

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 4, 1996

Mr. Charles Lake Laundry Lady Coin Laundry 606 North Massachusetts Avenue Lakeland, Florida 33801

Dear Mr. Lake:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 13, 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 subject to the requirements of the Title V general permit.

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Louis Fernandez, Southwest District

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

08%27/96 10:00 FAX 813 683 5552

Perchioroethylene Dry Cleaning Facility Notification

Facility Name and Location

Ţ.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
•	Charles hake 10.B.A. / Lunesting Lady Co. whowely
2.	Site Name (For example, plant pame or number):
3.	Hazardous Waste Generator Identification Number;
4.	Facility Location: 606 D. Mass. Auc. Street Address: County: PS (K. Zip Code: FL 33867
5	P-CHe/(Coll/Cellon/Nonber (OEP Use))
Province.	/250276
	Responsible Official
6.	Name and Title of Responsible Official:
	Charles hake, Carron
7.	
8.	Responsible Official Telephone Number:
	Telephone: (941 683-4508 Fax: ()
	Facility Contact (If different from Responsible Official)
9,	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:

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

11. Pacifity Contact Telephone Number:

(

City:

Telephone:

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Fax: (

County:

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AUG 13 1446

Bureau of Air Monitoring
Mobile Sources

Zip Code:

#1050278

Laundry Lady Coin Laundry

- Spoke With Charles Lake-8/27/96

P.14 1.(a) add ID#L

- P.15 5(b) required corrected on

- P.16 no signature revised form

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purclused	Date Control Device Installed	Б	Date Machine Initially Purchased	Date Control Device Installed
Example	#2	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenses		1	1	1	1	7	1	T	}
(2) w/ carbon adsorber									
(3) w/no controls		7/1/9%							
Washer Unit		,,,,							
(4) w/ ref. condenser							\perp		
(5) w/ carbon adsorber									
(6) w/ no controls		<u> </u>		1	1	1			}
Dryer Unit									
(7) w/ rat. condenser									
(8) w/ carbon adsorber				1		_i			
(9) w/ no controls									
Reclaimer Unit									
				}		1	_	1	
(10) w/ ref. condenser				<u> </u>					
(11) w/carbon adsorber (12) w/ no controls									
(11) w/carbon adsorber	uant gallo	equired to be ity of perchlons ow many? [oroethylene (perc)	_] purchased i				
(11) w/carbon adsorber (12) w/ no controls (b) Control devices are (c) No control devices (c) 2.(a) What was the total q (b) If less than 12 month Check why it is less 3. What is the facility's sor (Indicate with an "X".	galle	equired to be ity of perchlons ow many? [_ i 12 months: classification at one classif	oroethylene (months New owner:	(defi	purchased i	ə: [] Did	i not k	seep records;	
(11) w/carbon adsorber (12) w/ no controls (b) Control devices are (c) No control devices (c) 2.(a) What was the total q [galle	equired to be ity of perchlons ow many? [_ i 12 months: classification at one classif	oroethylene (months New owner: based on the ication only.)	perc)	purchased i	e: [] Did	i not k	seep records;	

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 What control technology is required (Indicate with an "X".) 	ired on machines	pursuant to s	ection (5) of l	Part II of this notifi	ication form?
Existing large area source Carbon adsorber		Refrigerate	d condenser	ر_	
New small area source Refrigerated condenser					
New large area source Refrigerated condenser					
5. A facility which contains non-eto Rule 62-213,300, F.A.C. Verify exemption criteria or that no such a All steam and hot water generating boiler HP or less), and (2) are fired charing which propane or fitted oil or All steam and hot water generating No such units on-site	that all steam and inits exist on-site: qualis on-site (1) dexclusively by a containing no more	d hot water g	heat input of cept for period	s on-site meet the O million BTU/hr ds of natural gas o	following or less (298
Equipm	ent Monitoring s	and Records	weping Infor	mation	
Check all logs which are required t	n be kept on-site	in accordanc	e with the req	uirements of this g	general permit:
(a) Purchase receipts and solvent p	urchases			(X)	
(6) Leak detection inspection and r	epair			\bowtie	
(c) Refrigerated condenser temperated	ture monitoring				
(d) Carbon adsorber exhaust perc o	oncentration mor	attoring]	
(e) Instrument calibration				[]	
(f) Start-up, shutdown, maifunction	n plan			(X)	
DEP Form No. 62-213.900(2) Effective: 6-25-96	Page	15 of 16			

Surrender of Existing Air Permit(s)

ase morean	with an "A" the appropriate selection:
<u> </u>	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	· And the state of
نكبا	No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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

Signature

8-27-96 Date

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
1.	
	Charles hake O.B.A. / Lucarly Lucly Coice housely
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: 606 D. Mass. Ave Street Address:
	City: Lakelonel County: Po (K Zip Code: FL 33807
	chy. Carelone County. 15 (1)
5.	Facility Identification Number (DEP Use):
	1050278
	1050278
	Responsible Official
	· · · · · · · · · · · · · · · · · · ·
6.	Name and Title of Responsible Official:
	Charles hake, Owner
_	
7.	Responsible Official Mailing Address: Organization/Firm: Abundas baka MBA / Lawon-Mach Communication/Firm:
	Street Address: 45117 1
	City:, Zip Code:
	Responsible Official Mailing Address: Organization/Firm: Charles Lake/PBA./Lawon-yhady Bruhanus- Street Address: 1747 E. Gary Road City: Lakelond Bolk Zip Code: Lakelond
8.	Responsible Official Telephone Number:
	Telephone: (941) 683-4508 Fax: () -
	Facility Contact (If different from Responsible Official)
	acinty Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
	Elp Code.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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AUG 13 1996

Bureau of Air Monitoring

8 Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	 08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit			7 A			· , , , , ,		The grant of the state of the s	
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls		3/2/1976							
Washer Unit						L N EA	es, india		(state)
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	# 1 J	er hall di	AJM FIRM	# .	· · · · · · · · · · · · · · · · · · ·		egru	· 中国版《三进版	
(7) w/ ref. condenser									
(8) w/ carbon adsorber		_							
(9) w/ no controls									
Reclaimer Unit	4.4	region of the second of the se	William Co.	7 - 7 - 7			·:	-	ACCOMM.
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls .									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are ro quant gallo	equired to be ity of perchloons ow many? [_	installed [_] proethylene (perc)	_] purchased in				[]
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found		B) of	Part II?	
Existing large are	ea soi	ırce []	Ne	w lar	ge area sourc	ce []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is requir (Indicate with an "X".)	red on machines p	pursuant to se	ection (5) of I	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated	d condenser	
New small area source Refrigerated condenser				
New large area source Refrigerated condenser	لــا			
5. A facility which contains non-ext to Rule 62-213.300, F.A.C. Verify t exemption criteria or that no such ur	that all steam and	l hot water ge		
All steam and hot water generating a boiler HP or less), and (2) are fired during which propane or fuel oil con	exclusively by no	atural gas exc	cept for perio	ds of natural gas curtailment
All steam and hot water generating u	units exempt		Steam of	n bot water on site used in surg cleanst
Equipmen	nt Monitoring a	nd Recordke	eeping Infor	nation
Check all logs which are required to	be kept on-site in	n accordance	with the requ	uirements of this general permit:
(a) Purchase receipts and solvent pur	rchases			X
(b) Leak detection inspection and rep	pair			
(c) Refrigerated condenser temperate	ure monitoring			
(d) Carbon adsorber exhaust perc co	ncentration moni	itoring		
(e) Instrument calibration				
(f) Start-up, shutdown, malfunction	plan			(X)

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

Surrender of Existing Air Permit(s)

<u></u>	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ķ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed is cation. I hereby certify, based on information and belief formed after reasonable inquiry, that th is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to
	ith all terms and conditions of this general permit as set forth in Part II of this notification form.

DEP Form No. 62-213.900(2)

Effective: 6-25-96

BEST AVAILABLE COPY

CHARLES LAKE
LAUNDRY LADY COIN LAUNDRY
1747 E. GARY ROAD
LAKELAND, FL 33801

DEPT. OF ENVIRONMENTAL PROTECTION TWIN TOWERS OFFICE BUILDING 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

DEAR SIR OR MADAM:

 \mathbf{X}

PLEASE CORRECT MAILING ADDRESS AS PER FORMS THAT HAVE BEEN SENT TO YOU AND AS ABOVE.

WHILE THE DRYCLEANER LOCATION IS AS PER FORMS; WE RECEIVE NO BUSINESS MAIL THERE OTHER THAN YOURS AND DO NOT MAINTAIN A MAIL BOX AT THE SIGHT LOCATION.

OTHER PROBLEMS WITH SENDING MAIL TO THE SIGHT LOCATION ARE; THE DRY CLEANING SECTION IS CLOSED JULY AND AUGUST AND NO EMPLOYEES ARE ON SIGHT TO RECEIVE MAIL, ANY MAIL NOT RECEIVED BY AN EMPLOYEE IS LEFT ON AN OPEN COUNTER AND CAN BE PICKED UP BY LAUNDRY CUSTOMERS AND THEIR CHILDREN, AND ANY BUSINESS MAIL MUST STILL BE TRANSPORTED TO THE MAILING ADDRESS BEFORE IT CAN BE ACTED UPON. THE FORMS RELATED TO AIR PERMIT WERE FOUND IN THE TRASH CAN BY A CLEAN UP EMPLOYEE.

I HAVE TRIED TO CORRECT THIS PROBLEM VIA TELEPHONE, AND I HAVE GOTTEN SOME MAIL FROM YOU AT MY OFFICE; HOWEVER, SOME PLACE IN SOME COMPUTER, IMPORTANT INFORMATION IS STILL GOING TO THE WRONG ADDRESS.

SINCERELY,

CHARLES LAKE, OWNER

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Bureau of Air Monitoring & Mobile Sources



Department of **Environmental Protection**

Governor

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

David B. Struhs Secretary

January 17, 2001

Mr. Charles Lake Laundry Lady Coin Laundry 1747 E Gary Road Lakeland, Florida 33801

Dear Mr. Lake:

Thank you for your note informing the Division of Air Resource Management that your facility Laundry Lady Coin Laundry has been sold. We received your note on January 17 and changed your facility status to inactive in our files.

The invoice you received was for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that Laundry Lady Coin Laundry (AIRS ID #1050278) was in operation in 2000, the fee is due.

For your convenience, I am enclosing a copy of your original invoice and a self addressed envelope. If you have any questions or need additional information or assistance, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosures

cc: Matt McCann, Pinellas County Jeff Morris, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.



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 # 1050278

LAUNDRY LADY COIN LAUNDRY CHARLES LAKE 1747 E GARY ROAD LAKELAND FL 33801

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

Obj.: 002273

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

LAUNDRY LADY COIN LAUNDRY

CHARLES LAKE 1747 E GARY ROAD FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: #1 Fund: 20-2-035001

Obj.: 002273

OS Mestalion os algons

OS Mes

Laundry Lady Coin Laundry Charles Lake 1747 E. Gary Road Lakeland, Fl 33801-2233 01/10/2001

Title V - General Permit Post Office Box 3070 Tallahassee, Fl 32315-3070

Dear Sir or Madam:

Re: cancellation notification AIRS ID # 1050278

This permit covered the dry cleaning facility location:
Laundry Lady Coin Laundry
606 North Massachusetts Ave.
Lakeland, Florida 33801

The above facility is no longer in existence, closing 09/30/2000. It has been purchased by the State of Florida Dept. of Transportation and will soon be demolished for future road construction. I have no other facility or location to be permitted. As of this date I have not found a new location.

Sincerely,

Charles Lake

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#:	0278
	De		
FACILITY NAME: Zau	ndry Lady Coin	Laundry	DATE: 1/28/97
FACILITY LOCATION:	606 N. Massa	chusetts ave	
	Lakeland, A	3380/	1683-4508
RESPONSIBLE OFFICIAL:	harles Lake	PHONE NUMBER: 4	141/9
	f the compliance requirements eval Rule 62-213.300, Florida Adminis	uated during this inspection, the facili	ty is found to be in
•	•	uated during this inspection, the follo	wing compliance
discrepancies were no	•	dated daring and inspection, the folio	wing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	ON REQUIRED
Ricordkeeping		Keep pero receip	ts on site
niorakeping	·	Keep running 1.	2 mobile total
		of perc 11	sage
		Record li-week	Lu leak Check
Start Un Chief	+ d MITH MOOR Const		ry rune crock
sau-up / suu	t-down/Malfuncti	- Keep Copy	M Manuala
<u>Plan</u>	<u> </u>	or machi	he
'			
<u>.</u>			· .
			· · · · · · · · · · · · · · · · · · ·
	•		
COMMENTS:			
		•	
	<u> </u>		
The Annual Compliance Certific	cation form has been properly certi	fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	on:Jan	. '98	· \
		pproximate)	
INSPECTION CONDUCTED	BY: IVIARGARET	CANORO	<u> </u>
INSPECTOR'S SIGNATURE	Margaret Canan	lease Print) O PHONE NUMBER: 8	13/744-6100
	1		2/25
•	Page	<u>/</u> of/.	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

IIILE V	GENERAL PE	CKTALL I
COMPLIANCE	INSPECTION	CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	и 🗅	COMPLAINT/DISC	OVERY	
AIRS ID#: 1050278 D. FACILITY NAME: ZALLIC FACILITY LOCATION:	dry Zadi	7 TIME I Y Coin Massacc	N:TIM Laundry Chusitls C	E OUT:_	
	akelasi	<u> </u>			
PART I: NOTIFICATION					
(check appropriate box) 1. Existing facility notified DARM 2. New facility notified DARM 30 3. Facility failed to notify DARM	days prior to star	-			A (0
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	V	2. New small a dry-to-dry only, transfer only, x both types, x<14 (constructed on	x<140 gal/yr 200 gal/yr 0 gal/yr		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" before="" both="" classificate<="" correct="" facility="" gal="" is="" only,="" td="" this="" transfer="" types,="" yr=""><td>/yr</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,>	/yr		140 <x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x<1,800 gal/yr</x<1,800></x<2,>		
, <u>, , , , , , , , , , , , , , , , , , </u>	for a general perm bove limits and is	not eligible for a		by this dry c	leaning

(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? DY DN. 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) OY ON 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? OY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated □Y □N · condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the $\Box Y \cdot \Box N$ condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after OY ON verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

В	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 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?	OY ON
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	. ПА ПИ
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
_		
	ART V: RECORDKEEPING REQUIREMENTS	
н	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
Н (с	as the responsible official:	DY ÅDN
H (c)	as the responsible official: heck appropriate boxes)	оу Фи
H (c) 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	оу Фи
H (c) 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	OY ØN
H (c) 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	_
H (c) 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DY X N
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?	OY MAN
H. (cl. 1. 2. 3. 4. 5.	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)	OY MAN OY ON MAN/A
H. (c) 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY MAN OY ON MAN/A OY ON NA
H. (c) 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	DY MN DY DN MN/A DY DN MA DY DN MA MBY DN ·/
H. (cl. 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	OY MAN OY ON MANA OY ON WA OY ON ·/

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1. Does the responsible official conduct a weekly leak detection and repair inspection?

pg on

* *	٠.		•	,	
2. Which method of detection is used by	the resp	onsible offi	cial?		!
Visual examination (condensed	solvent o	on exterior	surfaces)	œ	
Physical detection (airflow felt t	hrough g	gaskets)	• .	\(\overline{\pi}\)	;
Odor (noticeable perc odor)				Æ	
Use of direct-reading instrumen	tation (F	ID/PID/cal	orimetric tubes)		.;
If using direct-reading instrun	nentatio	n, is the eq	uipment:		:
a. Capable of detecting	perc va	por concent	trations in a range of 0-500 ppm?	□Y □N	!
b. Calibrated against a (PID/FID only)?	standar	d gas prior	to and after each use	OY ON	
c. Inspected for leaks a	ınd obvio	ous signs of	wear on a weekly basis?	OY ON	
d. Kept in a clean and	secure a	rea when no	ot in use?	OY ON	٠ ;
e. Verified for accuracy	y by use	of duplicate	samples (calorimetric only)?	\Box Y \Box N	
3. Has the facility maintained a leak log	?		•	OY ON	
4. Does the responsible official check the	followi	ng areas for	leaks?		
Hose connections, fittings, couplings, and valves	d.	□и	Muck cookers	pl√r □	N
Door gaskets and seating	Y	ПΠ	Stills	dY .	N
Filter gaskets and seating	фү	□N	Exhaust dampers		N .
Pumps	фү	□и	Diverter valves	фу ;	N
Solvent tanks and containers	Y	ПИ	Cartridge filter housings	dy o	N
Water separators	Ц	ПИ			

Charles Lake
Name of Responsible Official
Margaret Canaro
Inspector's Name (Please Print)
Margaret Carorro
Inspector's Signature

Approximate Date of Next Inspection

AIRS ID#: 1050278

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

100040	
FACILITY NAME: Landy lady Coin hands	DATE: <u>88 12-9</u> 1
	fiee
hake land, 71 33801	
Annual Reporting Period: Annual Reporting Period: Period 1996 TO	08-12 199
Based on each term or condition of the Title V general air permit, my facility has rema 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this st	<u> </u>
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance	e during the reporting period stated above:
Exact period of non-compliance: fromto)
Action(s) taken to achieve compliance:	<u>. </u>
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	RECEIVED
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	SEP 2 1997
	Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on information and belief formed after nade in this notification are true, accurate and complete. Further, my annual consumption rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dear for transfer or combination facilities. EESPONSIBLE OFFICIAL: Name (Please Print)	r reasonable inquiry, that the statements tion of perchloroethylene solvent, based
This form is made available to you as an aid in order to meet your annual compliance ce scretion of the responsible official to use this form.	rtification requirements. It is at the p

Page ____ of ____.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1050278

CHARLES LAKE CHARLES LAKE 1747 E GARY ROAD LAKELAND FL 33801

	Do	NOT Remove	Label				
Annual Reporting Period: /- /	- 1898	19	то	12-3	31-48)	_19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-				liance with DE	EP Rule	
If NO, complete the following:				•			
#1. Term or condition of the general permit	that has not been i	n continuous c	compliance	during the	reporting perio	d stated a	bove:
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	n continuous c	compliance	during the	reporting perio	d stated al	oove:
Exact period of non-compliance: from			to_	R	ECEI		
Action(s) taken to achieve compliance:						A E L	<i> </i>
Method used to demonstrate compliance:			_		UAN 2 1 1	998	
				Bui	reau of Air M	Onitoring	
As the responsible official, I hereby certify, bass notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-terms RESPONSIBLE OFFICIAL:	urther, my annual co	nsumption of p	perchloroeti	onable inquir hylene solven	Wiobile Sou y, that the state at, based upon p	Irces ments mad urchase re	
	ne (Please Print)	weke	UN.	Signature	× 1 Colo	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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM FACILITY NAME: Landy Lady Ctin Landy DATE: PACILITY LOCATION: 606 N. Massachusetts due Lakeland, Fr. 3380 Annual Reporting Period: 1-14-19 98 TO H-3-198 Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from to to to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from to to to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from to demonstrate compliance: Method used to demonstrate compliance: Method used to demonstrate compliance:	AIRS ID#:			oil	Revised 10/10/9
Annual Reporting Period:					ALA P
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from to Action(s) taken to achieve compliance: Method used to demonstrate compliance: Method used to demonstrate compliance:	FACILITY LOCATION: 606 A Lakeland	1. Massac Fr 338	husetts Uu 80 j	0	E: Shaffania
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	Based on each term or condition of the Title	V general air permit,	my facility has remained	d in compliance with I	
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		that has not been in o	continuous compliance d	uring the reporting per	iod stated above:
Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from	Exact period of non-compliance: from		to		
#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:				
Exact period of non-compliance: from	Method used to demonstrate compliance:		·		
Action(s) taken to achieve compliance: Method used to demonstrate compliance:	#2. Term or condition of the general permit	that has not been in c	ontinuous compliance du	uring the reporting peri	iod stated above:
Method used to demonstrate compliance:	Exact period of non-compliance: from _	·	to	·	
	Action(s) taken to achieve 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:

Name (Please Print)

Signature

Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	P
	YLENE DRY CLEANERS
	GENERAL PERMIT NSPECTION CHECKLIST PROPERTY OF THE PROPERTY
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECTIO	N - Sullanii
AIRS 10#: 1050 2 9 8 DATE: 3/4/9	78 TIME IN: 12:10 TIME OUT: 12: 25
FACILITY NAME: Laundy La	dy Coin Laundry
FACILITY NAME: <u>Laundy</u> La FACILITY LOCATION: <u>606 N</u> M	assachusetts ave
_lakelan	<u>. </u>
RESPONSIBLE OFFICIAL: Charles	Lake PHONE: 941-683-4508
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	·
1. New facility notified DARM 30 days prior to star	<u> </u>
2. Facility failed to notify DARM to use general per	rmit \Box
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry-only, x < 140 gal/yr
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source □
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ 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)	(constructed on or after 12/9/91)
5. This is a correct facility classification	Y ON OCan not determine
If no, please check the appropriate classific facility qualified for a ger	
	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 25 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 scaled and impervious containers?	MY ON DOVA		
2. Examining the containers for leakage?	AVAG NO YO		
3. Closing and securing machine doors except during loading/unloading?	MO AND		
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	AY ON ON/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DOVA		
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 refu (complete A below).	rigerated condenser		
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 refu (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?	מם צם		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	QY QN QN/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם עם		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° 7?	OY ON ON/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON		

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?	ОΥ	ПN	
2,	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	o. □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?	ΟY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	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	Dи	□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	DИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DX DN
2. Maintained rolling monthly averages of perc consumption?	DE DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO TYPE
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 EN/A
4. Maintained calibration data? (for applicable direct reading instruments)	AVY DU YD
5. Maintained exhaust duct monitoring data on perc concentrations?	ANDE NO YO
6. Maintained startup/shutdown/malfunction plan?	ио уд
7. Maintained deviation reports?	אוס אם אם אם
Problem corrected?	OY ON TONA
8. Maintained compliance plan, if applicable?	OY ON MOVA

BEST AVAILABLE COPY

$\stackrel{f}{=}$	ART VI: LEAK DETECTION AND	KEPAIKS		
1.	. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection as	nd repair
	inspection?			ND YES
2.	. Has the facility maintained a leak log?			DAS ON
3.	. Does the responsible official check the	following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	AV ON ONA	Muck cookers	AVO NO VA
	Door gaskets and seating	DY ON ON/A	Stills	DY DN DN/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN DN/A
	Pumps	CY ON ON/A	Diverter valves	DY DN DN/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY DN DN/A
	Water separators	DY ON ON/A		
4.	. Which method of detection is used by t	the responsible official?		
	Visual examination (condensed s	olvent on exterior surface	es)	A
	Physical detection (airflow felt th	rough gaskets)		ख
	Odor (noticeable perc odor)			A
	Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)	
	Halogen leak detector			α,
	If using direct-reading instr	umentation, is the equip	oment:	VIN/A
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	DY ON
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and s	ecure area when not in us	se?	OY ON
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON

MARGARET CANGRO

Inspector's Name (Please Print)

Mugaet Cangre

Inspector's Signature

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE	THYLENE DRY CLEANERS V GÉNERAL PERMIT E INSPECTION CHECKLIST APR 1000
TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINI/DISCOVERGOU OF AIL
AIRS ID#: <u>1050278</u> DATE: <u>4/5</u> FACILITY NAME: <u>LAUNAU</u>	. /
	N Massachusetts nd 33801
RESPONSIBLE OFFICIAL : MAULES CONTACT NAME:	Lake PHONE: 941-683-4508 PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to s	
2. Facility failed to notify DARM to use general	permit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is (check appropriate box) A.	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, $140 \le x \le 2,100$ 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 classification	Y □N □Can not determine
	ification: general permit as number above limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) facility was 10 gallons.	purchased 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) DY DN DYNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ANA 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 MY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/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) 1. Equipped all machines with the appropriate vent controls? DY DN DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated $\Box Y \Box N$ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: אומם מם צא 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 DN ŽN/A and parts installed w/in 5 days of receipt? DY DN XN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN **X**N/A 5. Maintained exhaust duct monitoring data on perc concentrations? XIV DK 6. Maintained startup/shutdown/malfunction plan? □Y □N ÆN/A 7. Maintained deviation reports? Problem corrected? DY DN XN/A

8. Maintained compliance plan, if applicable?

DY DN \$\dag{\text{V}}/A

PART VI: 1	LEAK DETECTION AND RE	PAIRS				
1. Does the	responsible official conduct a w	eekly (for	small sources, b	oi-weekly) leak detection a	nd repair	
inspection	n?				S CY	□N
2. Has the fa	acility maintained a leak log?				PY	□N .
3. Does the	responsible official check the fo	ollowing a	reas for leaks?			
	e connections, fittings, uplings, and valves	р у ои	□N/A	Muck cookers	€ 1Y □1	N □N/A
Doo	or gaskets and seating	A A DN	□N/A	Stills	par 🗆	N DN/A
Filte	er gaskets and seating	ØA □N	□N/A	Exhaust dampers	KY D	N □N/A
Pun	nps	AA □N	□N/A	Diverter valves	OY O	и (13 57/А
Solv	vent tanks and containers	Ø∆ □N	□N/A	Cartridge filter housings	XY D	N DN/A
Wai	ter separators	A Y DN	□N/A			
4. Which me	ethod of detection is used by the	e responsib	ole official?		•.	
Visi	ual examination (condensed sol	vent on ex	terior surfaces)		Ø	
Phy	rsical detection (airflow felt thro	ugh gaske	ets)		B	
Odo	or (noticeable perc odor)				A	
Use	of direct-reading instrumentation	on (FID/P	ID/calorimetric t	ubes)		
Hal	ogen leak detector		•			
	If using direct-reading instru	mentation	, is the equipme	ent:	M N/A	
	a. Capable of detecting pe	erc vapor c	oncentrations in	a range of 0-500 ppm?		N
	b. Calibrated against a sta	ndard gas	prior to and afte	r each use		
	(PID/FID only)?				OY O	N
	c. Inspected for leaks and	obvious s	igns of wear on a	a weekly basis?	OY O	N
d. Kept in a clean and secure area when not in use?					N	
	e. Verified for accuracy b	y use of d	uplicate samples	(calorimetric only)?	OY O	N

MARGARET CANGRO _	4/8/99
Inspector's Name (Please Print)	Date of Inspection
Margaret Cangro	April 2000
Inspector's Signature	Approximate Date of Next Inspection

APR 1 2 1999

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u> </u>						
FACILITY NAME: Laundry			laundu	JDA	te: <u>4/</u> 5/	194
FACILITY LOCATION: 696	N. Mass	ochu	setts			
Lakela	ed, FL	3380	<u> </u>			
Annual Reporting Period:	4-4-	19 <u>98</u>	то	4-	5-	_1949
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.		-			h DEP Rule	- · ·
If NO, complete the following:						
#1. Term or condition of the general permit t	hat has not been in co	ontinuous c	ompliance during	the reporting	period stated	above:
Exact period of non-compliance: from			to	-		
Action(s) taken to achieve compliance:					B	70
Method used to demonstrate compliance:					reau o	
#2. Term or condition of the general permit t	hat has not been in co	ontinuous c	ompliance during	the reporting	bile	, 177
Exact period of non-compliance: from	,		to		ring	O
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 as upon rolling averages of purchase receipts, a year for transfer or combination facilities.	nd complete. Further	, my annua	l consumption of	perchloroethy	lene solvent,	based
RESPONSIBLE OFFICIAL: Charles	(Cake e (Please Print)	x(Signati	Kolee	<u>4/s/</u>	99 ate
			0.6.100			

^{*}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.

258231

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

MAIL ROOF

Do NOT Remove Label

AIRS ID# 1050278

LAUNDRY LADY COIN LAUNDRY CHARLES LAKE 1747 E GARY ROAD LAKELAND FL 33801 FOR GOVERNMENT USE ONLY

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

Fund: 20-2-03: Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300129

* 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

JM116 98

Do NOT Remove Label

AIRS ID#1050278

CHARLES LAKE CHARLES LAKE 1747 E GARY ROAD LAKELAND FL 33801 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273

2239

DATE

ACCOUNT OR INVOICE NUMBER

CONTROL #

AMOUNT

01-14-1998

AIR ID# 1050278

8206

\$***50.00

DISCRIPTION >

OUR ACCOUNT NUMBERS

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353855

For 1999 - 2000

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 10 98

Do NOT Remove Label

AIRS ID # 1050278

LAUNDRY LADY COIN LAUNDRY CHARLES LAKE 1747 E GARY ROAD LAKELAND FL 33801

FOR GOVERNMEN QUEE ONLY Org.: 37550101000 EV: BI Fund: 20-2-035001 Obj.: 002273

2727

DATE

ACCOUNT OR INVOICE NUMBER

CONTROL #

AMOUNT

AIRS ID # 1050278 12-08-1998

8674

\$***50.00

DISCRIPTION >

OUR ACCOUNT NUMBERS

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391249

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 # 1050278

LAUNDRY LADY COIN LAUNDRY CHARLES LAKE

1747 E GARY ROAD LAKELAND FL 33801 Bureau of Air Monitoring & Mobile Sources

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

3401

DATE

ACCOUNT OR INVOICE NUMBER

CONTROL #

AMOUNT

01-13-2000

AIRS # 1050278

9310

\$***50.00

DISCRIPTION > 2000 TITLE V AIR GENERAL PERMIT

OUR ACCOUNT NUMBERS



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 # 1050278

LAUNDRY LADY COIN LAUNDRY CHARLES LAKE 1747 E GARY ROAD

LAKELAND FL 33801

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: 21

Fund: 20-2-035001 Obj.: 002273

3983

DATE ACCOUNT OR INVOICE NUMBER CONTROL #

01-24-2001 AIRS ID# 1050278

9882

DISCRIPTION > ATT. Ms Sandra Bowman

OUR ACCOUNT NUMBERS

AMOUNT

Z 570 PP5 47P

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS 1D # 1050278001AG CHARLES LAKE
LAUNDRY LADY COIN LAUNDRY
1747 E GARY ROAD LAKELAND FL 33801

	Certified Fee	-
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

-	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
- L	Article Sent To:			
	221060	2 416 ((D)	
27	Postage	\$	_	
6.5	Certified Fee		Postmark	
17	Return Receipt Fee (Endorsement Required)		Here	
	Restricted Delivery Fee (Endorsement Required)			
0600	Total Postage & Fees	\$		
=	Name (Please Print Clearly	y) (to be completed by mails	er)	
	Street, Apt. No.; or PO Bo	LOKO		
7000		7800 1 AG]	
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	PS Form 3800, July 1999		See Reverse for Instructions	

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. Article Addressed to: 	A. Received by (Please Print Clearly) C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:		
O AIRS ID # 1050278001 AG CHARLES LAKE LAUNDRY LADY COIN LAUNDRY 747 E GARY ROAD LAKELAND FL 33801	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.		
. \(\lambda_{\text{u}}\).	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label)	000,0690,062165210 hum Heceipt 102595-99-M-1789		