

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 4, 1996

Mr. John R. Peterson, Jr. President Peterson Cleaners 840 North Broadway Bartow, Florida 33830

Facility I.D. No. 1050287

Dear Mr. Peterson:

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

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	PETERSON'S, INC						
2.	2. Site Name (For example, plant name or number):						
	PETERSON CLEANERS						
3.	Hazardous Waste Generator Identification Number:						
4.	Street Address: 840 No BROADWAY						
	City: BARTOW County: POLK Zip Code: 33830						
5.	Facility Identification Number (DEP Use):						
	1050287						
	Responsible Official						
	N. A. C.						
6.	Name and Title of Responsible Official:						
	JOHN R. PETERSON, JR., PRESIDENT						
7.	Responsible Official Mailing Address: Organization/Firm: Street Address:						
	Street Address:						
	City: Zip Code:						
8.	Responsible Official Telephone Number:						
	Telephone: (941)533-2612 Fax: () -						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
	SAME						
10.	Facility Contact Address:						
	Street Address:						
	City: County: Zip Code:						
11.	Facility Contact Telephone Number:						
	Telephone: () - Fax: () -						

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SEP 3 1996

Facility Information

I.(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.

Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02 Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [297.8] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [_] New store: [_] Did not keep records: [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
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Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [277.8] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	(8) w/ carbon adsorber									
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/carbon adsorber (15) w/ no controls (16) w/carbon adsorber (17) w/carbon adsorber (18) w	(9) w/ no controls									
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(Indicate with an "X". Select one classification only.)	(c) No control devices 2.(a) What was the total of [297.8] (b) If less than 12 mont	are re quanti gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (perc)	purchased in				
Existing large area source [X] New large area source []	(Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.)	ew sn	nall area sour	rce [3) of]]	Part II?	

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)					
Existing large area source Carbon adsorber []	Refrigerated condenser	[X]			
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 and exemption criteria or that no such units exist on-site:	d hot water generating units				
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.					
All steam and hot water generating units exempt No such units on-site	X				
Equipment Monitoring a	nd 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		<u> </u>			
(b) Leak detection inspection and repair		[X]			
(c) Refrigerated condenser temperature monitoring		<u> </u>			
(d) Carbon adsorber exhaust perc concentration mon	itoring				
(e) Instrument calibration		[<u>X</u>]			
(f) Start-up, shutdown, malfunction plan		[X]			

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Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:						
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
[X]	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	The State St					

Peterson Cleaners, Inc. 840 N. Broadway Bartow, Fl. 33830 September 16, 1996

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

To whom it may concern:

After recently submitting my Title V General Permit Notification Form for my dry cleaning facility, I noticied that I failed to include my Hazardous Waste Generator Identification Number. I would appreciate if you would correct this oversight.

I have included a copy of the Notification Form so you can make the appropriate reference.

Sincerely,

∬ohn R. Peterson. Jr.

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SEP 1 9 1996

Bureau of Air Monitoring & Mobile Sources



Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	PETERSON'S, INC						
2.							
	PETERSON CLEANERS						
3.	Hazardous Waste Generator Identification Number:						
	FLD 981752652						
4.	Street Address: 840 No BROADWAY						
	City: BARTOW County: POLK Zip Code: 33830						
5.	Facility Identification Number (DEP Use):						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	JOHN R. PETERSON, JR, PRESIDENT						
7.	Responsible Official Mailing Address:						
	Responsible Official Mailing Address: Organization/Firm: Street Address:						
	City: County: Zip Code:						
8.	Responsible Official Telephone Number:						
	Telephone: (941)533-2612 Fax: () -						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
	SAME						
10.	Facility Contact Address:						
	Street Address:						
ļ	City: County: Zip Code:						
11.	Facility Contact Telephone Number:						
	Telephone: () - RECEIVE						
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Bureau of Air Monitoring & Mobile Sources

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	CON	/PLAINT/DI	SCOVERY [RE-INSPECTION
TIME IN:	TIME OUT:			AIRS ID#:	1050287
TYPE OF FACILITY: λ	<u> </u>				·
FACILITY NAME: PET	ERSON CLEA	NER	S		DATE: 3/12/97
FACILITY LOCATION:	840 N. C	SROA	DWAY		
E	ARTOW FI		<u> 3830 </u>		
RESPONSIBLE OFFICIAL:	JOHN R HETERSE	W/, \	TR	_PHONE NUMBER	2: <u>941 - \$33-2612</u>
لكبك	f the compliance requiremen Rule 62-213.300, Florida A				cility is found to be in
Based on the results o discrepancies were no	f the compliance requiremen ted:	its evalu	ated during th	nis inspection, the fo	ollowing compliance
COMPLIANCE REQ	UIREMENT/PROBL	EM	FOI	LOW-UP ACT	TION REQUIRED
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	A				
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COMMENTS:					
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The American Counties of Counties			1 1 . 1 . 2		
The Annual Compliance Certific	na a			tted to the inspector	YES NO
DATE OF NEXT INSPECTIO		(Apı	proximate)		
INSPECTION CONDUCTED	BY: MARG	ARE	T	CANG RO	
INSPECTOR'S SIGNATURE	Margaret Cas	Leggo	ase Print)	PHONE NUMBER	813-744-6100 X125
	· · · · · · · · · · · · · · · · · · ·	<pre> // Page </pre>	of		Revised 10/96

AIRS ID#: 1050287

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: PETERSON CLEANERS DATE: 3/12/97
FACILITY LOCATION: 840 N. BROADWAY
BARTOW, FL 33830
Annual Reporting Period: Sept 1 1996 TO Wards 12 199
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 52-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
72. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
<u>. </u>
s the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements nade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based pon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per ear for transfer or combination facilities.
Name (Please Print) RESPONSIBLE OFFICIAL: JOHN PETERSON JR Signature Name (Please Print) Name (Please Print)

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



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	1 <u> </u>	COMPLAINT/DISC	OVERY .	
AIRS ID#: 1050287 FACILITY NAME: PE FACILITY LOCATION:	TERSON (CLEANE	RS	TE OUT:	
	BARTOW,		33830	1	
PART I: NOTIFICATION					\neg
(check appropriate box)					=
Existing facility notified DA	RM by 9/1/96			紅	
2. New facility notified DARM	l 30 days prior to startı	up '			
3. Facility failed to notify DAF	CM to use general perm	nit			
					<u> </u>
PART II: CLASSIFICATION					<u> </u>
Facility indicated on notificat (check appropriate box)	ion form that it is:				
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)	r c t t	2. New small ardry-to-dry only, a transfer only, x < to the types, x < 140 (constructed on o	x<140 gal/yr 200 gal/yr O gal/yr		
3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 12="" 14="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,=""><td>00 gal/yr d gal/yr t l/yr b</td><td></td><td>.40<x<2, 100="" gal="" yr<br="">)<x<1,800 gal="" yr<br="">x<1,800 gal/yr</x<1,800></x<2,></td><td></td><td></td></x<2,>	00 gal/yr d gal/yr t l/yr b		.40 <x<2, 100="" gal="" yr<br="">)<x<1,800 gal="" yr<br="">x<1,800 gal/yr</x<1,800></x<2,>		
This is a correct facility classif	ication (NO YC			
If no, please check the appropriate classification:					
☐ facility exceed	ed for a general perminular state of the leading seek that is not been seek that the lead of the lead	not eligible for a	general permit		
B. The total quantity of perchlo facility was gallons.		chased within the	preceding 12 months	by this dry cleaning	3

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

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?	Ж □и
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אט עם עם
	Is the temperature differential equal to or greater than 20° F?	DY NO NA
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 MON/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?	OY ON NA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DANA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON XWA
PA	ART V: RECORDKEEPING REQUIREMENTS	
На	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
Ha (cl	as the responsible official:	NO V
Ha (cl	as the responsible official: heck appropriate boxes)	DA ON
Ha (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	
H: (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	
H: (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	Ø4 □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	AA ON
H2 (cl. 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON
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 ON XV/A
H: (cl 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?	
H: (cl 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?	
Ha (cl. 1. 2. 3. 4. 5. 6. 7.	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?	
H2 (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?	
H2 (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	

2.	Which method of detection is used by	the respo	nsible off	icial?		,
	Visual examination (condensed	solvent o	n exterior	surfaces)	Ø	· , · _
	Physical detection (airflow felt t	hrough g	askets)		Ø,	
	Odor (noticeable perc odor)		+ L		Ø	
	Use of direct-reading instrumen	tation (FI	D/PID/cal	orimetric tubes)	Ĺ	
	If using direct-reading instrun	nentation	, is the eq	uipment:		
ļ	a. Capable of detecting	g perc vap	or concen	trations in a range of 0-500 ppm?	Ο¥	□и
	b. Calibrated against a (PID/FID only)?	standard	gas prior	to and after each use	ΟY	□N
	c. Inspected for leaks a	and obvior	us signs of	f wear on a weekly basis?	ĽΥ	ПИ
	d. Kept in a clean and	secure are	ea when n	ot in use?	ΩY	ПN
	e. Verified for accurac	y by use o	f duplicat	e samples (calorimetric only)?	ΠY	ПΝ
3.	Has the facility maintained a leak log	?	. ^	·	X Y	□N
4.	Does the responsible official check the	e followin	g areas fo	r leaks?		
	Hose connections, fittings, couplings, and valves	Q.Y	ΩN	Muck cookers	₽ Y	□N
	Door gaskets and seating	ÆŶ	ПΝ	Stills	ДY	□и
	Filter gaskets and seating	ØY	ΩΝ	Exhaust dampers	ÆĮΥ	□N
	Pumps	ØΥ	ПΝ	Diverter valves	ŔΥ	□N
	Solvent tanks and containers	dy	ПΝ	Cartridge filter housings	s AQY	□N
	Water separators	ØΧ	ПИ			

Name of Responsible Official					
MARGARET CANGRO					
Inspector's Name (Please Print)					
Margaret Cangru					
Inspector's Signature()					

Approximate Date of Next Inspection

Model 446 Serial 448204620**38**4

Am Coundry

DRY CLEANER AIR QUALITY GENERAL PERMI ueau of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM

PETERSON'S INC JOHN R PETERSON JR 840 N BROADWAY BARTOW FL 33830

AIRS ID#1050287

Do NOT Remove Label

Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule \square NO 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchlorethyleng 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 fransfer or combination facilities. Signature

^{*}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.

AIR\$ ID#: 1050287

RECREILLO VIES D

DRY CLEANER AIR QUALITY GENERAL PERMIT MAR 2 7 1998 ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Alexander Alexand

Peterson	(Poadela)	& Mobile Sources
FACILITY NAME: Peterson FACILITY LOCATION: 840 N	1 A .	DATE: <u>3/24798</u>
//	,	
Baxton	33830	
Annual Reporting Period:	3 -12-19 <u>9</u> 7 to	3-24- 1918
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.		
If NO, complete the following:		
#1. Term or condition of the general permit that	at has not been in continuous compliand	ce during the reporting period stated above:
Exact period of non-compliance: from	t	0
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit tha	nt has not been in continuous complianc	e during the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, base made in this notification are true, accurate and a pon rolling averages of purchase receipts, does lear for transfer or combination facilities. RESPONSIBLE OFFICIAL: John Pename (I	complete. Further, my annual consump s not exceed 2,100 gallons per year for	otion of perchloroethylene solvent, based

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

**************************************		P
TITLE V	IYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST	BURNE CR
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	TAS TO THE SOURCE OF THE SOURC
FACILITY NAME: Peterson	leaxer	11:10
FACILITY LOCATION: 840 N. Bartor	FL 33830	
RESPONSIBLE OFFICIAL John Pete	USOX, Jr. PHONE: 941-533-	26/2
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	urtup	
2. Facility failed to notify DARM to use general pe	•	a
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 $12/9/91$)	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	•
If no, please check the appropriate classific facility qualified for a ge facility exceeds above lir		
B. The total quantity of perchloroethylene (perc) p facility was 2/12 gallons.	urchased 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) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? אומם מם צאם 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/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the Y ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after KOY DN verifying that the coolant had been completely charged?

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

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

BEST AVAILABLE COPY

				
	ART VI: LEAK DETECTION ANI	REPAIRS		
1.	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	nd repair
	inspection?			ØΑ □N
2.	Has the facility maintained a leak log	g?		DA ON
3.	Does the responsible official check the	ne following areas for leak	s?	
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	AVA ON ON/A
	Door gaskets and seating	AVO NO YA	Stills	AND NO YES
	Filter gaskets and seating	AND NO YES	Exhaust dampers	AND NO YA
	Pumps	AND NO TAKE	Diverter valves	AND NO DAYA
	Solvent tanks and containers	AND NO YA	Cartridge filter housings	אואם אם אוא
	Water separators	AND ND YE		
4.	Which method of detection is used by	y the responsible official?	•	
	Visual examination (condensed	l solvent on exterior surfac	ces)	X
	Physical detection (airflow felt	through gaskets)		A
	Odor (noticeable perc odor)	·		B
	Use of direct-reading instrumer	ntation (FID/PID/calorime	etric tubes)	
	Halogen leak detector			
	If using direct-reading ins	strumentation, is the equ	ipment:	XXV/A
	a. Capable of detectin	g perc vapor concentration	ns in a range of 0-500 ppm?	DY DN
	b. Calibrated against (PID/FID only)?	a standard gas prior to and	d after each use	OY ON
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	DY DN
	d. Kept in a clean and	l secure area when not in t	use?	DY DN
	e. Verified for accura-	cy by use of duplicate sam	ples (calorimetric only)?	DY DN
-				
	,,,,			
	MARGARET G	AUGRO	3/24/9	'S
_	Inspector's Name (Please P	rint)	Date of Inspe	ction

Musquet Cangre

Inspector's Signature

| Market | Market

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<i>P</i> Q	COMPLAINT/DISCOVERY	
AIRS 1D#: 1050 787		•	1: <u>// : 4</u>	12:16
FACILITY NAME:	<u>'éterson Clea</u>	ners		
FACILITY LOCATION:	840 N. Br	oodwa	4	
	Bartors			
RESPONSIBLE OFFICIAL :	\sim	U	PHONE: 041 - 533-	2612
CONTACT NAME:	<u> </u>		PHONE:	
			<u> </u>	
PART I: NOTIFICATION				
(check appropriate box)		 	The state of the s	
1. New facility notified DARM	30 days prior to startup		E SIL MAN	·. a
2. Facility failed to notify DAR	•		Object 155	
			The life	1
PART II: CLASSIFICATION	٧		\$ 700	
Facility indicated on notificati (check appropriate box)			☐ No notification form ☐ Drop store/out of business	/petroleum
Facility indicated on notificati	rce 2. /yr dry trar bot	$\begin{array}{l} \text{nsfer only, x < } \\ \text{th types, x < 1} \end{array}$	☐ Drop store/out of business/ rea source ☐ x < 140 gal/yr < 200 gal/yr	/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	fon form that it is: Tree 2. Tyr dry tran bot (co Tree 4. ,100 gal/yr dry 00 gal/yr tran gal/yr bot	r-to-dry only, and types, x < 1 on structed on one of the large and reto-dry only, and types, 140 on the types, 140 on the large and types, 140 on the large and types, 140 on the large and types, 140 on types, 14	Drop store/out of business, rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr	ion form that it is: Tree	New large and v-to-dry only, x < 1 instructed on one when the large are v-to-dry only, as fer only, 20 in types, 140 instructed on one when the large are very only, as fer only, 20 instructed on one when the large are very only.	Drop store/out of business/ rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $= x \le 1,800 \text{ gal/yr}$	/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility cluster on the constructed before 12/9/91)	ion form that it is: Tree	neter only, x < 1 nesser only nesser only, 20 th types, 140 nesser only nesser on	Drop store/out of business/ rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine mber above	/petroleum

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

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Øy □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON TEN/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	DY DN DAN/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN DN/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?	איספי אם צם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ANAG NO YO
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	Qγ □N
2. Maintained rolling monthly total of perc consumption?	d(y □n
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	XY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	בי חם אוא או אם אם או
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	A/MQZ NO YO
6. Maintained startup/shutdown/malfunction plan?	, 5 84. □N
7. Maintained deviation reports?	DY DN BON/A.
Problem corrected?	DY DN SE(N/A
8. Maintained compliance plan, if applicable?	DY DN EXNA

PA	ART VI: LEAK DETECTION AND R	REPAIRS	-	
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repair
	inspection?			אם אָב
2.	Has the facility maintained a leak log?		•	ØY □N
3.	Does the responsible official check the	following areas for leaks	s?	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	A/N UU UN/A
	Door gaskets and seating	QY ON ON/A	Stills	MY ON ON/A
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	MY ON ON/A
	Pumps	BY ON ON/A	Diverter valves	KAND ND YA
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	YOY ON ON/A
	Water separators	BOX ON ON/A		
4.	Which method of detection is used by t	he responsible official?		,
	Visual examination (condensed so	olvent on exterior surfac	es)	4
	Physical detection (airflow felt th	rough gaskets)		P
	Odor (noticeable perc odor)			Ą
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)	۵
	Halogen leak detector			a ·
	If using direct-reading instr	umentation, is the equi	pment:	YZNI/A
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	אם צם
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	חם צם
	c. Inspected for leaks an	nd obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and se	ecure area when not in u	se?	DY DN
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	DY DN
	,			

Inspector's Name (Please Print)

Largart Cargo

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

pproximate Date of Next

AIRS ID#:	1050287	7

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Petersov FACILITY LOCATION: 840	Cleaners	DATE: 3-4-99
FACILITY LOCATION: 840	N. Broadway	<u> </u>
Barts	w~	·
Annual Reporting Period:	3-25 19 <u>98</u> to	<u> 3-4- 1999</u>
Based on each term or condition of the Title	V general air permit, my facility has remaine	ed in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.	A.C.), during the period covered by this state	ement. YES NO
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous compliance of	during the reporting period stated above:
Exact period of non-compliance: from	, to_	Sur MAR V
Action(s) taken to achieve compliance:		100 A 1990 D
Method used to demonstrate compliance:		Soundito.
#2. Term or condition of the general permit	that has not been in continuous compliance	ో ాస్ట్రీ during the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, is made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	nd complete. Further, my annual consulppt does not exceed 2,100 gallons per vear for d Peterson, Ir And	ion of perchloroethylene solvent, based ry-toldry facilities for 1,800 gallons per
Nan	ne (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.

AIRS ID#: 1050287

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u> </u>	1		
FACILITY NAME: Peterson Cl	eaners		DATE: 4/13/00
FACILITY LOCATION: 840 N.			, ,
7	33836		
			_
Annual Reporting Period:	3-5- 19 <u>99</u> to		4-13 2000
Based on each term or condition of the Title V go 62-213.300, Florida Administrative Code (F.A.C		<u>-</u> //	
If NO, complete the following:	•	•	
#1. Term or condition of the general permit that	has not been in continuous compl	iance during the repo	rting period stated above:
Exact period of non-compliance: from		to	Air Monito
Action(s) taken to achieve compliance:			Coniconing in the second
Method used to demonstrate compliance:			ing M
#2. Term or condition of the general permit that	has not been in continuous compl	liance during the repo	rting period stated above:
Exact period of non-compliance: from		_ to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
			,
As the responsible official, I hereby certify, base made in this notification are true, accurate and upon rolling averages of purchase receipts, does year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (1)	complete. Further, my annual con	sumption of perchlor	oethylene solvent, based

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	X	COMPLAINT/DISCOVE	RY 🗅
	RE-INSPECTION	, i		
				P
AIRS ID#: 1050287	. ,		~ .	JT: 1600
FACILITY NAME: Per	terson Cle	paners	reau of	PA M
FACILITY NAME: PERFORMENT PROPERTY NAME: PERFORMENT NAME: PERFORMENT NAME:	840 N. 13	roadu	ray 85 3	CP
_£	Sarlow 3	3830 T) Lices on the contract of the	
RESPONSIBLE OFFICIAL :	John Peterso	n, Jr	PHONE: 863/5	33-2612
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	1/4 30 days prior to startup			. ۵
2. Facility failed to notify DAF	RM to use general permit			۵
PART II: CLASSIFICATIO	N			
Facility indicated on notificat			☐ No notification form	
Facility indicated on notificat (check appropriate box)			☐ No notification form ☐ Drop store/out of busin	ess/petroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou	tion form that it is:	New small a	☐ Drop store/out of busing rea source	ess/petroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal	tion form that it is: arce 2. 1/yr dr	y-to-dry only,	☐ Drop store/out of busing rea source x < 140 gal/yr	ess/petroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou	tion form that it is: arce 2. 1/yr dry tra		rea source x < 140 gal/yr < 200 gal/yr	ess/petroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	tion form that it is: arce	y-to-dry only, ansfer only, x oth types, $x < x$	rea source x < 140 gal/yr < 200 gal/yr	ess/petroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	tion form that it is: arce 2. l/yr dry r tra bo) (cc 2,100 gal/yr dry 00 gal/yr tra gal/yr bo	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 20 oth types, 140	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ess/petroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sould dry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,80 both types, 140 \le x \le 1,800	tion form that it is: arce 2. ary dry r tra bo (cc 2,100 gal/yr dry 00 gal/yr tra gal/yr bo (cc)	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 20 oth types, 140	□ Drop store/out of busing rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	ess/petroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soud dry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,80 both types, 140 \le x \le 1,800 (constructed before 12/9/91) 5. This is a correct facility of the	tion form that it is: arce 2. ary dry r tra bo (cc 2,100 gal/yr dry 00 gal/yr tra gal/yr bo (cc)	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 20 oth types, 140 onstructed on	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □Can not determine mber above	ess/petroleum

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

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	ls the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	DY DN DN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	OY ON ON/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?	ØY □N		
2. Maintained rolling monthly total of perc consumption?	DY ON		
3. Maintained leak detection inspection and repair reports for the following:	·		
a. documentation of leaks repaired w/in 24 hrs? or;	TY ON ON/A		
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	MY ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN X YVA		
6. Maintained startup/shutdown/malfunction plan?	Æ(Y □N		
7. Maintained deviation reports?	DY DN EQN/A		
Problem corrected?	DY DN DN/A		
8. Maintained compliance plan, if applicable?	OY ON PAHA		

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?		α_{i}	DAY ON
2.	Has the facility maintained a leak log?		•	AY ON
3.	Does the responsible official check the following areas for leaks?			
	Hose connections, fittings, couplings, and valves	AVN NO VE	< <u>Muck cookers</u>	OY ON W(N/A
	Door gaskets and seating	AND NO YE	Stills	ØY □N □N/A
	Filter gaskets and seating	ANO NO Y	Exhaust dampers	ZY □N □N/A
	Pumps	AND NO YES	Diverter valves	AY ON ON/A
	Solvent tanks and containers	₽Y □N □N/A	Cartridge filter housings	AND NO AND
	Water separators	DY DN DN/A		
4. Which method of detection is used by the responsible official?				
Visual examination (condensed solvent on exterior surfaces)			₽	
Physical detection (airflow felt through gaskets)			Ø Ø	
	Odor (noticeable perc odor)			A
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			a .
	Halogen leak detector			
	If using direct-reading instrumentation, is the equipment:			DINIA
	a. Capable of detecting	perc vapor concentrations i	in a range of 0-500 ppm?	OY ON .
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and af	ter each use	מם עם
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON
d. Kept in a clean and secure area when not in use?			OY ON	
e Verified for accuracy by use of duplicate samples (calorimetric only)?			מם עם	

Inspector's Name (Please Print)

Marguet Canges
Inspector's Signature

April 2001
Approximate Date of Next Inspection

Z 210 662 423

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No Insurance Coverage Provided.

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10 AIRS ID # 1050287001AG JOHN R PETERSON JR PETERSON CLEANERS 840 N BROADWAY BARTOW FL 33830

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	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	

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•		_
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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1990	
Article Addressed to:	D. Is delivery address different from item Yes If YES, for endelivery address below:	<u>-</u>
10 AIRS ID # 1050287001AG JOHN R PETERSON JR PETERSON CLEANERS	JUN 1 3 2001	
840 N BROADWAY BARTOW FL 33830	3. Service Type au of Air Monitoring ☑ Certified Mai Monitoring □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.	= =
	4. Restricted Delivery? (Extra Fee)	=
2. Article Number (Copy from service label) 7 000 C	0606.0021.65269882	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789	=

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BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

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PETERSON'S INC JOHN R PETERSON JR 840 N BROADWAY BARTOW FL 33830 AIRS ID# 1050287

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273

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v 303<mark>033</mark>

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Obj.: 002273

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DEC 2 3 1998

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Bureau of Air Monitoring & Mobile Sources

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AIRS ID # 1050287

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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· Z 333 I	P T 5	7 68
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Complete items 12 and/of 2 for additional services. Complete items 32 a, and 45. Rint your name and additional services of the services ard to you. Attach this form to be from the mailpiece, or on the back if space of the services of th	e does not 1. Addressee's Address 5 e number. 2. Restricted Delivery 6
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5. Received By: (Print Name) 6. Signature: (Addressee or Identity) X	
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