

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 3, 1996

Mr. Richard Maguire President Maguire's Dry Cleaning 4227 Bee Ridge Road Sarasota, Florida 34233

Dear Mr. Maguire:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 13, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Louis Fernandez, Southwest District

ID. 1150071

P 14



Date control device installed should be filled in

1.(c) should not be marked

## Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

1.	Facility Owner/Company Name (Name	of corporation,	agency, or inc	dividual owner	·):	
	R+I MACUIRA ELLE	- D D 2 15 / S	ING:			
2.	RTJ MAGUIRE ENTE Site Name (For example, plant name or	number):	<i>y</i> , ,			
	• /•	,				
	MAGUIRE'S DRY	CLER	14/46			
٤.	Hazardous Waste Generator Identificati	on Number:				
	0403092					
4.	Facility Location:	DINCE RO	(A I)			
	Street Address: 4227 BES	County: SAR	1671	7 in Coc	le: 2 42 .	> >
	City: SARASOTA,	County. SAR.	MUIN	Zip Coc	.c. <i>5</i> /6 .	
<b>5</b> .	Facility Identification Number (DEP Us	se):	7			
: 4 %f	The second secon	15001				
		Responsible O	fficial			·
6.	Name and Title of Responsible Official	:				
	RKHARD MAGUIRE, Responsible Official Mailing Address:	PRESIO	ENT			
7.	Responsible Official Mailing Address:	SAME	AS ASO	1013		
	Organization/Firm:					
	Street Address: City:	County:		Z	ip Code:	
	-	•			•	
8.	Responsible Official Telephone Number		Fav. (	,		
	Telephone: $(94/)37/-267$	14	Fax: (	) -		
	Facility Contact	(16 different for	D	la Official)		
	Facility Contact	(11 dillerent iro	m Kesponsid	ne Official)		
9.	Name and Title of Facility Contact (For	example, plant	manager):			
,						
10.	Facility Contact Address:	_				
	Street Address:	Country		Zip Cod	la:	
	City:	County:		Zip Coo	ic.	
11.	Facility Contact Telephone Number:					
	Telephone: ( ) -		Fax: (	) -		
					- F	CEIVE AUG 1 3 1990
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				•		ALIG 13 1990
						μου ,

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	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									
(1) w/ ref. condenser	سه	\$/15/94							Ī
(2) w/ carbon adsorber		<del>•</del>	_						
(3) w/ no controls									
Washer Unit		_		<u> </u>	· · · · · · · · · · · · · · · · · · ·			<del></del>	]
(4) w/ ref. condenser							l		
(5) w/ carbon adsorber						_			1
(6) w/ no controls							-	-	
Dryer Unit					1		l		
(7) w/ ref. condenser			1						
(8) w/ carbon adsorber									
(9) w/ no controls		-							
Reclaimer Unit				<u> </u>	I _				
(10) w/ ref. condenser				l					
(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?  [] gallons  (b) If less than 12 months, how many? [] months									
Check why it is less  3. What is the facility's so (Indicate with an "X".  Existing small are	urce ( Selec	classification t one classifi	based on the cation only.)	e defi		d in section (3	3) of	•	
Existing large are	ea sou	ırce []	Ne	w lai	rge area sour	ce []	]		

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4. What control technology is required on machines processes (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser  [X]	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions ur to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
All steam and hot water generating units on-site (1) ho boiler HP or less), and (2) are fired exclusively by nat during which propane or fuel oil containing no more t	
All steam and hot water generating units exempt No such units on-site	
•	
Equipment Monitoring an	d 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	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monit	oring []
(e) Instrument calibration	[ <u>**</u> ]
(f) Start-up, shutdown, malfunction plan	

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### Surrender of Existing Air Permit(s)

Please indicat	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)
ıΣı	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.  Imptly notify the Department of any changes to the information contained in this notification.
Signature	M/1/200

## **Best Available Copy**

### ERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION   COMPLAINT/DISCOVERY	7
TIRS ID#: 1505/1 DATE: 15/28/98 TIME IN: TIME OUT:	Bures
FACILITY NAME: Maguire's Try Cleaning	No Z
FACILITY LOCATION: 1 221 Bee Ridge Root	8 199
SArasota, FL	rces.
RESPONSIBLE OFFICIAL: Bishard Magaire PHONE: (941) 311-20	14 %
CONTACT NAME: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)  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)  3. Existing large area source  dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr  transfer only, 200 ≤ x ≤ 1,800 gal/yr  both types, 140 ≤ x ≤ 1,800 gal/yr  both types, 140 ≤ x ≤ 1,800 gal/yr  both types, 140 ≤ x ≤ 1,800 gal/yr  focustructed before 12/9/91)  5. This is a correct facility classification  facility qualified for a general permit as number  above  facility exceeds above limits and is not eligible for a general permit	petroleum  ilitzas  of Jollan

1 23 gal peclyp - From pecords

DEC 1 9 1996

## Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring & Mobile Sources

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	RTJ MAGUIRE ENTERPRISES, INC.
2.	Site Name (For example, plant name or number):
	MAGUIRE'S DRY CLEANING
3.	MAGUIRE'S DRY CLEANING  Hazardous Waste Generator Identification Number:
	0403092
4.	Facility Location:
	Street Address: 4227 BEE RIDGE ROAD
	City: SARASOTA, County: SARASOTA, Zip Code: 31033
5.1	Facility/Identification Number (DEP-Use):
i er set ur seen	Decree: No. of Social
	Responsible Official
	Name and Title of Responsible Official:
	RKHARD MAGUIRE, PRESIDENT  Responsible Official Mailing Address: SAME ASOUS
7.	Responsible Official Mailing Address: SAME ASOUS
	Organization/Firm: Street Address:
	City: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: $(94/) 37/ - 2674$ Fax: ( ) -
	<u> </u>
	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: Zip Code:
11.	Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -
	Telephone: ( ) - Fax: ( ) - RECEIVED
	1214151672 DECETT
	77273
	AUG 13
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DE	P Form No. 62-213.900(2)  Page 13 of 16  Page 13 of 16  Page 13 of 16

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SARASOTA COUNTY GOVERNMENT
Natural Resources Department
Pollution Control Division

JAMES D. GOERDT Environmental Specialist Air Quality Program

1301 Cattlemen Road, Building B P.O. Box 8 Sarasota, FL 34230

Tel. (813) 378-6137 FAX (813) 378-6136 Suncom 522-6137

#### **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	Date Control		Date Machine	Date Control		Date Machine	Date Control
	<b>.</b> ,		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									
	(I) w/ ref. condenser	4	1/15/94	1/15/94						
	(2) w/ carbon adsorber									
	(3) w/ no controls									
	Washer Unit								_	
	(4) w/ ref. condenser									
	(5) w/ carbon adsorber									
	(6) w/ no controls									
I	Dryer Unit					1	·		•	
	(7) w/ ref. condenser									[
	(8) w/ carbon adsorber		_							
	(9) w/ no controls				_					
	Reclaimer Unit					1				
ı	(10) w/ ref. condenser									
	(11) w/carbon adsorber			,						<del>-</del>
	(12) w/ no controls		_			-				
	(b) Control devices are  (c) No control devices  2.(a) What was the total q  [3o]  (b) If less than 12 mont	are re luanti gallo	equired to be ty of perchlons	installed [	perc)		n the latest 12	2 mor	nths?	
	Check why it is less  3. What is the facility's son (Indicate with an "X".	than urce o	12 months: classification t one classifi	New owner:  based on the cation only.)	[	nitions found	d in section (	3) of		
	Existing small are Existing large are					nall area sour		]		
								-		

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<ol> <li>What control technology is required on machines purs (Indicate with an "X".)</li> </ol>	tuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber Re	frigerated condenser []
New small area source Refrigerated condenser  [X]	
New large area source Refrigerated condenser []	
·	
5. A facility which contains non-exempt emissions units to Rule 62-213.300, F.A.C. Verify that all steam and ho exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by nature during which propane or fuel oil containing no more tha	al gas except for periods of natural gas curtailment
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 ac	cordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	$\mathcal{X}$
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitori	ng
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[X]

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

ease indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	•.
	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 fication. 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	emptly notify the Department of any changes to the information contained in this notification.
	hild. In 8/4/96
Signature	Date

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>X</b>	COMPLAINT/DISCOV	ÆRY 🗅
AIRS ID#: \\S OO \\ I  FACILITY NAME: \(\sigma\) o o  FACILITY LOCATION: \(\sigma\) o o	Jan Bee	Dry Cl Ridag	•	
PART I: NOTIFICATION				
<ol> <li>(check appropriate box)</li> <li>Existing facility notified DAF</li> <li>New facility notified DARM</li> <li>Facility failed to notify DARM</li> </ol>	30 days prior to start	-		
PART II: CLASSIFICATION			· ·	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	ce 🗆	2. New small dry-to-dry only transfer only, a both types, x<1 (constructed or	, 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 al/yr yr</td><td>transfer only, 2 both types, 140 (constructed or</td><td>area source 1, 140<x<2, 1,00<x<1,800="" 100="" 12="" 1<x<1,800="" 2,="" 9="" 91)<="" after="" gal="" or="" td="" yr=""><td>l .</td></x<2,></td></x<2,>	0 gal/yr al/yr yr	transfer only, 2 both types, 140 (constructed or	area source 1, 140 <x<2, 1,00<x<1,800="" 100="" 12="" 1<x<1,800="" 2,="" 9="" 91)<="" after="" gal="" or="" td="" yr=""><td>l .</td></x<2,>	l .
This is a correct facility classific  If no, please check the appropria		XY ON		
	ed for a general perm s above limits and is roethylene (perc) pu	not eligible for		30 y this dry cleaning

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

PART III: GENERAL CONTROL REQUIREMENTS

~	. 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?	ΩY	ПN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□и
	Is the temperature differential equal to or greater than 20° 7?	ΠY	□N
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□N □N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ
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	ПИ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N □N/A
<u> </u>			
p	ART V: RECORDKEEPING REQUIREMENTS	<del></del>	
	TACK TO THE COMMENT OF THE PRODUCTION OF THE PRO		
H	as the responsible official: heck appropriate boxes)		
H (c	as the responsible official:	<b>X</b> Y	Пи
H (c 1.	as the responsible official: heck appropriate boxes)	XY XY	
H (c 1. 2.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?	<b>X</b> Y <b>X</b> Y	
H (c 1. 2.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	<b>≱</b> Y <b>≱</b> Y • <b>≱</b> Y	□N
H (c 1. 2.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:		מם
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	. <b>&gt; ∀</b> Y □Y	מם
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	. <b>&gt; ∀</b> Y □Y	000 000 000 000 000 000 000 000 000 00
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)	<b>X</b> Y  OY  OY  OY  OY	000 000 000 000 000 000 000 000 000 00
H (c 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	MY  OY  OY  OY  XY	
H (c 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	MY  OY  OY  OY  XY	
H (c 1. 2. 3. 4. 5. 6. 7.	As the responsible official: theck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	MY  OY  OY  OY  OY  OY  OY  OY  OY	и и и и и и и и и и и и и и и и и и и
4. 5. 6. 7. 8.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?		
H (c 1. 2. 3. 4. 5. 6. 7.	As the responsible official:  theck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?		NON XIVA

2.	Which method of detection is used by the responsible official?		
	Visual examination (condensed solvent on exterior surfaces)	×	
	Physical detection (airflow felt through gaskets)	×	
	Odor (noticeable perc odor)	M	
	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?	ΠY	□N
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ΟY	ПN
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	$\Box$ Y	□N
	d. Kept in a clean and secure area when not in use?	ΟY	□N
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ΠY	□N
3.	. Has the facility maintained a leak log?	<b>⊠</b> Y	□И
4.	Does the responsible official check the following areas for leaks?		
	Hose connections, fittings, couplings, and valves □N Muck cookers	<b>X</b> Y	□и
	Door gaskets and seating	XY	ПN
	Filter gaskets and seating Y	ΠY	□N
	Pumps Y Diverter valves	ΠY	□N
	Solvent tanks and containers XY DN Cartridge filter housing	gs □Y	□N
	Water separators		

Name of Responsible Official

Jim Goevat

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	MPLAINI/DISCOVERY RE-INSPECTION
TIME IN: 1: 2000 TIME OUT: 2:15	airs id#: \\5007\
TYPE OF FACILITY: Oxx Cleaning	
FACILITY NAME: Magiras Ora	(Dearing DATE: 12.3-96
FACILITY LOCATION: 4227 Bre Rila	e Road
Sarabota, FL	
RESPONSIBLE OFFICIAL: Richard Mag	PHONE NUMBER: (941) 371 2074
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	· ·
COMMENTS:	<u> </u>
	ţ
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector.  YES NO
DATE OF NEXT INSPECTION: $\frac{12}{97}$	
•	pproximate)
INSPECTION CONDUCTED BY: Jim Goa	lease Print)
	2 PHONE NUMBER: 378-6128

Page \ of \.

Revised 10/96

AIRS ID#: 1150071

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Magiris Dry Cleaning DATE: 12.	3-96
FACILITY NAME: Magivis Dry Cleaning DATE: 12.  FACILITY LOCATION: 4227 Ber Rilage Rd	
Sarabota.	
Annual Reporting Period: December 1995 TO December	_19 <u>96</u>
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.	
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	i above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated	i above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statemade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Note that the stateman and belief formed after reasonable inquiry, that the stateman	based
- min (x remo x x x x y y y x x x x x x x x x x x x	

<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.

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVER RE-INSPECTION	Y D
AIRS ID#: 1500/1 DATE: 15/28/98 TIME IN: TIME OU FACILITY NAME: MOQUIES Dy Claring  FACILITY LOCATION: A 201 Bee Ridge Rod  RESPONSIBLE OFFICIAL: Richard Magnipl PHONE: (921) 311.  CONTACT NAME: PHONE:	M - 8 1998 au of Air Monitor & Mobile Sources
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to startup  2. Facility failed to notify DARM to use general permit	<u> </u>
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  No notification form  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)	ss/petroleum
3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,300 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  5. This is a correct facility classification	cilita
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	Only as

1 25 gal peclyp - From pecords

## Is the responsible official of the dry cleaning facility: (check appropriate boxes) Machine as so □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: // 149 If classification 1 has been checked, ny 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? ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □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? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	חם אם
on dry-to-dry, restainer, and dryer machines on a weekly basis!	
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	DY DN DN/A
Is the temperature differential equal to or greater than 20° F?	$\Box Y \Box N \Box N/A$
3. Measured and recorded the perc concentration in the exhaust stream weekly	
at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	DY DN DN/A
in machines are equipped with a carbon adds too!	ar an ana
Is the perc concentration equal to or less than 100 ppin?	DY DN DN/A
4. Assured that the sampling port on the carbon adsorbor exhaust for measuring	
perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	DY DN DN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	DY DN DN/A
\	
6 Payred of Flance to the corbon adopter (if used) at all times?	DY DN DN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	LI LIN LINA

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair  $\square N$ inspection?  $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, IY ON ON/A DY ON ON/A Muck cookers couplings, and valves ďY □N □N/A Stills ¶Y □N □N/A Door gaskets and seating KÓY ON ON/A Filter gaskets and seating AVAD ND YO Exhaust dampers DY ON ON/A DY ON ON/A Diverter valves Pumps MY ON ON/A Solvent tanks and containers Cartridge filter housings ØY □N □N/A AINO NO YŒ Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: N/A DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Inspector's Name (Please Print)	Date of Inspection
•	
Inspector's Signature	Approximate Date of Next Inspection

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

<b>TYPE</b>	OF	INSP	ECT	ION:

ANNUAL XX

COMPLAINT/DISCOVERY

RE-INSPECTION

,	
TIME IN: 9:28 Am TIME OUT: 9:50	ars id#: 1150071
TYPE OF FACILITY: DRYCLEANER	
FACILITY NAME: MAGUIRE'S DRY CLEANING	DATE: 05/28/98
FACILITY LOCATION: 4227 BEE RIDGE ROAD	
SARASOTA, FL	
RESPONSIBLE OFFICIAL: RICHARD MAGUIRE	PHONE NUMBER: 941/371-2074
Based on the results of the compliance requirements evalua 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
•	
	PE
	Elle all of the A
	Source Source
V	
COMMENTS:	
The Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 4/28/98	proximate)
INSPECTION CONDUCTED BY: Susan Cameron (Ple	
INSPECTOR'S SIGNATURE LASE Cones	PHONE NUMBER: 3 78- 6/28

Page\_\_\_lof\_\_\_l.

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitorin & Mobile Sources

AIRS ID#1150071 R&J MAGUIRE ENTERPRISES INC RICHARD MAGUIRE **4227 BEE RIDGE ROAD** SARASOTA FL 34233

		Do <u>NO</u>	T Remove Label		Ord	3	$\mathbf{O}$
Annual Reporting Period:		1)1/	_19 <u>_</u> 97 то		12/	3//	19 <i>57</i>
Based on each term or condition 62-213.300, Florida Administra  If NO, complete the following:	•	-	•			DEP Rule	
#1. Term or condition of the ge	neral permit that has	not been in co	ontinuous complia	ance during the	reporting pe	riod stated	i above:
Exact period of non-compliance	: from			_ to			
Action(s) taken to achieve comp	liance:						
Method used to demonstrate con	npliance:						
#2. Term or condition of the gen	neral permit that has	not been in co	ntinuous complia	ance during the	reporting pe	riod stated	l above:
Exact period of non-compliance	from	_		to			
Action(s) taken to achieve comp	liance:		· · · · · · · · · · · · · · · · · · ·	_			
Method used to demonstrate con	npliance:						
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.							
RESPONSIBLE OFFICIAL: _	RICHARD Name (Please	MAGU,	IRE Se	Signature	fyr.		1/18 ate
		,		0			

<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.

# AIRS ID#: 150011 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Magnine's Try Claring	DATE: 5/28/98
FACILITY LOCATION: 4221 Bee Ridge Rd.	·
Annual Reporting Period: 203 1996 TO	0= 28 98
Based on each term or condition of the Title V general air permit, my facility has r	emained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by the	is statement. YES NO
If NO, complete the following:	/ \
#1. Term or condition of the general permit that has not been in continuous compl	iance during the reporting period ated above:
Exact period of non-compliance: from	to Burney Mark
Action(s) taken to achieve compliance:	302 0 4
Method used to demonstrate compliance:	
	rces loui
#2. Term or condition of the general permit that has not been in continuous comple	iance 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, based on information and belief formed made in this notification are true, accurate and complete. Further, my annual con upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year year for transfer or combination facilities.	sumption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: BICHARD MAGUINE Name (Please Print)	Signature 5/28/88 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.

#### PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

## COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	ØX.X	COMPLAINT/DI	SCOVERY	
	RE-INSPECTION	v 🗆			•
			<u> </u>	€;	<u> </u>
AIRS ID#:1150071	DATE: \$ 20199	TIME IN	1: 19:60 FR	IME OUT:	<u>L</u>
FACILITY NAME: MAGU	RE'S DRY CLI	EANING		90	~~~
FACILITY LOCATION:	4227 BEE .I	RIDGE ROAD		Mc Tolling	
	SARASOTA, I	FL			
RESPONSIBLE OFFICIAL:	RICHARD MA	AGUIRE	PHONE: 941/	<u> 371-2074</u>	
CONTACT NAME:			PHONE:	<del>-</del>	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	- <del>-</del>	•			
2. Facility failed to notify DARI	M to use general perr	nit			<u> </u>
DADEN OF ACCIDICATION					•
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	on form that it is:		No notification  Drop store/out of		roleum
1. Existing small area sourd dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	'T	2. New small ar dry-to-dry only, x transfer only, x < both types, x < 14 (constructed on o	x < 140 gal/yr 3 200 gal/yr 40 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2$ , transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$ )	l00 gal/ут ) gal/yr al/yr		$140 \le x \le 2,100 \text{ gal}$ $0 \le x \le 1,300 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$		
5. This is a correct facility cla	assification	OY ON	□Can not determi	ne	
If no, please check the a					
	ippropriate classifica y qualified for a gene y exceeds above limi	eral permit as nur			

Jan Mc Grire Parson Only.

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 DN DN/A		
2. Examining the containers for leakage?	OY ON ON/A		
3. Closing and securing machine doors except during loading/unloading?	OY ON		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A		
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY 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.		
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?	ОУ ОИ		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	חם אם		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	□Y □N □N/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□Ү □и		

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?	Ωγ	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□n/a
	Is the temperature differential equal to or greater than 20° F?	ΩУ	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?	$\Box$ Y	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	□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?	ПΥ	ПΝ	□N/A
5.	Equipped (ransfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΩИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	OY ON			
2. Maintained rolling monthly averages of perc consumption?	OY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 lurs? or;	OY ON ON/A			
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	אואם אם צם			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N □N/A			
6. Maintained startup/slutdown/malfunction plan?	OY ON			
7. Maintained deviation reports?	OY ON ON/A			
Problem corrected?	ой ои ои∖ч			
8. Maintained compliance plan, if applicable?	□Ү □И □И/А			

F !	TRI VI: LEAK BETECTION AND	REPAIRS			· ·		
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				אכ		
2.	Has the facility maintained a leak log	?		ם אם	אכ		
3.	Does the responsible official check the	c following areas for leak	s?				
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON	□N/A		
	Door gaskets and seating	OY ON ON/A	Stills	OY ON	□N/A		
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	□У □И	□N/A		
	Pumps	OY ON ON/A	Diverter valves	□У □И	□N/A		
	Solvent tanks and containers	OY ON ONA	Cartridge filter housings	$\square Y \square N$	□N/A		
	Water separators	□Y □N □N/A					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surfac	ces)				
	Physical detection (airflow felt the	hrough gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrument						
	Halogen leak detector						
	If using direct-reading inst	□N/A					
	a. Capable of detecting	ПА ПИ					
	b. Calibrated against a (PID/FID only)?	ОУ ОИ					
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON			
	d. Kept in a clean and	secure area when not in u	ise?	ОУ ОИ			
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON			
_	Turner to alla Name (Disease Dis		Data of I-	-4:			
	Inspector's Name (Please Pri	mi)	Date of Inspec	cuon			
	Inspector's Signature		Approximate Date of I	Next Inspect	tion		

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MAGUIRE'S DRY CLEANING	DA	Tr·
FACILITY LOCATION: 4227 BEE RIDGE RD.		
SARASOTA, FL		
Annual Reporting Period: 05/28 19 98	то	
Based on each term or condition of the Title V general air permit, my facility l		
62-213.300, Florida Administrative Code (F.A.C.), during the period covered l	by this statement. LYES	UNO
If NO, complete the following:		
#1. Term or condition of the general permit that has not been in continuous c	empliance during the reporting p	period stated above:
Exact period of non-compliance: from	10	
Action(s) taken to achieve compliance:	:	
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that has not been in continuous co	mpliance during the reporting p	eriod 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, based on information and belief fo made in this notification are true, accurate and complete. Further, my annual upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities.	consumption of perchloroethyle	ne solvent, based
RESPONSIBLE OFFICIAL:		<del> </del>
Name (Please Print)	Signature	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 AX	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#: 1150071
TYPE OF FACILITY:	DRYCLEANER	·
FACILITY NAME:	MAGUIRE'S DRY CLE	ANING DATE:
FACILITY LOCATION:	4227 BEE RIDGE RD	., SARASOTA, FL
RESPONSIBLE OFFICIAL:_	RICHARD MAGUIRE	PHONE NUMBER: 941/371-2074
·	of the compliance requirements ev P Rule 62-213.300, Florida Admin	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of discrepancies were no	•	valuated during this inspection, the following compliance
COMPLIANCE REC	QUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
		·
		·
		·
	·	
COMMENTS:		
		<u> </u>
·		rtified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTI		(Approximate)
INSPECTION CONDUCTED	DBY: SUSAN CAMERON	reproximate)
mor be HON CONDUCTED		(Please Print)
INSPECTOR'S SIGNATURI	E:	PHONE NUMBER: 941/378-6128
		1 1

Revised 10/96

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL ANNUAL COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#:1	150071
TYPE OF FACILITY:	DRYCLEANER		
FACILITY NAME:	MAGUIRE'S DRY CLEANI	NG	_DATE:
FACILITY LOCATION:	4227 BEE RIDGE RD.,	SARASOTA, FL	
		<del>-</del>	041/271 2074
RESPONSIBLE OFFICIAL:_	RICHARD MAGUIRE	PHONE NUMBER:	941/371-2074
1 1	of the compliance requirements evaluate Rule 62-213.300, Florida Administrat		ity is found to be in
Based on the results of discrepancies were no	of the compliance requirements evaluat oted:	ed during this inspection, the follo	owing compliance
COMPLIANCE REC	QUIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
			v <sup>a</sup>
<del></del> _			
· · · · · · · · · · · · · · · · · · ·			
,			
		·	
		ત <sub>ુ</sub>	
COMMENTS:			· · · · · · · · · · · · · · · · · · ·
			•
The Annual Compliance Certif	fication form has been properly certifie	d and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTI			
INSPECTION CONDUCTE	CHCIN CIVETON	roximate)	•
		se Print)	
INSPECTOR'S SIGNATUR	E:	PHONE NUMBER:_	941/378-6128
	1	Ī	

Revised 10/96

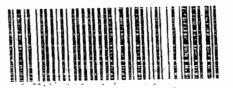
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee. umber 302 289  Type
AIRS ID#: 1150071  R&J MAGUIRE ENTERPRISES INC RICHARD MAGUIRE 4227 BEE RIDGE ROAD SARASOTA FL 34233  5. Received By: (Print Name)  6. Signature: (Agdressee or Agent)  X	4b. Service 1 ☐ Registere ☐ Express I	Mail Insured Script for Merchandise COD
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressee and fee is	P's Address (Only if requested paid)  Domestic Return Receipt
, P 2 L 5 3 D 2	2 289	

Receipt for Certified Mail

AIRS ID#: 1150071 R&J MAGUIRE ENTERPRISES INC RICHARD MAGUIRE 4227 BEE RIDGE ROAD SARASOTA FL 34233

	Postage	<b>\$</b>
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date  2/17	197

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 6510-37650 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399 2460



7000-0600 0021 2827 7138





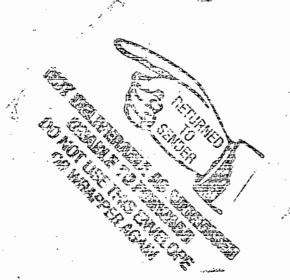




EUR 20 2001

JUN 20 2001

Bureau of Air sources



10 AIRS ID # 1150071001AG RICHARD MAGUIRE MAGUIRE'S DRY CLEANING 4227 BEE RIDGE ROAD SARASOTA FL 34233 2. Article Number (Copy from service label)

221066241-70

00 0600 0021 28271

☐ C.O.D.

PS Form 3811, July 1999 Do

Domestic Return Receipt

☐ Insured Mail

4. Restricted Delivery? (Extra Fee)

102595-99-M-1789

☐ Yes

## Z 570 PP5 477

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

10 AIRS ID # 1150071001AG
RICHARD MAGUIRE
MAGUIRE'S DRY CLEANING
4227 BEE RIDGE ROAD
SARASOTA FL 34233

-	Certified Fee	-	
	Special Delivery Fee	1	
	Restricted Delivery Fee	1	
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	Whom & Date Showing to Who Date, & Addressee's Address	):11,	
5	TOTAL Postage & Fees		\$
	Postmark or Date		
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: · <b>e</b> 0	U.S.Postale CERTIFIEI (Domestic Mail C	
· [T]	Article Sent To:	
71	2210-6	062 411 ( OCD)
2,	Postage	\$
ru	Certified Fee	
	Return Receipt Fee (Endorsement Required)	Postmark Here
0021	Restricted Delivery Fee (Endorsement Required)	
0600	Total Postage & Fees	\$
	Name (Please Print Clearly	ly) (to be completed by mailer)
	Street, Apt. No.; or PQ Bo	NO Magreire
7000	City, State, ZIP+4	DUT 1001 AG
	are en alle en en artiste en arti	•
'	ne am codo doly (aas	See Reverse for Instructions

# Z 333 660 710 US Postal Service Receipt for Certified Mail

AIRS ID # 1150071

MAGUIRE'S DRY CLEANING RICHARD MAGUIRE 4227 BEE RIDGE ROAD SARASOTA FL 34233

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
PS Form <b>3800</b> , April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
900	TOTAL Postage & Fees	\$
m 3	Postmark or Date	
For		
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	and the last of th	Carlois Co		
	ver top of envelope to	o at line o	lo-larso wish to receive the	
the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article  The Return Receipt will show to whom the article was delivered and	number. the date	following services (for an extra fee):  1.	
6	3. Article Addressed to:	4a. Article N て33	3660710	}
BETTIEN ADDRESS completed		4b. Service Registe Express Return R 7. Date of	red Certified Insured Receipt for Merchandise COD	
	6. Signature; (Addressee or Agent)  PS Form 3811, December 1994		Domestic Return Receipt	

## ζ 333 **612** 779

# US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.

AIRS ID 1150071

R&J MAGUIRE ENTERPRISES INC RICHARD MAGUIRE 4227 BEE RIDGE ROAD SARASOTA FL 34233

١	rosiay <del>e</del>	<del></del> -
	Certified Fee	
Ì	Special Delivery Fee	
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April 1995	Return Receipt Showing to Whom & Date Delivered	
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Š,		\$
PS Form 3800	Postmark or Date	

4227 BEE RIDGE ROAD SARASOTA FL 34233		7. Date of D	Receipt for Merchandise COI Delivery	D 2
5. Received By: (Print Name)  6. Signature: (Addressee or Agen	19/ 1	8. Addresse and fee is	see's Address (Only if request is paid)	ted g

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303120

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID#1150071

**R&J MAGUIRE ENTERPRISES INC** RICHARD MAGUIRE **4227 BEE RIDGE ROAD** SARASOTA FL 34233

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261129

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

RECEIVED MAIL ROOM

FEB 21 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 1150071

**R&J MAGUIRE ENTERPRISES INC** RICHARD MAGUIRE **4227 BEE RIDGE ROAD** SARASOTA FL 34233

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obi.: 002273

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

EFFECTIONS 6/1/98

0361802

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** 

NO LOYGER

A DAY CCEANAL

PCANT.

Do NOT Remove Label

AIRS ID # 1150071

MAGUIRE'S DRY CLEANING RICHARD MAGUIRE 4227 BEE RIDGE ROAD SARASOTA FL 34233 EEB 50 88

RECEIVED

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273