: JOE						
Diant Man.	MIVELUI	<del>\</del>	FHORE.			
TOWNS AND A TOWN	,					
PART I: NOTIFICATION						
(check appropriate box)					~	
1. New facility notified DARM 30 d	• •					
2. Facility failed to notify DARM to	use general permit					
PART II: CLASSIFICATION						
PART II: CLASSIFICATION						
Facility indicated on notification for (check appropriate box)	orm that it is:		☐ No notification form☐ Drop store/out of bo		roleum	
Facility indicated on notification for (check appropriate box) A.		' amall ar	☐ Drop store/out of be	usiness/pet	roleum	
Facility indicated on notification for (check appropriate box)	□ 2. N	lew small ar	☐ Drop store/out of be		roleum	
Facility indicated on notification for (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	□ 2. N dry-t trans	to-dry only, > sfer only, x <	Drop store/out of been source x < 140 gal/yr 200 gal/yr	usiness/pet	roleum	
Facility indicated on notification for (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	□ 2. N dry-t trans both	to-dry only, x sfer only, x < types, x < 1	Drop store/out of been source to 140 gal/yr 200 gal/yr 40 gal/yr	usiness/pet	roleum	
Facility indicated on notification for (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	□ 2. N dry-t trans both	to-dry only, x sfer only, x < types, x < 1	Drop store/out of been source x < 140 gal/yr 200 gal/yr	usiness/pet	roleum	
Facility indicated on notification for (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	2. N dry-t trans both (cons	to-dry only, x sfer only, x < types, x < 1	Drop store/out of beca source  x < 140 gal/yr  200 gal/yr  40 gal/yr  or after 12/9/91)	usiness/pet	roleum	
Facility indicated on notification for (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	2. N dry-t trans both (cons gal/yr dry-t	to-dry only, > sfer only, x < types, x < 1- structed on c  lew large ar to-dry only, 1	Drop store/out of before a source $x < 140 \text{ gal/yr}$ and $x < 200 \text{ gal/yr}$ for after 12/9/91)  The a source $x < 2,100 \text{ gal/yr}$ for a source $x < 2,100 \text{ gal/yr}$	usiness/pet	roleum	
Facility indicated on notification for (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 transfer only, 200 ≤ x ≤ 1,800 gal	2. N dry-t trans both (cons gal/yr dry-t trans	to-dry only, a sfer only, x < types, x < 14 structed on o lew large ar to-dry only, 1 sfer only, 200	Drop store/out of beginning to be source $x < 140 \text{ gal/yr}$ and $x < 200 \text{ gal/yr}$ for after $12/9/91$ )  The source $x < 2,100 \text{ gal/yr}$ and $x < 2,100 \text{ gal/yr}$ and $x < 1,800 \text{ gal/yr}$	usiness/pet	roleum	
Facility indicated on notification for (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	2. N dry-t trans both (cons gal/yr dry-t trans T both	to-dry only, a sfer only, x < types, x < 14 structed on co lew large ar to-dry only, 1 sfer only, 200 types, 140 <	Drop store/out of before a source $x < 140 \text{ gal/yr}$ and $x < 200 \text{ gal/yr}$ for after 12/9/91)  The a source $x < 2,100 \text{ gal/yr}$ for a source $x < 2,100 \text{ gal/yr}$	usiness/pet	roleum	
Facility indicated on notification for (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 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal/yr	2. N dry-t trans both (cons gal/yr dry-t trans fr both (cons	to-dry only, a sfer only, x < types, x < 14 structed on co lew large ar to-dry only, 1 sfer only, 200 types, 140 <	Drop store/out of before a source $x < 140 \text{ gal/yr}$ (200 gal/yr 40 gal/yr or after 12/9/91)  The a source $140 \le x \le 2,100 \text{ gal/yr}$ ( $0 \le x \le 1,800 \text{ gal/yr}$	usiness/pet	roleum	
Facility indicated on notification for (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 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal/y (constructed before 12/9/91)  5. This is a correct facility classiful on the property of the prop	2. N dry-t trans both (cons gal/yr dry-t l/yr trans r both (cons fication  T copriate classification: salified for a general p	to-dry only, a sfer only, x < types, x < 16 structed on collection of the to-dry only, 16 sfer only, 200 types, 140 < type	Drop store/out of beginning to be source $x < 140 \text{ gal/yr}$ and $x < 200 \text{ gal/yr}$ for after $12/9/91$ )  The source $140 \le x \le 2,100 \text{ gal/yr}$ for $x \le 1,800 \text{ gal/yr}$ for after $12/9/91$ )  The contraction of the source $12/9/91$ for after $12/9/91$ .  The contraction of the source $12/9/91$ for after $12/9/91$ .	usiness/pet	roleum	

#### 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? 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? □N □N/A 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 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? DY ON 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 XY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY ON 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? UN UN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after XY DN verifying that the coolant had been completely charged?

10 10 10 15 5 85

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?	ΟY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□N	□N/À
	Is the temperature differential equal to or greater than 20° F?	ΩY	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?	ΟY	ПП	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?	MD AX						
2. Has the facility maintained a leak log?		NO YK					
3. Does the responsible official check the							
Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	KY ON ON/A				
Door gaskets and seating	AND ND YE	Stills	ÖYY ON ON/A				
Filter gaskets and seating	ØY □N □N/A	Exhaust dampers	ANO NO YEA				
Pumps	MY ON ON/A	Diverter valves	PANO NO YÀ				
Solvent tanks and containers	QY ON ON/A	Cartridge filter housings	DY ON ON/A				
Water separators	XY ON ON/A						
4. Which method of detection is used by t	he responsible official?						
Visual examination (condensed s	olvent on exterior surfaces)		×				
Physical detection (airflow felt th	rough gaskets)		ØK.				
Odor (noticeable perc odor)			风				
Use of direct-reading instrumenta	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector							
If using direct-reading instr	umentation, is the equipm	ent:	M/A				
a. Capable of detecting	perc vapor concentrations in	a range of 0-500 ppm?	□Y □N				
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and aft	er each use	OY ON				
, , , , , , , , , , , , , , , , , , ,	d obvious signs of wear on	a weekly basis?	OY ON				
,	ecure area when not in use?	•	OY ON				
	by use of duplicate samples		DY DN				
	o, acc or expression compress	(					
Margaret Cangro		11/18/97					
Inspector's Name (Please Prin	nt)	Date of Inspe	ction				
Margaret Caraso		Nov 98	,				
Inspector's Signature	Next Inspection						

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0810171 OASIS CLEANERS INC JUDITH A DELAPORTAS 3210 1ST STREET WEST BRADENTON FL 34208

Do NOT Remove Label

Annual Reporting Period:	March	<u></u>	19 98	то _		19
Based on each term or condition 62-213.300, Florida Administra		-			\ <del>-</del>	DEP Rule
If NO, complete the following:						
#1. Term or condition of the ge	eneral permit	that has not been in	continuous	complian	ce during the reporting pe	riod stated above:
Exact period of non-compliance	e: from		,		to	
Action(s) taken to achieve comp	pliance:	,				
Method used to demonstrate con	mpliance:	·				
#2. Term or condition of the ge	neral permit	that has not been in	continuous	complian	ce during the reporting pe	riod stated above:
Exact period of non-compliance	: from _			to	0	
Action(s) taken to achieve comp	oliance:		·			
Method used to demonstrate con	npliance:			-	<del>-</del>	
As the responsible official, I hereb notification are true, accurate and does not exceed 2,100 gallons per RESPONSIBLE OFFICIAL:	complete. Fu year for dry-to J.A.DE	urther, my annual con o dry facilities or 1,800	sumption of	perchloro	ethylene solvent, based upor	n purchase receipts.

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

AIRS ID#: 08/0/7/

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			-	
FACILITY NAME: Dasis Cle	aness	KEGE	DAIR	: 11/17/98
FACILITY LOCATION: 3210	) 1st St 1	JAN 2	5 1990	, ·
FACILITY LOCATION: 3216	on FL 34	Department of Enviro		
			DISTRICT	
Annual Reporting Period:	11-19-	.9 <u>97</u> то		<u> </u>
Based on each term or condition of the Title	V general air permit, my	facility has remain	ned in compliance with D	EP Rule
62-213.300, Florida Administrative Code (F	.A.C.), during the period	covered by this sta	tement. YES	□NO ·
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in cont	inuous compliance	durin Rhele coting per	od stated above:
Exact period of non-compliance: from		to	FEB 1 1	1999
Action(s) taken to achieve compliance:	<u>.                                    </u>		Bureau of Air M & Mobile So	Onitoring
Method used to demonstrate compliance:	· .			
#2. Term or condition of the general permit	that has not been in cont	inuous compliance	during the reporting per	iod 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 a upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, n	ny annual consump	tion of perchloroethylen	e solvent, based
RESPONSIBLE OFFICIAL: JUDY	DELA PORTAS me (Please Print)	_ Julies	G. Nelaportae Signature	11/17/98 Date

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

# RECEIVE

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	ON   COMPLAINT/DISCOVERY
FACILITY NAME: <u>Casis D</u> FACILITY LOCATION: <u>3210</u> Bradentin	-98 TIME IN: 1:35 TIME OUT: 1:55 ry (lea rers 1st St W L St 34208 Dela pertio PHONE: 941-747-9077
, , , , , , , , , , , , , , , , , , ,	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	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 $12/9/91$ )	(constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )
5. This is a correct facility classification	□Y 🖄 □Can not determine
	ration: meral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) per facility was gallons.	urchased within the preceding 12 months 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? DY DN-ŽN/A 2. Examining the containers for leakage? MD AR 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at STY ON ON/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? DY DN DX/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) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DNA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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?	□Y (	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y (	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	□Y · (	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,		<b>-</b>	
	if machines are equipped with a carbon adsorber?	•		□N/A
ı	Is the perc concentration equal to or less than 100 ppm?	□Y (	ПN	□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?	□Y (	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y (	אם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y (	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	<b>β</b> αγ □Ν
2. Maintained rolling monthly total of perc consumption?	par on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	XY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN QN/A
4. Maintained calibration data? (for applicable direc: reading instruments)	OY ON KIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	ON ON BOND
6. Maintained startup/shutdown/malfunction plan?	<b>A</b> l. ⊃N
7. Maintained deviation reports?	□Y □X <b>X</b> XA
Problem corrected?	OY OX <b>Ö</b> VA
8. Maintained compliance plan, if applicable?	DY DN <b>V</b> AMA

PA	RT VI: LEAK DETECTION AND I	REPAIRS					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			JOY DN			
2.	Has the facility maintained a leak log?			ØY ON			
3.	Does the responsible official check the	following areas for leaks	?				
	Hose connections, fittings, couplings, and valves	ŒY □N □N/A	Muck cookers	ÆY □N □N/A			
	Door gaskets and seating	ÐY □N □N/A	Stills	DY ON ON/A			
	Filter gaskets and seating	BY ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	MY ON ON/A	Diverter valves	RY ON ON/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DAY ON ON/A			
	Water separators	AND ND AND					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed s	<i>₽</i> √ .					
	Physical detection (airflow felt th	2					
	Odor (noticeable perc odor)	便					
	Use of direct-reading instruments						
	Halogen leak detector	•					
	If using direct-reading instr	umentation, is the equip	oment:	ONLA			
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a s (PID/FID only)?	OY ON					
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	DY DN			
	d. Kept in a clean and s	ecure area when not in us	se?	DY DN			
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY OX			

MARGARET CANGRO	11/17/98
Inspector's Name (Please Print)	Date of Inspection
Margret Caropo	Nov 99
$\mathcal J$ Inspector's Signature $\mathcal J$	Approximate Date of Next Inspection

AIRS 1D#: 08/017/

ple

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Oasis (	Cleaners		ATE: <u>//-9-99</u>
FACILITY LOCATION: 3210	1St St. W.		,
FACILITY NAME: COMS ( FACILITY LOCATION: 3210  Bladent	oc. FC 3421	08	
		· · · · · · · · · · · · · · · · · · ·	Burn C
Annual Reporting Period:	11-18-1998	то/	7 9 99 99 mg
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	V general air permit, my facility A.C.), during the period covered	has remained in compliance who by this statement.	Stable No
If NO, complete the following:		·	
#1. Term or condition of the general permit	that has not been in continuous c	ompliance during the reportin	g period stated above:
Exact period of non-compliance: from		to	
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 o	compliance during the reporting	g period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:		<u> </u>	
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, I made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, my annuc	al consumption of perchloroeth	ylene solvent, based
Nan	ne (Please Print)	/ (/ Signature/	Date /

Page \_\_\_\_\_ of \_\_\_\_\_

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

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
AIRS ID#: 08/0171 DATE: 11-9-99 TIM  FACILITY NAME: Oasis Cleaner  FACILITY LOCATION: 3210 18t  Bradentm:  RESPONSIBLE OFFICIAL: Judy Delaporto	Bureau of Moor
CONTACT NAME:	PHONE: 777 377 77
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: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
dry-to-dry only, $x < 140$ gal/yr dry-to-dry of transfer only, $x < 200$ gal/yr transfer only both types, $x < 140$ gal/yr both types,	all area source  only, x < 140 gal/yr y, x < 200 gal/yr x < 140 gal/yr d on or after 12/9/91)
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ dry-to-dry of transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types,	ge area source $\square$ only, $140 \le x \le 2,100 \text{ gal/yr}$ y, $200 \le x \le 1,800 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ d on or after $12/9/91$ )
5. This is a correct facility classification	N Can not determine
If no, please check the appropriate classification:  facility qualified for a general permit a  facility exceeds above limits and is no	
B. The total quantity of perchloroethylene (perc) purchased with facility was 115 gallons.	in the preceding 12 months 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? □Y □N **Q**N/A DY DN BIN/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 **Ö**Y On On/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? DY DN PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ATY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AY ON ON/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 ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ØY □N 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?	Þγ	ПN		
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y	ПN	dh dh	Ĭ/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	фŅ	ī/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	ΠИ	中的	l/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	ЩМ	I/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?	ΠY	□N		l/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN		I/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПЙ	ΠN	i/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:  (check appropriate boxes)	
Maintained receipts for perc purchased?	XY ON
2. Maintained rolling monthly total of perc consumption?	AA DH
3. Maintained leak detection inspection and repair reports for the following:	, .
a. documentation of leaks repaired w/in 24 hrs? or;	XY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ANA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DINA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MN/A
6. Maintained startup/shutdown/malfunction plan?	₽BY □N
7. Maintained deviation reports?	DY DN ANA.
Problem corrected?	DY DN DEN/A
8. Maintained compliance plan, if applicable?	DY DN <b>X</b> N/A

PA	PART VI: LEAK DETECTION AND REPAIRS							
١.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?							□N
2.	Has the facility maintained a leak log?					ZÝY		□N
3.	Does the responsible official check the fo	llow	ing ar	eas for leaks?				
	Hose connections, fittings, couplings, and valves	Y	ΠN	□N/A	Muck cookers	ΔY	ΠN	≀ □n/a
	Door gaskets and seating	dy	ПN	□N/A	Stills	ΠÝ	ΠN	I □N/A
	Filter gaskets and seating	d <sub>Y</sub>	ПN	□N/A	Exhaust dampers	dy	ΠN	I □N/A
	Pumps	þγ	ПN	□N/A	Diverter valves	dY	ΠN	ı □n/a
	Solvent tanks and containers	ÞΥ	ПN	□N/A	Cartridge filter housings	ф	ΠN	I □N/A
	Water separators	ΔŶ	ПΝ	□N/A				
4.	Which method of detection is used by the	resp	onsib	ole 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)							
	Halogen leak detector							
	If using direct-reading instru	nent	ation	, is the equipme	ent:	DN	A	
	a. Capable of detecting pe	rc va	por c	oncentrations in	a range of 0-500 ppm?	ΠY		١
	b. Calibrated against a sta (PID/FID only)?	ndar	d gas	prior to and afte	r each use	ΩY		1
	c. Inspected for leaks and	obvi	ous,s	igns of wear on	a weekly basis?	ΠY	۵N	1
	d. Kept in a clean and secure area when not in use?							1
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?							1
				·				

MARGARET CANGRO	11-9-99
Inspector's Name (Please Print)	Date of Inspection
Margaret Cargo	NOV 2000
Inspector's Signature	Approximate Date of Next Inspection

OASIS CLEANERS, INC.

'Department of Environmental Proection

12/31/1999

50.00

REGIONS CHECK 50.00

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OASIS CLEANERS JUDITH A DELAPORTAS 3210 1ST STREET WEST **BRADENTON FL 34208** 

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

Obj.: 002273

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Fund: 20-2-035001

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 OASIS CLEANERS, INC.

Dept. of Inv. Protection 0810171 2/28/98

Permits 50.00

TOTAL: 50.00

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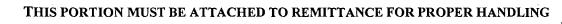
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Org.: 37550101000 EO: XI Fund: 20-2-035001 Obj.: 002273

OASIS CLEANERS, INC.

Department of Environmental Proection

12/20/2000

50.00

4086

REGIONS CHECK ID-0810171

50.0**0** 

Judith A. Delaportas 5211 86th St. Ct. W. Bradenton, Fla. 34210



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

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Oasis Cleaners 5210 Ist St. W. Bradenton FL S1208



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

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