

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 9, 1996

Mr. Donald Carlson President 60 Minute Cleaners, Inc. 3115 Southgate Circle Sarasota, Florida 34239

Re: Facility I.D. No. 1150084

Dear Mr. Carlson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District
"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Bureau of Waste Cleanup

#### Perchloroethylene Dry Cleaning Facility Notification

	Facility Name and Location	SEP "	1996
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  60 MNWLC (PANTES TWO Site Name (For example, plant name or number):	Hazardou Cleanup	\_
2.	Site Name (For example, plant name or number):	<del></del>	
	FLD 981749674		
3.	Hazardous Waste Generator Identification Number:		
4.	Facility Location: 3115 Southquite circle Street Address:		
	City: SARASOTA Zip Code: 3 Y	239	

#### Responsible Official

5. Facility Identification Number (DEP Use):

6.	Name and Title of Responsible Official:
	DONALD CARLSON President
7.	Responsible Official Mailing Address:
	Organization/Firm: 60 MINULE CLEANERS
	Street Address: 3/15 southquite eincle
	Organization/Firm: 60 minute cleANERS  Street Address: 3115 southgate circle  City: 541050th County: 77. Zip Code: 37239
8.	Responsible Official Telephone Number:
	Telephone: (941) 955 - 131   Fax: ( ) -

#### Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (I	For example, plan	t manager):			
	57	INE				
10.	Facility Contact Address:					
	Street Address: City:	County:			Zip Code:	
1	Facility Contact Telephone Number: Telephone: ( ) -		Fax: (	)	-	

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SEP 9 1996

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

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Effective: 6-25-96

# #1150084

	60 Minute Cleaners
	-spoke with Donald Carlson - 10/9/96-propane use approx. 7,800 gal./yr., under limits
	10/9/96- Propane use approx.
	7,800 gal/yr, under limits
D.14	1.(a) add date central device installed
	installed
	3. Should be new small area
	1 4
D.15	Source H. Should be new small area Source W/ refrig. Con.  5. add use propane 5. (c) required
<b>,</b>	Source W/refrig. con.
	5. add use propane
-	5 (c) required
	- · /- · ·

Javianas

#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	.02-MAR-92	02-MAR-9
Dry-to-Dry Unit	<u> </u>								·
(1) w/ ref. condenser	V	1195	-						
(2) w/ carbon adsorber	_	,							
(3) w/ no controls									
Washer Unit		11 July 1				-			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls						_			
Dryer Unit				·					1.218
(7) w/ ref. condenser					_				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit						4.0		+ .A.*	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol of the control	are requant	equired to be ity of perchlo ons ow many? [_	installed [	perc)	purchased in				,' []
What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large are	ea soi	urce []	Ne	w lai	rge area sour	ce [	}		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(4) What control technology is required on (Indicate with an "X".)	machines pursuant to	section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber	Refrigera	ed condenser	
New small area source Refrigerated condenser [			
New large area source Refrigerated condenser			
5. A facility which contains non-exempt of Rule 62-213.300, F.A.C. Verify that all exemption criteria or that no such units ex	steam and hot water		
All steam and hot water generating units of boiler HP or less), and (2) are fired exclusional during which propane or fuel oil containing	ively by natural gas e	xcept for period	ls of natural gas curtailment
All steam and hot water generating units e No such units on-site	xempt []		
Equipment Mo	nitoring and Record	keeping Inform	nation
Check all logs which are required to be ke	pt on-site in accordan	ce with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchase	s		$\leq$
(b) Leak detection inspection and repair			
© Refrigerated condenser temperature me	onitoring		
(d) Carbon adsorber exhaust perc concentr	ation monitoring		
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction plan			$\checkmark$
	·		

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

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

Please indicate	e with an "X" the appropriate selection:							
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)  No air permits currently exist for the operation of the facility indicated in this notification form.								
this notific statements maintain i	ersigned, 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 smade 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pron	nptly notify the Department of any changes to the information contained in this notification.							
Junal Signature	1 /al							

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Bureau of Waste Cleanup

#### Perchloroethylene Dry Cleaning Facility Notification

	Facility Name and Location	1996
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  Hazardon Cleanup	
2.	Site Name (For example, plant name or number):	
	FID 081749674	
3.	Hazardous Waste Generator Identification Number:	ED
4.	Facility Location: 3115 SOUTAGETE CITCLE Street Address: City: SARASOTA County: SARASOTA Zip Code: 3 Bureau of Air Mo Zip Code: 3 Mobile South	7
	City: SARASOLA County: SARASOLA Zip Code: 3 Bureau of Air Mo	nitoring r <b>c</b> es
5.	Facility Identification Number (DEP Use): 150084	
	Responsible Official	
	Name and Title of Responsible Official:  () o NAID (ARUSON Pres, dent)  Responsible Official Mailing Address:	
7.	Responsible Official Mailing Address:  Organization/Firm: 60 MINULE CLANERS  Street Address: 3115 Southgate Circle  City: Sarasota County: 7 Zip Code: 37239	
	City: Sarasota County: 77. Zip Code: 37239	
8.	Responsible Official Telephone Number: Telephone: (941) 955 - 1311 Fax: ( ) -	<u></u>
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	7
	SAME	
10.	Facility Contact Address:	
	Street Address: City: County: Zip Code:	
11.	Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	

RECEIVED

SEP 9 1996

Bureau of Air Monitoring & Mobile Sources

# #1150084

60 Minute Cleaners

-spoke with Donald Carlson-10/9/96-approx. propane use = 150gal/wk. = ~7,800gal./yr

PM=3.12 /b./yr. NOX=109.20 /b./yr. CO=14.82 /b./yr. TOC=3.90 /b./yr.

#### **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
•		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-92
Dry-to-Dry Unit									:
(1) w/ ref. condenser	V	195	2/95						
(2) w/ carbon adsorber							1		
(3) w/ no controls			ı.						
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									· · ·
(10) w/ ref. condenser							Ţ		
(11) w/carbon adsorber						1			
(12) w/ no controls		_							
(b) Control devices are  (c) No control devices  2.(a) What was the total q  (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (	perc)	purchased in				
3. What is the facility's son (Indicate with an "X".  Existing small are  Existing large are	Selec ea so	t one classifi urce [	ication only.) Ne	ew sn	nitions foun	rce [ <u></u>	(3) of	Part II?	

DEP Form No. 62-213.900(2)

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(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	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)
Ķ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	ersigned, 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 s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	mptly notify the Department of any changes to the information contained in this notification.
) Elignature	1 /al

AIRS ID#: 1150084

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 60 minute Cleaners DATE: 8-27-98
FACILITY LOCATION: 3115 South auto Civile
Sarabota
Annual Reporting Period: 9-1-96 1996 TO 8-27 1999
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 above:
Weekly Temp. Monitoring.
Exact period of non-compliance: from $9-1-96$ to $8-27-97$
Action(s) taken to achieve compliance: Beain weekly temp. monitori,
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  RECEIVED
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:  Method used to demonstrate compliance:  Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of 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:  Name (Please Print)  Name (Signature)  Name (Please Print)

<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

	ANNUAL RE-INSPECTIO	<b>Д</b> .	COMPLAINT/DISC	COVERY	
AIRS ID#: \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \					
FACILITY NAME: 60					
FACILITY LOCATION: _3	15 5	a Hus	ets ets	<u>cls</u>	
_\$_	40curs	·u			
RESPONSIBLE OFFICIAL :	Don C	arlpo	PHONE: 453	5 - 1 <i>3</i> 1	
CONTACT NAME:	1,		_ PHONE:/	,	
PART I: NOTIFICATION		<del></del>			<u>_</u>
(check appropriate box)  1. New facility notified DARM 3	O days prior to star	tun			
2. Facility failed to notify DARM	-				
PART II: CLASSIFICATION				-	
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification fo☐ Drop store/out of		roleum
II .					
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/ \	2. New small a dry-to-dry only transfer only, x both types, x < (constructed on	, x < 140 gal/yr < 200 gal/yr		
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both typcs, x < 140 gal/yr	□ 00 gal/yr gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	x < 140  gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)		
<ol> <li>Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga</li> </ol>	□ 00 gal/yr gal/yr l/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) area source $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,300 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$		
<ol> <li>Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)</li> <li>This is a correct facility class If no, please check the approximate the facility of the source of th</li></ol>	□  00 gal/yr gal/yr l/yr  sification  propriate classification	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on  Y N	x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) Area source $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,300 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ ) $\square$ Can not determine	c re	

#### 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? MY ON ON/A MY ON ONA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? $N \square Y$ 4. Draining cartridge filters in their housing or in scaled containers for at DY ON ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN XN/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) MO YX 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? MY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY XIN 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° F7 DY DN XXN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after □Y **X**N verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed DY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N □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?	□Y □N □N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Pouted airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A

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

P.	ART VI: LEAK DETECTION AND F	REPAIRS			
1.	Does the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection ar	nd repa	air
	inspection?			XY	□N
2.	Has the facility maintained a leak log?			<b>X</b> Y	ПN
3.	Does the responsible official check the	following areas for leaks?	?		-
	Hose connections, fittings, couplings, and valves	XY □N □N/A	Muck cookers	XY	□N □N/A
	Door gaskets and seating	A/N U U Y	Stills	XY	□N □N/A
	Filter gaskets and seating	XY ON ON/A	Exhaust dampers	<b>X</b> Y	□N/A
	Pumps	AVA UN DVA	Diverter valves	XY	□N □N/A
I	Solvent tanks and containers	אוחם חם צאָ	Cartridge filter housings	ŻΥ	□N □N/A
I	Water separators	¤Y □N □N/A			
4.	Which method of detection is used by the	ne responsible official?			
ı	Visual examination (condensed so	olvent on exterior surface	s)	×	
	Physical detection (airflow felt thr	rough gaskets)		A	
	Odor (noticeable perc odor)			×	
	Use of direct-reading instrumentar	tion (FID/PID/calorimetr	ic tubes)		
	Halogen leak detector				
	If using direct-reading instru	umentation, is the equip	ment:	□N/A	A
	a. Capable of detecting p	pere vapor concentrations	s in a range of 0-500 ppm?	$\Box$ Y	ПИ
	b. Calibrated against a st (PID/FID only)?	standard gas prior to and a	after each use	ΩΥ	□N
	c. Inspected for leaks an	d obvious signs of wear o	n a weekly basis?	$\Box$ Y	□N
	d. Kept in a clean and so	ecure area when not in use	e?	$\Box$ Y	□N
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	$\Box Y$	□N

Jim Goerst 378-6128	<u> </u>
Inspector's Name (Please Print)	Date of Inspection
Jan Don Do	3/98
Inspector's Signature	Approximate Date of Next Inspection

# DRY CLEANER AIR QUALITY GENERAL PERMIT OF ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#1150084 60 MINUTE CLEANERS DONALD CARLSON 3115 SOUTHGATE CIRCLE SARASOTA FL 34239

	Do <u>NOT</u> Remove Label	
Annual Reporting Period:	19TO	19
•	V general air permit, my facility has remained in complication. A.C.), during the period covered by this statement.	A
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous compliance during the re	eporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit	that has not been in continuous compliance during the re	porting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	•	
notification are true, accurate and complete. F	ed on information and belief formed after reasonable inquiry, urther, my annual consumption of perchloroethylene solvent, o dry facilities or 1,800 gallons per year for transfer or combi	, based upon purchase receipts,
RESPONSIBLE OFFICIAL: Nan	ne (Please Print)  Jonated (ARCso Signature	2 1 19/85 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.

#### INTEROFFICE MEMORANDUM

Date: 21-Jul-1998 06:52am From: Sandy Bowman TAL

BOWMAN S

Dept: Air Resources Management

**Tel No:** 850/921-9583

To: Susan Cameron

( SCAMERON@co.sarasota.fl.us@PMDF@EPIC66 )

Subject: Re: Compliance-60 Minute Cleaners -Reply

Susan,

I appreciate your getting back with the owner on this. However, I can't change the Annual Certificate of Compliance since it is the RO's statement of compliance. I will send a copy of the Certificate of Compliance to you. The RO can correct the form and initial the correction. There is no need for you to make a special trip for this or to rush to get this done.

Thanks so much.

Sandy

Sandy

\*Sandy -

\*

\*Go ahead and make the correction. i spoke to the facility owner on-site and he is going begin record keeping as of the date of the inspection.

\*Thanks!

\*

\*Susan

Hele #1150084

#### INTEROFFICE MEMORANDUM

Date:

20-Jul-1998 10:28am EST

From:

Sandy Bowman

n TAL

BOWMAN S

Dept:

Air Resources Management

**Tel No:** 850/921-9583

**SUNCOM:** 278-6140

TO: Susan Cameron SAR

( CAMERON\_S @ A1 @ EPIC66 )

CC: James Goerdt SAR

( GOERDT J @ A1 @ EPIC66 )

Subject: Compliance-60 Minute Cleaners

Susan,

Hope all is well with you. I noticed a discrepancy on the recent submittals for 60 Minute Cleaners located at 3115 Southgate Circle. The Annual Certificate of Compliance (signed June 11, 1998) has an in-compliance status for the 8/27/97 through 6/11/98 time period. However, the Inspection Summary Report and the Compliance Inspection Checklist for June 11, 1998 indicate the facility was out-of-compliance during the inspection on the same date.

Please let me know whether or not the Annual Certificate of Compliance needs to be corrected. If so, I will send it to you.

Thank you.

Sandy-

#### INTEROFFICE MEMORANDUM

Date: 20-Jul-1998 10:28am EST

From: Sandy Bowman TAL

BOWMAN S

Dept: Air Resources Management

**Tel No:** 850/921-9583

**SUNCOM:** 278-6140

TO: Susan Cameron SAR ( CAMERON\_S @ A1 @ EPIC66 )

CC: James Goerdt SAR ( GOERDT J @ A1 @ EPIC66 )

Subject: Compliance-60 Minute Cleaners

Susan,

Hope all is well with you. I noticed a discrepancy on the recent submittals for 60 Minute Cleaners located at 3115 Southgate Circle. The Annual Certificate of Compliance (signed June 11, 1998) has an in-compliance status for the 8/27/97 through 6/11/98 time period. However, the Inspection Summary Report and the Compliance Inspection Checklist for June 11, 1998 indicate the facility was out-of-compliance during the inspection on the same date.

Please let me know whether or not the Annual Certificate of Compliance needs to be corrected. If so, I will send it to you.

Thank you.

Sandy-

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1 DPM TIME OUT: 1	AIRS 10#: 1150084
TYPE OF FACILITY: 60 MINUTE CLEANERS	(DRYCLEANER)
FACILITY NAME: 3115 Southgate Circl	DATE: 6/11/98
	4239
TACIEIT I BOOKTION.	
RESPONSIBLE OFFICIAL: Donald Carlson	PHONE NUMBER: 955-1311
compliance with DEP Rule 62-213.300, Florida Adı	s evaluated during this inspection, the facility is found to be in ministrative Code (F.A.C.).  s evaluated during this inspection, the following compliance
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLE	CM   FOLLOW-UP ACTION REQUIRED
Not kerping Conders en tier	ip. Wait cooping log ASAD
not (ceping inspection log	Hart looping log ASAP
	Pro
	Surgar O Iso
	E SOUTO TIME
COMMENTS:	
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 7/99	(Approximate)
INSPECTION CONDUCTED BY: SUSAN CAMERO	N/ JIM GOERDT (Please Print)
INSPECTOR'S SIGNATURE	PHONE NUMBER: 378-6128

Page 1 of 1.

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSP	ECT	ION

ANNUAL

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

TECE VE NOTION OF SOURCE SOURC AIRS ID#: 150084 DATE: 6/11/98 TIME IN: 10000 TIME OUT: 14

FACILITY NAME: 60 Minute

FACILITY LOCATION: 315

Som PHONE: 955-1311 RESPONSIBLE OFFICIAL: Rald

CONTACT NAME:

#### 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

#### 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/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr (constructed before 12/9/91)
- 3. Existing large area source dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only,  $200 \le x \le 1,800$  gal/yr both types,  $140 \le x \le 1,800$  gal/yr (constructed before 12/9/91)
- 5. This is a correct facility classification

☐ No notification form

□Can not determine

☐ Drop store/out of business/petroleum

2. New small area source

dry-to-dry only, x < 140 gal/vrtransfer only, x < 200 gal/yr both types, x < 140 gal/yr

(constructed on or after 12/9/91)

4. New large area source

dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only,  $200 \le x \le 1,300$  gal/yr both types,  $140 \le x \le 1,800$  gal/yr

(constructed on or after 12/9/91)

ДΥ

 $\square N$ 

If no, please check the appropriate classification:

- facility qualified for a general permit as number above
- facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was gallons. Lince 198

19. 2 gal. Jan

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled 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 scaled containers for at least 24 hours prior to disposal has Faper & Les- No Cartidates 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? □N □N/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 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?	ΟY	ПN	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПИ	□N/A
Is the temperature differential equal to or greater than 20° F?	$\Box Y$	□N	□N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a earbon adsorber?	ПΥ	ИП	□N/A
Is the perc concentration equal to or less than 100 ppm?	ПΥ	ΠN	□N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□и	□N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A
PART V: RECORDKEEPING REQUIREMENTS			
TY			

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	L
1. Maintained receipts for perc purchased?	da où
2. Maintained rolling monthly averages of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	6
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON WN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON XIN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N ØN/A
6. Maintained startup/shutdown/malfunction plan?	ďY □N Ì
7. Maintained deviation reports?	DY DN ØN/A
Problem corrected?	OY ON DINA
8. Maintained compliance plan, if applicable?	DY ON PANA

#### PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a	weekly (for	small sour	ces, bi-weekly) leak detection a	nd repair
	inspection?				AY - UN
2.	Has the facility maintained a leak log?				- (M)N )
3.	Does the responsible official check the	following ar	reas for lea	ks?	
	Hose connections, fittings, couplings, and valves	MY ON	□N/A	Muck cookers	Y ON ON/A
	Door gaskets and seating	MD DN	□N/A	Stills	MY ON ON/A
	Filter gaskets and seating	ADA ON	□N/A	Exhaust dampers	AND ND YA
	Pumps	MA ON	□N/A	Diverter valves	AND ND YA
	Solvent tanks and containers	<b>À</b> Y □N	□N/A	Cartridge filter housings	dy on ona
	Water separators	ΦY □N	□N/A		
4.	Which method of detection is used by the	he responsib	ole official?	?	,
	Visual examination (condensed so	olvent on ex	terior surfa	aces)	<b>(</b>
	Physical detection (airflow felt the	rough gaske	ts)		A A A
	Odor (noticeable perc odor)				神
	Use of direct-reading instrumenta	tion (FID/P	ID/calorim	etric tubes)	
	Halogen leak detector				
	If using direct-reading instr	umentation	, is the equ	uipment: _	ZHY/A
	a. Capable of detecting p	perc vapor c	oncentratio	ons in a range of 0-500 ppm?	NO YO
	b. Calibrated against a s (PID/FID only)?	tandard gas	prior to ar	nd after each use	□У □И
	c. Inspected for leaks an	d obvious si	gns of wea	ir on a weekly basis?	OY ON
	d. Kept in a clean and so	ecure area w	hen not in	use?	OY ON
	e. Verified for accuracy	by use of du	plicate san	nples (calorimetric only)?	□У □И
		2	<u> </u>		
		,		,	
,	Sus no Calmeron			C/11/98	
	Inspector's Name (Please Prin	nt)		Date of Inspe	ection
_				/ /	
	Shra Come			~ 1/1/0	yS
	Inspector's Signature			Approximate Date of I	Next Inspection

AIRS ID#: 150084

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 60 Minute Cleanes	DATE: 6/11/98
FACILITY LOCATION: 315 South gate	Circle
FACILITY LOCATION: 315 Double gate (	4239
	, , , , , , , , , , , , , , , , , , , ,
Annual Reporting Period:	1991 TO 6/11. 19
Based on each term or condition of the Title V general air permit 62-213.300, Florida Administrative Code (F.A.C.), during the permit	<del></del>
If NO, complete the following:	·
#1. Term or condition of the general permit that has not been in	continuous compliance during the reporting period stated above
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	· ·
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 abov
	continuous compliance during the reporting period stated above.
Exact period of non-compliance: from	<u>.                                    </u>
Exact period of non-compliance: from	to
Exact period of non-compliance: from  Action(s) taken to achieve compliance:	tototo n and belief formed after reasonable inquiry, that the statemen er, my annual consumption of perchloroethylene solvent, base

\*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.

Page of \_\_\_\_.

TO: (NAME, OFFICE, LOCATION)  1. SUBJUNC CAMENON  4	DEP ROUTING AND TRANSMITTAL SLIP				
PLEASE PREPARE REPLY FOR:  SECRETARY'S SIGNATURE  DIV/DIST DIR SIGNATURE  MY SIGNATURE  YOUR SIGNATURE  DUE DATE  ACTION/DISPOSITION  DISCUSS WITH ME  COMMENTS/ADVISE  REVIEW AND RETURN  SET UP MEETING					
PLEASE PREPARE REPLY FOR:  SECRETARY'S SIGNATURE  DIV/DIST DIR SIGNATURE  MY SIGNATURE  YOUR SIGNATURE  DUE DATE  ACTION/DISPOSITION  DISCUSS WITH ME  COMMENTS/ADVISE  REVIEW AND RETURN  SET UP MEETING	1. Susan Comer	0N 4			
SECRETARY'S SIGNATURE  DIV/DIST DIR SIGNATURE  MY SIGNATURE  POUR SIGNATURE  DUE DATE  ACTION/DISPOSITION  DISCUSS WITH ME  COMMENTS/ADVISE  REVIEW AND RETURN  SET UP MEETING	2	5			
DIV/DIST DIR SIGNATURE  WY SIGNATURE  YOUR SIGNATURE  DUE DATE  ACTION/DISPOSITION  DISCUSS WITH ME  COMMENTS/ADVISE  REVIEW AND RETURN  SET UP MEETING	PLEASE PREPARE REPLY FOR:	COMMENTS: \ QQ			
DUE DATE  ACTION/DISPOSITION  DISCUSS WITH ME  COMMENTS/ADVISE  REVIEW AND RETURN  SET UP MEETING	SECRETARY'S SIGNATURE	Lildi.			
DUE DATE  ACTION/DISPOSITION  DISCUSS WITH ME  COMMENTS/ADVISE  REVIEW AND RETURN  SET UP MEETING	DIV/DIST DIR SIGNATURE	Juda J			
DUE DATE  ACTION/DISPOSITION  DISCUSS WITH ME  COMMENTS/ADVISE  REVIEW AND RETURN  SET UP MEETING	MY SIGNATURE	Mecleo			
COMMENTS/ADVISE  REVIEW AND RETURN  SET UP MEETING	YOUR SIGNATURE	22 22 25 23			
COMMENTS/ADVISE  REVIEW AND RETURN  SET UP MEETING	DUE DATE	J. Carter Sp. 18			
COMMENTS/ADVISE  REVIEW AND RETURN  SET UP MEETING	ACTION/DISPOSITION	The state of the s			
SET UP MEETING	DISCUSS WITH ME	Pollution Control			
SET UP MEETING	COMMENTS/ADVISE	A. C. S. L. D. S.			
<del></del>	REVIEW AND RETURN	101681			
FOR YOUR INFORMATION  HANDLE APPROPRIATELY  INITIAL AND FORWARD  SHARE WITH STAFF  FOR YOUR FILES	SET UP MEETING	1			
HANDLE APPROPRIATELY  INITIAL AND FORWARD  SHARE WITH STAFF  FOR YOUR FILES	FOR YOUR INFORMATION	Burg Burg K			
INITIAL AND FORWARD SHARE WITH STAFF FOR YOUR FILES	HANDLE APPROPRIATELY	\$ 30 0 3 1 Z			
SHARE WITH STAFF FOR YOUR FILES	INITIAL AND FORWARD				
FOR YOUR FILES	SHARE WITH STAFF				
	FOR YOUR FILES	<u>مُ</u>			
FROM: Sandy Sowwan DATE: 7/21/98 PHONE:	FROM: Sandy Sowwa	CA DATE: 1/2/98 PHONE:			

DEP 15-026 (12/93)

÷ 4	( proched 1)	24/98	
'AIRS ID#: 1150984	Cor	7-1-10	Revised 10/10/96
DRY CLEANER A ANNUAL COM	IR QUALITY GENER	AL PERMIT ON FORM	
FACILITY NAME: 60 Minute Cle	Ancs	DAT	E: 6/11/98
FACILITY LOCATION: 315 SOME	igate Circle		
DAraso A. F	L 34239		
Annual Reporting Period: 21	1991 то	6/11	19 <b>G</b>
Based on each term or condition of the Title V general 62-213.300, Florida Administrative Code (F.A.C.), du If NO, complete the following:		rt-t	DEP RAIC PO INO SAC 1/24/98
#1. Term or condition of the general permit that has a	not been in continuous compliance	e during the reporting pe	riod stated above:
Clard leeping			
Exact period of non-compliance: from	2/19/	<u> </u>	
Action(s) taken to achieve compliance:	Rgin Mariled (CO	ed legging 6	11198
Method used to demonstrate compliance:	Chince Cours	-IN Complian	OF Complain
#2. Term or condition of the general permit that has a	not been in continuous compliance	during the reporting per	hod stated above:
	<u> </u>	Mureau 8	<u></u>
Exact period of non-compliance: from	to	No. 27	1
Action(s) taken to achieve compliance:		, Monitori	M
Method used to demonstrate compliance:		Monitoring Sources	
As the responsible official, I hereby certify, based on made in this notification are true, accurate and complupon rolling averages of purchase receipts, does not expear for transfer or combination facilities.  RESPONSIBLE OFFICIAL: DONA / A RESPONSIBLE OFFICIAL:	lete. Further, my annual consumpexceed 2,100 gallons per year for	otion of perchloroethylen	e solvent, based
	))~\b/a	ul	7/24/98
	•		, ,

\*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.

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#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	CX X	COMPLAINT/DISC	OVERY
	RE-INSPECTION			P
AIRS ID#: <u>1150084</u> E	DATE: 9/20/99	TIME I	v:gim	EQUT:
FACILITY NAME: 60	MINUTE CLEANE	RS	No. 110 A	
FACILITY LOCATION:	3115 SOUTHGA	TE CIRCL	E S	13 9 P
	SARASOTA, FL	34239		ces oring
responsible official :	DONALD CARLS	ON	PHONE: 955-	1311
CONTACT NAME:	n tester,	rus Lhit	PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
<ol> <li>New facility notified DARM 3</li> </ol>	0 days prior to startup			
2. Facility failed to notify DARM	I to use general permit			۵
PART II: CLASSIFICATION				
Facility indicated on notification	n form that it is;		□ No notification fo	
Facility indicated on notification (check appropriate box)	n form that it is:		☐ No notification for ☐ Drop store/out of	
Facility indicated on notification	c 2. r dry trai bot	nsfer only, $x < 1$ th types, $x < 1$	Drop store/out of trea source x < 140 gal/yr < 200 gal/yr	
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	c 2. dry trai bot (co c 4. 00 gal/yr dry gal/yr trai	r-to-dry only, nsfer only, x on types, x < 1 on tructed on one which types are retained and retained on the re	Drop store/out of larca source  x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	business/petroleum $ \begin{array}{c cccc}  & 2 & & \\  & 1 & 9 & & \\  & 1 & 9 & & \\  & 1 & 9 & & \\  & & & & & \\  & & & & & \\  & & & &$
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga	c 2. r dry trai bot (co c 4. 00 gal/yr dry gal/yr trai al/yr bot	r-to-dry only, insfer only, x on types, x < 1 on tructed on a record on the record of	Drop store/out of large source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$ )  The source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,300 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	business/petroleum  2/99 19.2  1/99 19.2  1/99 19.2  1/99 19.2
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)  5. This is a correct facility class of the property of the prop	c 2. r dry trai bot (co c 4. 00 gal/yr dry gal/yr trai al/yr bot (co	r-to-dry only, nsfer only, x - th types, x < 1 onstructed on a r-to-dry only, nsfer only, 20 th types, 140 onstructed on a r-to-dry only, nsfer only, 20 onstructed on a r-to-dry only, and types, 140 onstructed on a r-to-dry onstructed on a r-to-d	Drop store/out of the control of th	business/petroleum  2/99 19.2  1/99 19.2  1/99 19.2  1/99 19.2

1 of 5

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? All in MacHine UN UN/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? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS Has refrige-ated conderses 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 DY ON ON/A condenser upon opening the door?

PART III: GENERAL CONTROL REQUIREMENTS

DY ON ON/A

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

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

condenser exceeded 45° F?

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

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 lrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN ZIN/A DY DN WIN/A 4. Maintained calibration data? (for applicable direct reading instruments) MY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? MD AM 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? $\square$ Y $\square$ N 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND	REPAIRS	-	
1. Does the responsible official conduct	a weekly (for small source	s, bi-weekly) leak detection a	nd repair
inspection?			dr on
2. Has the facility maintained a leak log	?		אט יאף
3. Does the responsible official check th	e following areas for leaks	?	
Hose connections, fittings, couplings, and valves	OY ON ONIA	Muck cookers	Y ON ON/A
Door gaskets and seating	AN ON ONIA	Stills	YY ON ON/A
Filter gaskets and seating	Y ON ON/A	Exhaust dampers	AND NO Y
Pumps	AND ND YA	Diverter valves	AND NO TANA
Solvent tanks and containers	$\dot{\mathbf{q}}_{\mathrm{A}}$ on on $\mathbf{a}$	Cartridge filter housings	DA DH DHA
Water separators	AND ND Y		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surface	es)	<b>₩</b>
Physical detection (airflow felt t	through gaskets)		<del>%</del>
Odor (noticeable perc odor)			<b>½</b> <b>½</b>
Use of direct-reading instrumen	tation (FID/PID/calorimetr	ric tubes)	
Halogen leak detector			<b>A</b>
If using direct-reading ins	trumentation, is the equip	oment:	M/A
a. Capable of detecting	g perc vapor concentrations	s in a range of 0-500 ppm?	DY DN
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
c. Inspected for leaks a	and obvious signs of wear o	on a weekly basis?	OY ON
d. Kept in a clean and	secure area when not in us	se?	DY DN
e. Verified for accurac	y by use of duplicate sampl	les (calorimetric only)?	ND YO
			·
		al - 1-	
Inspector's Name (Please Pr		Date of Inspe	ction
	,	1	
Wyan ( waren		9/2000	
Inspector's Signature		Approximate Date of	Next Inspection

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	 50 MINUTE CLEANERS			DA	TE: 9/20/99
FACILITY LOCATION:	3115 SOUTHGATE C	TRCLE			1/221
FACILITIES ENTRON.	SARASOTA, FL 34				
			,		
Annual Reporting Period:	06/11	19_98	то	9/20	19_99
	tion of the Title V general air			<u>/</u>	h DEP Rule
62-213.300, Florida Adminis	strative Code (F.A.C.), during	the period covere	d by this statem	ent. UYES	□NO
If NO, complete the followin	g:				
#1. Term or condition of the	general permit that has not be	en in continuous	compliance dur	ing the reporting p	period stated above:
Exact period of non-complian		_	to		
Action(s) taken to achieve co			•		
Method used to demonstrate	<del>-</del>				
Wediod used to demonstrate					
#2. Term or condition of the	general permit that has not be	en in continuous	compliance dur	ing the reporting p	period stated above:
		•	·		
Exact period of non-complian	nce: from		to		
Action(s) taken to achieve co	mpliance:		•		
•	•		_		
Method used to demonstrate	compliance;				
	<u> </u>			<u>.</u>	-
made in this notification are	hereby certify, based on infort true, accurate and complete. chase receipts, does not excee tion facilities.	Further, my annu	al consumption	of perchloroethyl	ene solvent, based
RESPONSIBLE OFFICIAL		LSON	Del /	L	9/20/99
ZEEL CHOMME OFFICIAL	Name (Please Prin		Sign	nature	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 XX CO	DMPLAINT/DISCOVERY RE-II	NSPECTION
TIME IN:	TIME OUT:	AIRS ID#: 1150084	
TYPE OF FACILITY:	DRYCLEANER		
FACILITY NAME:	60 MINUTE CLEANER	RSDATE:_	· · · · · · · · · · · · · · · · · · ·
FACILITY LOCATION:	SARASOTA, FL 342	239	
RESPONSIBLE OFFICIAL:	DONALD CARLSON	PHONE NUMBER: 941/95	55-1311
4	he compliance requirements eva ule 62-213.300, Florida Adminis	luated during this inspection, the facility is foun strative Code (F.A.C.).	d to be in
Based on the results of t discrepancies were note	•	luated during this inspection, the following com	pliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTION REQ	UIRED
· ·			
·		•	
COMMENTS:			
-	/	ified and submitted to the inspector. YES	NO NO
DATE OF NEXT INSPECTION		nnrovimata)	
INSPECTION CONDUCTED I	BY:SUSANCAME	Please Print)	378-6128
INSPECTOR'S SIGNATURE	Dua ( Amas	PHONE NUMBER:	.,,, 0120

Revised 10/96

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#### 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?
- 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 scaled 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?

# Y ON ON/A OY ON ON/A OY ON

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

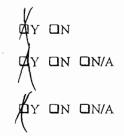
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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 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?





dy on

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser loc on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ated □Y □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	AVAD ND YD
Is the perc concentration equal to or less than 100 ppm?	□Y □N □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?	OY ON ON/A
of expansion, and agreement from no other inner.	ar an ana
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)	V					
1. Maintained receipts for perc purchased?	dy on					
2. Maintained rolling monthly averages of perc consumption?	AY ON					
3. Maintained leak detection inspection and repair reports for the following:	, (					
a. documentation of leaks repaired w/in 24 lurs? or;	AVA UN UN/A					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON DINA					
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ANA					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A					
6. Maintained startup/shutdown/malfunction plan?	MY DN ,					
7. Maintained deviation reports?	ANA NO YO					
Problem corrected?	DA DN DWIY					
8. Maintained compliance plan, if applicable? \( \lambda \) Wlald	DY ON ON/A					

#### PART VI: LEAK DETECTION AND REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?				ÞΊΥ	ПΝ		
2.	Has the facility maintained a leak log?				/dy	ПN		
3.	Does the responsible official check the f	followi	ng arcas for leaks?		Γ.			
	Hose connections, fittings, couplings, and valves	Δ <sub>Y</sub>	באם אם	Muck cookers	KY	□N □N/A		
	Door gaskets and seating	(AY	□N □N/A	Stills	ÞΥ	□N □N/A		
	Filter gaskets and seating	YY	□N □N/A	Exhaust dampers	ÞΥ	□N □N/A		
	Pumps	YΥ	ON ON/A	Diverter valves	AY.	□N □N/A		
	Solvent tanks and containers	Y	□N □N/A	Cartridge filter housings	фY	□N □N/A		
	Water separators	d/X	A/ND ND					
4.	Which method of detection is used by the	e respo	onsible official?		ما			
	Visual examination (condensed so	lvent o	n exterior surfaces)		Ϋ́			
	Physical detection (airflow felt three	ough g	askets)		7			
	Odor (noticeable perc odor)				) D			
	Use of direct-reading instrumentat	ion (Fl	D/PID/calorimetric t	tubes)	à			
	Halogen leak detector				A			
	If using direct-reading instru	ımenta	tion, is the equipme	ent:	MN/	'A		
	a. Capable of detecting p	erc vap	oor concentrations in	a range of 0-500 ppm?	ηY	□N		
	b. Calibrated against a st (PID/FID only)?	andard	gas prior to and afte	er each use	ПΥ	□N		
	c. Inspected for leaks and	d obvio	us signs of wear on a	weekly basis?	ПY	□И		
	d. Kept in a clean and se	cure ar	ea when not in use?		ΩΥ	ПΝ		
	e. Verified for accuracy b	y use o	of duplicate samples	(calorimetric only)?	ПΥ	ПИ		
				•				

Inspector's Name (Please Print)

OS 64 2000

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#: <u>1</u> 1	50084
TYPE OF FACILITY:	DRYCLEANER		1
FACILITY NAME:	60 MINUTE CLEANERS		DATE: August 4,20
FACILITY LOCATION:	SARASOTA, FL 34239		
TACILITI LOCATION.	,		
RESPONSIBLE OFFICIAL:	DONALD CARLSON	PHONE NUMBER:_	941/955-1311
	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 ACTIO	ON REQUIRED
	·		
		-	
		·	
	·		
COMMENTS:			
/ ·			
/			
		·	
The Annual Compliance Certi	ification form has been properly certif	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECT	ION: 2 August 200		/!
	(Ap	proximate)	
INSPECTION CONDUCTE	( <del>-</del> -		
-	(Pl	ease Print)	
INSPECTOR'S SIGNATUR	E: Just pm	PHONE NUMBER:_	141 318-6128
		of /	4:5615
	Page	101	Revised 10/96

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AIRS ID#: 1150084

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

					· · · · · · · · · · · · · · · · · · ·
FACILITY NAME:	60 MINU	JTE CLEANERS	·		DATE: <u>08/04/20</u>
FACILITY LOCATION:	3115 SC	OUTHGATE CIRCLE		<del> </del>	<u>, , ,</u>
	SARASOT	A, FL 34239			
			1900		
Annual Reporting Period:	9/20	200	то _	August	4, 2008
Based on each term or condition 62-213.300, Florida Administra			-		
If NO, complete the following:				<b>,</b> , , , , , , , , , , , , , , , , , ,	
#1. Term or condition of the ge	eneral permit	that has not been in cont	inuous compliand	ce during the report	ting period stated above:
Exact period of non-compliance	e: from			0	
Action(s) taken to achieve comp	oliance:				
Method used to demonstrate con	mpliance:				
#2. Term or condition of the ge	eneral permit	that has not been in cont	inuous compliand	ce during the repor	ting period stated above:
Exact period of non-compliance	e: from		to	<u> </u>	
Action(s) taken to achieve comp	oliance:				. ·
Method used to demonstrate con	mpliance:				
As the responsible official, I her made in this notification are tru upon rolling averages of purchayear for transfer or combination RESPONSIBLE OFFICIAL:	ne, accurate dase receipts, on facilities.	and complete. Further, n does not exceed 2,100 gc	ny annual consum	ption of perchloro	ethylene 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

COM	APLIANCE INSPE	CTION C	HECKLIST	M	
TYPE OF INSPECTION: AN	NNUAL	⊠X	COMPLAIN <b>G</b> D	•	D
				15010 VERY	
RE	E-INSPECTION		P 1 9 Mobile		
	1 1				
AIRS ID#: 1150084 DATE	E: 8/24/01	TIME 1	N: 12:950	AME OUT:	
	,	<del></del>	tori	O -	
FACILITY NAME: 60 MINU	TE CLEANERS		<u>"</u>		<del></del>
FACILITY LOCATION:3	115 SOUTHGAT	E CIRC	LE		
S	ARASOTA, FLO	ORIDA 3	4239		
RESPONSIBLE OFFICIAL:	DONALD CARLS	ON	PHONE:941	/955-1311	
CONTACT NAME:			PHONE		
CONTACT NAME.			_ I HONE		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 day	s prior to startup				
2. Facility failed to notify DARM to u	-				
<b>—</b> :	oo Bonona ponnat				
PART II: CLASSIFICATION		,			
Facility indicated on notification for	m that it is:		☐ No notification		roleum
Facility indicated on notification for (check appropriate box)	m that it is:	,	☐ No notification☐ Drop store/out		roleum
Facility indicated on notification form (check appropriate box)  A.  1. Existing small area source	2. No		☐ Drop store/out		roleum
Facility indicated on notification form (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. No	o-dry only,	☐ Drop store/out  rea source x < 140 gal/yr	of business/pet	roleum
Facility indicated on notification form (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. No dry-to transi	o-dry only, fer only, x	☐ Drop store/out  rea source x < 140 gal/yr < 200 gal/yr	of business/pet	
Facility indicated on notification form (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	2. No dry-to transf	o-dry only, fer only, x types, x < 1	☐ Drop store/out  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	of business/pet	roleum Zuhases
Facility indicated on notification form (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)	2. No dry-to transi both (cons	o-dry only, fer only, x types, x < 1 tructed on	□ Drop store/out  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	of business/pet	
Facility indicated on notification form (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)  3. Existing large area source	2. No dry-to transf both to (cons	o-dry only, fer only, x types, x < 1 tructed on ew large a	□ Drop store/out  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  rea source	of business/pet	
Facility indicated on notification form (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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal	2. No dry-to transfi both (cons	o-dry only, for only, x types, x < 1 tructed on ew large a o-dry only,	Drop store/out  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$	of business/pet  Port. +	
Facility indicated on notification form (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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal transfer only, 200 ≤ x ≤ 1,800 gal/yr	2. No dry-to transf both (cons	o-dry only, fer only, x types, x < 1 tructed on ew large a o-dry only, fer only, 20	Drop store/out  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $(40 \text{ gal/yr})$ or after $(12/9/91)$ rea source $(140 \le x \le 2,100 \text{ gal/yr})$ $(00 \le x \le 1,300 \text{ gal/yr})$	of business/pet  Port. +	
Facility indicated on notification form (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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal	2. No dry-to transf both (cons	o-dry only, fer only, x types, x < 1 tructed on ew large a o-dry only, fer only, 20 types, 140	Drop store/out  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$	of business/pet  Port. +	
Facility indicated on notification form (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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	2. No dry-to transf both a (cons	o-dry only, x types, x < 1 tructed on ew large a o-dry only, fer only, 20 types, 140 tructed on	Drop store/out  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $= 12/9/91$ )  rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,300 \text{ gal/yr}$ or after $= 12/9/91$ )  or after $= 12/9/91$ )	of business/pet	
Facility indicated on notification form (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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	2. No dry-to transf both a (cons)  1/yr dry-to transf both a (cons)	o-dry only, fer only, x types, x < 1 tructed on ew large a o-dry only, fer only, 20 types, 140	Drop store/out  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,300 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	of business/pet	
Facility indicated on notification form (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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification, please check the appropriate box.	2. No dry-to transf both (cons  4. No dry-to transf transf both (cons  transf both (cons  ation DY	tructed on ly, fer only, x types, x < 1 tructed on lew large a b-dry only, fer only, 20 types, 140 tructed on	Drop store/out  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ of $x \le 1,300 \text{ gal/yr}$ or after $x \le 1,300 \text{ gal/yr}$	of business/pet	
Facility indicated on notification form (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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification, please check the appropagation of the propagation	2. No dry-to transf both (cons  4. No dry-to transf both (cons)  l/yr dry-to transf both (cons)  ation DY	tructed on ly, fer only, x types, x < 1 tructed on lew large a o-dry only, fer only, 20 types, 140 tructed on	Drop store/out  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ or after $1,300 \text{ gal/yr}$ or after $12/9/91$ )  Can not determinable	of business/pet	
Facility indicated on notification form (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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification, please check the appropagation of the propagation	2. No dry-to transf both (cons  4. No dry-to transf transf both (cons  transf both (cons  ation DY	tructed on ly, fer only, x types, x < 1 tructed on lew large a o-dry only, fer only, 20 types, 140 tructed on	Drop store/out  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ or after $1,300 \text{ gal/yr}$ or after $12/9/91$ )  Can not determinable	of business/pet	

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

PART III: GENERAL CONTROL REQUIREMENTS

Fr -				
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?	ΩΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟУ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩУ	ПΝ	□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?	ΟY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟΥ	ПИ	□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,	DV	DV	
	or expansion, and downstream from no other inlet?	ЦΥ	ЦΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	ďy □N					
2. Maintained rolling monthly averages of perc consumption?	DAY ON					
3. Maintained leak detection inspection and repair reports for the following:	,					
a. documentation of leaks repaired w/in 24 hrs? or;	AND ND YE					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אאוע חם אם אי					
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MANA					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DNA					
6. Maintained startup/shutdown/malfunction plan?	ďγγ □N					
7. Maintained deviation reports?	□Y □N ₩N/A					
Problem corrected?	`םץ םא לאָאא					
8. Maintained compliance plan, if applicable?	אואם אם אוא					

PART	VI: LEAK DETECTION AND F	REPAIRS		·	
1. Doc	s the responsible official conduct a	weekly (for	small sources, b	oi-weekly) leak detection a	nd repair
insp	ection?				AY ON
2. Has	the facility maintained a leak log?				AY ON
3. Doc	s the responsible official check the	following a	reas for leaks?		
	Hose connections, fittings, couplings, and valves	фу Ои	□N/A	Muck cookers	YOY ON ON/A
	Door gaskets and seating	ФУ ОИ	□N/A	Stills	DY ON ONIA
	Filter gaskets and seating	фу Ои	□N/A	Exhaust dampers	DY ON ON/A
	Pumps	DA ON	□N/A	Diverter valves	אואם אם יצם
	Solvent tanks and containers	AL DN	□N/A	Cartridge filter housings	₩Y □N □N/A
	Water separators	DY ON	□N/A		
4. Whi	ch method of detection is used by th	ne responsib	ole official?		
	Visual examination (condensed so	olvent on ex	terior surfaces)		⊭∆
	Physical detection (airflow felt thr	ough gaske	ts)		໘
	Odor (noticeable perc odor)				\ <del>\</del> \ <del>\\</del>
	Use of direct-reading instrumental	tion (FID/P	ID/calorimetric	tubes)	
	Halogen leak detector				
	If using direct-reading instru	ımentation	, is the equipme	ent:	\$ N/A
	a. Capable of detecting p	erc vapor c	oncentrations in	a range of 0-500 ppm?	אם צם
	b. Calibrated against a st (PID/FID only)?	tandard gas	prior to and afte	er each use	OY ON
	c. Inspected for leaks and	d obvious si	gns of wear on a	a weekly basis?	OY ON
	d. Kept in a clean and se	cure area w	hen not in use?		OY ON
	e. Verified for accuracy b	oy use of du	plicate samples	(calorimetric only)?	OY ON
					·
1					
	1				
	SUS, CAMORO			8/24/01	
	Inspector's Name (Please Prin	t)		Date of Inspe	ection
	<u> </u>			. 1	
	Inspector's Signature			Approximate Date of	Next Inspection
	TOSTICAL S STREAM C			A DOLONDING DAIP OF	OCAL DINDECTION

AIRS ID#: 1	150084
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## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	60 MINUTE	CLEANERS	S			DATE: _	8/24/01
FACILITY LOCATION:	3115 SOUT	HGATE CIR	CLE				
	SARASOTA,	FLORIDA	34239				
Annual Reporting Period: _	AUGUST	4	20_0	0 то _	8/24	<u> </u>	20 <u>01</u>
Based on each term or cond				-	-44		_
62-213.300, Florida Admin	istrative Code (F.	A.C.), during th	ie period cover	ed by this st	atement. 🗯	YES	<b>∟</b> NO
If NO, complete the following	ng:						
#1. Term or condition of th	e general permit t	hat has not bee	n in continuous	compliance	e during the repo	orting period s	tated above:
Exact period of non-complia	ance: from			1	to		
Action(s) taken to achieve c	compliance:						
Method used to demonstrate	e compliance:						
	-						
#2. Term or condition of th	e general permit t	hat has not bee	n in continuous	compliance	e during the repo	orting period s	tated above:
			_/				
Exact period of non-complia	ance: from			to	)		
Action(s) taken to achieve c	compliance:					_	
Method used to demonstrate	e compliance:	/					
As the responsible official, I in this notification are true, purchase receipts, does not combination facilities.	accurate and con	nplete. Further	, my annual co	nsumption o	f perchloroethyl	lene solvent, b	ased upon
RESPONSIBLE OFFICIA	L: DO1A	U CAR	LSON A	Jald (	Juli		8/24/200
	Nam	e (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 XX CO	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12:15 m	TIME OUT:	AIRS ID#:1	150084
TYPE OF FACILITY:	perchloroethylene	e drycleaner	
FACILITY NAME:	60 MINUTE CLEANER	RS	DATE: \$ 2-101
FACILITY LOCATION:	3115 SOUTHGATE (	CIRCLE	
	SARASOTA, FLORIDA	A 34239	
RESPONSIBLE OFFICIAL:	DONALD CARLSON	PHONE NUMBER:	941/955-1311
	he compliance requirements evaluate 62-213.300, Florida Adminis	uated during this inspection, the facil trative Code (F.A.C.).	lity is found to be in
Based on the results of t discrepancies were note	•	uated during this inspection, the follo	owing compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
	7		
COMMENTS:			
The Annual Compliance Certifica	tion form has been properly certi	fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION			
INSPECTION CONDUCTED I	BY: Sucan Cum	pproximate)  Please Print)	
INSPECTOR'S SIGNATURE:	Sea am	PHONE NUMBER:	941-318-6128
	Davia	1	W. 5615

#### 1 HIS PURTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

263284

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

RECEIVED MAIL ROOM

HAR 14 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 1150084

60 MINUTE CLEANERS DONALD CARLSON 3115 SOUTHGATE CIRCLE SARASOTA FL 34239 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

### THIS PORTION MUST BE ATTACHED 10 AND TANCE FOR PROPER HANDLING

↑ Flease 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#1150084

60 MINUTE CLEANERS DONALD CARLSON 3115 SOUTHGATE CIRCLE SARASOTA FL 34239 AIL ROOM

FOR GOVERNMENT USE ONLY

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

Fund: 20-2-035003 Obj.: 002273



## This portion must be attached to remittance for proper handling 0.359143

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** 

FV.

MAIL ROOM FEB -2 99

Do NOT Remove Label

AIRS ID # 1150084

60 MINUTE CLEANERS DONALD CARLSON 3115 SOUTHGATE CIRCLE SARASOTA FL 34239

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

404335

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** 

TOTAL AMOUNT DUE. \$50

JAN 31 0

Do NOT Remove Label

AIRS ID # 1150084

60 MINUTE CLEANERS DONALD CARLSON 3115 SOUTHGATE CIRCLE SARASOTA FL 34239 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391029

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

60 MINUTE CLEANERS DONALD CARLSON 3115 SOUTHGATE CIRCLE SARASOTA FL 34239

FOR GOVERNMENT USE ONL Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 RECEIVED



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.	e does not e number.	2. 🗆 Rest	
ADDRESS completed	3. Article Addressed to:  AIRS ID#: 1150084 60 MINUTE:CLEANERS DONALD™CARLSON 3115 SOUTHGATE CIRCLE SARASOTA FL 34239	7. Date of De	302 Type ed Mail peipt for Merchan	Certified Insured Is
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressee and fee is	paid)	Return Receipt

### Z.333 613 275

### US Postal Service Receipt for Certified Mail

AIRS ID 1150084

60 MINUTE CLEANERS DONALD CARLSON 3115 SOUTHGATE CIRCLE SARASOTA FL 34239

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 Date	

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 card to you.  Attach this form to the front of the mailpiece, or on the back permit.  Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered.	if space does not:  1.  Addressee's Address e article number: 2.  Restricted Delivery	eceipt Service.
3. Article Addressed to:  AIRS ID 1150084  60 MINUTE CLEANERS DONALD CARLSON 3115-SOUTHGATE CIRCLE SAKASOTA FL 34239	4a Article Number  335 613275  4b. Service Type   Registered Certified  Insured  Return Receipt for Merchandise COD  7. Date of Delivery	ou for using Return Rece
5. Fleceived By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid)  102595-97-B-0179 Domestic Return Receipt	Thank

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00	Restricted Delivery Fee (Endorsement Required)			B
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0.52	Recipient's Na DONALD CARLSON			
	Street, Apt. No.; o 60 MINUTE CLEANERS 3115 SOUTHGATE CIRCLE			
Street, Apt. No.; a 3115 SOUTHGATE CIRCLE City, State, ZIP+ 4 SARASOTA FL 34239			3	
	PS Form 3800, Februa	ny 2000	See Reverse for Instruct	ions

SENDER: COM SENDER	PLACE STICKER AMANUAD NC PLACE STICKER TO THE RIGHT OF
<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> </ul>	A. Received by Please fant Clearly)  C. Signature  Agent Addressee  D. Is delivery address different from item 12  Yes
Article Addressed to:	D. Is delivery address different from item 1?
10 AIRS ID # 1150084001AG DONALD CARLSON 60 MINUTE CLEANERS 3115 SOUTHGATE CIRCLE	
SARASOTA FL 34239	3. Service Type Certified Mail
70000520002093126698	4. Restricted Delivery? (Extra Fee) ☐ Yes
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