

### Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

November 25, 1996

Ms. Joyce Anderson General Manager Stemroz Enterprises, Inc 1760 Main Street Sarasota, Florida 34236

Facility I.D. No. 1150079

Dear Ms. Anderson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 1996.

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

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

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

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

Sincerely,

Sachra Encomen youx Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

Printed on recycled paper.

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Stem roz Enterprises Inc Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Michael The Cleaner
3.	Hazardous Waste Generator Identification Number:
	981925 464
4.	Facility Location:
	Street Address: 1760 Main St City: SA (ASOLA County: SA(ASOLA Zip Code: 34236
5.	Facility Identification Number (DEP Use):
	1
	Responsible Official
	•
6.	Name and Title of Responsible Official:
	Joyce Anderson General Manager
7.	Responsible Official Mailing Address:
	Organization/Firm: Stempoz Enterprises Inc
	Organization/Firm: Stemroz Enterprises Inc Street Address: 1740 Hain St City: SAr ASOLA County: SAr ASOLA Zip Code: 3436
8.	Responsible Official Telephone Number:
<del>-</del> ,	Telephone: (941) 953 - 4645 Fax: (941) 953 - 4645
<u> </u>	Facility Contact (If different from Demonsible Official)
	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: ( ) -
	<del></del>

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# 1150079
9-24 Spoke to Joyce
Anderson - She is in
Charge of all operation
of the facility,
P.14
3. existing small should
be marked

P.15
4. Should not be marked
(c) is not required

#### **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	۱.,	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-
Dry-to-Dry Unit									
(1) w/ ref. condenser		12-Arriste							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					** *** *** **		•		
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			•		ta tali.				
(10) w/ ref. condenser									
(11) w/carbon adsorber					1	ł		1	1
(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 so (Indicate with an "X".  Existing small ar  Existing large ar	Selec ea so	et one classifi	ication only.)	) ew sn	initions foun nall area sou rge area soui	rce [	]	Part 11?	
2 3					_	<u> </u>	_		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	oursuant to section (5) of P	art II of this notification form?						
Existing large area source  Carbon adsorber  []	Refrigerated condenser	LΧΊ						
New small area source Refrigerated condenser []								
New large area source Refrigerated condenser []								
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:								
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 a	nd Recordkeeping Inforn	nation						
Check all logs which are required to be kept on-site	n accordance with the requ	irements of this general permit:						
(a) Purchase receipts and solvent purchases								
(b) Leak detection inspection and repair		$\bigsqcup$						
(c) Refrigerated condenser temperature monitoring		<u></u>						
(d) Carbon adsorber exhaust perc concentration mon	itoring							
(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 indicate with an "X" the appropriate selection:								
L	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 notifi statement maintain	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pro	I will promptly notify the Department of any changes to the information contained in this notification.							
Signature	Landerson aug 20,1996 Date							

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

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

FACILITY NAME: Michael	al In	Cleane		ATE: 7-24-97
FACILITY LOCATION: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	main	<u>\$</u> +		
Sayaso to				
		-		- ·
Annual Reporting Period:	9-1	19 <b>96</b> TO	7-22	19 <u>9</u> 7
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-			rith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been i	n continuous compliar	nce during the reporting	g period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:			<u> </u>	
Method used to demonstrate compliance:				
#2. Term or condition of the general permi	t that has not been i	n continuous complian	ace during the reporting	g period stated above:
Exact period of non-compliance: from		t	0	
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. Furt does not exceed 2,1 $A N dQ (3)$	her, my annual consul 100 gallons per year fo	nption of perchloroeth	nylene solvent, based or 1,800 gallons per  OL
Na	me (Please Print)		Signature	Date
		•	RECI	EIVED

\*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.

AUG 6 1997

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	Stemico Enterocises Inc						
2.	Stemroz Enterprises Inc Site Name (For example, plant name or number):						
,	Michael The Cleaner						
3.	Hazardous Waste Generator Identification Number:						
	981925 464						
4.	Facility Location:  Street Address: 1760 Main St  City: Sninsta County: Sninsta Zip Code: 2 (1) 3/1						
	City: SHIASHA County: SHIASHA Zip Code: 34236						
ુ5. ૄ	Facility Identification Number (DEP Use):						
	//50079						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	Joyce Anderson General Manager						
7.							
	Street Address: 1700 Main St						
	City: SAr ASOLA County: SAr ASOLA Zip Code: 3436						
8.							
	Telephone: $(941)953 - 4645$ Fax: $(941)953 - 4645$						
	· · · · · · · · · · · · · · · · · · ·						
	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: ( ) -						

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#### **Facility Information**

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

		Date	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	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	1		•					<u> </u>	
(1) w/ ref. condenser	1	12-Arristo							
(2) w/ carbon adsorber			_						
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls								,	
Dryer Unit			-	•			•	•	•
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		•		٠.,	i en ige wige en	i ji		٠.	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls					·				
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X".  Existing small an	Selec rea so	ource X	ication only.)	) ew sn	nall area sou	rce [	3) of	Part II?∕	
Existing large ar	ea so	urce [/////	. N	ew la	rge area sour	ce	_		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of I	Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser	[ <u>W</u> ] N/A
New small area source Refrigerated condenser  []		
New large area source Refrigerated condenser  []		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam ar exemption criteria or that no such units exist on-site	nd hot water generating unit	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by during which propane or fuel oil containing no more	natural gas except for perio	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring	and Recordkeeping Infor	mation
Check all logs which are required to be kept on-site	in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent purchases		[]
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature monitoring		LAMAI N/A
(d) Carbon adsorber exhaust perc concentration mo	nitoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		[ <u>/</u>

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

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

Please indicate	with an "X" the appropriate selection:
M	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιXJ	No air permits currently exist for the operation of the facility indicated in this notification form.

#### Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

arlessa 7-24-91

Jayle anderson aug 20, 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 16 of 16

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#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	)   	COMPLAINT/DISC	COVERY	
AIRS ID#: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					):35c
FACILITY LOCATION:	160 m	in	Street		
	afodora	····			
PART I: NOTIFICATION					
(check appropriate box)				<del></del> -	
Existing facility notified DAR	M by 9/1/96				M
2. New facility notified DARM 3	•				
3. Facility failed to notify DARM	•				
			<u> </u>		
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	o form that it is:				
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	dry- tran both	to-dry only sfer only, a types, x<	arca source /, x<140 gal/yr <<200 gal/yr 140 gal/yr n or after 12/9/91)		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr dry- l/yr tran r both</td><td>to-dry only sfer only, 2 types, 140</td><td>area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td><u> </u></td><td></td></x<2,>	gal/yr dry- l/yr tran r both	to-dry only sfer only, 2 types, 140	area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>	<u> </u>	
This is a correct facility classifica	ation $\Box$ Y	Жи			
If no, please check the appropriat	e classification: ** \	(Smo	Mexisting	)	
1	I for a general permit as above limits and is not	_	above a general permit		
B. The total quantity of perchloro facility was gallons.	pethylene (perc) purchas	sed within	the preceding 12 month	ns by this dry c	cleaning

Davised 10/20/06

	- 1
1. Storing perchloroethylene in tightly sealed and impervious containers?	X DN
2. Examining the containers for leakage?	X DN
3. Closing and securing machine doors except during loading/unloading?	X DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Жу □и
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON X
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 refrige (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 musinstalled 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?	OY ON
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 basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ОУ ОИ
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ОУ ОИ

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

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?	ПΥ	ПИ		
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПΥ	OΝ		
	Is the temperature differential equal to or greater than 20° F2	$\Box$ Y	□и		
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 of less than 100 ppm?	ПΥ	ВИ		
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	ПИ		
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ON ON/A		
6,	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	□N □N/A		
PART V: RECORDKEEPING REQUIREMENTS					
(cl	as the responsible official: heek appropriate boxes)	<b>.</b>			

#### 1. Maintained receipts for perc purchased? $\not \square$ $\land$ $\sqcap$ $\lor$ 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: ØA □N 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 MA DN and parts installed w/in 5 days of receipt? DY DN XNA 4. Maintained calibration data? (for direct reading instruments only) OY ON 5. Maintained exhaust duct monitoring data on perc concentrations? MY DN 6. Maintained startup/shutdown/malfunction plan? A7. Maintained deviation reports? MY ON Problem corrected? AVAX NO YO 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS	`
1. Does the responsible official conduct a weekly leak detection and repair inspection?	NO Y

2.	Which method of detection is used by	the respo	nsible offi	cial?			
	Visual examination (condensed s	solvent or	n exterior	surfaces)	X		
	Physical detection (airflow felt the	ırough ga	iskets)		X X X		
	Odor (noticeable perc odor)				×		
	Use of direct-reading instrument	ation (FII	D/PID/cal	orimetric tubes)			
	If using direct-reading instrum	entation,	, is the eq	uipment:			
	a. Capable of detecting	perc vap	or concen	trations in a range of 0-500 ppm?	ΠY	ПN	
	b. Calibrated against a (PID/FID only)?	standard	gas prior	to and after each use	ΩY	□и	
	c. Inspected for leaks a	nd obviou	ıs signs of	wear on a weekly basis?	ΩY	□N	
	d. Kept in a clean and s	secure are	a when n	ot in use?	ΩY	□N	
	•		•	e samples (calorimetric only)?	ΩY	□и	
3.	Has the facility maintained a leak log?	•	•	• • • • • • • • • • • • • • • • • • • •	XY.	Ngo	
4.	Does the responsible official check the	followin	g areas fo	r leaks?			
	Hose connections, fittings, couplings, and valves	X	ΩΝ	Muck cookers	ΣΎΥ	ПN	
	Door gaskets and scating	¥Υ	ΠN	Stills	, YY	ПN	
	Filter gaskets and seating	×Υ	ПN	Exhaust dampers	XΥ	ПN	
	Pumps	XY	ΠN	Diverter valves	YY	ПN	
	Solvent tanks and containers	XY	ПN	Cartridge filter housings	Y	ПΝ	
	Water separators	XY	ПN		,		
	Name of Responsible Offici	so ∕ al					
_	din Goerd	-		<u> </u>	9	)	
	Inspector's Name (Please Pri	nt)		Date of Inspec	tion		

Approximate Date of Next Inspection

Inspector's Signature

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

AIRS ID#1150079 STEMROZ ENTERPRISES INC JOYCE ANDERSON 1760 MAIN STREET SARASOTA FL 34236

Do NOT Remove Label

Annual Reporting Period: 1-1-97	19	<u>97</u> to	1231	19 <u>97</u>
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.)		-	<u> </u>	DEP Rule
If NO, complete the following:		•		•
#1. Term or condition of the general permit the	hat has not been in continu	10us compliance	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: _				
#2. Term or condition of the general permit the	hat has not been in continu	ious compliance	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 notification are true, accurate and complete. Fuldoes not exceed 2,100 gallons per year for dry-to	rther, my annual consumpti	on of perchloroeth	hylene solvent, based up	on purchase receipts,
RESPONSIBLE OFFICIAL:Name	Anderson e (Please Print)	Jage a	AUSON Signature	1-13-98 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

		1/		
TYPE OF INSPECTION:	ANNUAL	⇉	COMPLAINT/DISCOVERY	
	RE-INSPECTION	<u> </u>		
AIRS ID#: 150010	,		N: <u>9:00(4</u> TIME OUT:	9:48a
FACILITY NAME:	had The Clea	inle		
FACILITY LOCATION:	160 Main S	Stud		
	SArasolA, FL	•		
RESPONSIBLE OFFICIAL	: Joyce Anders	<u>&gt;</u> 0.∕	PHONE: 953-66	.99
CONTACT NAME:				
DADEL NORTHANDE			<del></del>	
PART I: NOTIFICATION				
(check appropriate box)			No o	_
New facility notified DARN	A 30 days prior to startup			~°
2. Facility failed to notify DA	RM to use general permit	-	50,00	`-9
PART II: CLASSIFICATIO	N		The state of the s	
PART II: CLASSIFICATIO  Facility indicated on notifica (check appropriate box)			☐ No notification form ☐ Drop store/out of business/p	etroleum
Facility indicated on notifica (check appropriate box) A.	tion form that it is:		☐ Drop store/out of business/p	etroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area sou	tion form that it is:	New small a	☐ Drop store/out of business/p	etroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y	tion form that it is:  1. The second of the	y-to-dry only, insfer only, x	☐ Drop store/out of business/p  rea source x < 140 gal/yr < 200 gal/yr	etroleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gate transfer only, x < 200 gal/y both types, x < 140 gal/yr	tion form that it is:  arce 2.  By dry  The proof transport	y-to-dry only, unsfer only, $x < 1$ th types, $x < 1$	☐ Drop store/out of business/p  rea source  x < 140 gal/yr < 200 gal/yr 40 gal/yr	etroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y	tion form that it is:  arce 2.  By dry  The proof transport	y-to-dry only, unsfer only, $x < 1$ th types, $x < 1$	☐ Drop store/out of business/p  rea source x < 140 gal/yr < 200 gal/yr	etroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sou	tion form that it is:  Tree 2.  Lyr r & 1 / 2/1 tra bot (cc) ree 0 4.	y-to-dry only, unsfer only, $x \in \mathbb{R}$ th types, $x \in \mathbb{R}$ onstructed on New large a	☐ Drop store/out of business/p  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  rea source ☐	etroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soudry-to-dry only, 140 < x < 200 gal/y	tion form that it is:  Tree 2.  Lyr r 2.  Lyr r 2.  Lyr r 3.  Lyr r 4.  2,100 gal/yr dry	y-to-dry only, ansfer only, x only, x only, x on the types, x < 1	☐ Drop store/out of business/p  rea source $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91)  rea source  ☐ $140 \le x \le 2,100 \text{ gal/yr}$	etroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8	tion form that it is:  arce 2.  l/yr dry r poly tra bot (cc rce  4. 2,100 gal/yr dry 00 gal/yr tra	y-to-dry only, ansfer only, x th types, x < 1 onstructed on  New large a y-to-dry only, ansfer only, 20	☐ Drop store/out of business/p  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after 12/9/91)  rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 100 \le x \le 1,300 \text{ gal/yr}$	etroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soudry-to-dry only, 140 < x < 200 gal/y	tion form that it is:  arce 2.  l/yr dry tra bot (cc  rce 4. 2,100 gal/yr dry 100 gal/yr tra gal/yr bot	y-to-dry only, ansfer only, x th types, x < loorstructed on New large a y-to-dry only, ansfer only, 20 th types, 140	☐ Drop store/out of business/p  rea source $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91)  rea source  ☐ $140 \le x \le 2,100 \text{ gal/yr}$	etroleum
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	tion form that it is:  arce 2.  arce 2.  arcy dry  r and form that it is:  arce 2.  arcy dry  con con  arce 4.  arcy dry  arcy  arcy dry  arcy	y-to-dry only, ansfer only, x on the types, x < 1 constructed on New large a y-to-dry only, ansfer only, 20 th types, 140 constructed on	☐ Drop store/out of business/p  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $= 12/9/91$ )  rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,300 \text{ gal/yr}$ $= 140 \le x \le 1,300 \text{ gal/yr}$ $= 140 \le x \le 1,300 \text{ gal/yr}$	etroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of	tion form that it is:  arce 2.  arce dry r tra bot (cc rce dry 2,100 gal/yr dry 200 gal/yr tra gal/yr bot (cc classification dry classification dry	y-to-dry only, ansfer only, x th types, x < 1 onstructed on  New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on	☐ Drop store/out of business/p  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,300 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	etroleum  Md7>01
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of the facility of the constructed before 12/9/91.	tion form that it is:  arce 2.  Ary dry r a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	y-to-dry only, ansfer only, x on the types, x < 1 on tructed on New large a y-to-dry only, ansfer only, 20 on tructed on Y	□ Drop store/out of business/p  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $= 12/9/91$ )  rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,300 \text{ gal/yr}$ $= 140 \le x \le 1,30$	etroleum  Ad Sor
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gast transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facility	tion form that it is:  arce 2.  Afrom that it is:  arce 2.	y-to-dry only, x insfer only, x th types, x < look large a y-to-dry only, insfer only, 20 th types, 140 constructed on Y	□ Drop store/out of business/p  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after 12/9/91)  rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 100 \le x \le 1,300 \text{ gal/yr}$ $= 100 \le x \le 1,300 \text{ gal/yr}$ or after 12/9/91)  □ Can not determine	dolison de hey

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

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? Thing But not Measured and recorded the washer exhaust temperature at the condenser.	DY ON	1
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		N □N/A
	Is the temperature differential equal to or greater than 20° F?	OY N	A/ND 1
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,		1
	if machines are equipped with a carbon adsorber?		1 <b>(4)</b> N/A
	Is the perc concentration equal to or less than 100 ppin?	OY ON	1 DAMA
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?		I CON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	J DNA
6.	Routed airflow to the carbon adsorber (if used) at all times?	חם אם	I UN/A
P/	ART V: RECORDKEEPING REQUIREMENTS		

PA	PART V: RECORDKEEPING REQUIREMENTS				
	as the responsible official: heck appropriate boxes)	. /			
1.	Maintained receipts for perc purchased?	AY □N			
2.	Maintained rolling monthly averages of perc consumption?	אם צו			
3.	Maintained leak detection inspection and repair reports for the following:	,			
	a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A			
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	TY ON ONA			
4.	Maintained calibration data? (for applicable direct reading instruments)	DY ON DYNA			
5.	Maintained exhaust duct monitoring data on perc concentrations?	OY ON MANA			
6.	Maintained startup/shutdown/malfunction plan?	מאַ עויי			
7.	Maintained deviation reports?	DY ON ON/A			
	Problem corrected?	AY ON ON/A			
8.	Maintained compliance plan, if applicable?	OY ON ON/A			

PAI	RT VI: LEAK DETECTION AND I	REPAIRS		<u></u>		
1. I	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
i	nspection?			DY DN		
2. I	Has the facility maintained a leak log?			M DN		
3. I	Does the responsible official check the	following areas for leak	s?	1		
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	Y ON ON/A		
	Door gaskets and seating	DY ON ONA	Stills	AND NO YO		
	Filter gaskets and seating	AVO NO YĀ	Exhaust dampers	Y ON ON/A		
	Pumps	AND ND Y	Diverter valves	AND ND YA		
	Solvent tanks and containers	AND ND Y	Cartridge filter housings	dy ON ON/A		
	Water separators	DY ON ONIA		'		
4. ١	Which method of detection is used by the	he responsible official?		.1		
	Visual examination (condensed so	olvent on exterior surfac	es)	*		
	Physical detection (airflow felt the	rough gaskets)		枚		
	Odor (noticeable perc odor)			Ŕ		
	Use of direct-reading instrumenta	tion (FID/PID/calorime	tric tubes)			
	Halogen leak detector			<b>\$</b>		
	If using direct-reading instr	umentation, is the equi	pment:	(AN/A		
	a. Capable of detecting p	perc vapor concentration	s in a range of 0-500 ppm?	DY ON		
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	□Ү □И		
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON		
d. Kept in a clean and secure area when not in use?				□Y □N		
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	□Y □N		
		·				

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 🏻	COMPLA	INT/DISCOVERY	RE-INSPECTION
TIME IN: 9:004	TIME OUT: 9:	18 a		0079
	y Cleaning			
FACILITY NAME: Mid	chael the Cleaner			_DATE:8/19/98
FACILITY LOCATION:	1760 Main STreet	<del></del>		
·	Sarasota, Florida	3		
ŘĚŠPONSIBLE OFFICIAL:	Joyce Anderson	· <u> </u>	PHONE NUMBER:_	953-6699
compliance with DEP R	ule 62-213.300, Florida Adn he compliance requirements	ministrative	during this inspection, the facile Code (F.A.C.).  Uring this inspection, the following the facility than the facility than the facility that the facility than the facility	
COMPLIANCE REQU	IREMENT/PROBLE	CM	FOLLOW-UP ACTION	ON REQUIRED
	•			
· 				· 
				·
				PK
			Bureau of Air	
			off Sources	The CO
				ra en
COMMENTS:				·
The Annual Compliance Certifica	ition form has been properly	certified an	d submitted to the inspector.	YES∰ NO□
DATE OF NEXT INSPECTION	N:8/9	99	•	/\
INSDECTION CONDUCTED T		(Approxi	mate) CAmeron	
INSPECTION CONDUCTED E	· · · · · · · · · · · · · · · · · · ·	(Please I	rint)	<u> </u>
INSPECTOR'S SIGNATURE:	Jusa Comen	_	PHONE NUMBER:	941/37-6128

Page 1 of \_\_\_\_.

Revised 10/96

AIRS ID#: 500/9

ACC Prevised 10/10/96

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

FACILITY NAME: Michael T	Le Cleaner		· :	DATE: # 19/98
FACILITY LOCATION:	Main Ste	ut		
Sprasoto	FL			· · · · ·
Annual Reporting Period:	1/22	19 <u>9</u> 1 TO _	8/19	19_}
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (If NO, complete the following:			<del>_</del>	
#1. Term or condition of the general permi	t that has not been in co	ontinuous complian	e during the reporting	ng period stated above:
Exact period of non-compliance: from  Action(s) taken to achieve compliance:		1		
Method used to demonstrate compliance:				
#2. Term or condition of the general permi	t that has not been in co	ontinuous compliand	Φ -	ea period stated above:
Exact period of non-compliance: from		to	ENOC. P	
Action(s) taken to achieve compliance:	·	· ·		
Method used to demonstrate compliance:			Jices Jices	
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 does not exceed 2,100	, my annual consum	ption of perchloroet	hylene solvent, based
				•

<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

AIRS ID#: DATE FACILITY NAME: PACILITY LOCATION: STATE OF FICIAL:	AICHAEL THE CONTROL OF T	SON	PHONE: _941	TIME OUT:	Cole de	The last
CONTACT NAME:			PHONE:		—— <b> </b>	
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM 30 d	ays prior to startup					
2. Facility failed to notify DARM to	use general permit					
			······································			
PART II: CLASSIFICATION						
Facility indicated on notification for	orm that it is:	<del></del>	☐ No notification			
(check appropriate box)  A.			☐ Drop store/or	ut of business/petr	oleum	
1. Existing small area source		New small a		- 1;	2 McChin	es
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr		to-dry only, sfer only, x	x < 140 gal/yr < 200 gal/yr			lecon
both types, $x < 140$ gal/yr	both	types, $x < 1$	40 gal/ут	1	on Francis	700
(constructed before 12/9/91)	(con	structed on	or after 12/9/91)	wit	-1	:12
3. Existing large area source	□ 4. N	New large a	rea source	7 700	10.10	-00
dry-to-dry only, $140 \le x \le 2{,}100$	gal/yr dry-	to-dry only,	$140 \le x \le 2,100$	gal/yr 1/9 38.4	1 gain 3 gg	1 0.
transfer only, $200 \le x \le 1,800$ galboth types, $140 \le x \le 1,800$ gally.	yr tran		0 ≤ x ≤ 1,800 gal/yı ≤ x ≤ 1,800 gal/yı		4/49	M. 0
(constructed before 12/9/91)			or after 12/9/91)	sha la 2	- 9/9	19.2
5. This is a correct facility classif	ication 🗆 Y	ПИ	□Can not deter	mine 5/99 /9	2_	
If no, please check the appropriate of the appropri	opriate classifications			9/29/19	2	
	alified for a general j		mber :	above		
☐ facility ex	ceeds above limits ar	nd is not elig	ible for a general	permit		
B. The total quantity of perchlorocul facility was gallons.	nylene (perc) purchas	sed within th	c preceding 12 n	nonths by this dry	cleaning	

Revised 8/11/97

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DN DN/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? DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ON ON/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? 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 ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	AY OH
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אוחם אבל יעם מאם אבל יעם
	Is the temperature differential equal to or greater than 20° F?	DY DNIA ONIA
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,	U
	if machines are equipped with a carbon adsorber?	OY ON TN/A
	Is the perc concentration equal to or less than 100 ppm?	ANN NO YO
4.	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ANIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ONA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AY ON
2. Maintained rolling monthly averages of perc consumption?	dy □n
3. Maintained leak detection inspection and repair reports for the following:	
<ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> </ul>	AVUX NO VA
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 TONA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON QN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ANIA
6. Maintained startup/shutdown/malfunction plan?	A DN
7. Maintained deviation reports?	AVM NO YO
Problem corrected?	מאלק אם צם
8. Maintained compliance plan, if applicable?	AVA NO AO

#### PART VI: LEAK DETECTION AND REPAIRS

_		<del></del>			
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			ĮΥY	ПN
2.	Has the facility maintained a leak log	?		Dry'	$\square$ N
3.	Does the responsible official check th	e following areas for leak	s?	,	
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	AY	□N □N/A
	Door gaskets and seating	AND NO YA	Stills	Å Y	□N □N/A
	Filter gaskets and seating	DAY ON ONA	Exhaust dampers	$\nabla$	□N □N/A
	Pumps	AND ND YA	Diverter valves	MY.	□N □N/A
	Solvent tanks and containers	AY ON ON/A	Cartridge filter housings	$\phi_{\lambda}$	□N □N/A
	Water separators	AND ND YA			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfac	ces)	K	
	Physical detection (airflow felt t	hrough gaskets)		(p	
	Odor (noticeable perc odor)		•	<b>X</b> 3	
	Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)	<b>'</b>	
	Halogen leak detector				
	If using direct-reading inst	rumentation, is the equi	pment:	DIN/	A
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	ÓΥ	ПN
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	standard gas prior to and	after each use	ΟY	ПN
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				ПΝ
	d. Kept in a clean and	secure area when not in u	ise?	ΩΥ	□N
	e. Verified for accuracy	y by use of duplicate samp	oles (calorimetric only)?	ΩY	ПN
			*		

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

AIRS ID#: 1150079

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

FACILITY NAME: M	ICHAEL THE CLEANER	DATE: 9/83/99
	760 MAIN STREET	+10-21-11
	ARASOTA, FL	·
Annual Reporting Period:	. 08/19 19_98_TO	9 22 19 99
	of the Title V general air permit, my facility has remaitive Code (F.A.C.), during the period covered by this sta	<b>A D</b>
If NO, complete the following:		
#1. Term or condition of the ge	neral permit that has not been in continuous compliance	e during the reporting period stated above:
Exact period of non-compliance	fromto	)
Action(s) taken to achieve comp	liance:	<u>:</u>
Method used to demonstrate cor	npliance:	
#2. Term or condition of the ge	neral permit that has not been in continuous compliance	e during the reporting period stated above:
Exact period of non-compliance	fromto	
Action(s) taken to achieve comp	liance:	
Method used to demonstrate con	npliance:	
	•	-
made in this notification are tru	eby certify, based on information and belief formed after, accurate and complete. Further, my annual consumpse receipts, does not exceed 2,100 gallons per year for facilities.	otion of perchloroethylene solvent, based
	Name (Please Print)	Signature / Date

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

	1	1
Page	of	

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL KX COMPI	LAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#:1	150079
TYPE OF FACILITY:	DRYCLEANER		1
FACILITY NAME:	MICHAEL THE CLEAR	NER	DATE: 9/23/99
FACILITY LOCATION:	1760 MAIN STREET		
	SARASOTA, FL		
RESPONSIBLE OFFICIAL:	JOYCE ANDERSON	PHONE NUMBER:	941/953-6699
L <del>/ _ \</del>	the compliance requirements evaluated Rule 62-213.300, Florida Administrativ		ty is found to be in
Based on the results of discrepancies were note	the compliance requirements evaluateded:	d during this inspection, the follow	ving compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
			,
COMMENTS:			
The Annual Compliance Certific	ation form has been properly certified	and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO		oximate)	
INSPECTION CONDUCTED	BY:SUSAN_CAMERON	·	
INSPECTOR'S SIGNATURE	Sun Com	PHONE NUMBER:_	941/378-6128

Revised 10/96

**BEST AVAILABLE COPY** 

### Stemroz Enterprises, Inc.

Michael The Cleaner

Sarasota & Manatee Counties

Manatee County

Sarasota County

Manatee County

### RECEIVED

1 2000 **FEB** 

January 25, 2000

Bureau of Air Monitoring & Mobile Sources

General Permits Sections Bamms-MS 5510 Dept of Environmental Protection 2600 Blair Stone Rd Tallahassee, Fl 32399-2400

We are hereby assigning Mark Johnson as our General Manager fully in charge of all operating plants: Michael The Cleaner 1760 Main St, Sarasota, Fl

Touch of Class Cleaners 3577 8th St E, Bradenton, Fl
Classic Cleaners 3577 8th St E, Bradenton, Fl

Mark is replacing Joyce Short as of 1/1/00 and assumed all of Joyce's responsibilities. If you need any additional information, please don't hesitate to contact us.

Respectfully,

Stemroz Enterprises, Inc

Michael Steuer

President

Stemroz Enterprises, Inc. 1760 Main Street Sarasota, FL 34236

#### **CERTIFIED**

Z 353 649 234



#### MAIL

Heneral Permits Secres 32399

Lept of Environmental Protection

2,600 Blair Stone Rel

Tallahasses, Fl 32399-2400

Auftrathlathladauthialaalalalalalalalalala



32333+6342

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

RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

JAN 30 97

Do NOT Remove Label

AIRS ID# 1150079

STEMROSE ENTERPRISES INC.

JOYCE ANDERSON

1760 MAIN STREET

SARASOTA FL 34236

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273

STEMROZ ENTERPRISES, INC. TITLEV GENERAL PERMIT RECEIPTS P.O. BOX 3070

TALLAHASSEE, FL 32315-3070 DATE

> CHECK NUMBER 00021553

01/28/97

INVOICE NO. DATE AIRS 1D#1150079 1/97 AIRS ID#0810167 1/97 AIRS ID#0810168 1/97 01/22 AIRS ID#1150078 1/97

01/22 01/22 01/22

21553 **AMOUNT** DISCOUNT NET AMT. 50.00 0.00 50.00 50.00 0.00 50.00 50.00 0.00 50.00 50.00 0.00 50.00 TOTAL = \$200.00



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



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

#### **TOTAL AMOUNT DUE: \$50.00**

#### Do NOT Remove Label

AIRS ID # 1150079

MICHAEL THE CLEANER

JOYCE ANDERSON MARK TOHNSON

1760 MAIN STREET

SARASOTA FL 34236

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

STEMROZ ENTERPRISES, INC.					25443
DEPT OF ENVIRONMENTAL	INVOICE NO.	DATE	AMOUNT	DISCOUNT	NET AMT.
PROTECTION-DC					
2600 BLAIR STONE MS 4525	AIRS ID#1150079	2000			
TALLAHASSEE, FL		01/13	50.00	0.00	50.00
32399-2405 DATE	AIRS1D#0710178 2	000			
27112		01/13	50.00	0.00	50.00
01/25/00	AIRSID#0810167 2	000			
CHECK NUMBER		01/13	50.00	0.00	50.00
	AIRSID#0810168	2000			
00025443		01/13	50.00	0.00	50.00
·			TOTAL		\$200.00
					,

•	MATERIAL
PERCHLOROETI	HYLENE DRY CLEANERS
COMPLIANCE	GENERAL PERMIT INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL	DXX COMPLAINT/DISCOVERY
RE-INSPECTION	
AIRS ID#: 1150079 DATE: 08 //C FACILITY NAME: MICHAEL THE	Conito Control
ARS 1D#: DATE:	2/00 TIME IN: TIME OUT:
FACILITY LOCATION: 1760 MAIN ST	REET
SARASOTA, FL	
	RSON PHONE: 941/953-6699
CONTACT NAME: AROS CARO	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
<ol> <li>New facility notified DARM 30 days prior to sta</li> </ol>	rtup 🗆
2. Facility failed to notify DARM to use general pe	rmit $\Box$
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.  1. Existing small area source	2. New small area source \( \bullet \text{ wit } \)
dry-to-dry only, x < 140 gal/ут	dry-to-dry only, x < 140 gal/yr For Frecheses
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, $x < 140$ gal/yr $\frac{1}{9}$ $\frac{1}{$
· · · · · · · · · · · · · · · · · · ·	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	4. New large area source $\Box / \bigcirc / \bigcirc / \bigcirc \bigcirc$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr $1// \bigcirc$
transfer only, $200 \le x \le 2,100$ gal/yr	transfer only, $200 \le x \le 1,300$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91) //oc 26 /oc
5. This is a correct facility classification	□Y □N □Can not determine 2/00 0 6
If no, please check the appropriate classific	cation:
facility qualified for a ge	neral permit as number above
	nits and is not eligible for a general permit
	urchased within the preceding 12 months by this dry cleaning
facility was <u>S.F. g</u> allons.	379.2
1	M- 4

#### 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? □N □N/A □N □N/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 ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ON ON/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)

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

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

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

DN DN/A

MY ON ONA

1				
B.	Has the responsible official of an existing large or new large area source also:		•	
l				
Ħ,	Measured and recorded the exhaust temperature on the outlet side of the condenser located	١.		
<b>!</b>	· · · · · · · · · · · · · · · · · · ·	K.	C) \	
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	M Y	ПN	
H		1 '		
<b> </b>   2.	Measu. ed and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	XX	ПΝ	ΠN!/Δ
	mot and datet weekly.	٠ جر	\\	□N/A
H	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ДИ	□N/A
ll.	and the second s		7	
∥ຸ	Manuard and repeated the new experiencian in the subject expers weekly			
∦3.	Measured and recorded the perc concentration in the exhaust stream weekly			
Į.	at the end of the final drying cycle while the machine is venting to the adsorber,			N/
	if machines are equipped with a carbon adsorber?	$\Box Y$	$\square N$	DIN/A
1		_		\!/
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	$\Box$ N	ANA
				<i>[</i> \
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,			
l				,
(l	or expansion; is at least 2 duct diameters upstream from any bend, contraction,			\ /
ŀ	or expansion; and downstream from no other inlet?	$\Box$ Y	ПΝ	Ď(N/A
	•			f/
۱ د	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
٦.				Home
	condenser coils?	UΥ	UN	ØN/A
				$\mathcal{A}$
6.	Routed airflow to the carbon adsorber (if used) at all times?	$\Box$ Y	$\square N$	AINIA
L				I.

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

PART V	I: LEAK DETECTION AND F	REPAIRS		
1. Docs	the responsible official conduct a	weekly (for small sources, l	bi-weekly) leak detection a	nd repair
inspec	ction?			MY ON
2. Has th	ne facility maintained a leak log?			אם אק
3. Docs	the responsible official check the	following areas for leaks?		/
:	Hose connections, fittings, couplings, and valves	אום אם צים	Muck cookers	EY ON ON/A
]	Door gaskets and seating	אומם מם עם	Sülls	AND NO YE
	Filter gaskets and seating	אוחם מם צק	Exhaust dampers	DN ON A
]	Pumps	MY ON ON/A	Diverter valves	AND ND YA
	Solvent tanks and containers	DY ON ONIA	Cartridge filter housings	AY ON ONIA
,	Water separators	AND NO YO		
4. Which	n method of detection is used by th	ne responsible official?		
,	Visual examination (condensed so	olvent on exterior surfaces)		₫.
] 1	Physical detection (airflow felt thr	ough gaskets)		Þ
(	Odor (noticeable perc odor)			Ŕ K
1	Use of direct-reading instrumentat	tion (FID/PID/calorimetric	tubes)	
]	Halogen leak detector	•		
	If using direct-reading instru	imentation, is the equipm	ent:	ØN/A
	a. Capable of detecting p	erc vapor concentrations in	n a range of 0-500 ppm?	אם צם
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas prior to and aft	er each use	אם צם
		d obvious signs of wear on	a weekly basis?	OY ON
	•	cure area when not in use?	•	OY ON
•	•	by use of duplicate samples		OY ON
	•			
Sus	An Odnom		68/1c- loc	
	Inspector's Name (Please Prin	t)	Date of Inspe	ction
			N. /	
	lesa ( ) Are		~8/00	
	Inspector's Signature		Approximate Date of 1	Next Inspection

#### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX CON	APLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#:15	0079
TYPE OF FACILITY:	DRYCLEANER	·	<u> </u>
FACILITY NAME:	MICHAEL THE CLEANER		_DATE:
FACILITY LOCATION:	1760 MAIN STREET		•
RESPONSIBLE OFFICIAL:	JOYCE ANDERSON	PHONE NUMBER:_	941/953-6699
	of the compliance requirements evalu P Rule 62-213.300, Florida Administr		ity is found to be in
Based on the results discrepancies were n	of the compliance requirements evaluated:	ated during this inspection, the follo	wing compliance
COMPLIANCE RE	QUIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
· · · · · · · · · · · · · · · · · · ·			
		٠.	
COMMENTS:	· ·		
		·	
The Annual Compliance Certi	fication form has been properly certifi	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECT		proximate)	
INSPECTION CONDUCTE		ease Print)	
INSPECTOR'S SIGNATUR		PHONE NUMBER:	941 318-C128 et 5615
	Page	<u>/</u> of <u>/</u> .	Revised 10/96

AIRS ID#: 1150079

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

MICHAEL THE CL	EANER	D	ATE: 1/6/06
1760 MAIN STRE			
SARASOTA, FL			
9/23	19 <i>99</i> TO	J/16	2000
_		<u> </u>	th DEP Rule
		•	
eneral permit that has not	been in continuous comp	liance during the reporting	period stated above:
e: from		to	<u> </u>
pliance:			
ompliance:			
general permit that has not	peen in continuous comp	liance during the reporting	period stated above:
e: from		to	·
apliance:			· ·
ompliance:			<del></del> .
rue, accurate and complete nase receipts, does not except facilities.	Further, my annual control per yet and 2,100 gallons per yet	nsumption of perchloroethy	vlene solvent, based
	SARASOTA, FL  SARASOTA, FL  9 9 2  on of the Title V general air rative Code (F.A.C.), during the second permit that has not let refer be from pliance:  general permit that has not let refer	SARASOTA, FL  997 TO  on of the Title V general air permit, my facility has a tive Code (F.A.C.), during the period covered by the general permit that has not been in continuous comparison of the title V general permit that has not been in continuous comparison.  The general permit that has not been in continuous comparison.  The general permit that has not been in continuous comparison.  The general permit that has not been in continuous comparison.  The general permit that has not been in continuous comparison.  The general permit that has not been in continuous comparison.  The general permit that has not been in continuous comparison.  The general permit that has not been in continuous comparison.  The general permit that has not been in continuous comparison.	SARASOTA, FL  9 2 1999 TO  on of the Title V general air permit, my facility has remained in compliance with attive Code (F.A.C.), during the period covered by this statement.  On of the Title V general air permit, my facility has remained in compliance with attive Code (F.A.C.), during the period covered by this statement.  On of the Title V general air permit, my facility has remained in compliance with attive Code (F.A.C.), during the period covered by this statement.  On pliance:  On facilities.  On facilities.

<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.



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

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

MAIL ROOM

TOTAL AMOUNT DUE: \$50.00JAN -2 01

Do NOT Remove Label

AIRS ID # 1150079 MICHAEL THE CLEANER
MARK JOHNSON CARLOS GARGIA

1760 MAIN STREET SARASOTA FL 34236 1-2-0102

26664

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

STEMROZ	ENTERPRISES,	INC.
---------	--------------	------

DEPT OF ENVIRONMENTAL PROTECTION-DC 2600 BLAIR STONE MS 4525 TALLAHASSEE, FL 32399-2405 DATE

> 12/28/00 **CHECK NUMBER**

00026664

				20004
INVOICE NO.	DATE	AMOUNT	DISCOUNT	NET AMT.
0810167 2001 0810168 2001 0810178 2001	12/15 12/15 12/15	50.00 50.00 50.00	0.00	50.00 50.00 50.00
1150079-2001	12/15	50.00 TOTAL	O . OO	\$200.00
				*

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

0355902

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 # 1150079

MICHAEL THE CLEANER JOYCE ANDERSON 1760 MAIN STREET SARASOTA FL 34236

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

#### Z 333 613 274

SARASOTA FL 34236

### US Postal Service Receipt for Certified Mail

AIRS ID 1150079 STEMROZ ENTERPRISES INC JOYCE ANDERSON 1760 MAIN STREET

\$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address

\$

TOTAL Postage & Fees

Postmark or Dat

on 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 delivered.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	
N ADDRESS completed	AIRS ID, 1150079 STEMROZ ENTERPRISES INC JOYCE ANDERSON 1760 MAIN STREET SARASOTA FL 34236	4b. Service 1 ☐ Registere ☐ Express I	Type  od Certified  Mail Insured  peipt for Merchandise COD
ls your <u>RETUR</u>	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee and fee is	F.
$\overline{}$	PS Form <b>3811</b> , December 1994	2595-97-B-0179	Domestic Return Receipt

### EOP 544 015 Z

# US Postal Service Receipt for Certified Mail

10 AIRS ID # 1150079001AG CARLOS GARCIA MICHAEL THE CLEANER 1760 MAIN STREET SARASOTA FL 34236

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
PS Form <b>3800</b> , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
m 3	Postmark or Date	
For		
ď		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>AIRS ID # 1150079001AG CARLOS GARCIA MICHAEL THE CLEANER 1760 MAIN STREET SARASOTA FL 34236</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Deliver
2. Article Number (Copy from service label)  Z 2 1 0 6 6 2 90 3	
PS Form 3811, July 1999 Domestic F	Return Receipt 102595-99-M-178