

## Department of Environmental Protection

<del>34432</del> 0830106

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

Virginia B. Wetherell Secretary

October 18, 1996

Mr. Ben Sepe Manager Plaza Cleaners 11352 North Williams Street Dunnellon, Florida 34432

Dear Mr. Sepe:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 1996.

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

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

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

If there are any changes in the facility status, including change of operating parameters or equipment, 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

cc: Mr. Louis Nichols, Central District

DEAR MARNIE BRYHES

PER PHONE CONVERSATION TODAY

PLAZA DRY CLEANER WILL BE USING MOT

MORE THEN 5 GAL OF PERK A WEEK.

FROM BYING THE DRY CLEANERS

THIS WHAT WE USED. "5 GAL PER WEEK"

Touch of QUALITY DRY CLEANERS TELLS ME THIS ABOUT HOW MUCH PERK THEY WERE YSING.

SHE WE OVER

BEM SERE 15 THE MIR. HE IS THE ONE TO CONTACT IF MEEDED

ABHM HANKON.

RECEIVED

SEP 17 1996

Bureau of Air Monitoring & Mobile Sources

## Perchloroethylene Dry Cleaning Facility Notification

## **Facility Name and Location**

-	Facility Occupation Name Of	- C	1				
1.							
	Site Name (For example, plant name or	MERS	S	TEPHEN	SEPE		
2.	^						
	PLAZA CLE	AMERS					
3.	Hazardous Waste Generator Identification	on Number:					
	52 038541						
4.	Facility Location:						
	Street Address: 1/352 M. W.	ILL/AMS SI		Zin Codo: 34	432		
	Facility Location:  Street Address: //352 M. W.  City: DUNNELLOY	MAKIOY		Zip Code: 3 9	4352		
5.	Facility Identification Number (DEP Us			TANK TO SEE			
		083010	P				
3.00			A				
		Responsible Official					
6.	Name and Title of Responsible Official:						
	BELY SEPE	MER					
7.	Responsible Official Mailing Address:				ĺ		
	Organization/Firm: Street Address: 1/352 N.	WILLIAMS	ST				
	City: DUMM ELLOM	County:		Zip Code: 💂	34432		
8.	, , , , , , , , , , , , , , , , , , , ,			. 0	775		
0.	Telephone: $(352)489 - 496$		)	-			
		· / / · · · · · · · · · · · · · · · · ·					
	Facility Contact (	(If different from Respon	sible O	fficial)			
	Name and Title of Facility Contest (Fac						
9.	Name and Title of Facility Contact (For	example, plant manager):					
10	Fig. Comments	_					
10.	Facility Contact Address:						
	Street Address:						
	City:	County:		Zip Code:			
11.	Facility Contact Telephone Number:			_			
	Telephone: ( ) -	Fax: (	)	-			
					\/ F \\		
		•		RECEI	V F D		

AUG 2 1 1996

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Bureau of Air Monitoring & Mobile Sources

## #0830106

	09: 2 5 102
•	Plaza Cleaners
,	
	- spoke with Stephen Sepe-9/12/96-
·	Stephen Sepe is the faculity
	owner. Since Stephen Sepe is in
	the Navy and not in town, his
	father, Ben Sepe, is in charge of
	the entire facility and has ultimate
	operational responsibility. (See
	letter sent in by Stephen Sepe-9/12/96)
P.14	2.(a) should be approx. 260 gal/yr.
	See letter sent in by Stephen Sepe-
	19/12/96), it existing large, 1(b) is
	correct, it small, 1.(c) needs an 11X11
	3. Should be existing large area
	Source (by letter 9/12/96)
p.15	4 mark out "X" in new small area
· · · · · · · · · · · · · · · · · · ·	Source W/refng. con. and initial
	5.(C) it retrig. con. added, 5(C.) is
	Correct for existing large
	5.(d) not required, mark out "X"
	and initial

## **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.

Тур	MARTON AMERICAN e of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	lD	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Exa	mple	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry	-to-Dry Unit			•	-	+ 2				
	(1) w/ ref. condenser				<u> </u>					
	(2) w/ carbon adsorber				<del> </del>					
	(3) w/ no controls	1/	08-PEC-41							
Was	sher Unit		1		1	II.				
	(4) w/ ref. condenser									
	(5) w/ carbon adsorber									
	(6) w/ no controls									
Dry	er Unit		•			4 5 5			each chair	<u> </u>
	(7) w/ ref. condenser								T	
	(8) w/ carbon adsorber		_							
	(9) w/ no controls		_							
Rec	laimer Unit		·		, 19		-		31.	
	(10) w/ ref. condenser									
	(11) w/carbon adsorber		_							
	(12) w/ no controls									
	Control devices are     No control devices	•		•		<b>∑</b> 1				
	What was the total of []  If less than 12 mont Check why it is less	gallo	ons ow many? [	≰∕1 months						

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What control technology is required on machines pursuant to section (5) of F (Indicate with an "X".)	Part II of this notification form?
Existing large area source Carbon adsorber  []  Refrigerated condenser	[X]
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units 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 1 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site in accordance with the requ	airements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	$\mathbb{Z}_{1}$
(c) Refrigerated condenser temperature monitoring	ιχι L
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	[X]
(f) Start-up, shutdown, malfunction plan	[ <u>K</u> ]

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## 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)					
À	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notific statement maintain comply w	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.  Inptly notify the Department of any changes to the information contained in this notification.				
Signature	Sem Supe 8-19-96 Date				

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8-19-96

TEAR DOTTY DILTZ

I BOUGHT THIS DRY CLEANING
PLANT APRIL I 1996 TOUCH OF QUALITY
CHANGED THE NAME TO PLAZA CLEANERS,
FOR I ZISTO OUN PLAZA CLEANER IN
MEMBERT R.I. IUE BEEN IN THE DRY
CLEANING BUSINESS FROM 1949. RETIRED
IN 1990 MOVIED TO HOMOSASSA FL. IN 1990
BUILT A HOME AND GOT BOARD HANGING
AROUND. SO I BOUGHT THIS PLANT TO
GIVE ME SOMITHING TO DO. WELL ABOUT
THE PLAND.

AT HAS A MARTIN DRY CHEANING MACHINE. BUILT 1985 35 LB

BOT I AM TO REPLACE IT WITH A MULTIMATIC." 35 LB."

HAS CLOSED END LOOP.

REF CONDENSER

CHILER.

WITH CHRBOY ADSOBER

AND TRAT.

WILL BE INSTALLED IN LATE SEPTEMBER

Rente 700

## Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
2. Site Name (For example, plant name or number):	PE					
PLAZA CLEANERS						
3. Hazardous Waste Generator Identification Number:						
52 03854/						
4. Facility Location:						
Street Address: //35) //. W/LL//*/M/S S1 City: A Zin Code: 5	2					
Street Address: 1/35) M. WILLIAMS ST City: DUNKELLON County: Zip Code: 34435 5. Facility Identification Number (DEP Use):	2					
5. Facility Identification Number (DEP Use):						
0830106						
	X					
Responsible Official						
<u> </u>						
6. Name and Title of Responsible Official:						
BEN SEPE MUR						
7. Responsible Official Mailing Address:						
•						
Organization/Firm: Street Address: 11352 M. WILLIAMS ST						
City: DUMMELLOW County: Zip Code: 3443	2					
8. Responsible Official Telephone Number:						
Telephone: $(352)489-4969$ Fax: ( )						
Facility Contact (If different from Responsible Official)						
9. Name and Title of Facility Contact (For example, plant manager):						
10 Facility Contact Address:						
10. Facility Contact Address:						
Street Address:						
City: County: Zip Code:						
11. Facility Contact Telephone Number:						
Telephone: ( ) - Fax: ( ) -						
RECEIVED	_					

AUG 2 1 1996

Bureau of Air Monitoring & Mobile Sources

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

## **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.

MARTON AMERICAN Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	•	#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit			-			-			•
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls	51	178-PEC-91	OG DECO						
Washer Unit		•	<u> </u>						e .
(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						1. 1. 1			
(10) w/ ref. condenser									
(11) w/carbon adsorber				L					
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 mont Check why it is less	are re quant galle	equired to be ity of perchlo	installed [_	perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi urce [X]	cation only.)	ew sn	nitions found nall area sout	rce [	(3) of	Part II?	
Shisting large are	-u 30(		140	ov ja	50 urea sour		J		

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4. What control technology is required (Indicate with an "X".)	l on machines p	oursuant to section (5) of Pa	art II of this notification form?
Existing large area source Carbon adsorber  [	_]	Refrigerated condenser	(a)
New small area source Refrigerated condenser			
New large area source Refrigerated condenser	· 		
		•	
5. A facility which contains non-exempto Rule 62-213.300, F.A.C. Verify that exemption criteria or that no such units	at all steam and		
All steam and hot water generating uni- boiler HP or less), and (2) are fired exc during which propane or fuel oil contact	clusively by na	tural gas except for period	ls of natural gas curtailment
All steam and hot water generating unit No such units on-site	its exempt		
Equipment l	Monitoring an	nd Recordkeeping Inform	ation
Check all logs which are required to be	e kept on-site ir	accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purch	hases		LX)
(b) Leak detection inspection and repair	ir		LX
(c) Refrigerated condenser temperature	e monitoring		
(d) Carbon adsorber exhaust perc conce	centration moni	toring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction pla	lan		[ <u>K</u> ]

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

## Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
À	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.  In this notification is any changes to the information contained in this notification.					
Signature	Date 8-19-96					

Bu Sept 4-9-9.

DEP Form No. 62-213.900(2) Effective: 6-25-96 AIRS 1D#: 0830106

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

	<del></del>
FACILITY NAME: Plaza Cleaners	_date: <u>4   9   9 7</u>
FACILITY LOCATION: 11352 N Williams St.	<u>, , , , , , , , , , , , , , , , , , , </u>
Dunnellon PC 34432	
Annual Reporting Period: Sept 1 1996 to March	31 197
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	<b>₩</b>
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the report	ting period stated above:
Leak log not kept	
Exact period of non-compliance: from $9-1-96$ to $3-31$	1-97
Action(s) taken to achieve compliance: Log Created	
Method used to demonstrate compliance: Log on Site	
#2. Term or condition of the general permit that has not been in continuous compliance during the report	ting 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 inques made in this notification are true, accurate and complete. Further, my annual consumption of perchlorogy	
upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities year for transfer or combination facilities.	
RESPONSIBLE OFFICIAL: Ben Sepe   Ben Signature   Signature	4/9/97 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.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 1	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	airs id#:	0830106
TYPE OF FACILITY: 0C			
FACILITY NAME: Plaze	a Cleaners		DATE: + 9 9 7
FACILITY LOCATION:		liams St.	
	Sunnellon, A	34432	700 (100 110) 0
RESPONSIBLE OFFICIAL:	sen sepe	PHONE NUMBER	352-489-4969
L	f the compliance requirements e Rule 62-213.300, Florida Admi	valuated during this inspection, the facinistrative Code (F.A.C.).	cility is found to be in
Based on the results o discrepancies were no		valuated during this inspection, the fol	lowing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
Ricordhepi	N	- Keep log c	of weikly
	1	1990000	
			· .
			•
	· .		
COMMENTS:			,
The Annual Compliance Certifi	cation form has been properly co	ertified and submitted to the inspector.	YESK NO
DATE OF NEXT INSPECTION	ON: ADM	Q 198	
INSPECTION CONDUCTED	BY: MARGARET	(Approximate)  ANGRO (Please Print)	
INSPECTOR'S SIGNATURE	h	NOW PHONE NUMBER:	813/744-6100
	Page	· ·	X 125 Revised 10/96



## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTIO	COMPLAINT/DISC	COVERY 🗆
AIRS ID#: 0830106 DAT FACILITY NAME: PLAZA	E: 499	,	IE OUT:
FACILITY LOCATION://3		. WILLIAMS ST. FL 34432	
PART I: NOTIFICATION	<del></del>		
(check appropriate box)			
Existing facility notified DARM b	oy 9/1/96		×
2. New facility notified DARM 30 da	•	tup	
3. Facility failed to notify DARM to	use general per	rmit	
PART II: CLASSIFICATION			
Facility indicated on notification fo (check appropriate box)	rm that it is:		
Α.			
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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>•</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	•	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	1	My on	İ
o  If no, please check the appropriate cl	assification:	`	
, · · · · · · · · · · · · · · · · · · ·	•	nit as number above not eligible for a general permit	
B. The total quantity of perchloroethy facility was 80 gallons.	ylene (perc) pu	rchased within the preceding 12 months	s by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	DX DN
2. Examining the containers for leakage?	DY □N
3. Closing and securing machine doors except during loading/unloading?	ØY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ØY □N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אומק אים צם
3,534	
PART IV: PROCESS VENT CONTROLS	
În Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part X	
If classification 2 has been checked, the machine should be equipped with a refree (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	agg □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/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 basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	□Y □N °
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

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?	OY ON
2.	. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 206 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?	□Y □N □N/A
	Is the perc concentration equal to or less than 100 ppm?	OY 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
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
P	ART V: RECORDKEEPING REQUIREMENTS	
Н	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)	
Н (с	as the responsible official:	MA ON
H (c	as the responsible official: heck appropriate boxes)	MA ON
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	MY DN
H (c 1.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	EY ON EY ON
H (c 1.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	DY MUN YO
H (c 1. 2. 3.	as the responsible official: heck 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	DA QU
H (c 1. 2. 3.	as the responsible official: heck 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?	DY MUN YO
H (c) 1. 2. 3.	as the responsible official: heck 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 MAN YOU YOU AND
H (c 1. 2. 3. 4. 5. 6.	as the responsible official: heck 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?	ND YOU YOU YOU YOU YOU NO YOU NO YOU A
H (c 1. 2. 3. 4. 5. 6.	as the responsible official: heck 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?	ND YOU YOU'N YOU YOU NO YOU NO YOU NO YOU YOU YOU YOU YOU YOU YOU YOU YOU YO
H (c) 1. 2. 3. 4. 5. 6. 7.	as the responsible official: heck 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?	ND YOU YOU YOU YOU YOU NO YOU NO YOU YOU YOU YOU
H (c 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck 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?  Maintained compliance plan, if applicable?	
H (c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased?  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?  Maintained compliance plan, if applicable?	

2. Which i	method of detection is used by th	ne respons	sible official?		. /	1
Vi	isual examination (condensed so	lvent on	exterior surfaces)		Ø	
Ph	nysical detection (airflow felt thr	ough gas	kets)	•	$\mathcal{A}$	
Od	dor (noticeable perc odor)				×	
Us	se of direct-reading instrumentar	tion (FID	/PID/calorimetric	tubes)		
If	using direct-reading instrume	ntation, i	is the equipment:			
	a. Capable of detecting p	erc vapoi	concentrations in	a range of 0-500 ppm?	ПY	ΠN
	b. Calibrated against a st (PID/FID only)?	andard g	as prior to and aft	er each use	ΠY	□N
	c. Inspected for leaks and	d obvious	signs of wear on a	a weekly basis?	ПY	□N
	d. Kept in a clean and se	cure area	when not in use?		ΟY,	□N
	e. Verified for accuracy t	by use of	duplicate samples	(calorimetric only)?	ΟY	ЙN
3. Has the	facility maintained a leak log?				ПY	□N
4. Does the	e responsible official check the f	ollowing	areas for leaks?	•		
	ose connections, fittings, ouplings, and valves	ŒΥ	ПN	Muck cookers	ÆÍY	□N .
Do	oor gaskets and seating	брА	ΩN	Stills	ZY	ΩΝ
Fil	lter gaskets and seating	<b>Ø</b> Y	UN	Exhaust dampers	ÆΥ	ПN
Pu	mps	ØY	□N	Diverter valves	ΔY	ПN
So	lvent tanks and containers	ØY	ΠN	Cartridge filter housings	4TX	ПN
Wa	ater separators	£ΊΥ	ΩN			
A	EN SEPE				;	

BEN SEPE	
Name of Responsible Official	
MARGARET CANGRO	4/9/97
Inspector's Name (Please Print)	Date of Inspection
Mangaret Canglo	April 98
Inspector's Signature U	Approximate Date of Next Inspection
Medinatic 1986	

## RECEIVED MAIL ROCIPRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

JAN 13 98

AIRS ID#0830106
STEPHEN SEPE
BEN SEPE
11352 N WILLIAMS STREET
DUNNELLON FL 34432

Do NOT Remove Label

Annual Reporting Period:	1997	19	то	Dec 31	1997
 Based on each term or condition of the Title 62-213.300, Florida Administrative Code (	V general air pe F.A.C.), during th	rmit, my facility te period covered	has ren	nained in compliance statement.	e with DEP Rule
If NO, complete the following:					÷* -
#1. Term or condition of the general permi	t that has not been	n in continuous	complia	ince during the repo	rting 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 permi	t that has not been	n in continuous	complia	nce during the repor	rting period stated above:
Exact period of non-compliance: from				to	
Action(s) taken to achieve compliance:				_	
Method used to demonstrate compliance:	<u>·</u>				
As the responsible official, I hereby certify, ba notification are true, accurate and complete. does not exceed 2,100 gallons per year for dry-	Further, my annua	l consumption of	perchlo	roethylene solvent, ba	sed upon purchase receipts,
RESPONSIBLE OFFICIAL: NANCY	Sepe ime (Please Print)		lau	Signature	1-12-98 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.

AIRS ID#: 0830106



## DRY CLEANER AIR QUALITY GENERAL PERMIT TO SUPPLY SERVISES TO 10/10/96 ANNUAL COMPLIANCE CERTIFICATION FORM

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 a  Exact period of non-compliance: from	-
Dunnellon, Fa. 34432  Annual Reporting Period: 4-9-1997 TO 6-15  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. FES 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. FES 6100 NO 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 for the state of th	28
Annual Reporting Period:    4	10
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.  YES NO  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 exact period of non-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 as exact period of non-compliance:  Exact period of non-compliance: from to continuous compliance during the reporting period stated as exact period of non-compliance: from to continuous compliance during the reporting period stated as exact period of non-compliance: from to continuous compliance during the reporting period stated as exact period of non-compliance:	
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES NO  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.  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated as exact period of non-compliance:  Exact period of non-compliance: from  Action(s) taken to achieve compliance:	1998
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated  Exact period of non-compliance: from	)
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 a	above:
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 a  Exact period of non-compliance: from	
Term or condition of the general permit that has not been in continuous compliance during the reporting period stated a Exact period of non-compliance: from	
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	above:
· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statem nade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, be pon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Name (Please Print)	ased

<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 COMPLAINT/DISCOVER LOS TO THE COMPLIANCE OF THE CO

<u> </u>	<u> </u>
AIRS ID#: 0830106 DATE: 61599	
FACILITY NAME: Plaza Cleaners	
FACILITY LOCATION: 11352 N.	Williams St.
Dunnellon,	_
RESPONSIBLE OFFICIAL: Ben Sepe	PHONE: 352/489-4969
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	·
Check appropriate box)	·
(check appropriate box)	

## PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum A. 1. Existing small area source 2. New small area source dry-to-dry only, $x \le 140$ gal/yr dry-to-dry only, $x \le 140$ gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr both types, 140 < x < 1,800 gal/yrboth types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification $\square$ N □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number \_ 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 (n) gallons.

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?	OY ON KNA
2. Examining the containers for leakage?	OY ON ANIA
3. Closing and securing machine doors except during loading/unloading?	⊠Y □N
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	XY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ANA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY 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?	אם עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	оу ой

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?	DΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	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,		<b>[]</b>	
	if machines are equipped with a carbon adsorber?			□N/A
	Is the perc concentration equal to or less than 100 ppm?	ШΥ	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?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	j <b>a</b> ₹ □n
2. Maintained rolling monthly averages of perc consumption?	ØĀ. □N
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 ON DY/A
4. Maintained calibration data? for applicable direct reading instruments)	DY DN MN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN 💆 N/A
6. Maintained startup/shutdown/malfunction plan?	A DN
7. Maintained deviation reports?	DY DN DN/A
Problem corrected?	OY ON PN/A
S. Maintained compliance plan, if applicable?	OY ON ANIA

		·_
REPAIRS		
weekly (for small sourc	es, bi-weekly) leak detection a	nd repair
		NO YOU
		ND YE
following areas for leak		
AND NO YX	Muck cookers	אם אם אס
AVO NO YA	Stills	אם אם צאל
XY ON ON/A	Exhaust dampers	אם אם אאל
AVO NO YA	Diverter valves	אם אם צאל
AY ON ON/A	Cartridge filter housings	MA DN DN
XY ON ON/A		
the responsible official?		
solvent on exterior surface	ces)	<b>'</b>
rough gaskets)		<b>.</b>
		# D. D.
ation (FID/PID/calorime	etric tubes)	
rumentation, is the equ	ipment:	AHAG
perc vapor concentration	ns in a range of 0-500 ppm?	DY DN
standard gas prior to and	d after each use	OY ON
nd obvious signs of wear	on a weekly basis?	DY DN
secure area when not in	use?	OY ON
by use of duplicate sam	ples (calorimetric only)?	OY ON
	1.010	) <i>c</i>
nt)	Date of Irispo	18 ection
	June	99
	Approximate Date of	Next Inspection
	following areas for leak  AY ON ON/A  CHE responsible official?  colvent on exterior surfactor on the county of the county	following areas for leaks?    Y

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DIS	SCOVERY &	
·	RE-INSPECTION	u			
AIRS ID#: 0830106 I	za Cleane	ra-		ME OUT /	7
FACILITY LOCATION: 1	3	Willea	ens st	Source Nonite	
	Dunnellon		200	(100	1016
RESPONSIBLE OFFICIAL:	sen sep	le	_phone: <u>352</u>	- 489 - 4	769
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)	20 dava mianta ataut	_			
<ol> <li>New facility notified DARM 3</li> <li>Facility failed to notify DARM</li> </ol>		-	·		
2. Pacifity failed to flottiny DARK	———————————				<u> </u>
D-DELL CY-CONDICHES					
PART II: CLASSIFICATION					
	n form that it is:		☐ No notification	form	
Facility indicated on notificatio (check appropriate box)	n form that it is:		☐ No notification☐ Drop store/out o		oleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source	re 💢 2	. New small a	☐ Drop store/out o		oleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	re 2 r d	lry-to-dry only ransfer only, x	□ Drop store/out of trea source  , x < 140 gal/yr < 200 gal/yr	of business/petr	oleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y	re 2 rr d to b	dry-to-dry only ransfer only, $x$ both types, $x <$	□ Drop store/out of trea source  , x < 140 gal/yr < 200 gal/yr	of business/petr	oleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	e 2  c d  tr  tr  b  (c)  e	iry-to-dry only ransfer only, x ooth types, x < constructed on it. New large a dry-to-dry only ransfer only, 20 ooth types, 140	Drop store/out of trea source, x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	of business/petr	roleum
Facility indicated on notification (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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 go both types, 140 ≤ x ≤ 1,800 gr	e 2  tr d  tr  b  (1)  e	iry-to-dry only ransfer only, x ooth types, x < constructed on it. New large a dry-to-dry only ransfer only, 20 ooth types, 140	Drop store/out of trea source, $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  Trea source, $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	of business/peti	oleum
Facility indicated on notificatio (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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility clauding facility clauding facility	te 2 dr d	iry-to-dry only ransfer only, x ooth types, x < constructed on it. New large a dry-to-dry only ransfer only, 20 to th types, 140 constructed on it.	Drop store/out of the source $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ or after $x < 200 \text{ gal/yr}$ or after $x < 200 \text{ gal/yr}$ and $x < 200 \text{ gal/yr}$ or after $x < 200 \text{ gal/yr}$ or after $x < 200 \text{ gal/yr}$ and $x < 200 \text{ gal/yr}$ or after $x < 200 \text{ gal/yr}$ and $x < 200 \text{ gal/yr}$ or after $x < 200 \text{ gal/yr}$ and $x$	of business/peti	oleum

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? UN UN/A 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? UN UN/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) DY DN L Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? $\Box$ Y $\Box$ N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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?	ΩY	ПN	. *
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
Is the temperature differential equal to or greater than 20° F?	ΠY	□N	□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	ПN	□N/A
Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	ΠY	□N	□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?	ΠY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: - (check appropriate boxes)		
1. Maintained receipts for perc purchased?	AN ON	
2. Maintained rolling monthly total of perc consumption?	AY ON	
3. Maintained leak detection inspection and repair reports for the following:	·	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN ANA	
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 <i>B</i> wa	
4. Maintained calibration data? (for applicable direct reading instruments)	oy on po≪i/a	
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ANA	
6. Maintained startup/shutdown/malfunction plan?	ØY □N	
7. Maintained deviation reports?	OY ON A	
Problem corrected?	DY DN ADN/A	
8. Maistained compliance plan, if applicable?	אינאס, אם צם אם או	

PART VI: LEAK DETECTION AND REPAIRS				
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?			ON ON
2.	2. Has the facility maintained a leak log?			pay on
3.	Does the responsible official check th	e following areas for leaks	?	,
	Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	ØY □N □N/A
	Door gaskets and seating	PAY ON ON/A	Stills	ØÁY □N □N/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ØY ON ON/A
	Pumps	MY ON ON/A	Diverter valves	DY DN DX/A
	Solvent tanks and containers	AY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	XY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed solvent on exterior surfaces)			A.
	Physical detection (airflow felt through gaskets)			6
	Odor (noticeable perc odor)			<b>9</b> 2
	Use of direct-reading instrumen	itation (FID/PID/calorimetr	ic tubes)	
	Halogen leak detector			
	If using direct-reading instrumentation, is the equipment:			<b>Æ</b> N/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 of	on a weekly basis?	OY ON
	d. Kept in a clean and	secure area when not in use	e?	OY ON
	e. Verified for accurac	cy by use of duplicate samp	les (calorimetric only)?	DY DN
1				

Margaret Cangro Inspector's Name (Please Print)	Date of Inspection
inspector's realite (rease reality)	Date of Mapeedott
Margaret Cargo	July 2000
O Inspector's Signature	Approximate Date of Next Inspection

AIRS 1D#: <u>0830106</u>

Par

RY CLEANER AIR QUALITY GENERAL PERMIT

	COMPLIANCE CERTIFICATION FORM
FACILITY NAME: Plaza U FACILITY LOCATION: 11952 Dunnellon	LANENS  N. Williams St.  DATES TO 13 1909  N. Williams St.  Source of the Source of th
Annual Reporting Period:	6-16- 198 то 7-13-1999
	general air permit, my facility has remained in compliance with DEP Rule C.), during the period covered by this statement. YES NO
#1. Term or condition of the general permit the	at has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from  Action(s) taken to achieve compliance:	to
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that	at has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:	·
made in this notification are true, accurate and	sed on information and belief formed after reasonable inquiry, that the statements of complete. Further, my annual consumption of perchloroethylene solvent, based ses not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per lease Print)  Signature  Signature  Date

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

389125

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

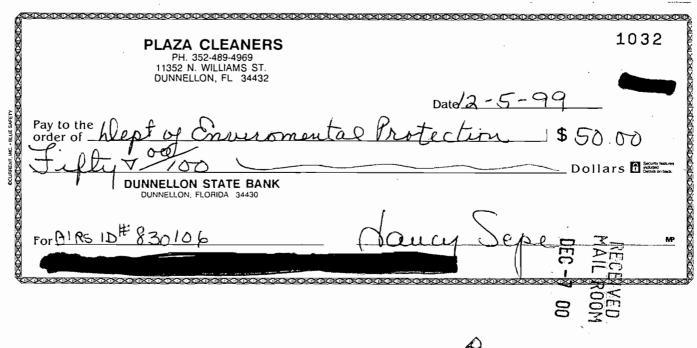
AIRS ID # 0830106

PLAZA CLEANERS BEN SEPE 11352 N WILLIAMS STREET **DUNNELLON FL 34432** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0830106

PLAZA CLEANERS BEN SEPE 11352 N WILLIAMS STREET **DUNNELLON FL 34432** 

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AIRS ID # 0830106

PLAZA CLEANERS BEN SEPE 11352 N WILLIAMS STREET **DUNNELLON FL 34432** 

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Obj.: 002273

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**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID # 0830106

PLAZA CLEANERS BEN SEPE 11352 N WILLIAMS STREET DUNNELLON FL 34432 Bureau of For Government use only org.: 5550101000 EO: B1
Fund. 20-2-035001
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TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0830106

PLAZA CLEANERS
BEN SEPE
11352 N WILLIAMS STREET
DUNNELLON FL 34432

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Fund: 20-2-035001 Obj.: 002273



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

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AIRS ID#0830106

STEPHEN SEPE BEN SEPE 11352 N WILLIAMS STREET DUNNELLON FL 34432 FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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

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AIRS ID # 0830106

PLAZA CLEANERS BEN SEPE 11352 N WILLIAMS STREET DUNNELLON FL 34432

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273





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

32315+3070 Juliahdallandidadal — kallidadillahallahadlahadlahadl

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>AIRS ID # 0830106001AG</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X		
BEN SEPE PLAZA CLEANERS 11352 N WILLIAMS STREET DUNNELLON FL 34432	3. Service Type  Certified Mail		
2. Article Number (Copy from service label) 4130 2812			
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789		

2812	(Domestic Mail o	MAIL REC	EIPT Coverage Provided)
430	Postage Certified Fee	\$	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
7000 0600	R 10 A BEN SEPE SI PLAZA CLEAN 11352 N WILLIA G DUNNELLON F	AMS STREET	001AG
	PE		for Instructions

THE RICKER AT TOP OF ENVELOPE  3DN3S  AND ADDRESS  TOP OF ENVELOPE	V7d SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul> AIRS ID # 0830106	A. Received by (Please Print Clearly)  B. Date of Delivery  2 -9 -01  C. Signature  D. Is gelivery addless different from item 1? Yes  1 Yes  1 Yes  1 Yes  1 Yes
PLAZA CLEANERS BEN SEPE 11352 N WILLIAMS STREET DUNNELLON FL 34432	3. Service Type    Certified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.   Restricted Delivery? (Extra Fee)   Yes
2. Article Number (Copy from service label)	82.5.5594

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
5594			
7825	Postage Certified Fee		Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
2000 0000	PLAZA CLEANER: BEN SEPE 11352 N WILLIAM DUNNELLON FL 3	S STREET	0830106
70	DUNNELLON FL 3		for Instructions