

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 26, 1996

Ms. Mary Averill Sun Cleaners 3115 U.S. Highway 98 North Lakeland, Florida 33805

Dear Ms. Averill:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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

Mr. Louis Fernandez, Southwest District cc:

"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, agency, or individual owner):							
	SUN CLEANERS							
2.	Site Name (For example, plant name or number):							
	SANG							
3.	Hazardous Waste Generator Identification	on Number:			,			
	FLD 980847271 Facility Location:							
4.	Facility Location: Street Address: 3115 US HW	04 98N						
	Street Address: 3115 US HW City: LAKELAND	County: POL	K		Zip Code: 33805			
5.		<u>`</u>						
		1	05028	32				
***************************************	MT LE TO THE POT THE POT THE THE THE THE THE THE THE THE THE TH	Responsible O	fficial					
		Kesponsible O	Пісіаі					
6.	Name and Title of Responsible Official:		-		•			
	MARY AVERILL,	OWNER	2					
7.	Responsible Official Mailing Address: Organization/Firm:	•						
	Street Address: 3/15 US 141	04 98 NO	•					
	City: MKELAND	County:	K		Zip Code:			
8.	Responsible Official Telephone Number							
	Telephone: (941) 636-500	9	Fax: ()	-			
	Facility Contact ((If different fro	m Responsib	le Off	icial)			
_		•	•					
9.	Name and Title of Facility Contact (For	example, plant i	manager):					
10.	Facility Contact Address:							
	Street Address:				T' 0 1			
	City:	County:			Zip Code:			
11.	Facility Contact Telephone Number:							
	Telephone: () -		Fax: ()	•			
					DECEIV	FD		
						200		

AUG 2 6 1996

Bureau of Air Monitoring & Mobile Sources

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

Page 13 of 16

#1050282

,	Sun Cleaners
p.14	1.(a) add date control device
p.15	1.(a) add date control device installed for refrig. con. 5.(f) required

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.

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
Tuna of Machina	ID	Initially	Device	ID	Initially	Device	10	Initially	Device
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-92
Dry-to-Dry Unit	n	14 Ltim	ATIC			:			
(1) w/ ref. condenser		JAN 84							
(2) w/ carbon adsorber			13-AUg-96						
(3) w/ no controls			7						
Washer Unit	٠.				•				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	7	ij =1.13	Na sangar	7f f				· · · · · · · · · · · · · · · · · · ·	* * W
(7) w/ ref. condenser									
(8) w/ carbon adsorber								_	
(9) w/ no controls									
Reclaimer Unit					in the state of	The day of the	٠.		
(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 devices (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (perc)	purchased in	n the latest 12			
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large are	ea soi	irce [🗽 1	Ne	w lar	ge area sour	ce [1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	s pursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser	
New small area source Refrigerated condenser		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam are exemption criteria or that no such units exist on-site	nd hot water generating units	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by during which propane or fuel oil containing no more	natural gas except for period	ls of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	[] [X]	
Equipment Monitoring	and Recordkeeping Inforn	nation
Check all logs which are required to be kept on-site	in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases		[X]
(b) Leak detection inspection and repair		
(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 indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
X	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
<u>Ma</u> Signature	<u>8-18-96</u>

AIRS ID#: 10 50282

pe

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SUN CLEANERS	DATE: 5/27/9-
FACILITY LOCATION: 3115 N US 14WY 98	· · · · · · · · · · · · · · · · · · ·
LAKELAND, FL 33805	
Annual Reporting Period:SEPT. / ,1996	TO MAY 1 1997
Based on each term or condition of the Title V general air permit, my facilit 62-213.300, Florida Administrative Code (F.A.C.), during the period covered	
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:
No thermometer on refrigerated Condensor:	
Exact period of non-compliance: from 9-1-96	to 3-1-97
Action(s) taken to achieve compliance: Thermometer ins	talled, Homperatures recorded
Method used to demonstrate compliance: Log book	
#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:	
<u> </u>	
As the responsible official, I hereby certify, based on information and belief made in this notification are true, accurate and complete. Further, my annu upon rolling averages of purchase receipts, does not exceed 2,100 gallons po wear for transfer or combination facilities.	al consumption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: MARY AVERILL 9 Name (Please Print)	Mary Weill 5/27/97 Signature Date
•	Ü

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COM	IPLAINT/DISCOVER	Υ 🗌	RE-INSPECTION
TIME IN: TYPE OF FACILITY: BC FACILITY NAME: SUI	TIME OUT:		AIRS	S ID#:/	050282 DATE: 1-14-97
			twy 98 33805		_DATE
RESPONSIBLE OFFICIAL:	nary Averil	<u> </u>	PHONE	NUMBER:	941-686-9009
Based on the results of the compliance with DEP Ru	ale 62-213.300, Florida	Administra	ative Code (F.A.C.).		
Based on the results of the discrepancies were noted	• •	ents evalua	ted during this inspect	ion, the follo	owing compliance
COMPLIANCE REQU	IREMENT/PROBI	LEM	FOLLOW-U	JP ACTIO	ON REQUIRED
· .				·	
	. ·				
	· .				
			<u>.</u> .		· .
	·				
COMMENTS: Provide the	rmometer	for	refrigeral	id (Condexu
(on site-no	of yet rinsta	illed			
The Annual Compliance Certificat DATE OF NEXT INSPECTION		n'	98	inspector.	YES NO
INSPECTION CONDUCTED B	Y: MARGARE	7 (roximate) ANGRO ase Print)		812 7111 / 12
INSPECTOR'S SIGNATURE:_	" riargaret (Caro Page_	of	UMBER: <u>C</u>	813-7446100 ×125 Revised 10/96

Page___of___.

2/20/27 X

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/DISC	COVERY	
<u> </u>	RE-INSPECTION		er seen	\$ 1. A .	
AIRS ID#: 1050182	DATE: 1/14/9-		V:TIN	AE OUT:	:
	un Cleaner			····	
FACILITY LOCATION:	3115 Hwy	98 N		·	
	Cakeland	33800		<u> </u>	
				<u>: </u>	
PART I: NOTIFICATION				· · · · · · · · · · · · · · · · · · ·	
(check appropriate box)					
1. Existing facility notified DA	RM by 9/1/96			×	
2. New facility notified DARM	30 days prior to startup				
3. Facility failed to notify DAF	M to use general permit		•		
PART II: CLASSIFICATION	N .	 	•		
Facility indicated on notificat	ion form that it is:				
(check appropriate box)	·				
A. 1. Existing small area soundry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	τ dry tran botl	New small and to-dry only, so the state only, x < 14 types, x < 14 types, x < 14 types on the structed on the	x<140 gal/yr 200 gal/yr	, , .	
3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,=""><td>00 gal/yr dry gal/yr trar l/yr botl</td><td>nsfer only, 200 h types, 140<</td><td>140<x<2, 100="" gal="" td="" yr<=""><td>□ 27 (2.27) 37 (2.27) 37 (2.27)</td><td></td></x<2,></td></x<2,>	00 gal/yr dry gal/yr trar l/yr botl	nsfer only, 200 h types, 140<	140 <x<2, 100="" gal="" td="" yr<=""><td>□ 27 (2.27) 37 (2.27) 37 (2.27)</td><td></td></x<2,>	□ 27 (2.27) 37 (2.27) 37 (2.27)	
This is a correct facility classifi	ication X	Z □N	·		
If no, please check the appropr	iate classification:			•	
	ed for a general permit as Is above limits and is not				
B. The total quantity of perchlo facility was 115 gallons.		sed within the	preceding 12 months	s by this dry cleanin	ng

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility: (check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?
- 2. Examining the containers for leakage?
- 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?

ŰŽ(Ý ÌŪŃ

OΣΩ □N

BAL DN

NO Y

DA DN BANV

PART IV: PROCESS VENT CONTROLS

In Part II-A:

1

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?
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- 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?

MAY DN

AND NO YES

MY DN DNA

ar est a triba. Sitta are est ar

DY N

DY ON A/A-

OY ON A/A

ompletely 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?	DY KN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY WW Y
	Is the temperature differential equal to or greater than 20° F?	DA What
3. ¹	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 MIN/A
	Is the perc concentration equal to or less than 100 ppm?	אם צם
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?	אם צם V/
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON JON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON ONIVA
PA	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	
1.	Maintained receipts for perc purchased?	MY ON
2.	Maintained rolling monthly averages of perc consumption?	ØX □N
3.	Maintained leak detection inspection and repair reports for the following:	•
		المحر المحر

Has the responsible official: (check appropriate boxes)	,				
1. Maintained receipts for perc purchased?	MY ON				
2. Maintained rolling monthly averages of perc consumption?	ØXY □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	/XOY □N				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ACY ON				
4. Maintained calibration data? (for direct reading instruments only)	DY DN ADN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY NO YA				
6. Maintained startup/shutdown/malfunction plan?	MA DN				
7. Maintained deviation reports?	ØY □N				
Problem corrected?	AN ON				
8. Maintained compliance plan, if applicable?	AVI ON ON/A				

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ATY ON

2. Which method of detection is used by the responsible official?									
	Visual examination (condensed solvent on exterior surfaces)								
	Physical detection (airflow felt th	rough ga	skets)	- % 2 is no +					
	Odor (noticeable perc odor)			2 Mes 2					
	Use of direct-reading instrumenta	ation (FII	D/PID/cal	lorimetric tubes)					
1	If using direct-reading instrum	entation,	is the eq	uipment:					
	a. Capable of detecting	perc vap	or concen	trations in a range of 0-500 ppm?					
·	b. Calibrated against a s (PID/FID only)?	standard	gas prior	to and after each use the first to suit is					
	c. Inspected for leaks ar	nd obviou	s signs o	f wear on a weekly basis?					
	d. Kept in a clean and s	ecure are	a when n	ot in use?					
	e. Verified for accuracy	by use of	duplicat	e samples (calorimetric only)? □Y □N					
3. Has	the facility maintained a leak log?			OY ON					
4. Does	s the responsible official check the	following	g areas fo						
. j	Hose connections, fittings, couplings, and valves	A Y	Пи	Muck cookers					
1.	Door gaskets and seating	DX	ПN	Stills					
	Filter gaskets and seating	Φ_{Λ}	ПN	Exhaust dampers					
·	Pumps	AX	ПΝ	Diverter valves Diverter valves					
	Solvent tanks and containers	MY	ПΝ	Cartridge filter housings (Cartridge filter housings Cartridge filter housings Cartridge filter housings Cartridge filter housings (Cartridge filter housings Cartridge filter housings (Cartridge filtridge filtridg					
	Water separators	AY	ПN	2. Milway .					

Mary Averill
Name of Responsible Official
Margaret Cangro Inspector's Name (Please Print)
Inspector's Name (Please Print)
Margaret Canons
/ Inspector's Signature

The street with the West of the second

Date of Inspection

Approximate Date of Next Inspection

٠, ፣

The State of the S

PAREN.

AND SET OF

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company 1	Name (Name of corporation,	agency, or individ	ual owner):
SUN CLEA	NERS		
2. Site Name (For example, p	lant name or number):		_
SANG			
3. Hazardous Waste Generato	or Identification Number:		,
FLD 5808 4. Facility Location:	47271		
4. Facility Location: Street Address: 3115	US HWY 98N County: POL)		
City: LAKELAND	County: Po 4)	K	Zip Code: 33805
5: Facility Identification Num			
		050282	
	Responsible O	fficial	
6. Name and Title of Respons	sible Official:		
MARY AVE	ekk , OWNER		
7. Responsible Official Mailin Organization/Firm: Street Address: 3 //5	ng Address: US 14wy 98 10 County:		7in Code
City: LINKELAND	Louiny.	! <	Zip Code:
8. Responsible Official Telep Telephone: (941) 6.		Fax: ()	-
Faci	lity Contact (If different from	m Responsible Of	ficial)
9. Name and Title of Facility	Contact (For example, plant r	nanager):	
10. Facility Contact Address:			
-			
Street Address: City:	County:		Zip Code:
11. Facility Contact Telephone	Number:		
Telephone: ()	-	Fax: ()	-
			IVED

RECEIVED

AUG 2 6 1996

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•.		Initially	Device		Initially	Device		lnitially	Device
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-92
					_				
Dry-to-Dry Unit	n	74LTIM							1
(1) w/ ref. condenser		JAN 84	June 96						
(2) w/ carbon adsorber				-					
(3) w/ no controls			4						
Washer Unit						·			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls				1					
Reclaimer Unit				. .	· · · · ·	· ·			!
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls							<u> </u>		
(b) Control devices are(c) No control devices	_								
2.(a) What was the total of	gallo	ons			purchased in	n the latest 12	2 mor	nths?	
(b) If less than 12 mont Check why it is less					_] New store	:: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions foun	d in section (3) of	Part II?	
Existing small ar	ea so	urce []	Ne	ew sm	nall area sou	rce []		
Existing large are	ea sou	irce [🖟]	Ne	ew lar	ge area sour	ce [1		

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

(Indicate with an "X".)	pursuant to section (3) or rait	in of this notification form:
Existing large area source Carbon adsorber [X]	Refrigerated condenser [* _]
New small area source Refrigerated condenser		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions	unita aball mat ba aliaible to ye	the governed normit assesses
to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	hot water generating units of	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by no during which propane or fuel oil containing no more	atural gas except for periods o	of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	×	
		-
Equipment Monitoring a	nd Recordkeeping Informat	tion
Check all logs which are required to be kept on-site	n accordance with the require	ements of this general permit:
(a) Purchase receipts and solvent purchases		X]
(b) Leak detection inspection and repair	[-	<u>X</u>]
(c) Refrigerated condenser temperature monitoring	Ĺ	X 1
(d) Carbon adsorber exhaust perc concentration mon	itoring [_	
(e) Instrument calibration	[_	
(f) Start-up, shutdown, malfunction plan	. [X 1

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e 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)
X	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i comply wi	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade 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. Inptly notify the Department of any changes to the information contained in this notification.
<u>Ma</u> Signature	y averile 8-18-96 Date
ma	my aveill 1-14-97

//301018

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	AIRS ID#1050282 MARY AVERILL MARY AVERILL 3115 US HWY 98N LAKELAND FL 33805	JAN 2 9 1998 Bureau of Air Monitoring Mobile Sources
	Do <u>NOT</u> Remove Label	
Annual Reporting Period:	<u>/- /</u> 19 <mark>9Р</mark> то	12-31 19 <u>98</u>
	e Title V general air permit, my facility has remained in coode (F.A.C.), during the period covered by this statement.	<u> </u>
If NO, complete the following:		
#1 Term or condition of the general r	permit that has not been in continuous compliance during the	ne reporting period stated above:

#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:

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

RESPONSIBLE OFFICIAL: MARY AVERILL Name (Please Print)

Exact period of non-compliance: from

Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

Method used to demonstrate compliance:

^{*}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.

AIRS ID#: 105082

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	<u> </u>
FACILITY NAME: Sun Cleaners	DATE: 5/15/98
FACILITY LOCATION: 3115 Hury 98 N	
Lakelard 33805	
Annual Reporting Period: 5-27- 1997 TO	5-15-1998
Based on each term or condition of the Title V general air permit, my facility has remained in com 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	-
If NO, complete the following:	.3
#1. Term or condition of the general permit that has not been in continuous compliance during the	e reporting period stated above:
Exact period of non-compliance: from	Bure M
Action(s) taken to achieve compliance:	MAY 2 0 eau of Air & Mobile S
Method used to demonstrate compliance:	2 o joile s
#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: fromtoto	
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 made in this notification are true, accurate and complete. Further, my annual consumption of percupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry for year for transfer or combination facilities.	thloroethylene solvent, based
RESPONSIBLE OFFICIAL: Mary Averil Many Well Signature	<u>5//5/98</u> 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

facility was 1440 gallons.

ANNUAL

X

COMPLAINT/DISCOVERY

RE-INSPECTION

	SS
AIRS ID#: 1056387 DATE: 5/15	198 TIME IN: 10:3 TIME OUT: 200
FACILITY NAME: Sun Cleary	rs
FACILITY LOCATION: 3115 Hwy	98 N
Lakeland	
RESPONSIBLE OFFICIAL Mary AV	'erillphone: 941-686-9009
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup
2. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 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	transfer only, x < 200 gal/yr
both types, x < 140 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	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ 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 ☐N ☐Can not determine
If no, please check the appropriate classific	cation:
II = = = =	eneral permit as number above
	mits and is not eligible for a general permit

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

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?

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)

(check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	MY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Y ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	SEC ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ANO NO YA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	REF 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?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY DN DN/A
	Is the temperature differential equal to or greater than 20° F?	OY ON MAN/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?	OY ON PÍNA
	Is the perc concentration equal to or less than 100 ppm?	DY DN DATA
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?	DY DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N ऒ॔∜\V
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON MY/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	, ·
1. Maintained receipts for perc purchased?	XXY ON
2. Maintained rolling monthly total of perc consumption?	ÞÝ □N
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?	OY ON MÁNA
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON XY/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DANIA
6. Maintained startup/shutdown/malfunction plan?	Xey ON
7. Maintained deviation reports?	DY ON ZN/A
Problem corrected?	DY DN DAN/A
8. Maintained compliance plan, if applicable?	DY DN ÂN/A

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?		<i>,</i>	DY ON				
2.	Has the facility maintained a leak log?			MD N				
3.	Does the responsible official check the	following areas for leaks?						
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY DN DNA				
	Door gaskets and seating	DAY ON ON/A	Stills	DY DN KN/A				
	Filter gaskets and seating	ÇY ON ON/A	Exhaust dampers	DN/A				
	Pumps	DÝ ON ON/A	Diverter valves	YY ON ON/A				
	Solvent tanks and containers	XY ON ON/A	Cartridge filter housings	XY ON ON/A				
	Water separators	DY ON ON/A						
4.	Which method of detection is used by	the responsible official?		,				
	Visual examination (condensed s	solvent on exterior surfaces)		×				
	Physical detection (airflow felt th	rough gaskets)		A				
	Odor (noticeable perc odor)			A & 0				
	Use of direct-reading instruments	ation (FID/PID/calorimetric	tubes)					
	Halogen leak detector			а				
	If using direct-reading instr	rumentation, is the equipme	ent:	V/A				
-	a. Capable of detecting	perc vapor concentrations in	n a range of 0-500 ppm?	OY ON				
	b. Calibrated against a gainst a gai	standard gas prior to and afte	er each use	DY DN				
	c. Inspected for leaks a	nd obvious signs of wear on	a weekly basis?	OY ON				
	d. Kept in a clean and s	secure area when not in use?		OY ON				
	e. Verified for accuracy	y by use of duplicate samples	s (calorimetric only)?	OY ON				

MARGARET (ANGRO	5/15/98
Inspector's Name (Please Print)	Date of Inspection
Margaret Caropo	May 199
Inspector's Signature	Approximate Date of Next Inspection

4 of 5

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTI	ON COMPLAINT/DISCOVERY ON
AIRS ID#: 1050 307 DATE: 5/15, FACILITY NAME: TOUCH OF CO	198 TIME IN: 9:50 TIME OUT: 10:10
FACILITY LOCATION: 3212 Han	
<u>lakeland</u>	
RESPONSIBLE OFFICIAL: Craig M	Orby PHONE: 941-644-3800
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	_
1. New facility notified DARM 30 days prior to st	artup 🗖
2. Facility failed to notify DARM to use general p	permit D
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	□ 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 $12/9/91$)	(constructed on or after $12/9/91$) 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	DN Can not determine
	ication: general permit as number above limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pacility was 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) 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 XY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BATA 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) DY DN 1. Equipped all machines with the appropriate vent controls? DY DN DN/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 DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y	ПN	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΩY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ПN	□N/A
	ls the perc concentration equal to or less than 100 ppm?	ПY	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?	ΠY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: Y ON ON/A 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 DN BWA DY DN PKIA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XXVA 5. Maintained exhaust duct monitoring data on perc concentrations? NO VE 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN ANA DY DN ZINA Problem corrected? 8. Maintained compliance plan, if applicable? DY DN DYNA

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	and repair		
: •	inspection?			NO YX		
2.	Has the facility maintained a leak log	?		DY ON		
3.	Does the responsible official check th	e following areas for leaks	s?			
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	XY ON ON/A		
	Door gaskets and seating	XY ON ON/A	Stills	XY DN DN/A		
	Filter gaskets and seating	XY ON ON/A	Exhaust dampers	Y DN DN/A		
	Pumps	AY ON ON/A	Diverter valves	DY DN DN/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	Y ON ON/A		
	Water separators	Y ON ON/A				
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed	solvent on exterior surfac	es)	A A A		
	Physical detection (airflow felt	through gaskets)		Þ		
	Odor (noticeable perc odor)			*4		
	Use of direct-reading instrumer	tation (FID/PID/calorimet	ric tubes)			
	Halogen leak detector			<u> </u>		
	If using direct-reading ins	trumentation, is the equi	pment:	∑ N/A		
	a. Capable of detectin	g perc vapor concentration	as in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	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 u	se?	DY DN		
	e. Verified for accurac	cy by use of duplicate sam	ples (calorimetric only)?	OY ON		

Inspector's Name (Please Print)

Margaret Carga

Oinspector's Signature 5/15/95 Date of Inspection

Approximate Date of Next Inspection

A COL

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u> </u>	
FACILITY NAME: Sun Cleaners	DATE: 6/18/99
FACILITY LOCATION: 3115 Hury 98	\mathcal{N}
1	33805
Annual Reporting Period: 5-16	<u>у 1998</u> то <u>6-18-1999</u>
Based on each term or condition of the Title V general air perr 62-213.300, Florida Administrative Code (F.A.C.), during the	
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 Regard III
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	Source Source
#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:	
made in this notification are true, accurate and complete. Fur upon rolling averages of purchase receipts, does not exceed 2, year for transfer or combination facilities.	ion and belief formed after reasonable inquiry, that the statements ther, my annual consumption of perchloroethylene solvent, based 100 gallons per year for dry-to dry facilities or 1,800 gallons per
RESPONSIBLE OFFICIAL: MARY AVERILL Name (Please Print)	- Mary Avenuel 6/18/99 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

THE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPEC	TION
	P
AIRS ID#: 1050282DATE: 6	18/99 TIME IN: 12:15 GTIME OUT: 22/35
FACILITY NAME: SUN U	earers & Em
FACILITY LOCATION: 3/15 U	wy 98 N
Lakelan	d Soling 99 m
RESPONSIBLE OFFICIAL: Man	1 A veril PHONE: 941-686-9009
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to	startup
2. Facility failed to notify DARM to use general	permit \square
PART II: CLASSIFICATION	
Facility indicated on notification form that it i	s: No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 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	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)
	(00.00.00000000000000000000000000000000
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	□Y Can not determine
If no, please check the appropriate class	sification:
· ·	general permit as number above
facility exceeds above	e limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc	
facility was) purchased within the preceding 12 months by this dry cleaning

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

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

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

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	_Y _DN
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?	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?	OY ON ON/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?	MY ON
2. Maintained rolling monthly total of perc consumption?	DA ON
3. Maintained leak detection inspection and repair reports for the following:	`
a. documentation of leaks repaired w/in 24 hrs? or;	ארם אם אצע
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 DONA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN WN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ANIA
6. Maintained startup/shutdown/malfunction plan?	/С х ои
7. Maintained deviation reports?	DY DN DNA.
Problem corrected?	DY DN DN/A
8. Maintained compliance plan, if applicable?	DY DN DENIA

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? \square N $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A XY DN DN/A couplings, and valves Muck cookers DY ON ON/A MY ON ON/A Stills Door gaskets and seating TY ON ON/A Y DN DN/A Filter gaskets and seating Exhaust dampers Y ON ON/A AND NO DN/A Pumps Diverter valves MY ON ON/A Cartridge filter housings Solvent tanks and containers TAY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector **YO**N/A If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)?

MARGARET CANGRO	6/18/99
Inspector's Name (Please Print)	Date of Inspection
Margaret Canoxo	June 2000
/ Inspector's Signature	Approximate Date of Next Inspection

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

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

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

DY DN

DY DN

DY DN

260551

Flease-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

SUN CLEANERS MARY AVERILL 3115 US HWY 98N LAKELAND FL 33805 AIRS ID# 1050282

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301018

1

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#1050282

MARY AVERILL MARY AVERILL 3115 US HWY 98N LAKELAND FL 33805 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356109

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 # 1050282

SUN CLEANERS MARY AVERILL 3115 US HWY 98N LAKELAND FL 33805 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: Bit Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391463

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 ROOM

Do NOT Remove Label

AIRS ID # 1050282

SUN CLEANERS MARY AVERILL 3115 US HWY 98N LAKELAND FL 33805 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

4.04425

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 # 1050282

SUN CLEANERS MARY AVERILL 3115 US HWY 98N LAKELAND FL 33805 FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: AD V
Fund: 20-2-035001 D
Obj.: 002273

1

, ;	₽	265	308	2	300			
		al Service pt for	Cer	ifi	ed Mail			
MAI 311	RY AVER RY AVE 5 US HW ELAND	RILL RILL		# : 1	050282			
	Postage			\$				
	Certified F	ee						
	Special De	elivery Fee			_			
ا ا	Restricted	Delivery Fe	99					
1995	Retum Re Whom & (ceipt Show	ing to ed					
April	Return Receipt Showing to Whom, Date, & Addressee's Address							
800	TOTAL Postage & Fees \$							
PS Form 3800 , April 1995	Postmark		4//	7	/97			

<u>A ADDRESS</u> completed on the reverse side?			I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: AIRS ID#: 1050282 MARY AVERILL MARY AVERILL 3115 US HWY 98N LAKELAND FL 33805	4b. Service Registere	265 302 300 rvice Type gistered □ Certified □ press Mail □ Insured . um Receipt for Merchandise □ COD
s your RETURN	5. Received By: (Print Name) 6. Signature (Addressee of Agent) X Laguer (Lucular Control of Cont	8. Addressee's Address (Only if requested and fee is paid)	
	PS Form 3811 , December 1994	٠ 4.	Domestic Return Receip

Z 210 PP3 013

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

10 AIRS ID # 1050282001AG MARY AVERILL SUN CLEANERS 3115 US HWY 98N LAKELAND FL 33805

	Cerunou ree	
	Special Delivery Fee	
10	Restricted Delivery Fee	
S Form 3800 , April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
S Form 3	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Rrint Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from tem 2 0/es				
Article Addressed to:	If YES, enter delivery address below:				
10 AIRS ID # 1050282001AG	rJUN 1 3 2007				
MARY AVERILL	Bureau of Air Monitoring				
SUN CLEANERS	2 Senting Type & Mobile Sources				
3115 US HWY 98N	3. Service Type				
LAKELAND FL 33805	Certified Mail				
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Copy from service label) 7 2/0 66 30 13					
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789				
	•				