

### Department of Environmental Protection

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

Virginia B. Wetherell Secretary:

April 27, 1998

Mr. Billy Tyson Ponte Vedra Custom Cleaners 152 Highway A1A Ponte Vedra, Florida 32082

Re: Facility No.: 1090056

Dear Mr. Tyson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 14, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Rick Banks, Northeast District

### Perchloroethylene Dry Cleaning Facility Notification

	Facility Name and Location	Ви	7	D T
l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<del>_</del> <del>⊆</del>	2	1
	PONTE VEDRA CUSTOM CLEANERS	Nob Nob	PR 1	77
2.	Site Name (For example, plant name or number):	ureau of Air Monitoring & Mobile Sources	APR 1 4 1998	4
3.	Hazardous Waste Generator Identification Number:	toring		
4.	Facility Location: 152 HWY AIA Street Address: PONTE VEDRACounty: 5T. JOHNS Zip Code: 320	82		•
<b>.</b> 5.	Facility Identification Number (DEP Use): 109000	56		
	Responsible Official			
6.	Name and Title of Responsible Official:			1
	BILLY TYSON OWNER			
7.	Responsible Official Mailing Address:  Organization/Firm:  Street Address:  City: County: Zip Code:			
8.	Responsible Official Telephone Number: Telephone: (904) 245-2680 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: City: County: Zip Code:			
11.	Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -			

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

1090056

PH Should be marked.

Responsible official sign and date
for changes

#### **Facility Information**

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

1		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		lnitially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		<del></del>	·	•					
(1) w/ ref. condenser	1	1-JAN-90	1-7AN-90						
(2) w/ carbon adsorber	Ţ,								
(3) w/ no controls									
Washer Unit		•	•		•				
(4) w/ ref. condenser									_
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser	٠.						-		
(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?  [									
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 area source New small area source									

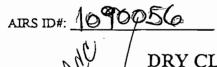
DEP Form No. 62-213.900(2) Effective: 6-25-96

(Indicate with an "X".)
Existing large area source  Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
$\cdot$
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuan to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following 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 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
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

#### Surrender of Existing Air Permit(s)

Please indica	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
L	11.1. 4-6-90



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DON'TE Ved		Cleaners	DATI	E: 6/9/98
FACILITY LOCATION: 152	Hwy AIA		<u>-</u>	
	Vedra, FL.	32082		<u> </u>
		-		
Annual Reporting Period:		19 <u><b>9</b></u> 7 то	<u> </u>	1998
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		•	<u> </u>	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been in cor	utinuous compliance du	uring the reporting per	riod stated above:
Exact period of non-compliance: from		to		W C
Action(s) taken to achieve compliance:				1
Method used to demonstrate compliance:			0/67	1 30 K
#2. Term or condition of the general permit	t that has not been in con	tinuous compliance du	uring the reporting per	riod 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, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, i	my annual consumptio	n of perchloroethy!en	e solvent, based
Na:	me (Please Print)	V Vs	Aature	Date

<sup>\*</sup>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 OCM	PLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 1:00 TIME OUT: 1:45	AIRS ID#: 10900576				
TYPE OF FACILITY: DRY CLEANER	<u> </u>				
FACILITY NAME: Porte Vedra Custom Clean	DATE: 6/9/98				
FACILITY LOCATION: 152 HWY AIA					
Ponte Vedra FL 32086	•				
RESPONSIBLE OFFICIAL: Billy Tyson	PHONE NUMBER 904-285-26 80				
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 evaluated discrepancies were noted:	ated during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
	P				
	Burgar Milk				
	Toolie South State of the South				
	Ces Oring				
COMMENTS:					
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION: 6/99 (App	proximate)				
INSPECTION CONDUCTED BY: Christopher L. Se	ease Print)				
INSPECTOR'S SIGNATURE: The PHONE NUMBER: 901-448-4310 x 255					

Page\_\_\_of\_

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

	COMPLIANCE INST	PECTION C	HECKLIST	
TO OF INCOPPORTOR.	4 NINIT 1 4 7	₩	COLOR A DETADLE	COLUMN STATE OF THE STATE OF TH
TYPE OF INSPECTION:	ANNUAL	À	COMPLAINIDIS	COVERIO E
	RE-INSPECTION			COVERYOUT / SAGE
AIRS ID#: <u>/09005</u> 6	)ATE: <u>6/9/98</u>	TIME I	N: <u>// 0 0</u> TI	ME OUT: // \$
FACILITY NAME: Ponte	Vedra Custon	m Clea	mess	
FACILITY LOCATION:	152 HWY A	ı A		
	Ponte Vedra,	FL 320	ু সু	·
RESPONSIBLE OFFICIAL:	Billy Tyson		phone: <u>904- 2</u>	85-2680
CONTACT NAME:	•			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	0 days prior to startup			
2. Facility failed to notify DARN	I to use general permit			
PART II: CLASSIFICATION				
Facility indicated on notificatio	n form that it is:		☐ No notification f	
(check appropriate box)			☐ Drop store/out of	f business/petroleum
A. 1. Existing small area sourc	e 🔰 2.	New small a	rea source	
dry-to-dry only, x < 140 gal/y		v-to-dry only,	v < 140  gal/vr	J
	-			
transfer only, x < 200 gal/yr	tra	insfer only, x	< 200 gal/yr	
both types, x < 140 gal/yr	tra bot	insfer only, $x < 1$ th types, $x < 1$	< 200 gal/yr 140 gal/yr	
, , , , , , , , , , , , , , , , , , , ,	tra bot	insfer only, $x < 1$ th types, $x < 1$	< 200 gal/yr	
both types, x < 140 gal/yr	tra bot (cc	insfer only, $x < 1$ th types, $x < 1$	< 200 gal/yr 140 gal/yr or after 12/9/91)	
<ul> <li>both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1</li> </ul>	tra bor (co e	insfer only, $x$ th types, $x < 1$ onstructed on  New large a y-to-dry only,	< 200 gal/yr 140 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal/}$	<del></del>
<ul> <li>both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800</li> </ul>	tra bot (co  e	insfer only, x th types, x < 1 onstructed on New large a y-to-dry only, insfer only, 20	< 200 gal/yr 140 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$	<del></del>
<ul> <li>both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga</li> </ul>	tra  tra  bot  (cc  e	unsfer only, $x$ th types, $x < 1$ constructed on  New large a y-to-dry only, unsfer only, 20 th types, 140	< 200 gal/yr 140 gal/yr or after 12/9/91)  rea source 140 \le x \le 2,100 gal/yr 00 \le x \le 1,800 gal/yr < x \le 1,800 gal/yr	<del></del>
<ul> <li>both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800</li> </ul>	tra  tra  bot  (cc  e	unsfer only, $x$ th types, $x < 1$ constructed on  New large a y-to-dry only, unsfer only, 20 th types, 140	< 200 gal/yr 140 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$	<del></del>
<ul> <li>both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga</li> </ul>	e 4. 00 gal/yr dry gal/yr tra al/yr bor	unsfer only, $x$ th types, $x < 1$ constructed on  New large a y-to-dry only, unsfer only, 20 th types, 140	< 200 gal/yr 140 gal/yr or after 12/9/91)  rea source 140 \le x \le 2,100 gal/yr 00 \le x \le 1,800 gal/yr < x \le 1,800 gal/yr	ут
both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gas (constructed before 12/9/91)  5. This is a correct facility clauding in the second constructed before 12/9/91 in the second constructed before 12/9/91)	tra bot (cc  e	unsfer only, $x$ th types, $x < 1$ constructed on New large a y-to-dry only, unsfer only, 20 th types, 140 constructed on $Y \square N$	< 200 gal/yr 140 gal/yr or after 12/9/91)  rea source 140 ≤ x ≤ 2,100 gal/y 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)  □Can not determin	ут
both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)  5. This is a correct facility cla  If no, please check the a facility	tra bot (cc  e	Insfer only, x th types, x < 1 constructed on  New large a y-to-dry only, unsfer only, 20 th types, 140 constructed on  Y	< 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 determinated	yt ne ve
both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)  5. This is a correct facility cla  If no, please check the a facility	tra bot (cc  e	insfer only, x th types, x < 1 constructed on  New large a y-to-dry only, unsfer only, 20 th types, 140 constructed on  Y	<pre>&lt; 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 determinate timber</pre>	yt ne ve mit

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? Y ON ON/A 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 ØÝY ON ON/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? A'AI UI UI YQ 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? ΔM □N Y DN DNA 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 □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/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN BN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after ØY □N 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?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΩΥ	ΠN	□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?	ΠY	□и	□N/A
	ls the perc concentration equal to or less than 100 ppm?	ΩY	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?	ΟY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПΥ	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ИП	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: YAY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days MY ON ONA and parts installed w/in 5 days of receipt? A/MES, NO YO 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? AYMO NO YEX $N \square Y$ 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? ØY □N □N/A A'YA NO NA Problem corrected? 8. Maintained compliance plan, if applicable? AND NO YQ

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?					ЮY		מב
2.	Has the facility maintained a leak log?					YAY		מכ
3.	Does the responsible official check the	follow	ing a	reas for leaks?	·			
	Hose connections, fittings,	. 🕰			<b>√</b>	\A		
	couplings, and valves	ADA	ПN	□N/A	Muck cookers	ΔY	ΠN	□N/A
	Door gaskets and seating	ÞΥ	ПN	□N/A	Stills	DA.	ΠN	□N/A
	Filter gaskets and seating	ФY	ПN	□N/A	Exhaust dampers	<b>A</b> Y	ПN	□N/A
	Pumps	PY	ПN	□N/A	Diverier valves	ΨÎΥ	ПΝ	□N/A
	Solvent tanks and containers	βY	ΠN	□N/A	Cartridge filter housings	Y	ПΝ	□N/A
ļ	Water separators	Ý	ΠN	□N/A				
4.	Which method of detection is used by the	ne resp	onsit	ole official?				
	Visual examination (condensed so	lvent	on ex	terior surfaces)		A		
	Physical detection (airflow felt the	ough	gaske	ts)		Ą		
	Odor (noticeable perc odor)					Æ		
	Use of direct-reading instrumenta	tion (F	ID/P	ID/calorimetric	tubes)			
	Halogen leak detector		5					
	If using direct-reading instru	ument	ation	, is the equipm	ent:	□N/	'A	
	a. Capable of detecting p	erc va	por c	oncentrations in	a range of 0-500 ppm?	ΠY	ΠN	
	b. Calibrated against a s (PID/FID only)?	tandar	d gas	prior to and aft	er each use	ΟY	□и	
	c. Inspected for leaks an	irzdo b	ous si	gns of wear on:	a weekly basis?		ПN	
	d. Kept in a clean and se			_	-		ΠN	
	e. Verified for accuracy					Y		
		o, ao	01 4.	priodic oddiproo	(•шоттошто отду).			
_								
_ (	Christopher L. Scott				6/9/98	•		
	Inspector's Name (Please Prin	t)			6/9/98 Date of Inspe	ction		
	14000	4	•					-
	Inspector's Signature	1		<del></del>	Approximate Date of I	Next I	nspec	tion ·

ADDITIONAL SITE INFORMATI	ON:	
pencer	Solitaie II	
	-	

# PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST ION: ANNUAL

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINTIN	SCOVERY	<u> </u>
AIRS ID#: 1090056 DA			N: 1230 8 9	Ty C	1:10
FACILITY LOCATION: 152	ite vedra, Fe	3208	<i>'</i> 2		· · · · · · · · · · · · · · · · · · ·
RESPONSIBLE OFFICIAL:	3.11y Tyson			285-26	80
PART I: NOTIFICATION					
(check appropriate box)  1. New facility notified DARM 30  2. Facility failed to notify DARM					0
PART II: CLASSIFICATION		······································			
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification☐ Drop store/out		etroleum
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)	dry trar botl	isfer only, $x = 1$ in types, $x < 1$	x < 140 gal/yr < 200 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2.10$ transfer only, $200 \le x \le 1.800$ gaboth types, $140 \le x \le 1.800$ gal (constructed before $12/9/91$ )	0 gal/yr dry gal/yr trar /yr botl	-to-dry only, isfer only, 20 h types, 140	rea source $140 \le x \le 2,100 \text{ ga}$ $00 \le x \le 1,800 \text{ gaVyr}$ $00 \le x \le 1,800 \text{ gaVyr}$ or after 12/9/91)	•	
5. This is a correct facility clas	propriate classification		□Can not determ		
	qualified for a general exceeds above limits a ethylene (perc) purcha	nd is not elig	rible for a general p		ry 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?	ANA NO YO
2. Examining the containers for leakage?	AINS NO YO
3. Closing and securing machine doors except during loading/unloading?	AN DN
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	ANO NO Y
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN ANIA
\	
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 refrig (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 must installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	gerated 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?	SY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ANO NO Y
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AVA UN UN/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	<b>F</b> Y ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אויקל אם עם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	<b>6</b> A DM

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?	ΟY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	ИΩ	□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?	ΠY	NO	-□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	D.7	<b></b>	
	or expansion; and downstream from no other inlet?	ЦΥ	UN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	AA □N			
2. Maintained rolling monthly averages of perc consumption?	Y□ Y			
3. Maintained leak detection inspection and repair reports for the following:				
<ul> <li>a. documentation of leaks repaired w/in 24 lirs? or;</li> </ul>	AYNON 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?	AY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	אע <b>קב</b> אם עם			
5. Maintained exhaust duct menitoring data on perc concentrations?	OY ON BYA			
6. Maintained startup/shutdown/inalfunction plan?	BY DN			
7. Maintained deviation reports?	איא אם עם			
Problem corrected?	אאָשל אם צם			
8. Maintained compliance plan, if applicable?	DY DN BNA			

### BEST AVAILABLE COPY

PA	RT VI: LEAK DETECTION AND	REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			•	Dit.	DN
2.	Has the facility maintained a leak log	?			<b>J</b>	□N ·
3.	Does the responsible official check the	following a	reas for lea	ks?		
	Hose connections, fittings, couplings, and valves	NO YES	□N/A	Muck cookers	<b>Z</b> Y	ON ON/A
	Door gaskets and scating	AN DN	□N/A	Stills	<b>D</b> Y	□N □N/A
	Filter gaskets and seating	A DK	□N/A	Exhaust dampers	<b>SQ</b> Y	ON ON/A
	Pumps	<b>Z</b> Y DN	□N/A	Diverter valves	<b>S</b>	DN DN/A
	Solvent tanks and containers	<b>Z</b> Y DN	□N/A	Cartridge filter housings	<b>E</b>	AVA NO
	Water separators	<b>Б</b> У □И	□N/A			
4.	Which method of detection is used by	the responsib	ble official	?		
	Visual examination (condensed	solvent on ex	terior surf	aces)	8	
	Physical detection (airflow felt t	hrough gaske	(ව		<b>15</b> 2	
	Odor (noticeable perc odor)				<b>13</b>	
}	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading inst	rumentation	n, is the eq	uipment:		A
   	a. Capable of detecting	perc vapor o	concentrati	ons in a range of 0-500 ppm?	ΠY	□N
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	standard gas	s prior to a	nd after each use	ΩY	מם
	c. Inspected for leaks a	ınd obvious s	igns of wea	er on a weekly basis?	ΠY	מם
	d. Kept in a clean and	secure area v	when not in	usc?	ΩY	□N ·
	e. Verified for accurac	y by use of di	uplicate sar	nples (calorimetric only)?	ПY	□N
<u></u>			,			

Christopher 1. Scott

Inspector's Name (Please Print)

Location

Location

Location

Location

Location

Approximate Date of Next Inspection

ADD	ITIONAL SITE INFORMATION:		
	•		
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Revised 10/10/96

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# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Ponte Vec	Lia Custom	Cleaners		DATE: <u>6/14/99</u>
FACILITY LOCATION: 152	HWY AIA	-	· 	•
	Vedra, FL			
				9
Annual Reporting Period: Jone	· .	_1996 то	June	1999
Based on each term or condition of the Ti	tle V general air permit,	my facility has ren	nained in compliance	e with DEP Rule
62-213.300, Florida Administrative Code	(F.A.C.), during the per	iod covered by this	statement. Y	es 🗆 no
If NO, complete the following:			,	
#1. Term or condition of the general per	mit that has not been in o	continuous complia	nce 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:		_		
#2. Term or condition of the general per	mit that has not been in o	continuous complia	nce 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 certimade in this notification are true, accuration rolling averages of purchase receip year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	te and complete. Furthe ts, does not exceed 2,10	er, my annual consu	imption of perchlor	oethylene solvent, based
	value (1 lease Fillit)		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.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL (C	OMPLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 12.'30 TIME OUT: 1:10	AIRS ID#: 109 00 5%			
TYPE OF FACILITY: Day Cleaner				
FACILITY NAME: Poste vedra Custon	Cleanera DATE: 6/14/99			
FACILITY LOCATION: 152 HWY AIA				
Ponte Vedra 328	82			
RESPONSIBLE OFFICIAL: B. //y Type PHONE NUMBER: 904-285-2680				
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admini	duated during this inspection, the facility is found to be in istrative Code (F.A.C.).			
Based on the results of the compliance requirements evaluation discrepancies were noted:	duated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
COMMENTS:				
The Annual Compliance Certification form has been properly ce	rtified and submitted to the inspector. YES NO			
DATE OF NEXT INSPECTION: $8/19$	99			
INSPECTION CONDUCTED BY: Christopher	Approximate)  L. Scott  Please Print)			
INSPECTOR'S SIGNATURE: PHONE NUMBER: 904-948-4310				

Page\_\_\_of\_\_\_.

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

acetas
• .

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION □

AIRS ID#: 1090056 DATE:	TIME IN: TIME OUT:
FACILITY NAME: PONTE VEDE	A CUSTOM CLEANERS
FACILITY LOCATION: 152 F/WY	
PONTE VI	,,,
	SDa/ PHONE: 904-265-2680
•	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup
2. Facility failed to notify DARM to use general per	mit $\square$
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.  1. Existing small area source 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
☐ facility exceeds above lin	ation: neral permit as number above nits and is not eligible for a general permit archased within the preceding 12 months by this dry cleaning
facility was 65 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? MY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after OY ON verifying that the coolant had been completely charged?

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?	ΠÝ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ПY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠV	ПΝ	□N/A
	or expansion, and downstream from no other inject:	<b>u</b> 1	un.	UIVA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	ØY □N			
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;	DY DN <b>/S</b> (N/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON SAN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON <b>D</b> AVA			
6. Maintained startup/shutdown/malfunction plan?	<b>Ø</b> YY □N			
7. Maintained deviation reports?	DY ON MANA			
Problem corrected?	DY DN DN/A			
8. Maintained compliance plan, if applicable?	OY ON MIN/A			

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection a	and repair	
inspection?			Mary □n	
2. Has the facility maintained a leak log?			ØY □N	
3. Does the responsible official check the	following areas for leaks	?		
Hose connections, fittings,	<b>**</b>		<i>4</i>	
couplings, and valves	MY ON ON/A	Muck cookers	Y ON ON/A	
Door gaskets and seating	XY ON ON/A	Stills	Y ON ON/A	
Filter gaskets and seating	YOY ON ON/A	Exhaust dampers	XY ON ON/A	
Pumps	YOY ON ON/A	Diverter valves	Y ON ON/A	
Solvent tanks and containers	SOY ON ON/A	Cartridge filter housings	ON ON/A	
Water separators	XY ON ON/A			
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed s	olvent on exterior surface	s)	<b>Æ</b>	
Physical detection (airflow felt th	rough gaskets)		æ	
Odor (noticeable perc odor)			Ø.	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector				
If using direct-reading instrumentation, is the equipment:			<b>∕∆</b> N/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N			□Y □N	
b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after each use	יםץ מא	
	nd obvious signs of wear	on a weekly basis?	OY ON	
-	ecure area when not in us		OY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON	
the state of the s				
			The second secon	
RICK BANKS 6-16-00				
Inspector's Name (Please Print)  Date of Inspection				
Banka 6-01				
Inspector's Signature Approximate Date of			Next Inspection	

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	11.
FACILITY NAME: Porte Vedra Custom	Cleaners DATE: (1/16/00
FACILITY LOCATION: 152 Hwy AIA	-
·	FL 32082
Annual Reporting Period:	
Based on each term or condition of the Title V general air pe	ermit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the	ne period covered by this statement.  YES  NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not bee	on in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	P
Method used to demonstrate compliance:	BE C
· · · · · · · · · · · · · · · · · · ·	
#2. Term or condition of the general permit that has not bee	n in continuous compliance during the reporting period stated above:
	SO NO PARTIES OF THE PROPERTY
Exact period of non-compliance: from	to ces de la constant
Action(s) taken to achieve compliance:	60
•	· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:	<del></del>
made in this notification are true, accurate and complete. F	ation and belief formed after reasonable inquiry, that the statements Further, my annual consumption of perchloroethylene solvent, based 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per

<sup>\*</sup>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 L	COMPLAI	NT/DISCOVERY	RE-INSPECTION	
TIME IN: $9^{00}$	TIME OUT:	30	AIRS ID#:	10 90056	
TYPE OF FACILITY: Dru	Cleaner	_			
FACILITY NAME: Ponte Vedra Custom Cleaners DATE: 10/16/00					
FACILITY LOCATION: 152 HWY AIA					
Ponte Vedra Bch, Fl 3208z					
RESPONSIBLE OFFICIAL: BILLY TYSON PHONE NUMBER: 904 - 285 - 2680					
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).					
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:					
COMPLIANCE REQUIREMENT/PROBLEM			FOLLOW-UP ACTION REQUIRED		
· ·			·		
•					
				: 	
,					
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:    Rease Print   Please Print					
INSPECTOR'S SIGNATURE: PHONE NUMBER: 404-448-4310					

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#### **Grant, Patricia**

From: Thomas, Bruce X.

Sent: Monday, December 20, 2004 2:02 PM

To: Banks, Richard

Cc: Grant, Patricia; Bowman, Sandy

#### Rick,

Ponte Vedra Customs Cleaners (AIRS ID# 1090056) has been sold. The facility status has been changed to inactive. I have a call into the new owner and will be mailing them a notification form. Bruce

Bruce Thomas, P.E. Division of Air Resource Management (850)-921-7744 or Bruce.X.Thomas@dep.state.fl.us THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353860

N

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 # 1090056

PONTE VEDRA CUSTOM CLEANERS
BILLY TYSON
152 HWY A1A

HAIL ROOM RECEIVED

86 01 330

FOR GOVERNMEN USE ONLY Org.: 37550101000 EO: 151

Fund: 20-2-035001 Obi.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389235

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

**TOTAL AMOUNT DUE: \$50.00** 

MAIL ROOM

Do NOT Remove Label

AIRS ID # 1090056

PONTE VEDRA CUSTOM CLEANERS

PONTE VEDRA FL 32082

BILLY TYSON

152 HWY A1A

PONTE VEDRA FL 32082

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273



### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 399883

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 # 1090056

PONTE VEDRA CUSTOM CLEANERS
BILLY TYSON
152 HWY AIA
PONTE VEDRA FL 32082

PONTE VEDRA FL 32082



### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLINGS? DEC20 2001

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 # 1090056
PONTE VEDRA CUSTOM CLEANERS
BILLY TYSON
152 HWY A1A
PONTE VEDRA FL
32082

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Ponte Vedra Custom Cleaners 152 A1 A Ponte Vedra, FL 32082







TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070