



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 7, 1997

Ms. Mary Jane Dunivant
Executive Dry Cleaners
313 Sand Myrtle Trail
Destin, Florida 32541

Re: Facility No. 0910073

Dear Ms. Dunivant:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 21, 1997.

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, 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/jw

cc: Mr. Charles Norman, Northwest District

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

MARY JANE DUNIVANT
313 Sand Myrtle Trail
Destin, Florida 32541
(850) 650-1605
Fax (850) 650-1642

Rec'd
2/15/01
gw

February 12, 2001

Title V- General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070
Attn: Rick Butler

Dear Rick,

Confirming our telephone conversation this date, Executive Dry Cleaners, Inc. was sold on January 22, 2001. The purchaser was Fashion Care Cleaners, Inc., operated by Robert A. Browne, Jr., President, who continues to operate the business under the name of Executive Dry Cleaners.

Fashion Care's mailing address is 5 Industrial Park Lane, Unit 102, Destin, FL 32541. The telephone number is 850 837-4840.

Enclosed is my check in the amount of \$50.00 for the year 2000.

Very truly yours,



Mary Jane Dunivant
Former President
Executive Dry Cleaners, Inc.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

X	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): EXECUTIVE DRY CLEANERS / OWNER MARY JANE DUNIVANT
X	2. Site Name (For example, plant name or number): EXECUTIVE DRY CLEANERS
	3. Hazardous Waste Generator Identification Number: Not Required - Conditionally Exempt
X	4. Facility Location: 707 HIGHWAY 98 EAST Street Address: City: DESTIN, FL County: OKALOOSA Zip Code: 32541
	5. Facility Identification Number (DEP Use): 0910073

Responsible Official

X	6. Name and Title of Responsible Official: MARY JANE DUNIVANT / OWNER
X	7. Responsible Official Mailing Address: Organization/Firm: EXECUTIVE DRY CLEANERS Street Address: 313 SAND MYRTLE TRAIL City: DESTIN, FL County: OKALOOSA Zip Code: 32541
Y	8. Responsible Official Telephone Number: Telephone: (904) 650-1605 Fax: (904) 650-1642

Facility Contact (If different from Responsible Official)

X	9. Name and Title of Facility Contact (For example, plant manager): LYNN TRACEY / MANAGER
Y	10. Facility Contact Address: Street Address: 707 HWY 98 E City: DESTIN FL County: OKALOOSA Zip Code: 32541
Y	11. Facility Contact Telephone Number: Telephone: (904) 837-7054 Fax: (904) 650-1642

RECEIVED

FEB 21 1997

Facility Information

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

Type of Machine	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
X UNION 35#									
<i>Example</i>	#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		16 SEP 96	16 SEP 96						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(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 emissions 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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Mary Jane Durivant
Signature

2/15/97
Date

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

FACILITY NAME: EXECUTIVE DRY CLEANERS DATE: 2/15/97
 FACILITY LOCATION: 707 HWY 98 EAST
DESTIN, FL 32541

Annual Reporting Period: SEPT 16 1996 TO FEB 15 1997

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 above:

_____ RECEIVED _____
 Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____ FEB 18 1997
 Method used to demonstrate compliance: _____ Northwest Florida
 DEP

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MARY JANE DUNIVANT Mary Jane Dunivant 2/15/97
 Name (Please Print) Signature Date

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

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification MAR 6 1997

Facility Name and Location

Bureau of Air Monitoring
& Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	EXECUTIVE DRY CLEANERS / OWNER MARY JANE DUNIVANT
2. Site Name (For example, plant name or number):	EXECUTIVE DRY CLEANERS
3. Hazardous Waste Generator Identification Number:	NOT REQUIRED - CONDITIONALLY EXEMPT
4. Facility Location: Street Address: City: County: Zip Code:	707 HIGHWAY 98 EAST DESTIN, FL County: OKALOOSA Zip Code: 32541
5. Facility Identification Number (DEP Use):	0910073

Responsible Official

6. Name and Title of Responsible Official:	MARY JANE DUNIVANT / OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	EXECUTIVE DRY CLEANERS 313 SAND MYRTLE TRAIL DESTIN, FL County: OKALOOSA Zip Code: 32541
8. Responsible Official Telephone Number: Telephone: Fax:	(904) 650-1605 Fax: (904) 650-1642

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	LYNN TRACEY / MANAGER
10. Facility Contact Address: Street Address: City: County: Zip Code:	707 HWY 98 E DESTIN FL County: OKALOOSA Zip Code: 32541
11. Facility Contact Telephone Number: Telephone: Fax:	(904) 837-7054 Fax: (904) 650-1642

Facility Information

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

Type of Machine	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
UNION 35#									
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser		16 SEP 96	16 SEP 96						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

51 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(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 emissions 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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature

Mary Jean Duriviant

Date

2/15/97

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: Annual ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1000 TIME OUT: 1135 AIRS ID#: 0910073

TYPE OF FACILITY: D.O. DRY

FACILITY NAME: EXECUTIVE AIR CLEANERS DATE: 1-27-97

FACILITY LOCATION: 707 HIGHWAY 198 EAST

Highway 198 DESTIN, FL 32541

RESPONSIBLE OFFICIAL: MARY JANICE DUNNANT PHONE NUMBER: (904) 837-7054 (904) 650-1605 (Home Office) Plant

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
LEAK CHECK AND LOG OF CHECKS NOT DONE.	NEWSMALL SOURCE REQUIREMENTS BIOWEIGHTY LEAK CHECK AND A LOG. IF THESE CHECKS TO BE KEPT. EXPLAINED DURING INSPECTION - NEED TO SIGN LOG.
TEMP. CHECK AND LOG NOT DONE.	Sign log & record checks himself. EXPLAINED DURING INSPECTION.
PERMIT NOTIFICATION FORM NOT SUBMITTED.	Completed with MARGIE K (LVM N TRACY) AND LEFT FOR MS. DUNNANT TO SIGN.
MEMO: 2/4/97 - Called plant manager about non-receipt of permit notification, she said she have R.O. call no.	

COMMENTS: LEFT INFO/PLIC LETTER ON SEPARATOR WARE

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: Feb 98 (Approximate) LEFT FOR R.O. TO SIGN

INSPECTION CONDUCTED BY: Charles A. Newman (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 904-4114-3364

4-5
434-1718

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: ⁰⁹⁰⁰⁷³ ~~None~~ DATE: 1-29-98 TIME IN: 1000 TIME OUT: 1135
FACILITY NAME: Executive Dry Cleaners
FACILITY LOCATION: 707 E Hwy 98
Doson FL 32541

PART I: NOTIFICATION
(check appropriate box)

1. Existing facility notified DARM by 9/1/96
2. New facility notified DARM 30 days prior to startup
3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION *machine installed 9-16-96*

Facility indicated on notification form that it is: *Failed to notify.*
(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) <input type="checkbox"/>	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) <input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

This is a correct facility classification Y N

If no, please check the appropriate classification:

facility qualified for a general permit as number 2 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 51 gallons. *per owner - No records on site.*

Clean up program: 467508555

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
- 2. Examining the containers for leakage? Y N
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for, at least 24 hours prior to disposal? *A new machine hasn't been checked yet.* Y N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? *ONLY HAS ADD ON ADSORBER* Y N N/A
IT IS NOT PRIMARY

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? Y 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? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? *NONE REPAIRING YET* Y N N/A
75°C
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? *D. HAS NOT MONITORED* Y N

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following: *No leaks*
 - a. documentation of leaks repaired w/in 24 hrs? or, *Exp. 1/2* Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N *NA*
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N *NA*
 Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Which method of detection is used by the responsible 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)

If using direct-reading instrumentation, is the equipment: NA

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

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

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

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

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

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

- ONLY IN FORMERLY - NOT RECORDED.*
- | | | | |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Muck cookers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Door gaskets and seating | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Stills | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Filter gaskets and seating | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Exhaust dampers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Pumps | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Diverter valves | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Solvent tanks and containers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Cartridge filter housings | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Water separators | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | |

MARY JANE DUNIVANT
Name of Responsible Official

Charles M Norman
Inspector's Name (Please Print)

Charles M Norman
Inspector's Signature

1-29-97
Date of Inspection

Feb 98
Approximate Date of Next Inspection

AIRS ID#:

09100173

1270132

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: EXECUTIVE DRY CLEANERS DATE: 2/15/97 FACILITY LOCATION: 707 HWY 98 EAST DESTIN, FL 32541

Annual Reporting Period: SEPT 16 1996 TO FEB 15 1997

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. [X] 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 above:

Exact period of non-compliance: from to Action(s) taken to achieve compliance: FEB 18 1997 Method used to demonstrate compliance: Northwest Florida DEP

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from to Action(s) taken to achieve compliance: Method used to demonstrate compliance:

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. RESPONSIBLE OFFICIAL: MARY JANE DUNIVANT Name (Please Print) Mary Jane Dunivant Signature 2/15/97 Date

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

acc

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

FACILITY NAME: Executive Cleaners DATE: 3/27/98
 FACILITY LOCATION: 707 Hwy 98 E
Destin, FL 32541

Annual Reporting Period: 3/26/97 19 TO 3/27/98 19

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 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 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: _____

Bureau of Air Monitoring
& Mobile Sources
MAR 31 1998

RECEIVED

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MARY JANE DUQUANT *Mary Jane Duquant* 3/27/98
 Name (Please Print) Signature Date

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

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1435 TIME OUT: 1455 AIRS ID#: 0910073
 TYPE OF FACILITY: D.C.
 FACILITY NAME: Executive Cleaners DATE: 3/27/98
 FACILITY LOCATION: 707 Hwy 98 E
Destin FL 32541
 RESPONSIBLE OFFICIAL: Mrs. Jane Durivant PHONE NUMBER: 950-837-7054

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<i>[Handwritten notes]</i>	<i>[Handwritten notes]</i>
<i>[Handwritten notes]</i>	<i>[Handwritten notes]</i>
<i>[Handwritten notes]</i>	<i>[Handwritten notes]</i>
<i>[Handwritten notes]</i>	<i>[Handwritten notes]</i>
<i>[Handwritten notes]</i>	<i>[Handwritten notes]</i>
<i>[Handwritten notes]</i>	<i>[Handwritten notes]</i>

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 MAR 31 1998
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 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: Mar 99 (Approximate)

INSPECTION CONDUCTED BY: Charles Norman (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 595-8361

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0910073 DATE: 3/27/98 TIME IN: 1435 TIME OUT: 1455
 FACILITY NAME: ~~XXXXXXXXXX~~ Executive Cleaners
 FACILITY LOCATION: 707 Hwy 98 East
Destin FL 32541
 RESPONSIBLE OFFICIAL: Mary Jane Dumivent PHONE: 850-537-7054 (P)
 CONTACT NAME: Mary Jane Dumivent PHONE: 850-650-1605 (H)

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

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)



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, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed before 12/9/91)

4. New large area source
 dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed on or after 12/9/91)

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 0 gallons.

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& Mobile Sources

MAR 31 1998

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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? *None found on site except in machine* Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

A. Has the responsible official of all new sources and existing large area sources:

(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y 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? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

*Not
B
P
A
L*

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? Y N
- 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y 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? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A
- 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
- 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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- 1. Maintained receipts for perc purchased? *None purchased* Y N N/A
- 2. Maintained rolling monthly averages of perc consumption? Y N N/A
- 3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
- 4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
- 5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
- 6. Maintained startup/shutdown/malfunction plan? Y N
- 7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
- 8. Maintained compliance plan, if applicable? Y N N/A

copies of receipts

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor) *V. Kenney*
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Charles M. Newman

Inspector's Name (Please Print)

3/27/98

Date of Inspection

Charles M. Newman

Inspector's Signature

Nov-99

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1515 TIME OUT: ~~1715~~ AIRS ID#: 0910043
 TYPE OF FACILITY: DC
 FACILITY NAME: Executive Cleaners DATE: 6/3/99
 FACILITY LOCATION: 707 Hwy 98 E
Deerlin FL 32541
 RESPONSIBLE OFFICIAL: MARY JANE DEWINTER PHONE NUMBER: 837-7054

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- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Leak check & Temp check records not always done.	Complete entries on the DEP calendar ASI explained.
Perc purchase records not on site AND 12-month rolling averages not kept.	Keep record of perc purchases at site & keep up purchase & 12-month rolling total AS explained.
	ENTERED JUN 04 1999

COMMENTS: Previous inspection records were ok, however lately there were some missing entries, especially last 2 months. Need to catch up entries & keep up.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 8-12 mos (Approximate)

INSPECTION CONDUCTED BY: Charles Norman (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 595-8364

AIRS ID#: 0910073

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Executive Cleaners DATE: 6/3/99
 FACILITY LOCATION: 707 Hwy 98 E
DESTIN FL 32541

RECEIVED
 JUN 15 1999
 Bureau of Air Monitoring
 & Mobile Sources

Annual Reporting Period: 3-27-98 19 TO 6/3/99 19

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 above:

some inaccurate record keeping (temp & Leaktouch) rolling totals

Exact period of non-compliance: from April to May

Action(s) taken to achieve compliance: will do on DC calendar as explained

Method used to demonstrate compliance: ENTERED

JUN 04 1999

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MARY JANE DUNIVANT Mary Jane Dunivant 6/3/99
 Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
JUN 15 1999
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: 0910073 DATE: 6/3/99 TIME IN: 1515 TIME OUT: 415
 FACILITY NAME: Executive Cleaners
 FACILITY LOCATION: Executive Cleaners 707 Hwy 98E
Doson FL 32541
 RESPONSIBLE OFFICIAL: MARYJANE DUNIVANT PHONE: 837-7054
 CONTACT NAME: SAME PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup **ENTERED JUN 04 1999**

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

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)

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, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed before 12/9/91)

4. New large area source
 dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed on or after 12/9/91)

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 40 gallons.

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 N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

- 1. Equipped all machines with the appropriate vent controls? Y 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? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
*missed some in APR/may
Previously Recons were OK*
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y 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? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:

(check appropriate boxes)

1. Maintained receipts for perc purchased? *NOT ON SITE* Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
- b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? *MISSED SOME CHECKS LAST 2 MONTHS.* Y N
2. Has the facility maintained a leak log? *SOME MISSING ENTRIES* Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible 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 instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

CHARLES NORMAN

Inspector's Name (Please Print)

6/3/99

Date of Inspection

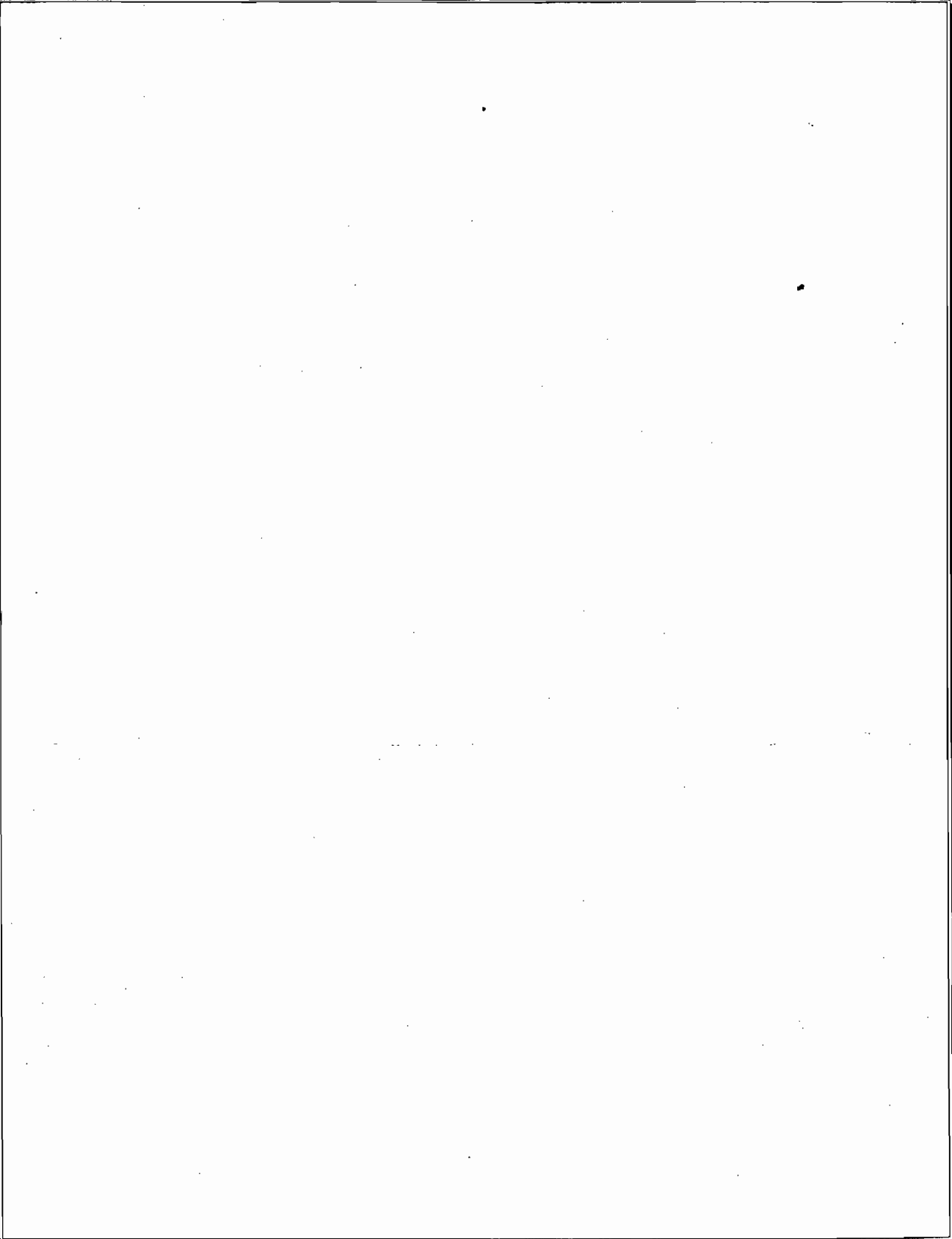
Charles M Norman

Inspector's Signature

8-12 mos

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:



**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

ACCESS

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0920 TIME OUT: 0940 AIRS ID#: 0910073
 TYPE OF FACILITY: DC
 FACILITY NAME: EXECUTIVE DRY CLEANERS DATE: 6/28/00
 FACILITY LOCATION: 707 Hwy 98 E
Dg Hn 32541
 RESPONSIBLE OFFICIAL: _____ PHONE NUMBER: _____

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
 JUN 30 2000
 Bureau of Air Monitoring
 & Mobile Sources
 ENTERED
 JUN 29 2000

COMMENTS: Good records

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 8-12 mos (Approximate) Left for 120

INSPECTION CONDUCTED BY: Charles Norman (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 595-8361

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

all this

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0910073 DATE: 6/28/00 TIME IN: 0920 TIME OUT: 0940
 FACILITY NAME: Executive Dry Cleaners
 FACILITY LOCATION: 707 Hwy 98 EAST
Destin FL 32541
 RESPONSIBLE OFFICIAL: MARY JANE DUBIVANT PHONE: 850-650-1647
 CONTACT NAME: _____ PHONE: _____

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

A.

- | | |
|--|---|
| 1. Existing small area source <input type="checkbox"/>
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 <input checked="" type="checkbox"/>
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 <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91) |
|--|--|

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 80 gallons.

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? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

- | | | | |
|--|---------------------------------------|----------------------------|------------------------------|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |

B. Has the responsible official of an existing large or new large area source also: NA

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 N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y 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? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- | | |
|--|---|
| Visual examination (condensed solvent on exterior surfaces) | <input checked="" type="checkbox"/> |
| Physical detection (airflow felt through gaskets) | <input checked="" type="checkbox"/> |
| Odor (noticeable perc odor) | <input checked="" type="checkbox"/> |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | <input type="checkbox"/> |
| Halogen leak detector | <input type="checkbox"/> |
| If using direct-reading instrumentation, is the equipment: | <input checked="" type="checkbox"/> N/A |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. Kept in a clean and secure area when not in use? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | <input type="checkbox"/> Y <input type="checkbox"/> N |

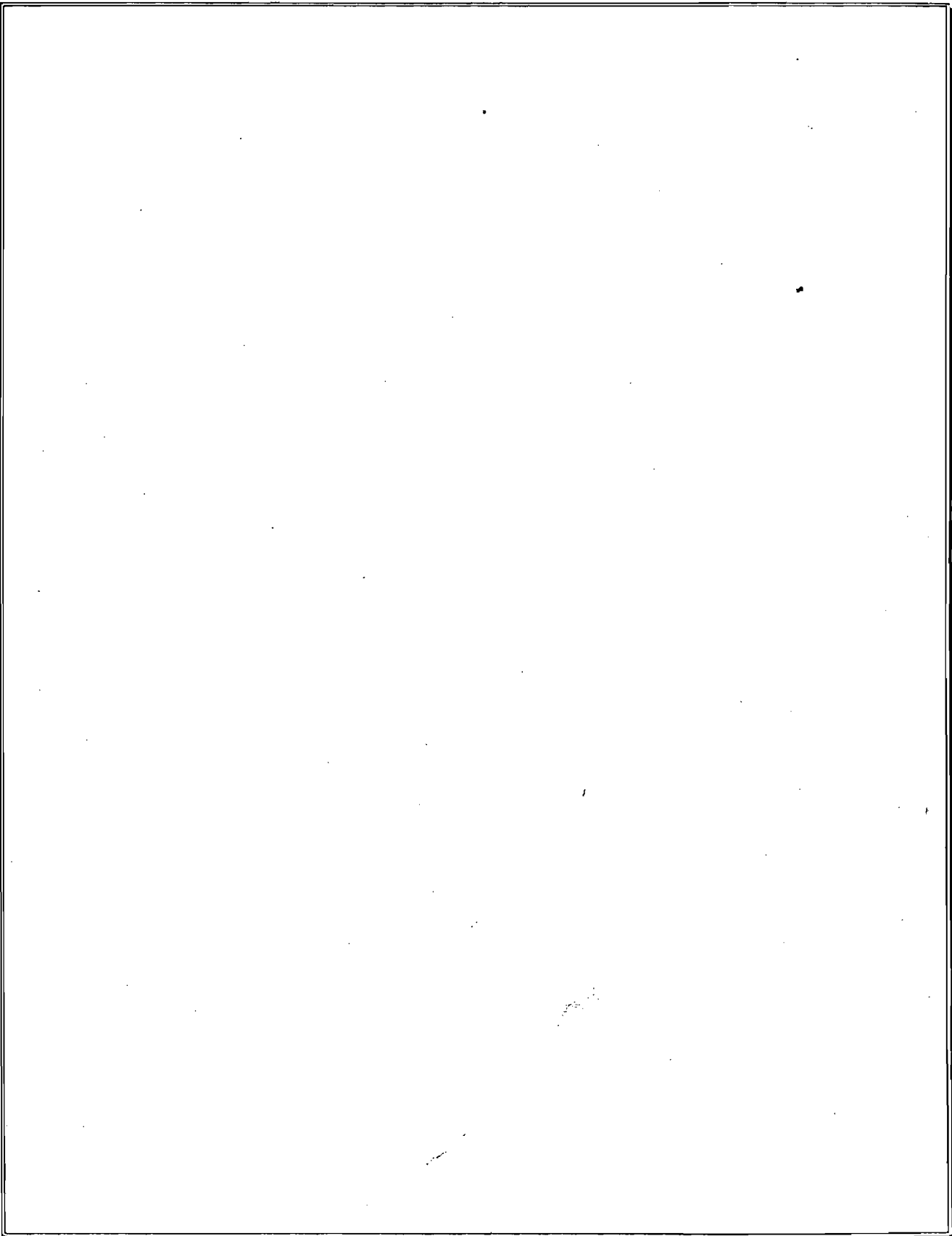
Charles Norman
 Inspector's Name (Please Print)

Charles Norman
 Inspector's Signature

6/28/00
 Date of Inspection

8-12 mos
 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:



*APC
Approved*

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: <u>EXECUTIVE DRY CLEANERS</u>	DATE: <u>06/28/00</u>
FACILITY LOCATION: <u>707 HWY 98 E</u> <u>DESTIN FL 32541</u>	

Annual Reporting Period: 06/03/99 TO 06/28 2000

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 above:

Exact period of non-compliance: from ENTERED to _____

Action(s) taken to achieve compliance: JUL 05 2000

Method used to demonstrate compliance: _____

RECEIVED
JUL 07 2000
Bureau of Air Monitoring
& Mobile Sources

REVIEWED
JUL 05 2000

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED
JUL 18 2000
NORTHWEST FLORIDA
DEP

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MARY JANE DUNIVANT Mary Jane Dunivant 06/29/00
Name (Please Print) Signature Date

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4126 5704

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 0910073

EXECUTIVE DRY CLEANERS
MARY JANE DUNIVANT
313 SAND MYRTLE TRAIL
DESTIN FL 32541

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER	COMPLETE THIS SECTION ON DELIVERY						
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">A. Received by (Please Print Clearly) M. Dunivant</td> <td style="width: 50%; border-bottom: 1px solid black;">B. Date of Delivery 2/18/01</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">C. Signature M. Dunivant <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly) M. Dunivant	B. Date of Delivery 2/18/01	C. Signature M. Dunivant <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly) M. Dunivant	B. Date of Delivery 2/18/01						
C. Signature M. Dunivant <input type="checkbox"/> Agent <input type="checkbox"/> Addressee							
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No							
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0910073</p> <p>EXECUTIVE DRY CLEANERS MARY JANE DUNIVANT 313 SAND MYRTLE TRAIL DESTIN FL 32541</p>	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.						
<p>2. Article Number (Copy from service label)</p> <p>7000 0600 0026 4126 5704</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>						

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0000 0250 0200 0200 2469 5318

Postage \$		<i>Receipt</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

AIRS ID # 0910073001AG

Recip	0	_____ (iler)
MARY JANE DUNIVANT		
Street	EXECUTIVE DRY CLEANERS	
	113 SAND MYRTLE TRAIL	
City, S	DESTIN FL 32541	

PS Form 3800, February 2000 See Reverse for Instructions
 PRINTED LINE TO THE RIGHT OF RETURN ADDRESS.
 PLACE STICKER AT TOP OF ENVELOPE

SENDER: CO

ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly)	B. Date of Delivery
	10 23
C. Signature	<input type="checkbox"/> Agent
<i>M. J. Dunivant</i>	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input type="checkbox"/> No	

1. Article Addressed to:

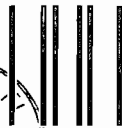
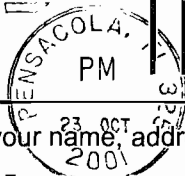
0 AIRS ID # 0910073001AG,
 MARY JANE DUNIVANT
 EXECUTIVE DRY CLEANERS
 113 SAND MYRTLE TRAIL
 DESTIN FL 32541

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

700005200020 9372 5318

2. Article Number (Copy from service label)

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

OCT 25 2001

RECEIVED

32399+2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

2/11/01 pd.

Do NOT Remove Label

AIRS ID # 0910073 EXECUTIVE DRY CLEANERS MARY JANE DUNIVANT 313 SAND MYRTLE TRAIL DESTIN FL 32541

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300127 ✓

3753

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

RECEIVED
MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 JAN 16 98

Do **NOT** Remove Label

MARY JANE DUNIVANT
MARY JANE DUNIVANT
313 SAND MYRTLE TRAIL
DESTIN FL 32541

AIRS ID#0910073

FOR GOVERNMENT USE ONLY

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390174

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 # 0910073
EXECUTIVE DRY CLEANERS
MARY JANE DUNIVANT
313 SAND MYRTLE TRAIL
DESTIN FL 32541

RECEIVED
DEC 29 9 00
MAIL ROOM
Bureau of Air Mail
& Mobile Services
FOR GOVERNMENT USE ONLY
Doc: 37550101000 EO: B1
Fund: 2003-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0353726

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 # 0910073
EXECUTIVE DRY CLEANERS
MARY JANE DUNIVANT
313 SAND MYRTLE TRAIL
DESTIN FL 32541

Bureau of Air Monitoring
& Mobile Sources

DEC 1 1998

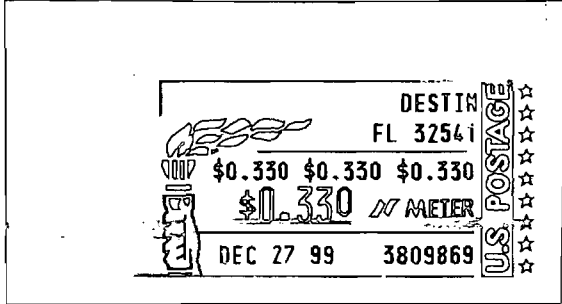
RECEIVED

DEC - 98

RECEIVED
MAIL ROOM

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: BL
Fund: 20.2 045001
Obj.: 002273

Executive Dry Cleaners, Inc.
707 Highway 98 East
Destin, Florida 32541



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

32315-3070

