

Jeb Bush  
Governor

# Department of Environmental Protection

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

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APR 18 2002  
Bureau of Air Monitoring  
& Mobile Sources

David B. Struhs  
Secretary

April 9, 2002

To: Users of the Title V Air General Permits

Records in the Division of Air Resource Management indicate that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is entitled to operate for no more than five years with a permit under Section 403.0872, Florida Statutes (F.S.). Rule 62-213.300, F.A.C., establishes that the duration of the permit is for five years, and no later than 30 days prior to the fifth anniversary of the filing of intent to use this general permit, the responsible official shall submit a new notice of intent which shall contain all current information regarding the facility.

The enclosed notification form is for your convenience if you wish to maintain your eligibility. Please complete and submit this form to the following address.

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

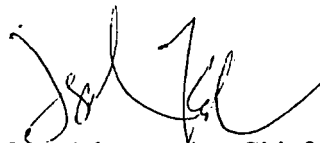
*It is important to note that facilities not in compliance with the conditions of their existing Title V Air General Permit may not be eligible to use a new general permit after the existing authority period expires. Such facilities will be required to make application for an operating permit as a major source under Title V. It is very important for facilities to assure that they are now in compliance with their general permit conditions to avoid this costly situation.*

Users of the Title V Air General Permits  
April 9, 2002  
Page Two

Rule 62-213.300(2)(d), F.A.C., states the Title V Air General Permit is valid only for the specific activity indicated. Any deviation from the specified activity and the conditions for undertaking that action is a violation of the permit. Eligibility for use of the Title V Air General Permit may be nullified if the conditions of the permit are not being met. Any facility not eligible to operate under the terms of a Title V Air General Permit should apply for an operating permit as a major source under Title V.

If you have any questions regarding your eligibility to operate as a Title V Air General Permit facility, please contact Rick Butler at 850/921-9586 or e-mail [rick.butler@dep.state.fl.us](mailto:rick.butler@dep.state.fl.us) or Sandy Bowman at 850/921-9583 or e-mail [sandy.bowman@dep.state.fl.us](mailto:sandy.bowman@dep.state.fl.us).

Sincerely,




Joe Kahn, Acting Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/

Enclosure

WE HAVE BEEN USING PETROLEUM FOR OVER THREE YEARS



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
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**OFFICIAL USE**

7001 0320 0001 7975 8671

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

*Receipt*

**Total Po** 10 AIRS ID # 1150091  
 Sent To JACK MILLER  
 Street, Apt. or PO Box STA-BRITE CLEANERS  
 City, State, 2214 N WASHINGTON BLVD  
 SARASOTA FL 34234

PS Form 3800, January 2001

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

10 AIRS ID # 1150091  
 JACK MILLER  
 STA-BRITE CLEANERS  
 2214 N WASHINGTON BLVD  
 SARASOTA FL 34234

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

**X**

- Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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UNITED STATES POSTAL SERVICE



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USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

ADD ZIP+4 in this box •  
APR 6 2002  
Bureau of Air Monitoring  
& Mobile Sources

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

# 1150091

P13

6. Add Title of Responsible Official.

9. Add Title of Facility Contact.

7/22/97 Spoke with Jack Smith and  
he stated he is General Manager  
and Jack Miller the owner

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	STA-BRITE CLEANERS		
2. Site Name (For example, plant name or number):	STA-BRITE CLEANERS		
3. Hazardous Waste Generator Identification Number:	589501968	FLDCESQG	
4. Facility Location:	Street Address: 2214 N. WASHINGTON BLVD		
	City: SARASOTA	County: SARASOTA	Zip Code: 34234
5. Facility Identification Number (DEP Use)	589501968	1150091	

Responsible Official

6. Name and Title of Responsible Official:	JACK MILLER		
7. Responsible Official Mailing Address:	Organization/Firm: SAME		
	Street Address:	City:	Zip Code:
8. Responsible Official Telephone Number:	Telephone: (941) 955-9963	Fax: ( )	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	JACK SMITH		
10. Facility Contact Address:	Street Address: 2214 N. WASHINGTON BLVD		
	City: SARASOTA	County: SARASOTA	Zip Code: 34234
11. Facility Contact Telephone Number:	Telephone: (941) 955-9963	Fax: ( )	

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JUN 30 1997

Bureau of Air Monitoring & Mobile Sources

### Facility Information

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

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
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	#1		5-APR-97						
(2) w/ carbon adsorber	#1		10-93						
(3) w/ no controls	#1	2-JAN-88							
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

525 gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc-concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan



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

Please indicate with an "X" the appropriate selection:

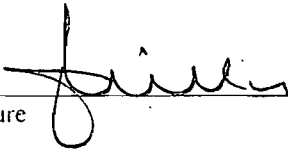
- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_
- No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

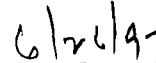
*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further,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

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

Signature

 \_\_\_\_\_

Date

 \_\_\_\_\_

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	STA-BRITE CLEANERS		
2. Site Name (For example, plant name or number):	STA-BRITE CLEANERS		
3. Hazardous Waste Generator Identification Number:	589501968	FLDCESQG	
4. Facility Location:	Street Address: 2214 N. WASHINGTON BLVD City: SARASOTA County: SARASOTA Zip Code: 34234		
5. Facility Identification Number (DEP Use):	<del>589501968</del>	1150091	

Responsible Official

6. Name and Title of Responsible Official:	JACK MILLER, Owner		
7. Responsible Official Mailing Address:	Organization/Firm: SAME Street Address: City: County: Zip Code:		
8. Responsible Official Telephone Number:	Telephone: (941) 955-9963	Fax: ( )	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	JACK SMITH, General Manager		
10. Facility Contact Address:	Street Address: 2214 N. WASHINGTON BLVD City: SARASOTA County: SARASOTA Zip Code: 34234		
11. Facility Contact Telephone Number:	Telephone: (941) 955-9963	Fax: ( )	

RECEIVED

JUN 30 1997

Bureau of Air Monitoring  
& Mobile Sources

**Facility Information**

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

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<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	#1		5-APR-97						
(2) w/ carbon adsorber	#1		10-93						
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<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed [  ]

(c) No control devices are required to be installed [  ]

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 [ 525 ] gallons

(b) If less than 12 months, how many? [  ] months  
 Check why it is less than 12 months: New owner: [  ] New store: [  ] Did not keep records: [  ]

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

Existing small area source [  ]      New small area source [  ]

Existing large area source [  ]      New large area source [  ]

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:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc-concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

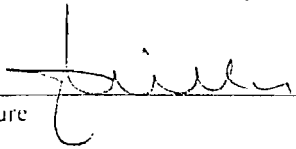
Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_
- No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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

Signature  Date 6/26/97

✓

**PERCHLOROETHYLENE DRY CLEANERS**  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL                            COMPLAINT DISCOVERY        
   RE-INSPECTION                     

01114

AIRS ID#:	<u>1150091</u>	DATE:	<u>6/23/97</u>	TIME IN:	<u>11:00a</u>	TIME OUT:	<u>11:30a</u>
FACILITY NAME:	<u>Sta-Bride Cleaners</u>						
FACILITY LOCATION:	<u>2214 N. Washington Blvd</u> <u>Sarasota</u>						

**PART I: NOTIFICATION**

(check appropriate box)

- |   |                                     |
|---|-------------------------------------|
| 1. Existing facility notified DARM by 9/1/96            | <input type="checkbox"/>            |
| 2. New facility notified DARM 30 days prior to startup  | <input type="checkbox"/>            |
| 3. Facility failed to notify DARM to use general permit | <input checked="" type="checkbox"/> |

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
(check appropriate box)

- A.
- |  |  |
|--|--|
| 1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)                         | 2. New small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)                         |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed on or after 12/9/91) |

This is a correct facility classification       Y       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.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N
- 2. Examining the containers for leakage?  Y  N
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  
Is the temperature differential equal to or greater than 20° F?  Y  N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N
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
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed 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?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N
4. Maintained calibration data? (for direct reading instruments only)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  
Problem corrected?  Y  N
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly leak detection and repair inspection?  Y  N



2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

**If using direct-reading instrumentation, is the equipment:**

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

3. Has the facility maintained a leak log?  Y  N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves  Y  N Muck cookers  Y  N

Door gaskets and seating  Y  N Sills  Y  N

Filter gaskets and seating  Y  N Exhaust dampers  Y  N

Pumps  Y  N Diverter valves  Y  N

Solvent tanks and containers  Y  N Cartridge filter housings  Y  N

Water separators  Y  N

\_\_\_\_\_  
Name of Responsible Official

dim Goerd  
Inspector's Name (Please Print)

[Signature]  
Inspector's Signature

6/23/97  
Date of Inspection

8/97  
Approximate Date of Next Inspection

Best Available Copy

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM



AIRS ID 1150091
STA-BRITE CLEANERS JACK MILLER 2214 N WASHINGTON BLVD SARASOTA FL 34234

Bureau of Air Monitoring  
& Mobile Sources

FEB 26 1998

RECEIVED

Do NOT Remove Label

Annual Reporting Period: 1/1 1991 TO 12/31 1991

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.  YES  NO

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 above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: JACK MILLER  2/17/98  
 Name (Please Print) Signature Date

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



**PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 1150091 DATE: 8/2/98 TIME IN: 10:35a TIME OUT: 11:10a  
 FACILITY NAME: 24 Brite Cleaners  
 FACILITY LOCATION: 2214 N. Washington Blvd.  
Sarasota, FL  
 RESPONSIBLE OFFICIAL: Jack Miller PHONE: 955-9963  
 CONTACT NAME: George Miller 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

RECEIVED  
AUG 27 1998  
Bureau of Air Monitoring  
& Mobile Sources

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
(check appropriate box)

- No notification form  
 Drop store/out of business/petroleum

A.

- |   |   |
|---|---|
| <p>1. Existing small area source <input type="checkbox"/><br/>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed before 12/9/91)</p> | <p>2. New small area source <input type="checkbox"/><br/>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed on or after 12/9/91)</p> |
|---|---|

- |   |  |
|---|--|
| <p>3. Existing large area source <input checked="" type="checkbox"/><br/>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>(constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/><br/>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>transfer only, <math>200 \leq x \leq 1,300</math> gal/yr<br/>both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>(constructed on or after 12/9/91)</p> |
|---|--|

5. This is a correct facility classification  Y  N  Can not determine

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.

*Only as of 1/98.  
No longer using perc.*

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**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, reclaimers, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  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 carbon adsorber?  Y  N  N/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?  Y  N  N/A
6. Routed 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?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
- b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/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?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |  |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
  - Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
  - Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
  - Kept in a clean and secure area when not in use?  Y  N
  - Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Susan Cameron  
Inspector's Name (Please Print)

8/12/98  
Date of Inspection

Susan Cameron  
Inspector's Signature

8/99  
Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 12:35 am TIME OUT: 1:00 am AIRS ID#: 1150091  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Sta-Brite Cleaners DATE: 08/12/98  
 FACILITY LOCATION: 2214 N. Washington Blvd.  
Sarasota, FL  
 RESPONSIBLE OFFICIAL: Jack Miller PHONE NUMBER: 941/955-9963

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). *Went to Petrochem only 7/98*
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: *Not using perc anymore*

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

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 AUG 27 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 08/99  
(Approximate)

INSPECTION CONDUCTED BY: Susan Cameron  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 378-6128

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Sta. Brite DATE: 8/12/98
FACILITY LOCATION: 2214 N. Washington Blvd. Sarasota, FL

Annual Reporting Period: 8/29 1991 TO 8/12 1998

No longer using perc. Petroleum Only as of 8/98. 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. YES NO

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 above:

Exact period of non-compliance: from to

Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

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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: GEORGE MILNER Name (Please Print) Signature Date 8/12/98

\*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.



DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Sta-Brite Cleaners DATE: 8-29-97  
 FACILITY LOCATION: 2214 N. Washington Blvd.  
Sarasota

Annual Reporting Period: 6/26/97 ~~1996~~ TO 8-29 1997

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.  YES  NO

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 above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

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SEP 8 1997

Bureau of Air Monitoring  
& Mobile Sources

*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: Jack E. Smith [Signature] 8-29-97  
 Name (Please Print) Signature Date

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389484

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 # 1150091

STA-BRITE CLEANERS  
JACK MILLER  
2214 N WASHINGTON BLVD  
SARASOTA FL 34234

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

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STA-BRITE CLEANERS JACK MILLER 2214 N WASHINGTON BLVD SARASOTA FL 34234

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US Postal Service  
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AIRS ID 1150091

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JACK MILLER  
2214 N WASHINGTON BLVD  
SARASOTA FL 34234

PS Form 3800, April 1995

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Is your RETURN ADDRESS completed 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

STA-BRITE CLEANERS  
JACK MILLER  
2214 N WASHINGTON BLVD  
SARASOTA FL 34234

AIRS ID 1150091

4a. Article Number

Z 333 613 278

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2-14-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*[Handwritten Signature]*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.



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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**

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412422 DEC31 2001

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JACK MILLER  
2214 N WASHINGTON BLVD  
SARASOTA FL  
34234

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Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

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403835

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1-25-01 *pd*

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Obj.: 002273

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