

# 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. David Bruce Pointe Cleaners 2881 Clark Road #23 Sarasota, Florida 34239

Re: Facility I.D. No. 1150087

Dear Mr. Bruce:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 27, 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, F1 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"

### Perchloroethylene Dry Cleaning Facility Notification

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

	·
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	New POINTE FAC
2.	New Pointe Twe Site Name (For example, plant name or number):
2	POINTC CLE ANEYS Hazardous Waste Generator Identification Number:
ا.	
	Fld 000 776 716
4.	FLO 000 776 716  Facility Location: 2881 CLANK Rd #23  Street Address: 2881 CLANK Rd #23
	City: SAVASOTA County: SAVASOTA Zip Code: 34239
5.	Facility Identification Number (DEP Use):
	FLD 0007: 1150087
	Responsible Official
	- 1874 CD - 111 OC 11
	Name and Title of Responsible Official:
	Responsible Official Mailing Address:  Organization/Firm: POINTE CLEANERS  Street Address: 2881 CLARK Rd #23
7.	Responsible Official Mailing Address:
	Organization/Firm: POINTE CLEANERS
	Street Address: 2881 WARE RED TO Zip Code:
	City: SAVASOTA County: SAVASOTA Zip Code: 3 4231
8.	Responsible Official Telephone Number:
	Telephone: (941)924 - 5751 Fax: (941) 922 - 4635
<u> </u>	
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	The of Fuelly Conditions, plant managery.
	·
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -
<u> </u>	Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) - Fax: ( ) - RECEIVED  RECEIVED  SEP 27 1996  SEP 27 1996  SEP 27 1996  SUBJECT OF AIR Mornitoring Sources
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	Air Morrices
	SEP 27 Monitoring of Air Monitoring Bureau of Air Sources
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# 115,0087

10/15/96 Spoke to Pante Cleaners, David Bruce is the owner. P.13 6. add title - Owner

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- .

#### **Facility Information**

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit				*					1 1 22
L	#1	3/13/91							·
(2) w/ carbon adsorber	<del>/ -  </del>	7/3/11							
(3) w/ no controls		<b>'</b>	-						
Washer Unit		<u> </u>			•				·
(4) w/ ref. condenser					<u> </u>				
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	. P. 1		e tage of the	T. J. s.	the original age	i daja dag	et 13		PALACI.
(7) w/ ref. condenser			I					I	
(8) w/ carbon adsorber					_				
(9) w/ no controls									
Reclaimer Unit		The Carlot Aug						1000	in the state
(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 son (Indicate with an "X". S Existing small are Existing large are	Selec ea so	urce [X	cation only.)	ew sn	nitions found nall area sour rge area sour	ce [	]	Part 11?	

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source  Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
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
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
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

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

Please indicate with an "X" the appropriate selection:							
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
ſΧΊ	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 promptly notify the Department of any changes to the information contained in this notification.							
Yala Signature	id Brucy 9-22-96 Date						

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RECEIVED

JAN 3 1 1997

Bureau of Air Monitoring

Bureau of Air Monitoring

Sources

POINTE CLEANERS
2881 CLARK RD. STE. 23
SARASOTA, FL 34231

PAY TO THE Dept of Environmental Instation

PAY TO THE Dept of Environmental Instation

Fighty and Too

DOLLARS Florida

Barnell
3450 Clark Road
Sarasola, Florida 34231

FOR Air To be 115 00 87

Bewelly Bruce

MP

RECEIVED MAIL ROOM JAN 27 97 Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

OCT 8 1997

	Facility Owner/Company Name (Name of corporation, avency, or individual owner): Bureau of Air Monitoring
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): & Mobile Sources
	New Pointe Inc Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
•	POINTE CLE ANEYS Mazardous Waste Generator Identification Number:
3.	Mazardous Waste Generator Identification Number:
	Fld 000 776 716
4.	FLD 000776716 Facility Location: 2881 Clark Rd #23 Street Address:
	City: SAVASOTA County: SAVASOTA Zip Code: 34239
44.000 200	Facility Identification Number (DEP Use): 1/5-0087
	Responsible Official
6.	Name and Title of Responsible Official:
	Devery production
7	DAUID Bruce, Owner Responsible Official Mailing Address:
,	Responsible Official Mailing Address: Organization/Firm: POINTE CLEANERS Street Address: 2881 CLARK Rd #23
	Street Address: 2881 Clark Rd #23
(	City: SAVASOTA County: SAVASOTA Zip Code: 3 4231
	Responsible Official Telephone Number:
	Telephone: (941)924 - 5751 Fax: (941) 922- 4635
	Facility Contact (If different from Responsible Official)
9. ]	Name and Title of Facility Contact (For example, plant manager):
	Same
10.	Facility Contact Address:
	Sanara A Idamor
	Street Address: City: Zip Code:
	Facility Contact Telephone Number:
•	Facility Contact Telephone Number: Telephone:  Fax: ( )
	5 F C L : 096
	Kr - 3 2 1 13 mins
	Gr. Workow
	of All Sources
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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.

			, 15						
		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-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	14	3/3/91			I				
(2) w/ carbon adsorber	1	7-7-1						<u> </u>	
(3) w/ no controls		Ī							
Washer Unit		· .							<del></del>
(4) w/ ref. condenser	<u> </u>				T		<u> </u>		<u> </u>
(5) w/ carbon adsorber								<u> </u>	
(6) w/ no controls									
Dryer Unit				٠.				k	
(7) w/ ref. condenser			T			T			
(8) w/ carbon adsorber									
(9) w/ no controls				<del> </del>					
Reclaimer Unit		<u>-</u>		٠.				<u>.</u>	
(10) w/ ref. condenser	<del>-</del>					<del></del>		1	
(11) w/carbon adsorber				-					
(12) w/ no controls		1		├					
(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 are	Selec ea so	ource [X]	cation only.)	ew sn	nitions found nall area soun	rce [	3) of 	Part II?	
256115 10150 011	500		-	- ++ 1U	55 4104 3041	<u> </u>	ı		

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4. What control technology is required on machines pursuant to section (Indicate with an "X".)	ion (5) of Part 11 of this notification form?
Existing large area source  Carbon adsorber  []  Refrigerated co	ondenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser	
5. A facility which contains non-exempt emissions units shall not be to Rule 62-213.300, F.A.C. Verify that all steam and hot water gene exemption criteria or that no such units exist on-site:	•
All steam and hot water generating units on-site (1) have a total hear boiler HP or less), and (2) are fired exclusively by natural gas excep during which propane or fuel oil containing no more than one perce	t for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeep	ing Information
Check all logs which are required to be kept on-site in accordance w	ith the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	LX
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	(X) MA
(f) Start-up, shutdown, malfunction plan	لـــــــا

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### Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:				
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.				
Signature	id Brug 9-22-96				
	42 Bruce 9-26-97				

301067

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

Wrong Dates Barasota RECEIVED AIRS ID#1150087 NEW POINTE INC DAVID BRUCE 2881 CLARK RD #23 SARASOTA FL 34231 Mobile Sources

Bureau of Air Monitoring

	Do <u>NOT</u> Remove Label	
Annual Reporting Period:	1998 то	1-1 1999
	V general air permit, my facility has remained in co. A.C.), during the period covered by this statement.	
•	that has not been in continuous compliance during	the reporting period stated above:
Exact period of non-compliance: from	to	JAN E
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:		27 98
#2. Term or condition of the general permit	that has not been in continuous compliance during t	the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·	
notification are true, accurate and complete. F	ed on information and belief formed after reasonable in urther, my annual consumption of perchloroethylene so o dry facilities or 1,800 gallons per year for transfer or o	lvent, based upon purchase receipts,
RESPONSIBLE OFFICIAL:	ne (Please Print)  Pres  Signatur	e 1/22/98 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

TYPE OF INSPECTION:	ANNUAL	₩ COMPLA	LINT/DISCOVERY .	
	RE-INSPECTION			
	<u> </u>			
AIRS ID#: 150081 D	<u> </u>	time in: <u>1700</u>	TIME OUT:	19:30
FACILITY NAME: BINE				
FACILITY LOCATION: 25	XXI Clark F	21. #23		
40	hasota, Fl.			
RESPONSIBLE OFFICIAL :	Double Bruce	PHONE:	924.5/51	
CONTACT NAME:		PHONE:		
			73	
PART I: NOTIFICATION			Pr.	
(check appropriate box)				٦
1. New facility notified DARM 30	0 days prior to startup		No ~	
2. Facility failed to notify DARM	to use general permit		DIR TI	
			OL ON	0
PART II: CLASSIFICATION			- C1 C4	
TIME DE CENSSITEMENTON			is of	
Facility indicated on notification (check appropriate box)	ı form that it is:		ification form tore/out of business/pe	etroleum
Facility indicated on notification (check appropriate box) A.	<b>\</b> .	☐ Drop st		etroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. I	$\square$ Drop so New small area source -to-dry only, $x < 140$ gal	tore/out of business/pe	etroleum
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	2. Iday dry- tran	☐ Drop so New small area source -to-dry only, x < 140 gall nsfer only, x < 200 gal/ya	tore/out of business/pe	etroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	dry- tran	$\square$ Drop so New small area source -to-dry only, $x < 140$ gal	tore/out of business/pe	etroleum
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	dry- tran both (cor  2. 1  dry- tran both (cor  3. 1  dry- gal/yr tran l/yr both	New small area source to-dry only, $x < 140$ gally insfer only, $x < 200$ gally the types, $x < 140$ gally the types in the type	tore/out of business/pe	
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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal	dry- tran both (cor  2. 1 dry- tran both (cor  4. 1 dry- gal/yr tran l/yr both (cor	New small area source to-dry only, $x < 140$ gal/yr h types, $x < 140$ gal/yr nstructed on or after $12/9$ .  New large area source to-dry only, $140 \le x \le 2$ asfer only, $200 \le x \le 1,30$ h types, $140 \le x \le 1,800$ anstructed on or after $12/9$ .	tore/out of business/pe	
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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91)  5. This is a correct facility class  If no, please check the ap	dry- tran both (cor  2. I dry- tran both (cor  3. I dry- gal/yr dry- gal/yr l/yr both (cor esification opropriate classification qualified for a general	New small area source to-dry only, $x < 140$ gally ansfer only, $x < 200$ gally the types, $x < 140$ gally nstructed on or after $12/5$ .  New large area source to-dry only, $140 \le x \le 2$ ansfer only, $200 \le x \le 1,30$ the types, $140 \le x \le 1,800$ anstructed on or after $12/5$ .  In Can not	tore/out of business/pe	etroleum

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

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 on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	located Y DN
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Output  Description:	DY DN JIN/A
Is the temperature differential equal to or greater than 20° F?	DY DH DYNA
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?	AND NO YO
Is the perc concentration equal to or less than 100 ppin?	DY DN TNA
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	· 1.
or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON WN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	A/N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	AVID YOU

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	DY ON				
2. Maintained rolling monthly averages of perc consumption?	MA ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DNA				
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 ON HON/A				
4. Maintained calibration data? for applicable direct reading instruments)	ANNA NO YO				
5. Maintained exhaust duct monitoring data on perc concentrations?	אוא אם אם אם				
6. Maintained startup/shutdown/malfunction plan?	MY DN				
7. Maintained deviation reports?	OY ON WN/A				
Problem corrected?	אואם אם אם				
8. Maintained compliance plan, if applicable?	OY ON TOVA				

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

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL XX CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:000 AT TIME OUT: 19:	30 4~ AIRS ID#: 1150087
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: POinte Cleaners	DATE: 08/11/98
FACILITY LOCATION: 2881 Clark Rd. #23	
Sarasota, FL	
RESPONSIBLE OFFICIAL: David Bruce	PHONE NUMBER: 941/924-5751
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	P. F. C.
·	& Mobile 27 THE
	Burgan of Air Nontroling Sources
COMMENTS:	•
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector.  YES  NO  NO
DATE OF NEXT INSPECTION: 08/99	pproximate)
INSPECTION CONDUCTED BY: Susan Cameron	lease Print)
INSPECTOR'S SIGNATURE: As Come	PHONE NUMBER: 941/378-6128

Revised 10/96

AIRS ID#: 15081

ACU Revised 10/10/96

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

		·	
FACILITY NAME: Pointe Cleaners	<u> </u>	DATE: _	A/11/98
FACILITY LOCATION: 2881 Clark Po. #23			
- O-45 5te, 12			
Annual Reporting Period: \$\begin{align*} 29   91 \\ \ell 1   22   91 \\ \ell 1   22	TO	8/11	1978
Based on each term or condition of the Title V general air permit, my	facility has remained in com	pliance with DEP	Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period of	covered by this statement.	YES [	ОиС
If NO, complete the following:		·\	
#1. Term or condition of the general permit that has not been in conti	nuous compliance during th	e reporting period	stated above:
			M
Exact period of non-compliance: from	to	Burealu	C
Action(s) taken to achieve compliance:	<u>:</u>	No. 2	
Method used to demonstrate compliance:		le So	<u></u>
		rces	
#2. Term or condition of the general permit that has not been in contin	nuous compliance during the	e reporting period	stated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
Product discrete demonstrate compliance.			
As the responsible official, I hereby certify, based on information and made in this notification are true, accurate and complete. Further, my upon rolling averages of purchase receipts, does not exceed 2,100 galayear for transfer or combination facilities.	v annual consumption of per	rchloroethylene so	lvent, based
RESPONSIBLE OFFICIAL: DAVID Bruce	David Bri	us 8	11198
Name (Please Print)	Signature	•	Date

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

Wrong R.O. Donid Brue

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

FACILITY NAME: Point	(Qea	cuer	· .	_DATE: <u>&amp;</u> - 2	a-97
FACILITY LOCATION: 3851	Clark	22	# <i>3.</i> 3		
Saras					
	-				
Annual Reporting Period:	9-1	19 <u>9</u> 6 TO	<u>8-3a-</u>	97	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-				
If NO, complete the following:					
#1. Term or condition of the general permit	t that has not been in	n continuous compl	iance during the repo	rting period stated	above:
Exact period of non-compliance: from	٩-١	-96	10 <b>%-</b> 22	⊋·47	
Action(s) taken to achieve compliance:	Keep a	mount	purchasel	yearla	<del></del>
Method used to demonstrate compliance:	Perc p	wit was	es de on	a ogar)	* possi
#2. Term or condition of the general permit	•				above:
Exact period of non-compliance: from			REC	EIVED	
Action(s) taken to achieve compliance:			SEF	8 1997	
Method used to demonstrate compliance:			Bureau 6 & Mo	of Air Monitoring obile Sources	
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. Furti	her, my annual con	sumption of perchlor	oethylene solvent, l	based
<del></del>	me (Please Print)	ice po	Signature	Day	te -

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

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	Яx□	COMPLAINT/DIS	SCOVERY P	
AIRS ID#: 1150087  FACILITY NAME:			N: 0: 250 TI	MEOUT	s
FACILITY LOCATION: _			55/6	RI 10 TO	- CO
RESPONSIBLE OFFICIAL	SARASOTA, F : DAVID BRUCE		_PHONE: _ 924-	5751 <sup>to</sup>	
CONTACT NAME: Seu	e Brittan, Ma	nager	_ PHONE:		
PART I: NOTIFICATION			•		
(check appropriate box)					
1. New facility notified DARN	1 30 days prior to startu	p			
2. Facility failed to notify DA	RM to use general perm	it			
PART II: CLASSIFICATIO	N				
Facility indicated on notifica (check appropriate box) A.	tion form that it is:		☐ No notification: ☐ Drop store/out of		oleum
1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr	l/yr d r t	New small a lry-to-dry only, ransfer only, x both types, x <	x < 140 gal/yr < 200 gal/yr	4/2/91	Agal Escal
(constructed before 12/9/91			or after 12/9/91)	9/9/99	1 46 gar
3. Existing large area sou dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$ (constructed before 12/9/91	2,100 gal/yr d 000 gal/yr t. gal/yr b	ransfer only, 20 both types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,300 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )		8 55.5gol 43gol 98 50gol
5. This is a correct facility (	classification [	Y □N	□Can not determine	ne 6/6/0	18 38 gar
☐ facil	e appropriate classificati lity qualified for a gener lity exceeds above limits	ral permit as m		· -	787.5
B. The total quantity of perchi facility was 7. gallons		hased within the	he preceding 12 mon	ths by this dry	cleaning

### (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? $\square$ N $\square$ 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 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? No Carbon ad 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? □N □N/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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? 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

Is the responsible official of the dry cleaning facility:

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 ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	TY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY 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 WN/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN DN/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 PN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON AUNA
6.	Routed airflow to the carbon adsorber (if used) at all times?	AVND NO YO

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	□(Y □ N
2. Maintained rolling monthly averages of perc consumption?	MA DN
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	AVA NO Y
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 WINA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ONA
5. Maintained exhaust duct monitoring data on perc concentrations?	MY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	γον ον
7. Maintained deviation reports?	OY ON ANA
Problem corrected?	AVA <b>Ç</b> NO YO
8. Maintained compliance plan, if applicable?	OY ON MIN/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?			(DY (	ИС
2.	Has the facility maintained a leak log?			∯Y (	אב
3.	Does the responsible official check the	following areas for leal	ks?	′\	
	Hose connections, fittings, couplings, and valves	AND ND YA	Muck cookers	DY ON	□N/A
	Door gaskets and seating	אומם מם צף	Stills	NO AD	□N/A
	Filter gaskets and seating	AND NO YA	Exhaust dampers	ŅA □N	□N/A
	Pumps	DY ON ONA	Diverter valves	MD N	□N/A
	Solvent tanks and containers	AN ON ONA	Cartridge filter housings	βλλ. □N	□N/A
	Water separators	AVA UN UNVA			
4.	Which method of detection is used by	the responsible official?		,	
Visual examination (condensed solvent on exterior surfaces)			<b>/</b>		
Physical detection (airflow felt through gaskets)			Ŕ		
Odor (noticeable perc odor)			<b>Á</b>		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				0	
	Halogen leak detector				
	If using direct-reading instr	rumentation, is the equ	ipment:	N/A	
	a. Capable of detecting	perc vapor concentratio	ns in a range of 0-500 ppm?	אם צם	
	b. Calibrated against a (PID/FID only)?	standard gas prior to an	d after each use	OY ON	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			DY DN	
	d. Kept in a clean and secure area when not in use?			OY ON	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			DY DN	
	•	•	- • • • • • • • • • • • • • • • • • • •		

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection



#### Revised 10/10/96

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

FACILITY NAME:	POINTE CLEANERS			DATE: 9/20/99
FACILITY LOCATION: _	2881 CLARK ROAD #23			
	SARASOTA, FL			
Annual Reporting Period:	08/11/98	19 TO	9/20	19_99
	tion of the Title V general air permit		4-6	
62-213.300, Florida Adminis	strative Code (F.A.C.), during the pe	riod covered by un	s statement. 41ES	CINO
If NO, complete the following	g:			
#1. Term or condition of the	general permit that has not been in	continuous compli	ance during the reporting	ng period stated above:
	,			
Exact period of non-complian	nce: from			
Action(s) taken to achieve co	mpliance:		<u> </u>	
Method used to demonstrate	compliance:			_
#2. Term or condition of the	general permit that has not been in	continuous compli	ance during the reporting	ng period stated above:
Exact period of non-complian	nce: from		to	
Action(s) taken to achieve co	mpliance:		<u></u>	
Method used to demonstrate	compliance:			
			<del>-</del>	
made in this notification are	hereby certify, based on information true, accurate and complete. Furth chase receipts, does not exceed 2,10 ion facilities.	er, my annual cons	rumption of perchloroet	hylene solvent, based
RESPONSIBLE OFFICIAL	: DAVIL Bruce Name (Please Print)	e was	Signature	9-20-99 Date
<del></del>				

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

<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	COMPLAI	NT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:		AIRS ID#:115	0087
TYPE OF FACILITY:				
FACILITY NAME:	POINTE CLEANERS			_DATE:
FACILITY LOCATION:	2881 CLARK ROAD #	23		
	SARASOTA, FL			
RESPONSIBLE OFFICIAL:	DAVID BRUCE		PHONE NUMBER:	941/924-5751
<del>                                      </del>	of the compliance requirements P Rule 62-213.300, Florida Adm			ity is found to be in
Based on the results of discrepancies were no	of the compliance requirements oted:	eyaluated du	ring this inspection, the follo	wing compliance
COMPLIANCE RE	QUIREMENT/PROBLE	M	FOLLOW-UP ACTIO	ON REQUIRED
		-		
<del></del>				
,				
	/			
				,
COMMENTS:				
	•			
· · · · · · · · · · · · · · · · · · ·				
The Annual Compliance Certi	fication form has been properly	certified and	submitted to the inspector.	YES NO
DATE OF NEXT INSPECTI	ON: 9/2000	(Approxin		
INSDECTION CONDUCTS	n pv.		inace)	
INSPECTION CONDUCTE	D BY: SUSAN CAME	RON (Please Pi	rint) ´	·
INSPECTOR'S SIGNATUR	Sura CAne		PHONE NUMBER:_	941/378-6128
	Pa	ge of	1	Revised 10/96

7	J
G.,	

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE	ÖF	INSPECTION

ANNUAL

ΧΩX

COMPLAINT/DISCOVERY

Mobile

**RE-INSPECTION** 

AIRS ID#: 1150087	DATE: 11 28 200 TIME	IN: Open TIME OUT: g to
FACILITY NAME:	POINTE CLEANERS	ing
FACILITY LOCATION: _	2881 CLARK ROAD #23	
· -	SARASOTA, FL	
responsible official	: DAVID BRUCE	PHONE: 941/924-5751
CONTACT NAME: ST	EVE BRITTON, MANAGER	PHONE:

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	

2. Facility failed to notily DARM to u	se general pe	rmit	u
PART II: CLASSIFICATION			
Facility indicated on notification for	m that it is:	☐ No notification	on form
(check appropriate box)		☐ Drop store/or	n of business/petroleum
A.			( : 11
1. Existing small area source		2. New small area source	0 14 5 tota

both 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,  $200 \le x \le 1,800 \text{ gal/yr}$ both types,  $140 \le x \le 1,800$  gal/yr

dry-to-dry only, x < 140 gal/yr

transfer only, x < 200 gal/yr

- (constructed before 12/9/91)
- 5. This is a correct facility classification

- 2. New small area source dry-to-dry only, x < 140 gal/vr transfer 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 < x < 1,800 gal/yr (constructed on or after 12/9/91) li

is is a correct fac	cility classification	ΨY	ПN	□Can not d	letermine
If no, please che	ck the appropriate classi	fication:			
	facility qualified for a	general per	mit as n	umber	above
	facility exceeds above l	imits and	is not cli	gible for a gen	eral permit

B. The total quantity of perchlorocthylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 2 gallons.

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? ØY □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ПN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/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 cheeked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

фу Ои

verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:		<del>-</del> -	
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?	Y	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	φY	ΩИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	Пλ	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,			l
	if machines are equipped with a carbon adsorber?	ПY	ПΝ	N/A
	Is the perc concentration equal to or less than 100 ppin?	ΠY	ПN	DN/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?	ΠY	ΩИ	DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ŪN	ΦN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	D/N/A

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

P.	ART VI: LEAK DETECTION AND	REPAIRS			<u> </u>			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?				ΆΥ	ПN		
2.	Has the facility maintained a leak log'	)		•	, <b>/</b>	$\square N$ .		
3.	Does the responsible official check the	following a	reas for lea	ıks?				
	Hose connections, fittings, couplings, and valves	AY ON	□N/A	Muck cookers	YOY O	N □N/A		
	Door gaskets and seating	MD AM	□N/A	Stills	þγ 🗆	N □N/A		
	Filter gaskets and seating	фу 🗆и	□N/A	Exhaust dampers	by 0	N □N/A		
1	Pumps	₩Y □N	□N/A	Diverter valves	фу 🗆	N □N/A		
	Solvent tanks and containers	фy Пи	□N/A	Cartridge filter housings	AY 🗆	N □N/A		
	Water separators	фу □и	□N/A					
4.	Which method of detection is used by	the responsi	ble official	?				
	Visual examination (condensed	solvent on ex	terior surf	aces)	<b>ф</b>			
	Physical detection (airflow felt the	rough gaske	ets)		<b>(</b> 2)			
	Odor (noticeable perc odor)				<b>(</b>			
	Use of direct-reading instrument	ation (FID/P	ID/calorin	etric tubes)				
	Halogen leak detector							
	If using direct-reading inst	runientation	i, is the eq	uipment:	□N/A			
	a. Capable of detecting	perc vapor o	concentration	ons in a range of 0-500 ppm?	ω <sub>Y</sub> α	N		
) 	b. Calibrated against a (PID/FID only)?	standard gas	prior to ar	nd after each use	OY O	И		
	c. Inspected for leaks a	nd obvious s	igns of wea	ar on a weekly basis?		N		
	d. Kept in a clean and s	secure area v	vhen not in	use?		И		
	e. Verified for accuracy	by use of du	iplicate san	nples (calorimetric only)?	OY O	И		
				. ,				
_	N = 2 (V)			01/21/20				
$\subseteq$	Inspector's Name (Please Pri	nt)		Date of Inspe	ction			
_	$\sim$			. 1				
	Va-		<u>.</u>	08/200/				
_	Inspector's Signature			Approximate Date of 1	Next Insp	ection		

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX	COMF	LAINT/DISCOVERY		RE-INSPECTION
TIME IN:	TIME OUT:	_	AIRS ID	#: 115	0087
TYPE OF FACILITY:					
FACILITY NAME:	POINTE CLEANERS		<u> </u>	D	ATE:
FACILITY LOCATION:	2881 CLARK ROAD #2:	3			
	SARASOTA, EL				
RESPONSIBLE OFFICIAL:	DAVID BRUCE		PHONE NU	MBER: 9	41/924-5751
compliance with DI	s of the compliance requirements of the 62-213.300, Florida Adm	ninistrat	ve Code (F.A.C.).		
discrepancies were	•	evaiuaid	a during this inspection,	the followi	ng comphance
COMPLIANCE RE	QUIREMENT/PROBLEM	M [	FOLLOW-UP	ACTION	REQUIRED
	·				
		·			
. :					
COMMENTS:		·			
The Annual Compliance Cert	ification form has been properly o	certified	and submitted to the in:	spector.	YES NO
DATE OF NEXT INSPECT	TION: 08/2001				
INSPECTION CONDUCTI	ED BY:	un-	oximate) Se Print)		
INSPECTOR'S SIGNATUI		<u></u> 1	PHONE NUM	1BER: <u>≤</u> €)	18-6128 11.5+65
	Pag	geo	of <u> </u>		> \( \) Revised 10/96

AIRS ID#: 1150087

All

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

FACILITY NAME:	POINTE CLEANERS		DATE:	
FACILITY LOCATION:	2881 CLARK ROAD #2	3	<u> </u>	
	SARASOTA, FL		·	
Annual Reporting Period:	1/20	19 <u>99</u> TO	07/28	2000 <del>19</del>
Based on each term or condition of 62-213.300, Florida Administrativ		-	<del></del>	P Rule NO
If NO, complete the following:				
#1. Term or condition of the gene	ral permit that has not been in co	ntinuous complia	nce during the reporting perio	d stated above:
Exact period of non-compliance: 1	rom		to	
Action(s) taken to achieve complia	nce:			
Method used to demonstrate comp	liance:			
#2. Term or condition of the gene	ral permit that has not been in co	ntinuous complia	nce during the reporting perio	d stated above:
Exact period of non-compliance: 1	rom	·	to	
Action(s) taken to achieve complia	nce:		·	
Method used to demonstrate comp	liance:			
As the responsible official, I hereb made in this notification are true, upon rolling averages of purchase year for transfer or combination for RESPONSIBLE OFFICIAL:	accurate and complete. Further, receipts, does not exceed 2,100 g	my annual consi	imption of perchloroethylene	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.

PERCHLOROET TITLE V COMPLIANCE	GENERAL PI	ERMIT		.S entered	1 into	1568
TYPE OF INSPECTION: ANNUAL	Ķχ	COMPL	LAINT/DIS	COVERY	12010	<b>)</b>
RE-INSPECTI	ОИ 🗆	Bureau & 1	SEP	7		
AIRS ID#: 1150087 DATE: 000	101 TIME	IN: 7 17	DOSTI	MEOUT:_		
FACILITY NAME: POINTE CLEANER	S	Source	Nonite Nonite			
FACILITY LOCATION: 2881 CLAR	K ROAD #23		ring			
Sarasota,	FLORIDA					
RESPONSIBLE OFFICIAL:DAVID_BR	UCE	PHONE	E: <u>941</u> ,	/924- <u>5</u> 75	1	-
CONTACT NAME: STEVE BRITTIN,	MANAGER	PHONE	E:			.
Bos Dinkel						
PART I: NOTIFICATION						
(check appropriate box)	<del></del>					
1. New facility notified DARM 30 days prior to st	artup				. 🗆	ĺ
2. Facility failed to notify DARM to use general p	ermit	_				
						<del></del>
PART II: CLASSIFICATION						
Facility indicated on notification form that it is: (check appropriate box)			otification f	orm f business/pet	roleum A	11-500
A.		L Diop	3101010110	r ousiness, per		es at
1. Existing small area source	2. New smal			1 Fee	L Paci	taken
dry-to-dry only, x < 140 gal/yτ   K  transfer only, x < 200 gal/yτ	dry-to-dry on transfer only,		•	/ \		- II
both types, $x < 140 \text{ gal/yr}$	both types, x	-	-	600	9 7	Ja 1010
(constructed before 12/9/91)	(constructed of			1100	45	´ <u> </u>
3. Existing large area source	4. New large	area sourc	c	8/00 - a/00	0	
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry on	y, $140 \le x \le 100$	2,100 gal/	) · , , ,	_	
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only,			19/00	$\mathcal{O}$	
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, 14			11/60	Ο,	/
(constructed before 12/9/91)	(constructed of	on or after 12	2/9/91)	2,00	0	1 /
5. This is a correct facility classification		□Can n	ot determin	100	199	

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_ 

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchlorocthylene (perc) purchased within the preceding 12 months by this dry cleaning facility was gallons. 11000

Revised 8/11/97

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? DN DN/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? □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 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? DN DN/A 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?	ПΥ	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩΥ	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	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠV		□N/A
	or expansion, and downstream from no other miet:	uı	ШΝ	UIV/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ПN	□N/A
		,	·	
PA	ART V: RECORDKEEPING REQUIREMENTS			

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

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

Inspector's Name (Please Print)

Date of Inspection

June 2002

Approximate Date of Next Inspection

•		
AIRS ID#:	1150087	

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

FACILITY NAME:	POINTE CLEANERS				DATE: Octo1/01
FACILITY LOCATION:	2881 CLARK ROAD	#23			
	SARASOTA, FLORID	A			
Annual Reporting Period:	07/28	20 00	то	06/27	20 01
Based on each term or condition of	of the Title V general air perm	it, my facility	has remain	ed in compliance	e with DEP Rule
62-213.300, Florida Administrativ	ve Code (F.A.C.), during the p	eriod covered	by this stat	ement. 🃮Y	es 🗖 no
If NO, complete the following:					
#1. Term or condition of the gene	eral permit that has not been in	n continuous c	ompliance o	during the repor	ting period stated above:
Exact period of non-compliance:	from		to		
Action(s) taken to achieve compli	ance:				
Method used to demonstrate comp	oliance:	· 			
#2. Term or condition of the gene	eral permit that has not been in	n continuous c	ompliance o	during the repor	ting period stated above:
Exact period of non-compliance:	from		to_		
Action(s) taken to achieve compli	ance:				
Method used to demonstrate comp	oliance:				
As the responsible official, I herebe in this notification are true, accurate purchase receipts, does not exceed combination facilities.  RESPONSIBLE OFFICIAL:	ate and complete. Further, m	y annual cons	umption of	perchloroethyle	ne solvent, based upon

<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	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#:11	50087
TYPE OF FACILITY:	Perchloroethylene dr	ycleaner	
FACILITY NAME:	POINTE CLEANERS		DATE: 06/27/01
FACILITY LOCATION:	2881 CLARK ROAD #23	_	
	SARASOTA, FLORIDA		
RESPONSIBLE OFFICIAL:	DAVID BRUCE	PHONE NUMBER:	941/924-5751
<del></del>	of the compliance requirements evalu EP Rule 62-213.300, Florida Administ		lity is found to be in
Based on the results discrepancies were r	of the compliance requirements evalunoted:	nated during this inspection, the follo	owing compliance
COMPLIANCE RE	QUIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
<del>-</del>			
сомментѕ:			·
The Annual Compliance Cert	ification form has been properly certif	Tied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECT	TION: Zuma 200	oproximate)	
INSPECTION CONDUCTE	ED BY: Susar CAM	ease Print)	
INSPECTOR'S SIGNATUR	A DAM	PHONE NUMBER:	941-378-6128
	1 Page	of	Revised 10/96

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

0354636

77

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 # 1150087

POINTE CLEANERS DAVID BRUCE 2881 CLARK RD #23 SARASOTA FL 34231 FOR GOVERNMENT US CONLY Org.: 37550101000 EO: Bir Monitorin Obj.: 002273

.THIS PORTION MUST BE AT A CHED TO REMITTANCE FOR PROPER HANDLING

0391240

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 # 1150087

POINTE CLEANERS DAVID BRUCE 2881 CLARK RD #23 SARASOTA FL 34231 FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

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

400644

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 # 1150087

POINTE CLEANERS DAVID BRUCE 2881 CLARK RD #23 SARASOTA FL 34231 FOR GOVERNMENT USE ONLY Org.: 37550101000 EG: A1 Fund: 20-2-035001 Obj.: 002273

Pointe Cleaners 2881 Clark Rd #23 Sarasola, FL 34231 19 crc / 2000



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

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

30/067

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#1150087

NEW POINTE INC DAVID BRUCE 2881 CLARK RD #23 SARASOTA FL 34231 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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12.0	Recipient's DAVID BRUCE				
	POINTE CLEANERS  Street, Apt. N 2881 CLARK RD #23				
2000	City, State, Zi	OTA FL 34231			
	PS Form 3800, Februa	ry 2000	See Reverse for Instru	allone .	

SENDER: COMPLETE, THIS S	PLACE STICKER AT TOP OF EN TO THE RIGHT OF RETURN AD
<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 Print Clearly)  B. Date of Deliver C. Signature  Agent Address
1. Article Addressed to:  10 AIRS ID # 1150087001AG DAVID BRUCE POINTE CLEANERS 2881 CLARK RD #23	D. Its delivery address different from item 1?
SARASOTA FL 34231	3. Service Type    X Certified Mail
000520002093726704	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	

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