

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 17, 1998

Mr. Lynn Labado Soap Opera Laundry & Dry Cleaners 206 Wheeler Place Crestview, Florida 32539

Re: Facility No.: 0910081

Dear Mr. Labado:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 24, 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 Environemntal 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, of 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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
Lynn and Rene' Labado 2. Site Name (For example, plant name or number):				
2. Site Name (For example, plant name or number):				
Soap Opera Laundry + Dry Cleaners 3. Hazardous Waste Generator Identification Number.				
3. Hazardous Waste Generator Identification Number\				
4. Facility Location: Hwy 90 W. Street Address: 326 W. James Lee City: Crestview County: OKalossa Zip Code: 32536				
City: Crestview County: OKalossa Zip Code: 32536				
5: Facility Identification Number (DEP Use):				
09/008/				
750				
Responsible Official				
6. Name and Title of Responsible Official:				
LYNN and Rene' Labado owners our 24 El				
Responsible Official 6. Name and Title of Responsible Official: VNN and Rene' Labado Owners 7. Responsible Official Mailing Address: 206 Wheeler Place Organization/Firm: Scap Opera Laundry Dry Cleaners Street Address: 206 Wheeler Pl City: Crestnew County: OKaloosa Zip Code: 3258770				
City. Cres 1 Men County. Off a 1000 a 21 p court. 320 b 12				
8. Responsible Official Telephone Number:				
Telephone: (850) 682-2598 Fax: () -				
Facility Contact (If different from Responsible Official)				
9. Name and Title of Facility Contact (For example, plant manager):				
Same				
10. Facility Contact Address:				
Street Address:				
City: County: Zip Code:				
11. Facility Contact Telephone Number:				
Telephone: () - Fax: () -				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Facility Information

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

		Date	Date		Date	Date		Date	Date
·	}	Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		_				_			
(1) w/ ref. condenser	1	Dec 95	Dec 95	l					
(2) w/ carbon adsorber	,								
(3) w/ no controls							·		
Washer Unit						1			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls	_								
Dryer Unit		,							1
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		•	•			•		•	
(10) w/ ref. condenser				ļ ,					
(11) w/carbon adsorber								1	
(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 ar	Existing small area source New small area source								
Existing large area source New large area source									

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to se (Indicate with an "X".)	ction (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated	condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not to Rule 62-213.300, F.A.C. Verify that all steam and hot water ge exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total hobbiler HP or less), and (2) are fired exclusively by natural gas excluring which propane or fuel oil containing no more than one per-	ept for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
1	
Equipment Monitoring and Recordke	eping 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	[V]

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

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility acceptance of the facility addressed in facility acceptance on information and belief formed after reasonable inquiry, that the standed in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	re Zabado 11-19-98 Date

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

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Scap Opera Launchy + Dry (leaners DATE: 11-19-98 FACILITY LOCATION: 326 W. James Lee (Hwy. 90 West)
FACILITY LOCATION: 326 W. James Lee (Hwy. 90 West)
Crestview Pla. 32536
Annual Reporting Period: NoV 1997 TO NoV 1998
De de control de la Colo Tida V esse la inservit mu facilita has remained in control on a with DER Rule
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
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:
Not permitted
Exact period of non-compliance: from Nov. 97 to Nov. 98 Action(s) taken to achieve compliance: Completed during inspection Nov. 98
Action(s) taken to achieve compliance: Completed during inspection Nov. 78
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:
• • • •
Leak check, temp, records and parc purchase logs not mainter will comply as of Nov. 1998. Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance: Set up procedures + maintain.
· · · · · · · · · · · · · · · · · · ·
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: Kene Labacio Glue Labacio II-19-98 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 COM	APLAINTADISCOVERY RE-INSPECTION
TIME IN: 1300 TIME OUT: 1345	AIRS ID#: 69 91 008 10
TYPE OF FACILITY: DC	
FACILITY NAME: Sans Oper a Laundy of FACILITY LOCATION: 326 w. James Lee B	+ Dry Cleaners. DATE: 11/19/98
FACILITY LOCATION: 326 W. James Lee B	100.
RESPONSIBLE OFFICIAL: Lynn & Rones Laba do	PHONE NUMBER: \$ 50 682-2598
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
- FACILITY NOT PERMITTED	Completed Leening inspection.
Leak Chik YTEMP MONITAING	Ezplund - Nuded to Set up t
Logs NOT DUNG - EXPLAINED	cantinuo.
	will provide SIBA calender tou party
· Rolling to tals of perc porchuses	SET UP log krownd
not Keny.	Explined - Nused to Set up to centinus. Will provide SBA calonder for pacific of SET UP 101 to roard
	
	·
COMMENTS:	<u> </u>
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: W & T9	
ΔI	proximate)
	ease Print)
INSPECTOR'S SIGNATURE: Chirle Honus	PHONE NUMBER: 850-595-83
INSPECTOR SSIGNATURE: (June) (SMM)	AHONE NOMBEK: 000 2/2 -00
Page	_of Revir

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		OMPLAINT/DISCOVERY	×
AIRS 1D#: 09/008	DATE: /// 3 9/9 8	TIME IN:	1300 time out: _	
FACILITY NAME: Society FACILITY LOCATION: 3	De W. J. Prestoneis,			
RESPONSIBLE OFFICIAL :	LYNN I Rence.	La hadopi	eone: <u>850 68 2-</u> 2	59 8
PART I: NOTIFICATION				
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DARM	-			
PART II: CLASSIFICATIO	N			
TIME A. CENSUM TONITION				
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	rce		: 140 gal/ут — — — — — — — — — — — — — — — — — — —	v
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce	New small area -to-dry only, x < 20 h types, x < 140 enstructed on or a New large area y-to-dry only, 140	Drop store/out of business/positions of positions of pos	v
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,800 (constructed before 12/9/91) 5. This is a correct facility of faci	rce	New small area reto-dry only, x < 20 in types, x < 140 instructed on or a reto-dry only, 140 insfer only, 200 six types, 140 s	Drop store/out of business/persource 140 gal/yr 00 gal/yr gal/yr after 12/9/91) source 0 \(\leq \times \leq 2,100 \) \(\leq \leq 1,800 \) \(\leq 1,800 \)	v

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? AVAQZ NO YO 2. Examining the containers for leakage? DY DN DWA 3. Closing and securing machine doors except during loading/unloading? MD AU 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? NO YES 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AYAD AD YE 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? AYO ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	ÙΥ	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ÐΥ	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□И	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	ио ув					
2. Maintained rolling monthly averages of perc consumption?	DY DIN					
3. Maintained leak detection inspection and repair reports for the following: No wound						
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/A					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A					
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XIN/A					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MINA					
6. Maintained startup/shutdown/malfunction plan?						
7. Maintained deviation reports?						
Problem corrected?	□Y □N 🎘 N/A					
8. Maintained compliance plan, if applicable?	A/N/A					

P.	PART VI: LEAK DETECTION AND REPAIRS						
l.	I. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	•			ΣΫ́Υ	□N	
2.	Has the facility maintained a leak	log?			, QY	NE	
3.	Does the responsible official check	the following ar	eas for lea				
	Hose connections, fittings,			٠.			
	couplings, and valves	DY DN	UN/A	Muck cookers	ШY	A/NØ NO	
	Door gaskets and seating	NO YO	□N/A	Stills	ΔY	□N □N/A	
	Filter gaskets and seating	DY ON	□N/A	Exhaust dampers	ΩY	A/NØ NO	
	Pumps	NO VO	□N/A	Diverter valves	CP Y	ON ON/A	
	Solvent tanks and containers	DY DN	□N/A	Cartridge filter housing	SDY	ON ON/A	
	Water separators	OY ON	□N/A				
4.	Which method of detection is used	by the responsib	le official?	•			
	Visual examination (conden-	sed solvent on ext	terior surfa	aces)	B		
	Physical detection (airflow for	elt through gasket	ts)		\ <u>_</u>		
Odor (noticeable perc odor)							
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
Halogen leak detector							
If using direct-reading instrumentation, is the equipment:						A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					ΠY	ΠN	
	b. Calibrated again (PID/FID only)?	-	prior to ar	nd after each use	ΩY	רוא	
	•		ansinf wea	r on a weekly basis?			
	d. Kept in a clean a			•	ΩY		
	•			nples (calorimetric only)?			
	c. Vernied for acce	racy by use of du	pricate sar	ipies (calorimetre omy):	u i		
_							
_	CHARLOS Normas			/// 9/95 Date of Ins			
	Inspector's Name (Pleas	e Print)		Date of Insp	pection		
:	Clarks Milon - mid -99						
۷		Inspector's Signature Approximate Date of Next Inspection					

ADDITIONAL SITE INFORMATION:	
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AIRS 1D#: 07 / 008 /

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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

					
FACILITY NAME: SOME OPERA	Louisay 85	Ry Cles	NEN S	DATE:	19 <u>.</u>
FACILITY NAME: SOME OPERA FACILITY LOCATION: 336 W. Orestmen	James Lee B	Wd.		onito	
Crestmen	FL 325.36	(70
Annual Reporting Period: _//- /9.98	19	_ то	1.2.99		19
Based on each term or condition of the Title V	general air permit, my faci	lity has remain	ed in compliance	with DEP Rule	
62-213.300, Florida Administrative Code (F.A.	C.), during the period cove	red by this stat	ement. YES	S □NO	
If NO, complete the following:			•		
#1. Term or condition of the general permit the	at has not been in continuo	us compliance	during the report	ing period stated al	oove:
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 th	at has not been in continuo	us compliance	during the report	ing period stated al	bove:
	ENTERED		,		
Exact period of non-compliance: from	JUN 0 4 1999	to		, 	
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
As the responsible official, I hereby certify, bas made in this notification are true, accurate and upon rolling averages of purchase receipts, do year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name	d complete. Further, my ar	inual consumpt s per year for a Rene' L	tion of perchloro	ethylene solvent, be	ased per

^{*}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 C	OMPLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
TIME IN: 840 TIME OUT: 7/4	AIRS ID#: 09/008/14/ L
TYPE OF FACILITY: DC	1/3 or 5/0
FACILITY NAME: 500 poper Laurely	Drz Cleaning DATE: En 18. 99
FACILITY LOCATION: 326 W. James FC 3	2536
RESPONSIBLE OFFICIAL: None Labora	PHONE NUMBER: 68 2-259 8
Based on the results of the compliance requirements evacompliance with DEP Rule 62-213.300, Florida Admin	aluated during this inspection, the facility is found to be in istrative Code (F.A.C.).
Based on the results of the compliance requirements evaluation discrepancies were noted:	aluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u> </u>	
	ENTEREN
J	UN 0 4 1999
COMMENTS: Good Re con Las	
· · · · · · · · · · · · · · · · · · ·	
The Annual Compliance Certification form has been properly ce	rtified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 8-12 mos	Approximate)
INSPECTION CONDUCTED BY: CHANGE Nor.	m an
Ol l-nai	(Please Print) 595-8364 TMM PHONE NUMBER: 7 /222
INSPECTOR'S SIGNATURE:	TMUL PHONE NUMBER: 7 /242

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Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST	TO CALL
TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION	Mobile Solvering
AIRS ID#: $\frac{6/2/99}{2}$ TIME IN: $\frac{6}{2}$ TIME OUT	: <u>09 / b</u>
FACILITY NAME: Surp Owen Laundry & Dry Clieners	
FACILITY LOCATION: 326 W. James Lee Crest rien Pla Crestmen FL 3253 6.	3 a)
RESPONSIBLE OFFICIAL: Dim La bado PHONE: 682-2593	7
CONTACT NAME: PHONE: _Same	
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	0
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	/petroleum
1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) EN	TERED
3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100$ gal/yr transfer only, $200 \le x \le 1{,}800$ gal/yr both types, $140 \le x \le 1{,}800$ gal/yr (constructed before $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2{,}100$ gal/yr transfer only, $200 \le x \le 1{,}800$ gal/yr both types, $140 \le x \le 1{,}800$ gal/yr (constructed on or after $12/9/91$)) 4 เยษษ
5. This is a correct facility classification \(\bigcup \operatorname{\text{ON}} \operatorname{\text{ON}} \operatorname{\text{Can not determine}} \)	
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 facility was 19.6 gallons.	dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? A/N/B NO YO 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DY DN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? MY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber **D**N/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) NO YE 1. Equipped all machines with the appropriate vent controls? AVAD ND YE 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY ON ON/A Conducted all temperature monitoring after an appropriate cooldown period and after NO YO verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	אם צע			
2. Maintained rolling monthly averages of perc consumption?	אם עם			
3. Maintained leak detection inspection and repair reports for the following:	_			
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	אמם אם אם Va			
5. Maintained exhaust duct monitoring data on perc concentrations?	אמם אם אם A/א			
6. Maintained startup/shutdown/malfunction plan?	MO AG			
7. Maintained deviation reports?	OY ON TON/A			
Problem corrected?	A/אום אם אם			
8. Maintained compliance plan, if applicable?	DY DN SIN/A			

PART VI: LEAK DETECTION AND REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	NO AG				
2.	. Has the facility maintained a leak log?	NO YO				
3.	Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves	OY ON ØN/A				
	Door gaskets and seating	A/NO NO YO				
	Filter gaskets and seating	אומם מם אם				
	Pumps Dy DN DN/A Diverter valves	A/אם אם צפֿל				
	Solvent tanks and containers DY DN DN/A Cartridge filter housings	A/NO NO YE				
	Water separators					
4.	. Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)	Ā				
	Physical detection (airflow felt through gaskets)	'				
Odor (noticeable perc odor)						
	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?	OY ON				
	b. Calibrated against a standard gas prior to and after each use	5 5				
	(PID/FID only)?	□Y □N				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON				
	d. Kept in a clean and secure area when not in use?	OY ON				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON				
	·					
	() 1/2/99					

Inspector's Name (Please Print)

Date of Inspection

12 mis

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
•	d.
·	
	•
·	
	,

1.62 SJ. 16 6 8 500 4 93 4 35' 13,5108

TITE V AIR QUALITY GENERAL PER IT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT DISCOVERY RE-INSPECTION
TIME IN: 1300 TIME OUT: 1345	AIRS ID#: 09/008/
TYPE OF FACILITY: DC	·
FACILITY NAME: Say Oper a Laundy of FACILITY LOCATION: \$26 w. James Lee B	+ Dr. Cleanus. DATE: 1/19/98
FACILITY LOCATION: \$26 w. James Lee B	1vd.
RESPONSIBLE OFFICIAL: Lynn & Ronce Laba do	PHONE NUMBER: \$ 50 682-2598
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
- FACILITY NOT PERMITTED	Completed Luning inspection.
Leak Chik YTEMP MONITERING	Explused - Need to set up t
Logs NOT DONG - Explained	1 Contract C
V	will provide SIBA calonder for parts
not Kept.	SET UP log krownd
-	P. M. C.
· ·	E. Mob.
	07 9
	Monitori Sources
COMMENTS:	
·	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: W J 99	
INSPECTION CONDUCTED BY: Charles Nor	proximate)
INSPECTOR'S SIGNATURE: Chirle Honur	ease Print)PHONE NUMBER: <u>850-595-8364</u>

Page_

Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			 	
FACILITY NAME: $\frac{\sqrt{3000}}{10000000000000000000000000000000$	Opera Lau,	nchy + Dry Cle	Caners DAT	E: <u>//-19-98</u>
FACILITY LOCATION: 326	W. James 1	<u> Lee (Hwy.90 We</u>	<u>st)</u>	
<u>Crestview</u> , Fla	t, 32536			· · · · · · · · · · · · · · · · · · ·
Annual Reporting Period:	Nov	1997 то	No	19 <u>98</u>
Based on each term or condition of 62-213.300, Florida Administrativ	-			DEP Rule
If NO, complete the following:				
#1. Term or condition of the gene	ral permit that has not bee	n in continuous compliance	during the reporting pe	eriod stated above:
Not permitted				
Exact period of non-compliance:	rom	Nov. 97 to	Nov. 98	
Action(s) taken to achieve complia	ince: Complete	ed during in	spection No	ov. 98
Method used to demonstrate comp				
#2. Term or condition of the gene Lak check +6 Will comply as Exact period of non-compliance: the second of the second of the gene Action(s) taken to achieve compliance: the second of the second of the gene Method used to demonstrate comp	emp, records Of Nov. 1998 from Innce:	· · · · · · · · · · · · · · · · · · ·	purchase 10	gs Not maint
As the responsible official, I herebed made in this notification are true, upon rolling averages of purchase year for transfer or combination for the RESPONSIBLE OFFICIAL:	accurate and complete. It receipts, does not exceed acilities.	Further, my annual consump 2,100 gallons per year for	tion of perchloroethyle.	ne solvent, based

^{*}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 CL. ANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL		COMPLAINTODISCOVERY	′ ×Q
•	RE-INSPECTION			. `
ARS 10#: 09 10081	DATE: 1/8 9/9	TIME I	N: <u>/300</u> TIME OUT:	
FACILITY NAME: Sec.	n Opera La	enlog	+ Dr. Cleanen.	
	^		2536	
RESPONSIBLE OFFICIAL	: Lynn + Rence	Labad	ophone: 850 68 2-2	598
CONTACT NAME:	Come_		PHONE:	
<u> </u>				
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARN	A 30 days prìor to startu	ıp		
2. Facility failed to notify DAI	RM to use general perm	uit		<u>></u> 8€
<u> </u>				
PART II: CLASSIFICATIO	N ·			
PART II: CLASSIFICATIO			™ No notification form Not	50 brully
Facility indicated on notificate (check appropriate box)			No notification form Not S	V 1
Facility indicated on notificate (check appropriate box) A.	tion form that it is:	2 New small 2	☐ Drop store/out of business/p	v 1
Facility indicated on notificate (check appropriate box)	tion form that it is:	2. New small a dry-to-dry only,	☐ Drop store/out of business/p	V 1
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y	tion form that it is: urce	dry-to-dry only, transfer only, x	□ Drop store/out of business/parca source , x < 140 gal/yr < 200 gal/yr	v 1
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr	tion form that it is: arce	dry-to-dry only, transfer only, x both types, $x \le x$	☐ Drop store/out of business/parea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	V 1
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y	tion form that it is: arce	dry-to-dry only, transfer only, x both types, $x \le x$	□ Drop store/out of business/parca source , x < 140 gal/yr < 200 gal/yr	v 1
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91 3. Existing large area sounds.	tion form that it is: arce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a	□ Drop store/out of business/parea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	v 1
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 < x < 200 gally area.	tion form that it is: arce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only,	☐ Drop store/out of business/parca source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , 140 ≤ x ≤ 2,100 gal/yr	v 1
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8	tion form that it is: arce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2	□ Drop store/out of business/parca source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr	v 1
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 < x < 200 gally area.	tion form that it is: arce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140	☐ Drop store/out of business/parca source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , 140 ≤ x ≤ 2,100 gal/yr	v 1
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	tion form that it is: arce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140	Drop store/out of business/parea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	· · · · · · · · · · · · · · · · · · ·
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the constructed before 12/9/91.	tion form that it is: arce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140 (constructed on	Drop store/out of business/parea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	v 1
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound ry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound ry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the	tion form that it is: arce	dry-to-dry only, x transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140 (constructed on DY DN tion:	□ Drop store/out of business/parca source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine	· · · · · · · · · · · · · · · · · · ·

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN DN/A DY DN DXVA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DY DN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? YOY ON 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? A'ND ND YE 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated N Net 1 con Led condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□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?	ΩY		□N/A
	Is the perc concentration equal to or less than 100 ppm?	ĐΥ	ΠN	□N/A
4 .	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	ио ус			
2. Maintained rolling monthly averages of perc consumption?	DY BIN			
3. Maintained leak detection inspection and repair reports for the following: No word				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DIN DN/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	A'NÌS NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MN/A			
6. Maintained startup/shutdown/malfunction plan?	DY ON			
7. Maintained deviation reports?	DY DN XN/A			
Problem corrected?	OY ON 💆 N/A			
8. Maintained compliance plan, if applicable?	A/א/			

	·			_	
P.	ART VI: LEAK DETECTION AN	D REPAIRS			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			ØY □N	
2.	Has the facility maintained a leak lo	g?		$\Box \lambda$ $\triangleright M$	
3.	Does the responsible official check t	the following areas for lead			
	Hose connections, fittings, couplings, and valves	SOY ON ON/A	Muck cookers	DY DN DN/A	
	Door gaskets and seating	OY ON ON/A	Stills	AND NO YO	
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	OY ON DINA	
	Pumps	DY ON ON/A	Diverter valves	AVAC NC YO	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אואם אם צמ	
	Water separators	OY ON ON/A			
4.	Which method of detection is used b	by the responsible official?			
	Visual examination (condense	ed solvent on exterior surfa	ces)	D	
	Physical detection (airflow fel-	t through gaskets)			
	Odor (noticeable perc odor)	1		0	
	Use of direct-reading instrume	entation (FID/PID/calorime	etric tubes)		
	Halogen leak detector				
	If using direct-reading in	istrumentation, is the equ	ipment:	DAN/A	
	a. Capable of detecti	ng perc vapor concentration	ons in a range of 0-500 ppm?	OY ON	
	b. Calibrated against (PID/FID only)?	a standard gas prior to an	d after each use	□У-√□И -	
	c. Inspected for leaks	s and obvious signs of wea	r on a weekly basis?	OY ON	
	d. Kept in a clean an	nd secure area when not in	use?	OY ON	
	e. Verified for accura	acy by use of duplicate san	ples (calorimetric only)?	OY ON	

CHARLOS Narma	11/19/98
Inspector's Name (Please Print)	Date of Inspection
Clints MHour-	mid-99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE	INFORMATION:
	•

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		·	<u>&</u>	
FACILITY NAME: Song Ope	ra Landy &	1 Dn Clean	ATE	3/28/20
FACILITY LOCATION: 376 W	James Lee		Oli K	
Cong ton	in +1 32	536		THE CHIEF
Annual Reporting Period: 6/3/99	~20_	то <u>3/</u>	78/XX	20
Based on each term or condition of the Title V	/ general air pennit, my fac	lity has remained in con	pliance with DE	EP Rule
62-213.300, Florida Administrative Code (F.A.	A.C.), during the period cov	ered by this statement.	YES	□NO
If NO, complete the following:				
#1. Term or condition of the general permit t	hat has not been in continuo	us compliance during th	e reporting perio	d stated above:
Exact period of non-compliance: from	edi i erei	to_REV	EWED	
Action(s) taken to achieve compliance:	MAK 2 9 200	MAR 2	2 9 2000	
Method used to demonstrate compliance:			_	
#2. Term or condition of the general permit t	hat has not been in continuo	us compliance during th	e reporting perio	od 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, be in this notification are true, accurate and compurchase receipts, does not exceed 2,100 gall combination facilities. RESPONSIBLE OFFICIAL: Responsible of Name of the Responsible of the Name of the Responsible	aplete. Further, my annual ons per year for dry-to dry	consumption of perchlor	oethylene solven s per year for tro	t, based upon
			_	

^{*}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 COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN \$ 1445 TIME OUT: 1510	2 AIRS ID#: 09/008/
TYPE OF FACILITY: D.C.	
FACILITY NAME: SO ANDRENA LACAN DE	Chann DATE: 3/28/00
FACILITY LOCATION: 3 2/2 W. Dans J	Q . 3
Ung twee t-L	32536
RESPONSIBLE OFFICIAL: Ren La to Lo	PHONE NUMBER: 682-259 8
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	ative Code (F.A.C.).
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Good faith-clean 4	acciente records -
	ENTEREP
	MAR 2 9 2000
COMMENTS:	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION 7/2 MIS	
INSPECTION CONDUCTED BY: A r la M	Proximate) Nonmy ((c))
INSPECTOR'S SIGNATURE	PHONE NUMBER: 595-8364
	of / . X/222 Révised 10/96
Page /	_ot Revised 10/90

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL
	RE-INSPE

facility was 39.7 gallons.



COMPLAINT/DISCOVERY

. 🗀

RE-INSPECTION

AIRS ID#: 09 1008 DATE: 3/28/DD TIME IN: 1445 TIME OUT: 10 FACILITY NAME: Sop O Revar Laun dry J. Dry Clare FACILITY LOCATION: 326 W Domes Lel Cres Price 37536 RESPONSIBLE OFFICIAL: Lene La bala PHONE: 687-259 & 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 MAR 2 9 2000	U
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	
(check appropriate box)	troleum
1. Existing small area source 2. New small area source	
dry-to-dry only, $x < 140 \text{ gal/yr}$ dry-to-dry only, $x < 140 \text{ gal/yr}$	
transfer only, $x < 200 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$	
(constructed before 12/9/91) (constructed on or after 12/9/91)	
3. Existing large area source \(\square\) 4. New large area source \(\square\)	
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)	
(constructed before 12/3/31)	
5. This is a correct facility classification \(\text{ON} \) \(\text{ON} \) \(\text{Can not determine} \)	
If no, please check the appropriate classification:	
facility qualified for a general permit as number above	

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? 2. Examining the containers for leakage? DY DN DIN/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 DIN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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) NO YE 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A dondenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MD AM verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:	NR
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser loc	ated
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DN
	est any to any, to among any of maximiles on a moonly basis.	
2.	Measured and recorded the washer exhaust temperature at the condenser	
	inlet and outlet weekly?	OY ON ON/A
	•	
	Is the temperature differential equal to or greater than 20° F?	\Box Y \Box N \Box N/A
_		
j.	Measured and recorded the perc concentration in the exhaust stream weekly	
	at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	DY DN DN/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?	DY DN DN/A
_		
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ZY DX
2. Maintained rolling monthly total of perc consumption?	MA NO NO
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	איא (גער אים אים A/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN QN/A
6. Maintained startup/shutdown/malfunction plan?	AL ON
7. Maintained deviation reports?	בא עם אם איש אועם איש
Problem corrected?	או עם אם איא
8. Maintained compliance plan, if applicable?	איים אם אם

PA	ART VI: LEAK DETECTION AND	REPAIRS		
۱.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?			√a ny □Ñ
2.	Has the facility maintained a leak log	? .	,	NO YES
3.	Does the responsible official check th	e following areas for leak	s?	
	Hose connections, fittings, couplings, and valves	BY ON ON/A	Muck cookers	OY ON DIN/A
	Door gaskets and seating	A/N UN UN/A	Stills	DY ON BN/A
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	באואם אם צם
	Pumps	DY ON ON/A	Diverter valves	AND ND YE
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DN DN/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surfac	es)	Q
	Physical detection (airflow felt t	through gaskets)		B
	Odor (noticeable perc odor)			Q.
	Use of direct-reading instrumen	tation (FID/PID/calorimet	tric tubes)	
	Halogen leak detector	•		
	If using direct-reading inst	rumentation, is the equi	pment:	- N-A
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	DY DN'
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	□Y □N
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	\Box Y \Box N
	d. Kept in a clean and	secure area when not in u	se?	OY ON
	e. Verified for accurac	by by use of duplicate sam	ples (calorimetric only)?	OY ON

Harles No - MAN
Inspector's Name (Please Print)

Date of Inspection

| 10-12mus |
| Inspector's Signature | Approximate Date of Next Inspection

ADDITIONAL SITE I	NEODMATION	
ADDITIONAL SITE I	NFORMATION:	
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CRESTVIEW FL 32539

& Mobile South Monitoring M

Obj.: 002273

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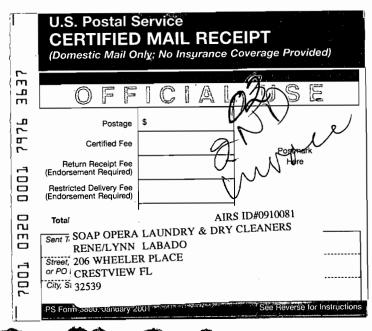
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CRESTVIEW, FLORIDA, 32536
904-682-2598



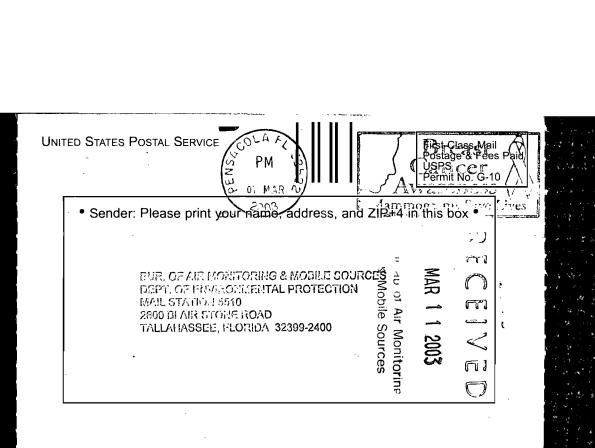
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address of fiferent from item 12 Yes
Article Addressed to:	D. Is delivery address a fferent from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID#0910081 SOAP OPERA LAUNDRY & DRY CLEANERS	
RENE/LYNN LABADO 206 WHEELER PLACE	3. Service Type
CRESTVIEW FL 32539	Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
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2. Article 7001 0320 0001 7476 3	637111 11 1111
PS Form 3811, July 1999 Domestic Ret	





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Soap Opera Laundry & Dry Cleaners

LYNN & RENE LABADO 206 Wheeler Place Crestview, Florida 32539-7010





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item 4 if Restricted I ☐ Print your name and so that we can retur	address on the reverse in the card to you. he back of the mailpiece,	A. Signature X B. Received by (Prin	ited Name)	☐ Agent☐ Addressee C. Date of Delivery
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206 WHEELER PLA CRESTVIEW FL 32539		3. Serviće Type	☐ C.O.D.	il eipt for Merchandise
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