

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 14, 1996

Mr. David Mariotti
President
Mariotti's Laundry and Cleaning Center
314 Ponce De Leon
St. Augustine, Florida 32084

Dear Mr. Mariotti:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 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

cc: Mr. Rick Banks, Northeast District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	MARIOTTIS LAUNDRY & CLEANING CENTERS INC							
2.								
-:	314 PONCE DE LEON BLUD ST AUGUSTINE FL 32084							
3.	Hazardous Waste Generator Identification Number:							
	SMALL QUANITY GENERATOR - APPLIED FOR							
4.	Facility Location:							
	Street Address: 314 Pouck DE LEON DIND City: ST AUGUS TIME FL County: ST TOWNS Zip Code: 32084							
	City: ST AUGUSTINE FL County: ST JOHNS Zip Code: 32089							
5.	Facility Identification Number (DEP Use):							
	1090046							
	Responsible Official							
6.	Name and Title of Responsible Official:							
	DAVID MARIOTTI PRESIDENT							
7.	Responsible Official Mailing Address: Organization/Firm: MARIOTTIS LAUNDAY & CLEANING CENTER							
	Street Address: 314 PONCE DE LEON							
	City: ST AUGUSTINE FL County: ST JOHNS Zip Code: 32084							
R	Responsible Official Telephone Number:							
0.	Telephone: (904) 829 - 9784 Fax: () -							
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
10.	Facility Contact Address:							
	On the Alley							
	Street Address: City: Zip Code:							
	Exp code.							
11.	Facility Contact Telephone Number:							
	Street Address: City: County: Zip Code: Facility Contact Telephone Number: Telephone: () - Fax: () - E							
L	Q E O B CIT							
	Monitor Monitor							
	of Air Source							
	aureau Mobile							

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#1090046

	Mariattia / modern of Maria a Carolan
	Mariotti's Laundry & Cleaning Centers
	† <u>†</u>
_	-spoke with David Mariotti-9/20/96- propane use approx. 21,200 gal.lyr., under limits
	Spoke ville pava mo mo me
	propane use approx. 21,200 gallyr.,
	under limits
	,
P.14	1.(a) add date centrol device installed for 2nd machine
, *	installed for 2nd machine
	VISIANCE VOI 2- MANUTE
	#1090046
	4170700-70
	Mariotti's Laundry 4 Cleaning Centers
	THOU WELL FAMILY Y TOLOWNY COTTUS
	
•	-Spoke with David Mariotti-9/20/96
p./5	5. propane - 1,033+566 + 1,058+651+
i	836+597+1,195 = 5,936-7=848 gal./wk.
	- 1/2 to boiler + 1/2 to dryers -
	848-2= 424gal/wk. X50 wks/ur.
	848-2= 424gal/wk. X50 wks./yr. = 21,200 gal./yr. (closed (2) wks.)
	- 21,200 gaily. of the year
	PM = 8.48 lb. / yr.
:	ND - 201 00 11 1.
	1VUX-240.80 16.14r.
	CO = 40.28 lb. /vr
	NOX=296.80 lb.lyr. CO=40.28 lb.lyr. TOC=10.60 lb.lyr.
	WC-10.00 ID.148
	-

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
		Initially	Device		Initially	Device		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-9
Dry-to-Dry Unit						_		•.	
(1) w/ ref. condenser	#1	15-5AN.87	15 JAN 87	#2	IS JAN87	7			
(2) w/ carbon adsorber									
(3) w/ no controls	_								
Washer Unit		•							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									V 127 15
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			•			•			i nakat
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls					<u> </u>				
(b) Control devices are(c) No control devices	are r	equired to be	installed [_						
2.(a) What was the total of [\$\mathbb{Z}\mathbb{S}\mathcal{O}]	-		oroethylene (perc)	purchased in	the latest 12	2 mor	iths?	
(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".					initions found	d in section (3) of	Part II?	
Existing small ar	ea so	urce []	Ne	ew sn	nall area sour	-ce []		
Fxisting large ar	ea so	arce [🔀]	Ne	ew la	rge area sour	ce [1		

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4. What control technology is required on machines pursuant to section (5) of Policy (Indicate with an "X".)	art II of this notification form?
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 units shall not be eligible to to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of 10 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ls of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
* PROPANE	
Equipment Monitoring and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site in accordance with the requ	
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X _]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[<u>.X</u> _]

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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							

Mariotti's Laundry + Cleaning Centers

-spoke with David Mariotti-9/20/96propane use approx. 21,200 gal./yr., under limits

p.14. 1.(a) add date control device
installed for 2nd machine

NORTHEAST DISTRICT

PROCESS 1996

COT 2 = 1996

DEP-JACKSONVILLE

6. Name

ひかい

7. Respon
Organi
Street
City:

8. Respon
Teleph

9. Name and Title of Facility Contact (For example, plant manager):

10. Facility Contact Address:

Street Address:

City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: () - Fax: ()

RECEIVED

RELEGION AIR MONITORING

Bureau of Air Monitoring

Bureau Mobile Sources

DEP Form No. 62-213.900(2)

Effective: 6-25-96

1. Facilit

Site N

Hazar

Facilit Street City:

5. Facilit

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BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification HEAST DISTORTED Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): MARIOTTIS LAUNDRY & CLEANING CENTERS ME 2. Site Name (For example, plant name or number): 314 PONCE DE LEON BLUD ST AUGUSTINE FL 30084 3. Hazardous Waste Generator Identification Number: SMALL QUANTY GENERATOR - APPLIED FOR 4. Facility Location: Street Address: 314 PONCE DE LEON BLUD City: ST AUGUS TIME FL County: ST JOHNS Zip Code: 32084 5. Facility Identification Number (DEP Use): 1090046 Responsible Official 6. Name and Title of Responsible Official: PRESIDENT DAUID MARIOTTI 7. Responsible Official Mailing Address: Organization/Firm: MARIOTTIS LAUNDAY & CLEANING CENTER 314 PONCE DE LEON Street Address: Zip Code: 33089 City: ST AUGUSTINE FL County: 5T JOHNS 8. Responsible Official Telephone Number: Telephone: (904) 829 - 9784 Fax: (Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: RECEIVED AUB 20 AIR Monitoring Bureau of Air Monitoring Bureau nobile sources City: County: Zip Code: 11. Facility Contact Telephone Number: Telephone: () Fax: ()

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Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit									
(1) w/ ref. condenser	到	15-JAN.87	15 JAN 87	42	15 DANS	15 JAN8)			
(2) w/ carbon adsorber									
(3) w/ no controls									
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									
Reclaimer Unit						1	-		
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(c) No control devices	(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? [
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)									
Existing small ar	ea so	urce []	Ne	w sn	nall area sour	rce [J		
Existing large area source New large area source									

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)	Part II of this notification form?
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 units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
* PROPANÉ	
Equipment Monitoring and Recordkeeping Infor	mation
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[.X .]

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

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)							
	·.							
	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 pron	mptly notify the Department of any changes to the information contained in this notification.							

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	/	
\checkmark		
V		

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:45 TIME OUT: 11:00	AIRS ID#: 10900 46
TYPE OF FACILITY: DRY CLEANER	··.
FACILITY NAME: MARIOTTT'S LALWORY ?	DRY (ILEANER DATE: 11/12/96
FACILITY LOCATION: 314 PONCE DE LE	ECON BLUD
ST. AVGUSTINE	
RESPONSIBLE OFFICIAL: DAVID MARKOTTI	PHONE NUMBER: 904-829-9784
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
INSTRUMENTATION FOR READING INLET AND OUTLET TEMPERATURES WAS NOT INSTALLED	THERMOMETERS TO BE INSTALLES
NO COMPLIANCE PLAN	ALL WORK WILL BE COMPLETED
SUBMITTED	WITHIN BC DAYS
•	
COMMENTS:	
The Annual Compliance Certification form has been properly certification.	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 1/6	proximate)
INSPECTION CONDUCTED BY: R.M. BAIN	•
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904-448-4310



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY	۵					
II	ARS ID#: 1090046 DATE: 11/12/96 TIME IN: 9:45 TIME OUT: 11:00 FACILITY NAME: MARIOTTI'S LAUNDRY AND DRY CLERNING							
FACILITY LOCATION:	·	'						
	•	STINE, ST. JOHNS, FL						
PART I: NOTIFICATION								
(check appropriate box)								
1. Existing facility notified DAR	M by 9/1/96							
2. New facility notified DARM 3	-	dup						
3. Facility failed to notify DARN		•						
PART II: CLASSIFICATION								
Facility indicated on notification (check appropriate box)	n form that it is:							
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	e . 🗆	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr beth types, x<140 gal/yr (constructed on or after 12/9/91)						
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" y=""><td>O gal/yr al/yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	O gal/yr al/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>						
This is a correct facility classific	ation	OY ON						
	d for a general pen	mit as number <u>3</u> above s not eligible for a general permit						
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 500 gallons.								

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 1910/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY ON DINA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON DAY/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?

2 of 4

	<u> </u>			
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?	ΩΥ	(DA)	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	(BN	/
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	DHV	
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?	ΠY	ОИ	₫N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QÝ	ND	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПN	ONTA
				
PA	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: neck appropriate boxes)			
1.	Maintained receipts for perc purchased?	ÜΥ	ΩИ	

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
	MY ON
1. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly averages of perc consumption?	אָט צעָש
3. Maintained leak detection inspection and repair reports fo. the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	CAY ON
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
4. Maintained calibration data? (for direct reading instruments only)	OY ON DONA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON.
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	ØY □N
Problem corrected?	DY ON
8. Maintained compliance plan, if applicable?	DY ON ON/A

8. Maintained compliance plan, if applicable?	OY ON ON/A
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	OY ON

2.	2. Which method of detection is used by the responsible official?	
	Visual examination (condensed solvent on exterior surfaces)	
	Physical detection (airflow felt through gaskets)	0
	Odor (noticeable perc odor)	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	
	If using direct-reading instrumentation, is the equipment:	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	אם צם ?
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 	OY ON
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON
	d. Kept in a clean and secure area when not in use?	OY ON
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	DY ON
3.	3. Has the facility maintained a leak log?	DY ON
4.	Does the responsible official check the following areas for leaks?	
	Hose connections, fittings, couplings, and valves	dy on
	Door gaskets and seating DY DN Stills	tay on
	Filter gaskets and seating DY DN Exhaust dampers	MY ON
	Pumps Diverter valves	NO YO
	Solvent tanks and containers DY ON Cartridge filter housing	ngs BY ON
	Water separators DN	
	Name of Responsible Official	le c
	P. A. BAWKS Inspector's Name (Please Brint) Date of In	1966
		•
	Inspector's Signature Approximate Date	of Next Inspection
		4

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MARIOTTI'S LAUNDRY & DRY CIEANERS DATE: 10 Dec 97
FACILITY LOCATION: 314 Ponce De Leon Blud
ST. AUGUSTINE, ST. Johns
Annual Reporting Period: Dec 1996 TO Dec 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES PNO
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Not Storing Perc in Secondary containment
Exact period of non-compliance: from Dec 96 to Dec 97
Action(s) taken to achieve compliance: Put Penc in Pan
Method used to demonstrate compliance: Annual Inspection
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: RECEIVED
Exact period of non-compliance: fromtoto
Action(s) taken to achieve compliance: Bureau of Air Monitoring
Method used to demonstrate compliance: Method used to demonstrate compliance: Mobile Sources
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,860 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: DAVID MARIOTI Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COM	PLAINT/DISCOVERY	RE-INSPECTION	1
TIME IN: 8:45	TIME OUT: 10	:00	AIRS ID#:_	1090046	
TYPE OF FACILITY: \overline{DR}	CLEANER				
FACILITY NAME: MARIC	ITIS LAUNDRY	5 I	PRY CIEANERS	DATE: 10 Dec 9	7
FACILITY LOCATION: 314	PUNCE DE L	EUN	73147		
	AUGUSTINE, ST				
RESPONSIBLE OFFICIAL: D	AUID MARIUTTI		PHONE NUME	BER: <u>904- 829-978</u>	4
	the compliance requirements		ated during this inspection, that ive Code (F.A.C.).	ne facility is found to be in	
Based on the results of discrepancies were note		s evalua	ated during this inspection, th	ne following compliance	
COMPLIANCE REQI			FOLLOW-UP A	CTION REQUIRED	
Not Storing Perc	in secondary		Pot Perc in	PAN .	
Not Storing Para Containmen	+				
	·				
			-		
V					
COMMENTS:			,		
COMMENTE.			•		
The Annual Compliance Certific	cation form has been properl	ly certif	ied and submitted to the insp	ector. YES NO	
DATE OF NEXT INSPECTIO	N: Dec 98				
	CUPLETONIC	` • •	proximate)		
INSPECTION CONDUCTED	BY: CAKISTOPHET		L. ScoTT ease Print)	· \	
INSPECTOR'S SIGNATURE	MAIL.	14	PHONE NUMI	904) BER: 444-4310 ext	255

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Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DIS	COVERY	
FACILITY NAME: MAR):00
FACILITY LOCATION: 3					
<u>37</u>	- AUGUSTIA	JE,57.	Johns		
					<u></u>
PART I: NOTIFICATION					
(check appropriate box)				•	
Existing facility notified DAI	VM by 9/1/96	,			/8 07
2. New facility notified DARM	30 days prior to startur	р .			
3. Facility failed to notify DAR	M to use general permi	it		·	
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	on form that it is:				
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	di tr bo	ansfer only, x oth types, $x < 1$, x<140 gal/yr <200 gal/yr		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>0 gal/yr ¹ di al/yr tr yr bo</td><td>ansfer only, 2 oth types, 140</td><td>area source , 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	0 gal/yr ¹ di al/yr tr yr bo	ansfer only, 2 oth types, 140	area source , 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classific	cation [N DN			
If no, please check the appropria	ate classification:				
,	ed for a general permit s above limits and is no				
B. The total quantity of perchlor facility was 7/0 gallons.	oethylene (perc) purch	nased within t	he preceding 12 mon	ths by this dry	cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ØN
2. Examining the containers for leakage?	by on
3. Closing and securing machine doors except during loading/unloading?	ro Pa
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	ØÝ □N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	·
If classification 1 has been checked, no controls are required. Proceed to Part V	7.
If classification 2 has been checked, the machine should be equipped with a refr. (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	אם אפ
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AINO NO YM
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	DY DN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	MO AM
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

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 ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON	
	Is the temperature differential equal to or greater than 20° F?	ey on	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	D Ý ON ON/A	
	Is the perc concentration equal to or less than 100 ppm?	DY DN	
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 ON	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ON/A	
6.	Routed airflow to the carbon adsorber (if used) at all times?	BY ON ON/A	

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

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

2.	Which method of detection is used by	the respon	nsible offici	al?			
	Visual examination (condensed	solvent on	exterior su	urfaces)	D	,	
	Physical detection (airflow felt t	hrough ga	skets)	.•	D		Į
	Odor (noticeable perc odor)						
	Use of direct-reading instrumen	tation (FII	D/PID/calor	imetric tubes)			
	If using direct-reading instrun	nentation,	is the equi	ipment:		• •	
	a. Capable of detecting	g perc vapo	or concentra	ations in a range of 0-500 ppm?	\Box Y	N	ĺ
	b. Calibrated against a (PID/FID only)?	standard	gas prior to	and after each use	ΟY	N□	
	c. Inspected for leaks a	ınd obviou	s signs of v	vear on a weekly basis?	ΠY	DИ	
	d. Kept in a clean and	secure are	a when not	in use?	ΩY	ПN	
	e. Verified for accuracy	y by use of	duplicate s	samples (calorimetric only)?	ΠY	מם	l
3.	3. Has the facility maintained a leak log?				DY DN		
4.	Does the responsible official check the	following	g areas for l	eaks?			
	Hose connections, fittings, couplings, and valves	ØY	□и	Muck cookers	₽Ý	ΠN	
	Door gaskets and seating	ΩĀ.	ΝΩ	Stills	PY	ПИ	
	Filter gaskets and seating	QX	□и	Exhaust dampers	ØY	□и	
	Pumps	a Y	ПΝ	Diverter valves	D Y	ΩΝ	
	Solvent tanks and containers	D Y	ПN	Cartridge filter housings	M Y	□N	
	Water separators	A Y	N				
							_

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DAVID MARIOII (
Name of Responsible Official	
CHRISTOPHER L. SCOTT	10 DEC 97
Inspector's Name (Please Print)	Date of Inspection
Will little	12/98
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFOR	MATION:			
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	Section 1			
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AIRS ID#: 1090046

Revised 10/10/5

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

44	10.10/0
FACILITY NAME: Mario # is Launo	dry + bry Cleaners DATE: 12/8/98
FACILITY LOCATION: 314 Ponce De 1	Leon
St. Augustine, Fl	Corida 32084
Annual Reporting Period: Dec	1997 TO Dec 198
Based on each term or condition of the Title V general at 62-213.300, Florida Administrative Code (F.A.C.), during	ir permit, my facility has remained in compliance with DEP Rule ng the period covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not	been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	<u> </u>
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not	been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	·
Method used to demonstrate compliance:	• .
made in this notification are true, accurate and complete	formation and belief formed after reasonable inquiry, that the statements e. Further, my annual consumption of perchloroethylene solvent, based need 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year fo

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

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1090046

MARIOTTI'S LAUNDRY & CLEANING CENTERS IC DAVID MARIOTTI 314 PONCE DE LEON ST AUGUSTINE FL 32084

Do NOT Remove Label

Annual Reporting Period:	1-12	19 <u>9</u> 8 то	1-12	1999
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code	•			h DEP Rule
If NO, complete the following:				
#1. Term or condition of the general perm	nit that has not been in	continuous complia	nce during the reporting	period stated above:
Exact period of non-compliance: from	R	ECEIVE	to	
Action(s) taken to achieve compliance:		FJAN 2 2 1998		<u></u>
Method used to demonstrate compliance:	Bı	reau of Air Monito	oring S	
#2. Term or condition of the general perm	nit that has not been in	continuous complia	nce 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, b notification are true, accurate and complete. does not exceed 2,100 gallons per year for dry	Further, my annual co	nsumption of perchlor	roethylene solvent, based u	pon pupchase receipts,

^{*}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.



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1, 1997. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32399-2400



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1090046
MARIOTTI'S LAUNDRY & CLEANING CENTER
INC
DAVID MARIOTTI
314 PONCE DE LEON
ST AUGUSTINE FL 32084

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 14, 1996

Mr. David Mariotti
President
Mariotti's Laundry and Cleaning Center
314 Ponce De Leon
St. Augustine, Florida 32084

Dear Mr. Mariotti:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 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

cc: Mr. Rick Banks, Northeast District

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

AIRS ID#: 1090046	
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Revised 10/10/

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	+ Dry Cleaners	DATE: <u>/-</u>	Z-00
FACILITY LOCATION: 314 Ponce De	Leon		
St. Augustine, FL	- 32084		
Annual Reporting Period: 12	1998 то	12	Z80c
Based on each term or condition of the Title V general 62-213.300, Florida Administrative Code (F.A.C.), du		<i>PT</i> —	МО пје
If NO, complete the following:			
#1. Term or condition of the general permit that has r	not been in continuous compliance durin	ng the reporting period st	ated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:			
•		•	
Method used to demonstrate compliance:		· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate compliance: #2. Term or condition of the general permit that has r		ng the reporting period st	
#2. Term or condition of the general permit that has r			
#2. Term or condition of the general permit that has r Exact period of non-compliance: from			
#2. Term or condition of the general permit that has r Exact period of non-compliance: from Action(s) taken to achieve compliance:		ECEIVED	
#2. Term or condition of the general permit that has r Exact period of non-compliance: from	to	JAN 13 2000	O14
#2. Term or condition of the general permit that has r Exact period of non-compliance: from Action(s) taken to achieve compliance:	information and belief formed after realete. Further, my annual consumption of exceed 2,100 gallons per year for ary-to-	JAN 13 2000 STATE OF F. CLIDA THEAST DISTRICT—J sonable inquiry, that the log perchloroethylene solve	ON AX statements ent, 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:00 TIME OUT: 17:5	AIRS ID#: 1090046
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Marieth's Laundry + Dry Clea	nels DATE: 172-00
FACILITY LOCATION: 314 PONCE DE LEON	
St. augustine, FL 32084	PHONE NUMBER: 904-829-9784
RESPONSIBLE OFFICIAL: David Manoth	PHONE NUMBER: 474-874-978 1
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· · · · · · · · · · · · · · · · · · ·	-
COMMENTS:	
	•
	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 12/00	proximate)
INSPECTION CONDUCTED BY: Christopher L.	
All I	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904-448-4310 X 240

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL RE-INSPECTIO	N D
	00 TIME IN: 12:00 TIME OUT: 12:50 + Dry Cleaners
FACILITY LOCATION: 314 PONCE De	Leon
St. Avgustme	FL 32084
RESPONSIBLE OFFICIAL: David Mari	ot: PHONE: 904-829-9784
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup 🗆
2. Facility failed to notify DARM to use general per	mit
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, $140 \le x \le 2,100 \text{ gaVyr}$ transfer only, $200 \le x \le 1,800 \text{ gaVyr}$ both types, $140 \le x \le 1,800 \text{ gaVyr}$ (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y ON OCan not determine
	neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) per facility was 230 gallons.	archased within the preceding 12 months by this dry cleaning

BEST AVAILABLE COPY

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

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	Agy □N
2. Maintained rolling monthly averages of perc consumption?	אָם צי¢
3. Maintained leak detection inspection and repair reports for the following:	
 a. documentation of leaks repaired w/in 24 hrs? or; 	AYAO 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?	AND NO YO
4. Maintained calibration data? (for applicable direct reading instruments)	אמ קל אם עם
5. Maintained exhaust duct menitoring data on perc concentrations?	$\sqrt{2}$ Y \Box N \Box N/A
6. Maintained startup/shutdown/inalfunction plan?	∯Y □¤
7. Maintained deviation reports?	AND NO YE
Problem corrected?	אואם אם צק
8. Maintained compliance plan, if applicable?	אותם אם צלע

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PART \	VI: LEAK DETECTION AND	REPAI	RS.				
1. Does	the responsible official conduct a	weekly	(for	small sourc	es, bi-weekly) leak detection a	nd repair	
inspe	ection?					AY	מם
2. Has t	the facility maintained a leak log?					Y	אם
3. Docs	the responsible official check the	follow	ing ar	reas for leak	s?	•	
	Hose connections, fittings, couplings, and valves	PY	DИ	□N/A	Muck cookers	ΦY □N	□N/A
	Door gaskets and scating	Y	DИ	□N/A	Stills	DY DN	□N/A
	Filter gaskets and seating	A Y	ПN	□N/A	Exhaust dampers	DY ON	□N/A
	Pumps	βY	ΠN	□N/A	Divener valves	PY DN	□N/A
	Solvent tanks and containers	Y	ΠN	□N/A	Cartridge filter housings	BY DH	□N/A
	Water separators	\mathcal{B}^{λ}	ПИ	□N/A			
4. Which	ch method of detection is used by	the resp	onsit	ole official?			
	Visual examination (condensed s	olvent	on ex	terior surfac	ces)	B	
	Physical detection (airflow felt th	rough	gaske	ts)		B	
	Odor (noticeable perc odor)					B	
H	Use of direct-reading instrument	ation (I	ID/P	ID/calorime	tric tubes)	à	
	Halogen leak detector					<u> </u>	
	If using direct-reading inst	rument	ation	, is the equ	ipment:	□N/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						DY DN	I
	b. Calibrated against a (PID/FID only)?	standaı	d gas	prior to and	i after each use	OY ON	I
	c. Inspected for leaks a	nd obvi	ous s	igns of wear	on a weekly basis?	DY DN	I
	d. Kept in a clean and	secure a	arca w	when not in	usc?	DY DN	
	c. Verified for accuracy	by use	of du	iplicate sam	ples (calorimetric only)?	DY DN	1
					•		
	· · · · · · · · · · · · · · · · · · ·			,			
C	Christopher L. Scott Inspector's Name (Please Print) Date of Inspection						
	Inspector's Name (Please Pr	int)			Date of Insp	ection	
//	HI I ST				17/00		
-64	Inspector's Signature	·			Approximate Date of	Next Inspe	ection

			. ~
1 A	DDITIONAL	SITE INFORM	A 1 1 / 1 ~
	DULLUMAL	SHE INFORM	TAL LO 11

Leroy - Plant Mgr



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL-	COMPLA	INT/DISCOVERY	RE-INSPE	CTION	
TIME IN: 9:38	TIME OUT:	10:15	AIRS ID#:	1090040	ó	
TYPE OF FACILITY: D	RY CLEANER		·.			
FACILITY NAME: MA	RIDITI'S LAUD	NDRY &	DRY CLEANER.	SDATE:/-2	26-01	
FACILITY LOCATION: 314 PONCE DE LEON						
	ST, AUGUSTIA	YE, FL	32084			
RESPONSIBLE OFFICIAL:	DAVID MARI	10111	PHONE NUMB	er: <u>904-829</u>	1-9784	
المكا	the compliance requirem Rule 62-213.300, Florida		during this inspection, the Code (F.A.C.).	facility is found to b	oe in	
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:						
COMPLIANCE REQU	JIREMENT/PROB	LEM	FOLLOW-UP AC	CTION REQUIE	RED	
					·	
	<u>-</u>					
·			·			
					•	
COMMENTS:						
			·			
·						
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO						
DATE OF NEXT INSPECTION:						
(Approximate) INSPECTION CONDUCTED BY: PIAK BANKS						
INSPECTOR'S SIGNATURE: PHONE NUMBER: 448-4310						

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPECTION:

ANNUAL

×

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 1090046 DATE: 1-26-01 TIME IN: 9:30 TIME OUT: 10:18 FACILITY NAME: MARIOTTI'S LAUNDRY & DRY CLIZANERS FACILITY LOCATION: 314 POWCE DE LEGAL ST. AUGUSTINE FL 32084 RESPONSIBLE OFFICIAL: DAVID MARIOTTI PHONE: 904-829-9784 CONTACT NAME: DAVID MARIOTTI PHONE: Phone:					
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM 30 days prior to startup					
2. Facility failed to notify DARM to use general permit					
PART II: CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box) A.	☐ 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 DN DCan not determine				
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit					
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 1045 gallons.					

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DAY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY 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? XY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DNA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN DXN/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 condenser upon opening the door? DY DN ØN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DXY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after N□ Y<mark>X</mark> 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?	XX	□N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÞΥ	□N □N/A
	Is the temperature differential equal to or greater than 20° F?	⊅ Y	□N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY	□n Þ Ín/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ON KON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	on M n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ØY	□N . □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ON PON/A

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

PART V	PART VI: LEAK DETECTION AND REPAIRS					
1. Does	the responsible official conduct a v	veekly (for small sources, b	i-weekly) leak detection a	nd repair		
inspe	ction?			⊠ (Y □N		
2. Has tl	he facility maintained a leak log?			XY ON		
3. Does	the responsible official check the f	ollowing areas for leaks?		·		
	Hose connections, fittings, couplings, and valves	□Y □N □N/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	OY ON ON/A	Stills	Y ON ON/A		
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	DAY ON ON/A		
	Pumps	OY ON ON/A	Diverter valves	ØY □N □N/A		
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	CXY ON ON/A		
	Water separators	□Y □N □N/A				
4. Whic	h method of detection is used by th	e responsible official?				
	Visual examination (condensed so	lvent on exterior surfaces)	The state of the s	9		
	Physical detection (airflow felt three	ough gaskets)		Ø.		
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector	•				
	If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON			
	b. Calibrated against a sta (PID/FID only)?	andard gas prior to and afte	r each use	OY ON		
·	c. Inspected for leaks and	l obvious signs of wear on	a weekly basis?	OY ON		
	d. Kept in a clean and sec	cure area when not in use?		OY ON		
	e. Verified for accuracy l	by use of duplicate samples	(calorimetric only)?	OY ON		
	Inspector's Name (Please Print	<u> </u>	1-Z6-8 Date of Inspection	<u> </u>		
	mispector 3 traine (1 lease Film	· ·	Date of mapeetion			
	MANA NO D-		1-0	Z		
	Inspector's Signature		Approximate Date of	Next Inspection		

ADDITIONAL SITE INFORMATION:			
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

. 4					
FACILITY NAME: MARIOT	T/'S /	WNDRY	= DRY	<u>CLEANERS</u> DAT	E: <u>1-26-0/</u>
FACILITY LOCATION: 314	PONCE	DE L	EON	·	-
57.	AUBUSTI	NE, FL	320	84	
· · · · · · · · · · · · · · · · · · ·		·			
Annual Reporting Period:	NUARY	2000	то	JANUARY	200/
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-			<u>ث</u>	DEP Rule
If NO, complete the following:					
#1. Term or condition of the general permit	that has not bee	en in continuous	compliance	Burea C	eriod stated above:
Exact period of non-compliance: from			to_	u of Air	7
Action(s) taken to achieve compliance:		······································			
Method used to demonstrate compliance:				Sources Sources	7
#2. Term or condition of the general permit	that has not bee	en in continuous	compliance	-	eriod stated above:
Exact period of non-compliance: from	<u> </u>		to		
Action(s) taken to achieve compliance:				-	
Method used to demonstrate compliance:		·			
				·	
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. I	Further, my ann	ual consump per year for d	tion of perchloroethyle dry-to dry facilities or	ne solvent, based
	me (Please Prin	t)	7	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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390178

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 # 1090046

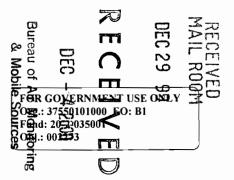
MARIOTTI'S LAUNDRY & CLEANING

CENTER

DAVID MARIOTTI

314 PONCE DE LEON

ST AUGUSTINE FL 32084



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1090046 MARIOTTI'S LAUNDRY & CLEANING CENTERS IC DAVID MARIOTTI

314 PONCE DE LEON ST AUGUSTINE FL 32084 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

'HIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354340

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 # 1090046

MARIOTTI'S LAUNDRY & CLEANING CENTER DAVID MARIOTTI 314 PONCE DE LEON

ST AUGUSTINE FL 32084

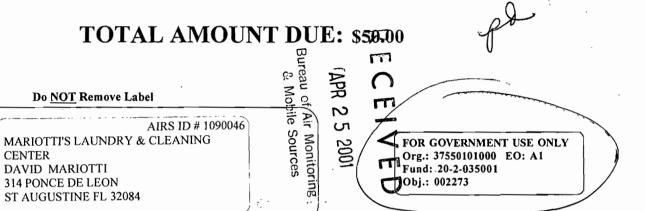
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407937 APR20 2001

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





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412926 JAN112002

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

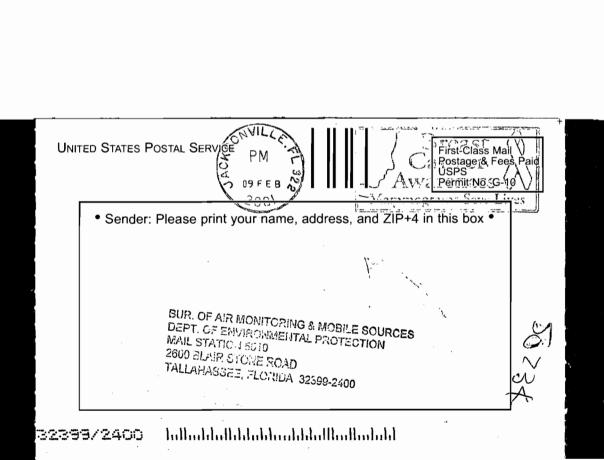
AIRS ID # 1090046 MARIOTTI'S LNDRY & CLEANING CNTR DAVID MARIOTTI 314 PONCE DE LEON ST AUGUSTINE FL 32084

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

U.S.: Posal Service CERTIFIED MAIL RECEIPT (Domestic Mail only: No Insurance Coverage Provided)			ed)	
4127	Postage Certified Fee	\$	Postmark	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	
7000 0600	DAVID MA Street, 314 PONCE	S LAUNDRY & CLE. RIOTTI DE LEON TINE FL 32084	S ID # 1090046 ANING CENTER	nstructions

TG 7	7***	
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 revers 		A. Receiverby (Please Print Clearly) B. Date of Delivery
 so that we can return the card to you. Attach this card to the back of the mailpied or on the front if space permits. 	ce,	X Agent Addressee
Article Addressed to:	Ų	Is delivery address different from item 1? Yes
AIRS ID # 1090046 MARIOTTI'S LAUNDRY & CLEANING CENTE	R ¦	
DAVID MARIOTTI 314 PONCE DE LEON ST AUGUSTINE FL 32084		3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
		4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) 7000 0600 0000	, 4	424 3280
PS Form 3811, July 1999 Don	nestic Ret	turn Receipt 102595-99-M-1789



2 570 667 558 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 1090046 MARIOTTI'S LAUNDRY & CLEANING CENTER DAVID MARIOTTI 314 PONCE DE LEON ST AUGUSTINE FL 32084 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. AIRS ID # 1090046 MARIOTTI'S LAUNDRY & CLEANING CENTER	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
DAVID MARIOTTI 314 PONCE DE LEON	3. Service Type ☐ Certified Mail ☐ Express Mail
ST AUGUSTINE FL 32084	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) Z 2 10 66 228	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE VILLE First-Glass Mail Postage &-Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES APRIL OF ENVIRONMENTAL PROTEOTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-24000

0815				
먑	Postage	\$		
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) Street Agent Addressee D. Is delivery/address different from item 1? Yes
1. Article Addressed to: AIRS ID # 1090046 MARIOTTI'S LAUNDRY & CLEANING CENTER DAVID MARIOTTI	If YES, enter delivery address below: ☐ No
	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0600 0026 4126 08	75
PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789

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j 1 <u>1</u>	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to					
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	Special Delivery Fee					
	Restricted Delivery Fee					
1995	Return Receipt Showing to Whom & Date Delivered					
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address					
800	TOTAL Postage & Fees	\$				
PS Form 3800 , April 1995	Postmark or Date					

SENDÉR: 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. 1. Article Addressed to: 10 AIRS ID # 1090046001AG DAVID MARIOTTI 	A. Received by (Please Print Clearly) C. Signature X (A C C C C C C C C C C C C C C C C C C		
MARIOTTI'S LAUNDRY & CLEANING CENTER 314 PONCE DE LEON ST AUGUSTINE FL 32084	& Mobile Sources 3. Service Type		
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