



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

May 28, 1998

Mr. Landon H. Ellis
Perfection Cleaners & Laundry
Post Office Box 490
Fort Walton Beach, Florida 32549

Re: Facility No.: 0910078

Dear Mr. Ellis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 8, 1998.

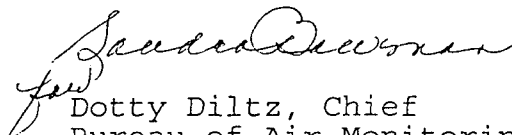
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

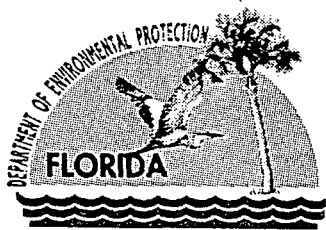
If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

April 1, 2002

#0910078

Mr. Cecil Townby
49 Beal Parkway Northeast
Fort Walton Beach, Florida 32548

Dear Mr. Townby:

Thank you for your note informing the Division of Air Resource Management that Perfection Cleaners & Laundry was sold. Your note was received on March 29 and the status of Perfection Cleaners & Laundry was changed to *inactive* in our files.

However, the invoices you are receiving are for the annual air operation fee for the year **2001**. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the **preceding** year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that you operated Perfection Cleaners & Laundry (AIRS ID #0990387) in 2001, the fee is now due.

In accordance with Rule 62-213.300(3), Florida Administrative Code (F.A.C.), the Title V Air General Permit is **not-transferable** and does not follow a change in ownership of the facility. The new owner of Perfection Cleaners & Laundry is eligible to operate under the terms of a Title V air general permit provided a Perchloroethylene Dry Cleaner Air General Permit Notification Form is completed and submitted to the Department.

If you have any questions or need additional information or assistance, please call me at 850/921-9583.

Sincerely,

Sandra Bowman
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

SB/

cc: Charlie Norman, Northwest District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

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 MAY 8 1998
 Bureau of Air Monitoring
 & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Landon H. Ellis		
2. Site Name (For example, plant name or number):	PERFECTION CLEANERS & LAUNDRY		
3. Hazardous Waste Generator Identification Number:	SKW 100 H0003		
4. Facility Location:	49 BEAM PKWY, N.E.	County:	OKALOOSA
Street Address:	FORT WATTON BEACH,	Zip Code:	32548
City:	FORT WATTON BEACH,		
5. Facility Identification Number (DEP Use):	0910018		

Responsible Official

6. Name and Title of Responsible Official:	Landon H. Ellis "OWNER"		
7. Responsible Official Mailing Address:	Landon H. Ellis		
Organization/Firm:	PERFECTION CLEANERS & LAUNDRY		
Street Address:	P.O. BOX 490	County:	OKALOOSA
City:	FORT WATTON BEACH, FL	Zip Code:	32549
8. Responsible Official Telephone Number:	Telephone: 1 (850) 689-1135 Fax: () - N/A		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Bonnie Holbrook = A.M. MANAGER		
10. Facility Contact Address:	Street Address: 49 BEAM PKWY, N.E.		
City:	FORT WATTON BEACH	County:	OKALOOSA
Zip Code:	32548		
11. Facility Contact Telephone Number:	Telephone: (850) 243-3014 Fax: () - N/A		

RECEIVED

MAY - 5 1998

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	S/N	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
<i>P-314-C Bowe PERMAC</i>	<i>A-314</i>								
<i>Example</i>		<i>#1 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	<i>1</i>	<i>2-JUNE-84</i>	<i>JUNE-85</i>						
(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.

London A. Elliot
Signature

MAY 16, 1988
Date

MR. CHARLES NORMAN

DEPT. / A.R.M. #60

160 GOVERNMENTAL CENTER
PENSACOLA, FL 32501-5794

ATTN: CHARLES NORMAN

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1245 TIME OUT: 1330 AIRS ID#: N/A DATE: 09/13/98
 TYPE OF FACILITY: DRY CLEANING
 FACILITY NAME: PERFECTION DRY CLEANERS AND LAUNDRY
 FACILITY LOCATION: 49 Beal Parkway NE
Fort Walton Beach, FL 32545
 RESPONSIBLE OFFICIAL: LONDON H. ELLIS PHONE NUMBER: 243-3014 (Plant)
689-1135 (office)

RECEIVED
 MAY 8 1998
 Bureau of Air Monitoring
 Mobile Sources

- 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
1) FAILED TO NOTIFY DEPARTMENT. IS OPERATING WITHOUT A PERMIT. 1/29/97 A FORM WAS LEFT AT FACILITY FOR COMPLETION	COMPLETE A PERC DRY CLEANER NOTIFICATION FORM AND SUBMIT TO THE DEPARTMENT.
2) AN ANNUAL COMPLIANCE CERTIFICATION FORM HAS HAS NOT BEEN SUBMITTED. A FORM WAS LEFT AT THE FACILITY 1-27-97.	COMPLETE AND SUBMIT TO THE DEPARTMENT.
3) RECORD KEEPING IMPROPER: A) Perc receipts on hand may have not been all that was purchased per Mr. ELLIS ELLIS ALSO 12 MONTH ROLLING TOTAL OF PERC PURCHASES NOT DONE	OBTAIN ALL PERC PURCHASES FOR 1 APR 97 through 31 MAR 98 and mail copies to the DEPT. THESE DOCUMENTS MUST BE MAINTAINED AT THE PLANT.
B) LEAK CHECK AND REPAIR LOGS NOT DONE.	I LEFT A CALENDAR AT THE FACILITY which can be used to record necessary data.

MR. LONDON ^{ELLIS} WAS NOT PRESENT DURING THIS INSPECTION. I DEALT WITH BONNIE HALBROOK, MGR. I SPOKE WITH MR. ~~ELLIS~~ ELLIS BY PHONE CONCERNING RECORD KEEPING, PERC PURCHASES and completion of NOTIFICATION FORM.

COMMENTS: I LEFT A ~~PERC~~ NOTIFICATION AT THE FACILITY DURING THE 1/29/97 INSPECTION. IT WAS NOT RETURNED TO THE DEPT. MR. LONDON SAID (BY PHONE) THAT HE THOUGHT HE DID AND A FEW MONTHS AGO. A RECORDS SEARCH AT THE DEPT (NWD) TURNED UP NO FORM.

MR. ~~ELLIS~~ ELLIS SAID THE PERC RECEIPTS ON HAND MAY NOT REPRESENT ALL THE 12-MONTH PURCHASES.

FACILITY IS PROBABLY A LARGE EXISTING. WITHOUT ACCURATE PERC RECORDS, IMPOSSIBLE TO
 The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: Follow up INSPECTION AS NECESSARY
 (Approximate)

INSPECTION CONDUCTED BY: CHARLES NORMAN
 (Please Print)

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

Bureau of Air Monitoring
 & Mobile Sources
 MAY 8 1998
 RECEIVED

AIRS ID#: 0910048 DATE: 3/13/98 TIME IN: 1245 TIME OUT: 1330

FACILITY NAME: Perfection Dry Cleaners and Laundry

FACILITY LOCATION: 49 Beal Parkway NE
Fort Walton Beach FL 32548.

RESPONSIBLE OFFICIAL: Landon H. Ellis PHONE: 243-3011 (Home)

CONTACT NAME: Landon H. Ellis PHONE: 689-1135 (Office)

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.

<p>1. Existing 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 before 12/9/91)</p>	<p>2. New 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 on or after 12/9/91)</p>
<p>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)</p>	<p>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)</p>

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 129.1 gallons. 1 APR - 13 MAR
borderline

26 MAR 97 to 11 MAR 98 = 148.1 gal

MR. ~~ELLIS~~ WAS UNSURE IF ALL PERC PURCHASE RECEIPTS WERE ONSITE.
 Revised 8/11/97

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? *Pumped directly into 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? *Over weekend* 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: *Note: No one has answered in the state < 140 but for Denver - no one has over*
Not certain all prev records were on hand - Mr Ellis said he would be sure

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

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? Y N
2. Maintained rolling monthly averages 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? UNKNOWN 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? *UNKNOWN*
- | | | | |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input 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 M. Norman

Inspector's Name (Please Print)

3/13/98

Date of Inspection

Charles M. Norman

Inspector's Signature

Mar 99

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

4/11/97 ~~8.0~~
 9/13/97 - ~~14.4~~ 14.4 gal
 11/26/97 - 14.9 gal
 12/16/97 - 14.4 gal
 9/22/97 2.1 gal
 7/13/97 - 1.5 gal
 4/10/97 25.3 gal
 3/20/97 19.0 gal

1-800-423-4252 (13.46 #/gal)

(VENDOR)
 W.P. Ballard Birmingham
 + CO, INC.
~~1200~~ 2d Ave, North
 Birmingham AL 35202

(97) to (2⁹⁸ Mar) = ~~129.1~~ gal for 1997 Jan-Dec

3/11/98 16.1 gal
 BUREAU LINE: 3/20/97 to 3/11/98 = 148.1 gal
~~3/20/97 - 3/11/98 = 96.5 gal~~

Mr Ellis (big phone)
 said there may not be
 all the money

Bonnie Halbrook

No evidence on hand of record keeping/logs.
 No rolling totals

~~cleaning them out.~~

Mr Ellis said he didn't go
 look logs/~~etc~~. Again logs.

AIRS ID#: ~~FD02547~~ 09100198

ACV

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

Revised 10/10/96
MAY 8 1998
Bureau of Air Monitoring
& Mobile Sources
RECEIVED

FACILITY NAME: PERFECTION CLEANERS & Laundry DATE: MAY 1998
FACILITY LOCATION: 49 Beal Parkway NE -
Ft WALTON Beach, FL, 32548

Annual Reporting Period: 1 JANUARY 1997 1997 TO 4 MAY 1998 1998

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:

OPERATING WITHOUT PERMIT
Exact period of non-compliance: from 1 JANUARY 1997 to 4 MAY 1998
Action(s) taken to achieve compliance: Completed Notification
Method used to demonstrate compliance: Submitted Notification

#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: Landon H. Ellis Landon H. Ellis MAY 16, 1998
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

✓
New-INC
New owner
RE-INSPECTION

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY

TIME IN: 1000 TIME OUT: 10 AIRS ID#: 0910078
 TYPE OF FACILITY: DC
 FACILITY NAME: Perfection Cleaners & Laundry, Inc. DATE: 11/19/98
 FACILITY LOCATION: 49 Beal Pkwy NE
Ft Walton Beach, FL 32548
 RESPONSIBLE OFFICIAL: Cecil Townley PHONE NUMBER: 850-243-3014

- 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

COMMENTS: New owner is putting better record keeping systems into place. Under old owner all types of record keeping was weak.

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

DATE OF NEXT INSPECTION: Mid -99
(Approximate)

INSPECTION CONDUCTED BY: Charles Norman
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (850) 595-8364

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY



RE-INSPECTION



Newowner as of Nov 13, 1998

AIRS ID#: 0910078 DATE: 11/19/98 TIME IN: 1000 TIME OUT: 1100
 FACILITY NAME: PERFECTION CLEANERS & LAUNDRY, Inc
 FACILITY LOCATION: 49 Beal Pkwy, NE
Fort Walter Beach, 32548.
 RESPONSIBLE OFFICIAL: Cecil Townley PHONE: (850) 243-3014
 CONTACT NAME: Cecil Townley PHONE: (SAME)

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup Nov 13, 1998
NEW OWNER / OLD FACILITY

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (check appropriate box) complete notification during insp. No notification form NEW OWNER
 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) <input checked="" 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, $140 \leq x \leq 2,100$ 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) <input type="checkbox"/>	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) <input type="checkbox"/>

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 135 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
- 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? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following: Y N N/A
 - 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

*Weak
level of maintenance
new 5 yr perc level
put in Nov.*

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 } *new down weekly*
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)
- 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)

11/19/98

Date of Inspection

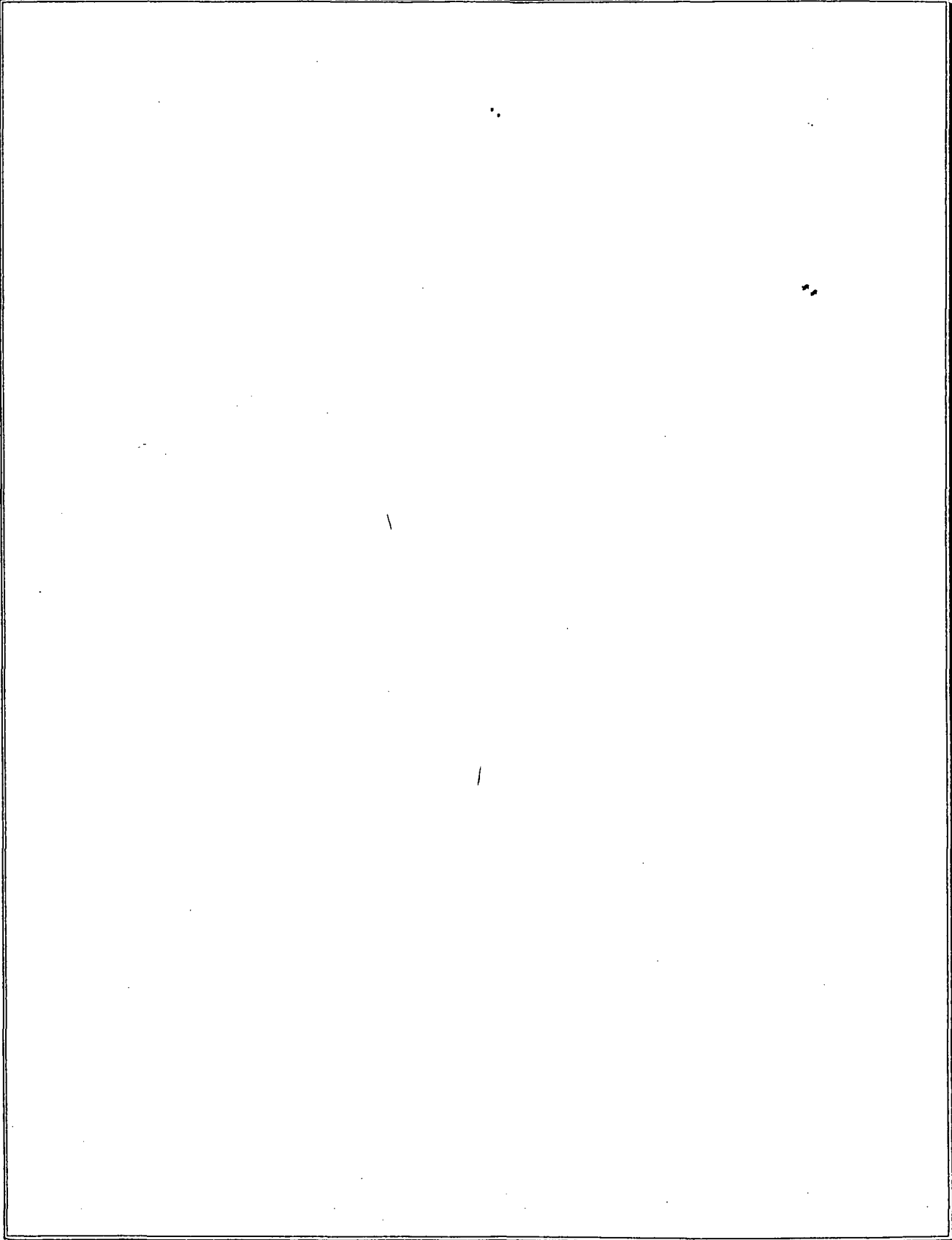
Charles M. Norman

Inspector's Signature

mid-99

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:



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

OFFICIAL USE

Postage	\$	<i>03 22</i> <small>Postmark Here</small>
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Tot: 10 AIRS ID# 0910078001AG
Sent: PERFECTION CLEANERS & LAUNDRY
 LONDON H ELLIS
 PO BOX 490
 FORT WALTON BEACH FL 32548

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0001 7976 3095

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

10 AIRS ID# 0910078001AG
 PERFECTION CLEANERS & LAUNDRY
 LONDON H ELLIS
 PO BOX 490
 FORT WALTON BEACH FL 32548

COMPLETE THIS SECTION ON DELIVERY

A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery
C. Signature	
X	<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	

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.

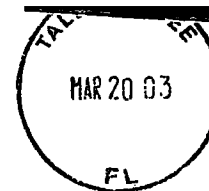
4. Restricted Delivery? *(Extra Fee)* Yes

2. Article Number *(Copy from service label)*
 7001 0320 0001 7976 3095

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7001 0320 0001 7976 3095



First Mailed 3/21
Special Price _____
Returned _____

RECEIVED
MAR 26 2003
Bureau of Air Monitoring
& Mobile Sources

ATTEMPTED
NOT DELIVERED
RETURN TO SENDER

10 AIRS ID# 0910078001AG
PERFECTION CLEANERS & LAUNDRY
LONDON H ELLIS
PO BOX 490
FORT WALTON BEACH FL 32548