

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 4, 1996

Ms. Sharon Hoffman Touch of Quality Dry Cleaners of Dade City 37948 East Meridian Avenue Dade City, Florida 33525

Re: Facility I.D. No. 1010338

Dear Ms. Hoffman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 19, 1996

Ms. Sharon Hoffman
Touch of Quality Dry Cleaners
of Dade City

7127 Pebble Pass Loop Dade City, Florida 33525

Re: Facility I.D. No. 10103-38

Dear Ms. Hoffman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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

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Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District
"Protect, Conserve and Manage Florida's Environment and Natural Resources"



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 19, 1996

Ms. Sharon Hoffman Touch of Quality Dry Cleaners of Dade City 7127 Pebble Pass Loop Dade City, Florida 33525

Re: Facility I.D. No. 1010338

Dear Ms. Hoffman:

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, a STEPHEN HEFFMAN	gency, or individua	l owner):	
5	Site Name (For example, plant name or number):	COUALITY	DRY CLEANERS	OF DADE CITY
2.	Site Name (For example, plant name or number):			
-	TOUCH AG GUALLER DONG	I FANCO	S OC DADE C	iTU
3.	TOUCH OF GUALITY DRY (Hazardous Waste Generator Identification Number:	LEANER.	3 OF DADIC C	,, ,
	_		,	
	FLD CESOG		· 	
4.	Facility Location: Street Address: 37948 E. MERIDIAN A	VE.	•	
	City: DADE CITY County: PAS	co :	Zip Code: 33525	,
			mary 1999, Congress of Mary Company and Association Service Company	January Co.
5.	Facility Identification Number (DEP:Use):			
		10/	0338	
	g and amount an appear of a second grant control of the second grant and a second grant a			
	Responsible Off	icial		
6.	Name and Title of Responsible Official:			
	•			
-	SHARON HOFFMAN C	WNER.		
7.	Responsible Official Mailing Address: Organization/Firm: 70UCH OF QUALITY Street Address: 7127 PF RALE PASS LO	DRY CLEAN	JERS OF DADE C	UTY
	//2//			
	City: LAKELAND County: Po	LK	Zip Code: 33210	
8	Responsible Official Telephone Number:			
0.	Telephone: (941) 858 - 7538	Fax: (94/) 8/	5 - 9273	
_	OFF RE 352-521-7630			
	Facility Contact (If different from	. Dosnansible Offi	aial)	
	racinty Contact (11 different from	i Responsible Offi	ciai)	
9.	Name and Title of Facility Contact (For example, plant m	anager):		
10	. Facility Contact Address:			
	. 1 aomi, Comact Macioss.			
	Street Address:			
	City: County:	2	Zip Code:	
11.	. Facility Contact Telephone Number:			
	Telephone: () -	Fax: ()	•	
			DECEIV	
	DICEL	_	nechly	ha has

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FEB 1 0 1997 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

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Bureau of Air Monitoring & Mobile Sources

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

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control 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	8-18-95	8-18-95						
(2) w/ carbon adsorber									
(3) w/ no controls						·			
Washer Unit					· <u> </u>				٠.
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls				ı					
Dryer Unit		1	•			•			
(7) w/ ref. condenser									
(8) w/ carbon adsorber				l					
(9) w/ no controls									
Reclaimer Unit									A
(10) w/ ref. condenser									
(11) w/carbon adsorber		1	-						
(12) w/ no controls								1	
(b) Control devices are(c) No control devices2.(a) What was the total of	are re	equired to be	installed [13	_]	the latest 12	! mor	nths?	
(b) If less than 12 mont Check why it is less	ths, ho	ow many? [_			_] New store	: [] Did	not k	eep records:	` []
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (2	3) of	Part II?	
Existing small ar	ea so	urce []	Ne	w sn	nall area sour	ce [X	1		
Existing large are	ea sou	ırce []	Ne	w la	rge area sour	ce []	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is requi (Indicate with an "X".)	red on machines p	oursuant to section (5) of F	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	<u>[X]</u>		
New large area source Refrigerated condenser			
5. A facility which contains non-ex to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and		
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	l exclusively by no	ntural gas except for period	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		·
		,	
Equipme	ent Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to	be kept on-site in	n accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent pu	ırchases		لكنا
(b) Leak detection inspection and re	epair		(<i>X</i>)
(c) Refrigerated condenser temperate	ture monitoring		X
(d) Carbon adsorber exhaust perc co	oncentration moni	toring	
(e) Instrument calibration			□ .
(f) Start-up, shutdown, malfunction	ı plan		Ľ

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

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
Ľ	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notif statemen maintain						
this notif statemen maintain comply v	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to					
this notif statemen maintain comply v	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. Imply notify the Department of any changes to the information contained in this notification. Blook 6. Laftman Busyest 26, 1996					

DEP Form No. 62-213.900(2) Effective: 6-25-96 # 1010338

P.13

7. add org/firm name

P. 14

1, (a) add date control device installed

1. (c) Should not be marked

P.15

(f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): STEPHEN HOFFMAN	
S	HARON HOFFMAN TOUCHOF QUALITY DRY CLEANERS OF	DADECTY
2.	Site Name (For example, plant name or number):	
7	TOUCH OF QUALITY DRY CLEANERS OF DADE CITY	
3.	Hazardous Waste Generator Identification Number:	
	FLD CESGG	
4.	Facility Location: Street Address: 37948 E. MERIDIAN AVE.	
	City: DADE CITY County: PASCO Zip Code: 33525	
NO ENGRE		
). 	Facility Identification Number (DEP Use):	
4.	1010338	
	Responsible Official	
	New Attitution in the Company of the	1
0.	Name and Title of Responsible Official:	
	SHARON HOFFMAN OWNER.	
7.	Responsible Official Mailing Address: Organization/Firm:	
	Street Address: 7/27 PEBBLE PASS LOOP	
	City: LAKELAND County: POLK Zip Code: 33810	
8.	Responsible Official Telephone Number:	
	Telephone: (941) 858 - 7538 Fax: (941) 815 - 9273	
	OFF KE 352-521-7630	
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
10	Facility Contact Address:	
10.		
	Street Address: City: Zip Code:	•
	City. Zip Code.	
11.	Facility Contact Telephone Number:	
	Telephone: () - Fax: () -	
-	- a # F	À
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SEP 3 1996

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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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.

	1	Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		1	Device		Initially	Device		Initially	Device
Tura of Machine	ID	Initially		10	1 -		ID	1 -	1
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1.1		1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(1) w/ ref. condenser	#1	8-18-95							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			·			•			i.
(7) w/ ref. condenser									
(8) w/ carbon adsorber									1
(9) w/ no controls									
Reclaimer Unit						2 92			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls		<u> </u>							
L' ,		1				1		·I	
(b) Control devices are(c) No control devices	-		•		•				
2.(a) What was the total of 97.9 (b) If less than 12 months of the characteristics and the control of the characteristics and the characteristics are characteristics.	gallo	ons ow many? [_] months						r 1
Check why it is less 3. What is the facility's so (Indicate with an "Y"	urce	classification	based on the	e defi				•	
(maioute with an A.	(Indicate with an "X". Select one classification only.)								
Existing small ar	ea so	urce []	. Ne	ew sn	nall area sour	ce [X]		
Existing large ar	ea soi	urce []	Ne	w la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

Surrender of Existing Air Permit(s)

Please 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							
this notific statements maintain i	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 pron	I will promptly notify the Department of any changes to the information contained in this notification.							
Signature	eson E. Laffman Bugust 26, 1996 Date							

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

\ /	
V	٧.

TYPE OF INSPECTION: ANNUAL CO	DMPLAINT/DISCOVERY RE-INSPECTION
TIME IN:TIME OUT: TYPE OF FACILITY: DC	AIRS ID#: 1010338
FACILITY NAME: Touch of Quality	Cleaners DATE: 2/4/97
FACILITY LOCATION: 37948 E. Mes	idian Ave
Dade City h	33525 352
RESPONSIBLE OFFICIAL: Sharon Hottman	PHONE NUMBER: 317030
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluation of the compliance requirements and the compliance requirements and the compliance requirements are compliance of the compliance requirements and the compliance requirements are compliance of the compliance requirements and the compliance requirements are compliance requirements.	luated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements eval discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	
•	
COMMENTS:	
·	
The Annual Compliance Certification form has been properly cert DATE OF NEXT INSPECTION: Feb 98	ified and submitted to the inspector.
	pproximate)
INSPECTION CONDUCTED BY: Margaret	Cangro Please Print)
INSPECTOR'S SIGNATURE: Margaret Cang	PHONE NUMBER: $8/3/744/600 \times 125$

Revised 10/96

AIRS ID#: 1010338.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touch of Quality Dry Cleaners of Gade Cotate: 2/4/97 FACILITY LOCATION: 37948 E. Meridian Ave
FACILITY LOCATION: 37948 E. Meridian Ave
Dade City FL 33525
Annual Reporting Period: Sept 1996 TO Feb 4 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
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: SHAROW E. HOFFMAN 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.

X

PERCHLOROETHYLENE DRY CLEANERS

 $\gamma = J \cdot$

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	A	COMPLAINT/DISC	COVERY	
AIRS ID#: <u>/0/ 0 33 &</u> FACILITY NAME:	uch of Cu	Quality Merid	Cleaners		
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
(check appropriate box)					
1. Existing facility notified DA	•				×
2. New facility notified DARM	_	_			
3. Facility failed to notify DAF	M to use general perm	ut	· · · · · · · · · · · · · · · · · · ·		ם
PART II: CLASSIFICATIO	7				
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	rce 🗆 2 r c t	2. New small ar dry-to-dry only, a ransfer only, x poth types, x<140 constructed on o	x<140 gal/yr 200 gal/yr O gal/yr	×	
3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 16="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,=""><td>00 gal/yr d gal/yr t /yr b</td><td></td><td>140<x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x<1,800 gal/yr</x<1,800></x<2,></td><td></td><td>·</td></x<2,>	00 gal/yr d gal/yr t /yr b		140 <x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x<1,800 gal/yr</x<1,800></x<2,>		·
This is a correct facility classifi	cation 2	X Y □N			
If no, please check the appropri	ate classification:				
☐ facility exceed	ed for a general permits above limits and is n	ot eligible for a	-	hu thia dwo a	looning
B. The total quantity of perchlo facility was O gallons.		nascu Willill Uic	proceeding 12 months	oy uns ary c	rearning

: ::

Sorrano SF 353 Middl # 18081/95 perial # 18081/95

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? OY ON ØN/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 prior to September 22, 1993. installed 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? 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 ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly 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

В	. Has the responsible official of an existing large or new large area source also:	· · · · · ·
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON the state of the state o
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY
	Is the temperature differential equal _i to or greater than 20° F?	OY∵ON (
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	ОУ ОИ
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
_	1 (4) (4) (4) (4) (5) (5) (5) (4) (4)	5-
_		
P	ART V: RECORDKEEPING REQUIREMENTS	7 1
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	7. 2
H (cl	as the responsible official:	ÞÝ ON
H: (cl	as the responsible official: heck appropriate boxes)	ÞÝ ON
H: (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	ÞÝ ON
H: (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	DXY ON S
H: (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	ÞÝ ON
H: (cl 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DY ON
H: (cl 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON DY ON
H: (cl 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (For direct reading instruments only)	DY ON DY ON DY ON DY ON DY ON DY ON
H: (cl 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	DY ON DY ON OY ON OY ON OY
H: (cl 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	DXY ON DY ON
H: (cl 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	DXY ON DY ON DXNA OY ON VA OY ON OY ON
H: (cl 1. 2. 3.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	MY ON MY
H: (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	MY ON MY

2.	2. Which method of detection is used by the responsible official?			
	Visual examination (condensed solvent on exterior surfaces)	X		
	Physical detection (airflow felt through gaskets)	X		
	Odor (noticeable perc odor)	A		
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
	If using direct-reading instrumentation, is the equipment:			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 p	ppm? □Y □N		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OY ON		
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON		
	d. Kept in a clean and secure area when not in use?	□Y □N		
	e. Verified for accuracy by use of duplicate samples (calorimetric only))? 🗆 Y 🗅 N		
3.	3. Has the facility maintained a leak log?	OY ON		
4.	Does the responsible official check the following areas for leaks?			
	Hose connections, fittings, couplings, and valves	ATY ON		
	Door gaskets and seating □Y □N Stills	Пу Пи		
	Filter gaskets and seating IY IN Exhaust dampers	СУ СИ		
	Pumps	СУ □И		
	Solvent tanks and containers	ousings U Y 🗆 N		
	Water separators	·		

Sharon Hoffman
Name of Responsible Official
Margaret Cangro
Inspector's Name (Please Print)
Margaut-Cargo
Inspector's Signature

Date of Inspection

Feb 98

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	& \/\.
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DRCOVERS
RE-INSPECT	TION D COM EMILION 1990
	"Objila" No
AIRS ID#: 1010338 DATE: 2/4/	99 TIME IN: 1:40 TIME OUT: 1:40
FACILITY NAME: Touch of G	'
FACILITY LOCATION: 37948	E. Meridian Ave
/	Lity 33525
RESPONSIBLE OFFICIAL: Sharon	
CONTACT NAME:	, / PHONE:
·	
PART I: NOTIFICATION	·
(check appropriate box)	
1. New facility notified DARM 30 days prior to	·
2. Facility failed to notify DARM to use general	permit \square
PART II: CLASSIFICATION	
TAKT II. CEASSIFICATION	
Facility indicated on notification form that it is (check appropriate box)	s: No notification form Drop store/out of business/petroleum
Facility indicated on notification form that it is (check appropriate box) A.	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is (check appropriate box)	
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 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
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	Drop store/out of business/petroleum 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)
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	Drop store/out of business/petroleum 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) 4. New large area source
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr	Drop store/out of business/petroleum 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)
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \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)	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate class facility qualified for a	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ sification: a general permit as number above
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate class facility qualified for a	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate class facility qualified for a facility exceeds above	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ sification: a general permit as number above

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) AVA DY DN D 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN PN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? MY DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN PANA 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? NA 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 condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the PY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MD AN verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed OY DX
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?	. OY ON ON/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?	DY DN DN/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	OY ON ON/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?	DV OX		
2. Maintained rolling monthly total of perc consumption?	AT DA		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	AM 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?	אם אם אם		
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ØYKA		
6. Maintained startup/shutdown/malfunction plan?	MOY □N		
7. Maintained deviation reports?	o∳ on⇔sin/a.		
Problem corrected?	OY ONOON/A		
8. Maintained compliance plan, if applicable?	DY DN GXN/A		

PA	RT VI: LEAK DETECTION AND	REPAIRS		
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?			DEA ON
2.	Has the facility maintained a leak log	?		β iλ □Ν
3.	Does the responsible official check th	ne following areas for leaks	s?	
	Hose connections, fittings, couplings, and valves	DAY ON ON/A	Muck cookers	A A
	Door gaskets and seating	AND ND PA	Stills	AY ON ON/A
	Filter gaskets and seating	AX ON ON/A	Exhaust dampers	ANA NO YA
	Pumps	DY ON ON/A	Diverter valves	Y ON ON/A
	Solvent tanks and containers	AVU UU YE	Cartridge filter housings	BY ON ON/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by	y the responsible official?	·	
	Visual examination (condensed	l solvent on exterior surfac	es)	A X
	Physical detection (airflow felt	through gaskets)		æ}
	Odor (noticeable perc odor)			Ø,
	Use of direct-reading instrumer	ntation (FID/PID/calorimet	ric tubes)	· ·
	Halogen leak detector			
	If using direct-reading ins	trumentation, is the equi	pment:	₩/A
	a. Capable of detection	g perc vapor concentration	ns in a range of 0-500 ppm?	OY ON
	b. Calibrated against (PID/FID only)?	a standard gas prior to and	after each use	מי אם אם
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and	l secure area when not in u	se?	מם עם
	e. Verified for accura	cy by use of duplicate sam	ples (calorimetric only)?	OY ON

MARGARET CANGRO	2-4-99
Inspector's Name (Please Print)	Date of Inspection
Margaret Canagra Inspector's Signature	Peb 2000
Inspector's Signature	Approximate Date of Next Inspection

Acc

AIRS ID#: /0/0338

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: Touch of Quality-Dade DATE: 2-4 ACILITY LOCATION: 37948 E. Meridian Ave	4-99
ACILITY LOCATION: 37948 E. Meridian Ave	
Dade City, FL 33525	
nnual Reporting Period: $2-10-\frac{1998}{2}$ TO $2-4-\frac{1998}{2}$	_19 <u>9</u> 9
sed on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule -213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
NO, complete the following:	
. Term or condition of the general permit that has not been in continuous compliance during the reporting period state	ed above:
cact period of non-compliance: from	
ction(s) taken to achieve compliance:	,
ethod used to demonstrate compliance:	<u> </u>
South of the state	
Term or condition of the general permit that has not been in continuous compliance during the reporting period state	ed above:
cact period of non-compliance: fromto	
ction(s) taken to achieve compliance:	
ethod used to demonstrate compliance:	
the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the standard in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solven from rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons for transfer or combination facilities. ESPONSIBLE OFFICIAL: Sharon Hoffman Maron Size of Size	t, based
Name (Please Print) Signature //	Jaco

^{*}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.

D.E.P.
FEB 0 9 1999
Southwest District Tampa

AIRS ID#: _	1010338	$\underline{\hspace{0.1cm}} \nu$

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			<u></u>	
FACILITY NAME: TOUCH C	of Quality	<u>Cleaners</u> eridian Au	DATE: _	2/9/98
Dade	City FL	33525		
Annual Reporting Period:		<u>97</u> то	2.9	1998
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.		•	<u> </u>	P Rule NO
If NO, complete the following:		ъ		
#1. Term or condition of the general permit th	nat has not been in contir			d stated above:
	·	<u> </u>	eau or Au Sources	ıng
Exact period of non-compliance: from		ਤਿਪਾ to	Gau of Air Monitori	
Action(s) taken to achieve compliance:			8661 & 1 833	. •
Method used to demonstrate compliance:		(CEINEL	3 A
#2. Term or condition of the general permit the	nat has not been in conti	nuous compliance during	the reporting period	d 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 made in this notification are true, accurate an upon rolling averages of purchase receipts, do year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name	d complete. Further, my	annual consumption of	perchloroethylene s	olvent, 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 CLEANERS

. TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
FACILITY NAME:	Ouch OF QU 37948 E Dade City Sharon Ho	8 TIME IN: 10:30 TIME OUT: 11:05 Valily Cleaners Meridian Ave 33525 Hman PHONE: 352/521-7030 PHONE:
PART I: NOTIFICATION		
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DARM		
PART II: CLASSIFICATIO	N	
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou	rce 🗆	☐ No notification form ☐ Drop store/out of business/petroleum 2. New small area source
dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area sou dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$ (constructed before $12/9/91$)	,100 gal/yr 00 gal/yr gal/yr	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 $12/9/91$)
5. This is a correct facility of		ON Can not determine
	ity qualified for a gene	tion: eral permit as number above ts and is not eligible for a general permit
B. The total quantity of perchl facility was <u>SS</u> gallons		chased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	Y ON ON/A
2. Examining the containers for leakage?	XY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	MAY ON
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?	DY DN ØN/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 ref (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber n installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	руч пи
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ANNO NO YPÓ
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AND NO YA
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?	אועם אם אם אם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	SZA □N

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	νΩ Υ Æ
2. Maintained rolling monthly averages of perc consumption?	MO AE
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?	אומוש מם צם
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN \$\$TAVA
5. Maintained exhaust duct monitoring data on perc concentrations?	DA DK BANY
6. Maintained startup/shutdown/malfunction plan?	ga(x □N
7. Maintained deviation reports?	DA DU ZOKIVY
Problem corrected?	DY DN BANA
8. Maintained compliance plan, if applicable?	אומבלל מם צם

ART VI: I	LEAK DETECTION AND RI	EPAIRS				
1. Does the	responsible official conduct a w	eekly (for	small sources, b	oi-weekly) leak detection ar	nd rep	air
inspection	n?			,	ÞÓΥ	ΩИ
2. Has the fa	acility maintained a leak log?				ZÝΥ	ПN
3. Does the i	responsible official check the fo	ollowing a	reas for leaks?		*	
	e connections, fittings, uplings, and valves	ŃY ОN	□N/A	Muck cookers	Υ	ON ON/A
Doo	or gaskets and seating	DY DN	□N/A	Stills	ΔY	□N □N/A
Filte	er gaskets and seating	אם צם	□N/A	Exhaust dampers	ПY	□N □N/A
Pun	nps	DY DN	□N/A	Diverter valves	PY	□N □N/A
Solv	vent tanks and containers	אם אם	□N/A	Cartridge filter housings	by	□N □N/A
Wat	ter separators	אם צף	□N/A		•	
4. Which me	ethod of detection is used by the	e responsil	ble official?			,
Visi	ual examination (condensed sol	vent on ex	terior surfaces)		A	
Phy	sical detection (airflow felt thro	ough gaske	ets)		<u> </u>	
Odo	or (noticeable perc odor)				ø(`	
Use	of direct-reading instrumentati	on (FID/P	ID/calorimetric	tubes)		
Hale	ogen leak detector					
	If using direct-reading instru	mentatior	ı, is the equipm	ent:	ØN/	'A
	a. Capable of detecting pe	erc vapor o	concentrations in	n a range of 0-500 ppm?	ΩY	□N
	b. Calibrated against a sta	andard gas	prior to and aft	er each use		_ N
	(PID/FID only)?					
	c. Inspected for leaks and		_	•	-	ΩN
	d. Kept in a clean and sec					ON ON
	e. Verified for accuracy by	y use of di	iplicate samples	(calorimetric only)?	Ц·Y	ΠИ
			:	· · · · · · · · · · · · · · · · · · ·		
	6			,	,	
MADGA	RET CANGRO			2 9 98		
(Inspector's Name (Please Print)		Date of Inspe	ction	
	a la Cara			ral a	2	
· vary	Inspector's Signature			Approximate Date of	Next 1	nspection
U	inspector a dignayure			ripproximate Date of	1	p-0040xt

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ANNUAL COMPLIANCE CERTIFICATION FORM
FACILITY NAME: Touch of Quality Cleaners \$20 pater 2/3/00
FACILITY LOCATION: 37948 E Meridian Ave.
Dade City, Fl. 33525
Annual Reporting Period: 11-1- 1999 TO 2-3-2000
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rufe 52-213.300, 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: Notification for title L General Permit
Exact period of non-compliance: from 11-1-99 to 2-3-2000
Action(s) taken to achieve compliance: Completed notification form.
Method used to demonstrate compliance: Notification filed
#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: fromto
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 of 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

•	COMPLIANCE INSPE			E TA		
TYPE OF INSPECTION:	ANNUAL		COMPLAIN	'n, 'ô r/discoyery ,		
	RE-INSPECTION			Oble Soll Mo	7788	~
airs id#:1010338~	DATE: 2/3/00	_ TIME I	n: <u>10:30</u>	TIME OUT:	6 BD:50	0_
FACILITY NAME: TOUC			leaners			
FACILITY LOCATION:	37948 E. M	léridi	an A	re		
	Dade City	FL	33525	<u> </u>		
RESPONSIBLE OFFICIAL	:Sandra Po	well	_phone: <u>35</u>	52/521-70	030	
CONTACT NAME:			_ PHONE:			
				_	· · · · · · · · · · · · · · · · · · ·	
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·					
(check appropriate box)						
1. New facility notified DARN	M 30 days prior to startup					
2. Facility failed to notify DA	RM to use general permit					
PART II: CLASSIFICATIO	N					
Facility indicated on notifica (check appropriate box)	tion form that it is:		☐ No notifica ☐ Drop store	ation form /out of business/	petroleun	n

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)
5. This is a correct facility classification	□N □Can not determine
If no, please check the appropriate classification of the facility qualified for a ger and facility exceeds above lim	
B. The total quantity of perchloroethylene (perc) pu facility was O gallons.	archased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN BOWA A/K Z NO YO 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at אומים מם אינל 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) 1. Equipped all machines with the appropriate vent controls? AY 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 Y DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ם אם כ	DN/A
	Is the temperature differential equal to or greater than 20° F?	OY ON C	A/NE
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,		227/4
	if machines are equipped with a carbon adsorber?		
	Is the perc concentration equal to or less than 100 ppm?	DY DN C	JN/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?		IN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON C	IN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ם אם כ	IN/A

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

PAI	RT VI: LEAK DETECTION AND	REPAIRS		
1. I	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	and repair
i	nspection?			AL DN
2. F	Has the facility maintained a leak log?	?	•	pr on
3. I	Does the responsible official check the	e following areas for leaks	s?	·
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	GY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ארם אם ציף
	Pumps	DY ON ON/A	Diverter valves	אוחם חם אם
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	. אומם מם צף
	Water separators	DY ON ON/A		(
4. ۱	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surface	es)	
	Physical detection (airflow felt t	hrough gaskets)		A
	Odor (noticeable perc odor)			图
	Use of direct-reading instrument	tation (FID/PID/calorimet	ric tubes)	۵
	Halogen leak detector			
_	If using direct-reading inst	rumentation, is the equi	pment:	DAN/A ·
	a. Capable of detecting	g perc vapor concentration	as in a range of 0-500 ppm?	אם צם
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	מם עם
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	□Y □N
	d. Kept in a clean and	secure area when not in us	se?	OY ON
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	OY ON

MARGARET CANGRO	2/3/00
Inspector's Name (Please Print)	Date of Inspection
Margaret Cargo	Feb 2001
Inspector's Signature	Approximate Date of Next Inspection

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Deriver
 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. 	C. Signature Agent Addresse
Article Addressed to:	D. Is delivery address different from item 1? Yes ? If YES, enter delivery address below: No
10 AIRS ID # 1010338001AG SHARON HOFFMAN TOUCH OF QUALITY DRY CLEANERS OF DADE CY	
DADE CY 37948 MERIDIAN AVE DADE CITY FL 33525	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	0 9371 94/3

	U.S. Postal Servi CERTIFIED M (Domestic Mail	ge Provided)			
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	Total Doctano & Face	S	1	\mathcal{P}	
052	7 10 AIRS ID # 1010338001AG SHARON HOFFMAN			by maller)	
7000	TOUCH OF QUALITY DRY CLEANERS OF DADE CY				
	37948 MERIDIAN AVE				
	DADE CITY FL 33525 or Instructions				

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259247

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 29 97

Do NOT Remove Label

AIRS ID# 1010338
TOUCH OF QUALITY DRY CLEANERS OF
DADE CITY
SHARON HOFFMAN
7127 PEBBLE PASS LOOP
LAKELAND FL 33810

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 TOUCH OF QUALITY DRY CLEANERS

Florida Dept of Env

Check Number: 100937

Check Date: Jan 25, 1997

Check Amount: \$50.00

Item to be Paid - Description

Discount Taken Amount Paid

AP010197 50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1010338

TOUCH OF QUALITY DRY CLEANERS OF DADE CY SHARON HOFFMAN 7127 PEBBLE PASS LOOP

LAKELAND FL 33810

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

Obj.: 002273

TOUCH OF QUALITY DRY CLEANERS

Florida Dept of Env

Check Number: 102011

Check Date: Jan 18, 1999

Check Amount: \$50.00

Item to be Paid - Description Discount Taken Amount Paid

AGP120198 50.00

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

| RECEIVED | MAIL ROOM |

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1010338

SHARON HOFFMAN SHARON HOFFMAN 7127 PEBBLE PASS LOOP LAKELAND FL 33810

FOR GOVERNMENT USE ON THE SOUTH OF SOUT

ОЫ: 002273

TOUCH OF QUALITY DRY CLEANERS

Florida Dept of Env

Check Number: 101460

Check Date: Jan 27, 1998

Check Amount: \$50.00

Item to be Paid - Description

Discount Taken

Amount Paid

AIRŠ 50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391060

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1010338

TOUCH OF QUALITY DRY CLEANERS OF

DADE EY INC. SHARON HOFEMAN 37948

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273