

# Department of Environmental Protection

Lawton Chiles

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

November 25, 1996

Virginia B. Wetherell Secretary

Ms. Betty Hunt President Washing Well, Inc. 2058 S. Jefferson Street Perry, Florida 32347

Re: Facility I.D. No. 1230048

Dear Ms. Hunt:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

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

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

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

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

Sincerely, .

Dotty Diltz, Chief Bureau of Air Monitoring

and Mobile Sources

Dolly Delty

DD/jw

cc: Mr. Rick Banks, Northeast District

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

### INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL Date: 20-Jul-2000 08:53am

From: Heather Wynn JAX 904/448-4300

WYNN H@a1.depjax.dep.state.fl.us

Dept:

Tel No:

To: Sandy Bowman TAL (BOWMAN\_S@A1)

Subject: Washing Well

Hi Sandy, I just spoke with Jeremy Dearmon at the Washing Well in Taylor County. He said that Betty Hunt no longer owns the business. The new owner is David McEwan(not sure of the spelling of the last name) I don't have a new permit for them and was headed that way to inspect them tomorrow, do you have a new AIRS # for them? Thanks! Heather.

#1230048

P.13 7. fill in

REP

P.15

4. Should not be marked

### Perchloroethylene Dry Cleaning Facility Notification

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

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner)	er):
T	Betty Hunt Washing Well, I 2. Site Name For example, plant name or number):	nc.
2.	2. Site Name (For example, plant name or number):	
3.	3. Hazardous Waste Generator Identification Number:	
	•	•
4.	4. Facility Location: 2058 S. Tefferson St. Street Address: 2058 S. Tefferson St.	
	City: Perry Toylor 3Zip Co 5. Facility Identification Number (DEP Use):	de: —
5	S Facility Identification Number (DEPULGE):	4 /
J.	s. Facinty (delitation) (unifor (DE), USC).	
		0048
	Responsible Official	
6.	6. Name and Title of Responsible Official:	
	•	
	Betty Hunt President	
7.	/. Responsible Official Mailing Address:	
	Organization/Firm: Street Address:	
		Zip Code:
	ony.	sip code.
8.	<u> </u>	
	Telephone: 904)584 - 5225 Fax: ( ) -	
	Facility Contact (If different from Responsible Official)	
9.	9. Name and Title of Facility Contact (For example, plant manager):	
10.	10. Facility Contact Address:	
	Street Address:	
	City: County: Zip Co	da
	County. Zip Co	uc.
11.	11. Facility Contact Telephone Number:	
	Telephone: ( ) - Fax: ( ) -	
	<u> </u>	

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SEP 5 1996

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

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
Exc	umple	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
			11 CONF							
Dry	-to-Dry Unit	<i>H</i>	אטטון	n. i ivea i	<u>N</u>	mon.			:	.,
	(1) w/ ref. condenser	11 1	18 May 80	· ·	<u> </u>	<u></u>		1		1
	(2) w/ carbon adsorber	7	FO MAY IV				-			
	(3) w/ no controls	_	<del>'</del> -				<del>.</del>			
Wa	sher Unit		l Table (Mark)							45 3 4, 7
****	(4) w/ ref. condenser	• "				<del> </del>		l		Τ
	(5) w/ carbon adsorber									-
	(6) w/ no controls		-							
Dn	er Unit			for the		<u>.</u>		<u>.</u>		
<i>D</i> 13	(7) w/ ref. condenser	. ~	<del> </del>	1		T	· · ·		· · · · · · · · · · · · · · · · · · ·	
	(8) w/ carbon adsorber						_			
	(9) w/ no controls	<u> </u>	1						<del>                                     </del>	
D.	claimer Unit	*1	<u> </u>		L	1	1, 11-		<u> </u>	
Kec			7.5					1	- 1	<u>ii aï</u>
	(10) w/ ref. condenser		_							
	(11) w/carbon adsorber		_							
	(12) w/ no controls									
2.(a	c) Control devices are  E) No control devices  A) What was the total of the control of the control devices  A) If less than 12 montrol of the control of the	are ro	equired to be ity of perchlo ons ow many? [_	installed [	X perc)	purchased in				<b>[</b> ≱_]
	What is the facility's so Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.)	ew sn	nitions found nall area sour	rce [	3) of	Part II?	
	Lysning farge and	va 501	ui CC []	146	vv la	ige area sour	·· [	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is requi (Indicate with an "X".)	ired on machines p	pursuant to section (5) of P	art II of this notification form?			
Existing large area source Carbon adsorber		Refrigerated condenser	i <b>X</b> π			
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 during which propane or fuel oil co	• •		•			
All steam and hot water generating No such units on-site	units exempt					
	·					
Equipme	ent Monitoring a	nd Recordkeeping Inforn	nation			
Check all logs which are required to	o be kept on-site i	n accordance with the requ	irements of this general permit:			
(a) Purchase receipts and solvent pu	ırchases		( <u>*</u> )			
(b) Leak detection inspection and re	epair					
(c) Refrigerated condenser temperate	ture monitoring		[] INProcesis			
(d) Carbon adsorber exhaust perc co	oncentration moni	itoring				
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction	ı plan		<b>X</b>			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

### Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:						
[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith 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	thy thirt						

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

### Perchloroethylene Dry Cleaning Facility Notification FEB 1 0 1997

#### Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	BETTY HUNT / WASHING WELL, INC.
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: 2058 5 TEETEDCOM ST
٦.	Street Address:
	City: PERRY County: TAYLOR Zip Code: 32347
5.	Facility Identification Number (DEP Use):  1230046
	1230040
	Parnonsible Official
	Responsible Official
6.	Name and Title of Responsible Official:
	BETTY HUNT, PRESIDENT
7.	Responsible Official Mailing Address:
	Responsible Official Mailing Address:  Organization/Firm: WASHING WELL, THE  Street Address: 2058 S. JEFFERSON ST.  City: County: TAYLOR  Zip Code:  5234
	City: PERRY County: TAYLOR Zip Code: 32347
-	
8.	Responsible Official Telephone Number: Telephone: (904) 584 - 5225 Fax: ( ) -
	100pinone: (10 f) 384 3223
	Facility Contact (If different from Responsible Official)
	,
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Court Addition
	Street Address: City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

DEP Form No. 62-213.900(2)

Effective: 6-25-96

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		lnitially	Device		lnitially	Device		Initially	Device
Type of Machine	ID	Purchased	lnstalled	ID	Purchased	Installed	lD	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			<del>.</del>					•	
(1) w/ ref. condenser	# 1	18 MAYGO	18M AY90						
(2) w/ carbon ausorber		7	, , , , , , , , , , , , , , , , , , ,						
(3) w/ no controls		-	_						
Washer Unit		1	•		1				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									<del> </del>
(6) w/ no controls			_					<b></b>	
Dryer Unit			ı					,L	
(7) w/ ref. condenser								1	
(8) w/ carbon adsorber		1							T
(9) w/ no controls									
Reclaimer Unit			ı		<u>L</u>			<u></u>	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls		_							
<ul> <li>(b) Control devices are required, but not yet installed []</li> <li>(c) No control devices are required to be installed []</li> <li>2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons</li> </ul>									
(b) If less than 12 months, how many? [7] months  Check why it is less than 12 months: New owner: [ ] New store: [ ] Did not keep records: [X]									
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (	3) of	Part II?	
Existing small ar	ea so	urce [X]	Ne	w sn	nall area sour	ce [	]		
Existing large are	ea sou	urce []	Ne	w la	rge area sour	ce [	]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

5) of Part II of this notification form?					
nser []					
ÿ					
tible to use the general permit pursuant g units on-site meet the following					
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.					
Information					
ne requirements of this general permit:					
ne requirements of this general permit:					
ne requirements of this general permit:					
ne requirements of this general permit:					
ne requirements of this general permit:					
ne requirements of this general permit:  [X]  [X]					

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

### 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)						
ιĶì	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility addressed in facility addressed in facility, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pro	Betty Aunt						

RECEIVED

### Perchloroethylene Dry Cleaning Facility Notification FEB 1 0 1997

#### Facility Name and Location

Bureau of Air Monitoring

ī.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	BETTY HUNT / WASHING WELL, INC.
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
5.	
4.	Facility Location: 2058 S. JEFFERSON ST. Street Address:
	City: PERRY County: TAYLOR Zip Code: 32347
5.	Facility Identification Number (DEP Use):
(1970) 7 13 14	1230040
	Responsible Official
_	None and Tiple of Demonstrate Officials
6.	Name and Title of Responsible Official:
	BETTY HUNT, PRESIDENT
7.	Responsible Official Mailing Address:  Organization/Firm: WASHING WELL, THE  Street Address: 2058 S. JEFFERSON ST.  City: County: TAYLOR  Zip Code: 32347
	Street Address: The Control of the C
	City: PERRY County: TAYLOR Zip Code: 32347
8.	Responsible Official Telephone Number:
	Telephone: (904) 584-5225 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

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

#### **Facility Information**

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
Type of Machine	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91	,	#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	· .			_					
(1) w/ ref. condenser	#1	18 MA190	18M AY90						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		_							
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit						_		•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	t one classifi	cation only.)	) ew sn	nall area sou	rce [	3) of	Part II?	
Existing large are	ea soi	irce	No	ew la	rge area sour	ce [	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on mac (Indicate with an "X".)	thines pursuant to section (5) of Part II of this notification form?				
Existing large area source  Carbon adsorber  []	Refrigerated condenser []				
New small area source Refrigerated condenser []					
New large area source Refrigerated condenser []					
	sions units shall not be eligible to use the general permit pursuant am and hot water generating units on-site meet the following n-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 exem No such units on-site	pt []				
Equipment Monito	ring and Recordkeeping Information				
•	n-site in accordance with the requirements of this general permit:				
(a) Purchase receipts and solvent purchases	(X)				
(b) Leak detection inspection and repair	[X]				
(c) Refrigerated condenser temperature monitor	oring []				
(d) Carbon adsorber exhaust perc concentration	n monitoring []				
(e) Instrument calibration					
(f) Start-up, shutdown, malfunction plan					

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

Form No. 62-213.900(2) Page 15 of 16

### Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:								
	[] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
No air permits currently exist for the operation of the facility indicated in this notification form.									
	Responsible Official Certification								
this notific statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.								
I will proi	I will promptly notify the Department of any changes to the information contained in this notification.								
Signature	Betty Hunt 1-7-97 Date								

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: /0:30 TIME OUT: ///2	20 AIRS ID#: 1230048
TYPE OF FACILITY: DRY CLEANER FACILITY NAME: WASHING WELL, I	INC DATE: 1/3/97
	SON ST
PERRY, FL 3234	
RESPONSIBLE OFFICIAL: RETTY HUNT	PHONE NUMBER: 904 - 584 - 5225
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluate discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NOT MAINTAIN ING ROLLING PERC TOTAL	MAINTAIN LOG
,	
COMMENTS:	
The Annual Compliance Certification form has been properly certification.	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	98 proximate)
INSPECTION CONDUCTED BY: R. A. E.	BANKS
INSPECTOR'S SIGNATURE: Ples	ase Print) PHONE NUMBER: <i>'704'-448-43/8</i>

Revised 10/96

AIRS ID#:	1230048

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: WASHING WELL, INC	DATE: 1/3/97
FACILITY LOCATION: 2058 S. JEFFERSON ST.	
PERRY, FL 32347	
Annual Reporting Period: SEPT. 5 1996 TO J.	AN 3 1996
Based on each term or condition of the Title V general air permit, my facility has remained in co 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during to	the reporting period stated above:
NOT MAINTAINING POLLING PERC TOTAL	<u>z</u>
Exact period of non-compliance: from SEP 96 to	JAN 97
Action(s) taken to achieve compliance: MAINTAIN LOG	
Method used to demonstrate compliance: CHECK ON NEXT ANNU	UAL INSTECTION
#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	
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 reason made in this notification are true, accurate and complete. Further, my annual consumption of p upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dryear for transfer or combination facilities.	perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: Betty Hunt Belly Hunger (Please Print)  Name (Please Print)	re

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.



### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	☐ COMPLAINT/DISC	COVERY
facility name:	SHING WE	JEFFERSON ST.	пе оит: <u>//.'20</u>
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DAR	M by 9/1/96		the state of the s
2. New facility notified DARM 3	0 days prior to star	rtup	
3. Facility failed to notify DARM	to use general per	rmit	
DARTH, OF ACCIDICATION			
PART II: CLASSIFICATION  Facility indicated on notification	a form that it is		
(check appropriate box)	i form that it is.		
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	c . d	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr ll/yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	gal/yr ll/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	ation	ty on	
If no, please check the appropria	te classification:		
☐ facility exceeds	above limits and is	mit as number above s not eligible for a general permit urchased within the preceding 12 month	us by this dry cleaning
facility was <u>135</u> gallons.	semplene (perc) pt	arenased within the preceding 12 month	is by this dry cleaning

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

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

n		
լ ».	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?	OY ON
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?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
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?	מם עם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PA	ART V: RECORDKEEPING REQUIREMENTS	
	att v. læcolæken i to lægolæken i to	
	as the responsible official: heck appropriate boxes)	
(c	as the responsible official:	NO VO
(c)	as the responsible official: heck appropriate boxes)	DY DN
(c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	DY ON OY UN
(c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	DY DN
(c) 1. 2.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	DY DN  DY DN  DY DN
(c. 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DY ON DN/A
1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	
1. 2. 3. 4. 5.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)	DY DN DEN/A
1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	OY ON DONA OY ON DANA OY ON
1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? *for direct reading instruments only*)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?	OY ON TONIA OY ON TONIA OY ON
(c. 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	OY ON BON/A OY ON DANA OY ON
1. 2. 3. 4. 5. 6. 7. 8.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	OY ON BON/A OY ON DANA OY ON

2.	Which method of detection is used by t	he respor	nsible official?	7		
Visual examination (condensed solvent on exterior surfaces)				0		
Physical detection (airflow felt through gaskets)					_	
Odor (noticeable perc odor)				<b>a</b>		
	Use of direct-reading instrumenta	ation (FII	D/PID/calorim	etric tubes)		
	If using direct-reading instrume	entation,	is the equipr	nent:		
	a. Capable of detecting	perc vapo	or concentration	ons in a range of 0-500 ppm?	$\Box$ Y	□и
	b. Calibrated against a s (PID/FID only)?	standard ;	gas prior to ar	nd after each use	ΟY	□и
	c. Inspected for leaks ar	nd obviou	s signs of wea	er on a weekly basis?	$\Box Y$	□И
	d. Kept in a clean and s	ecure are	a when not in	use?	$\Box$ Y	□N
	e. Verified for accuracy	by use of	f duplicate sar	mples (calorimetric only)?	$\Box Y$	עם
3.	Has the facility maintained a leak log?				QY.	NO
4.	Does the responsible official check the	following	g areas for lea	ks?		
	Hose connections, fittings, couplings, and valves		N	Muck cookers	ΠY	□N
	Door gaskets and seating	DY	N	Stills	ΠY	□N
	Filter gaskets and seating	day	□N	Exhaust dampers	ΠY	□N
	Pumps	DY.	□N	Diverter valves	ΠY	□N
	Solvent tanks and containers	d <sub>y</sub>	DN	Cartridge filter housings	DY	□N
	Water separators		ПИ			
	Name of Responsible Official  R. A. BANKS  Inspector's Name (Please Print)  Date of Inspection  1/98					
	Inspector's Signature			Approximate Date of	Next Ir	spection

AIRS ID#:/230048

Revised 10/10/

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

FACILITY NAME: WASHING WELL	DATE: 22 Jan 98
FACILITY LOCATION: 2058 5. Jeff	erson St.
Perry, FL. 3234	
Annual Reporting Period: <u>Jan</u>	1997 TO Jan 1998
Based on each term or condition of the Title V general air p 62-213.300, Florida Administrative Code (F.A.C.), during t	ermit, my facility has remained in compliance with DEP Rule ne period covered by this statement.
If NO, complete the following:	
#1. Term or condition of the general permit that has not been	n in continuous compliance during 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:	· 
#2. Term or condition of the general permit that has not bee	n in continuous Empliance during the reporting period stated above:
·	JAN 2 6 100A
Exact period of non-compliance: from	Bureta of Air Monitoring
Action(s) taken to achieve compliance:	& Mobile Sources
Method used to demonstrate compliance:	
made in this notification are true, accurate and complete. F	ation and belief formed after reasonable inquiry, that the statements writher, my annual consumption of perchloroethylene solvent, based 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per
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.

### Z DRY CLEANER AIR QUALITY GENERAL βμreau of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM Mobile Sources AIRS ID#1230048 BETTY HUNT BETTY HUNT 2058 S JEFFERSON ST **PERRY FL 32347** Do NOT Remove Label Annual Reporting Period: 19 Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule ∐no 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following:

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:

Name (Please Print)

Signature

*X-//-7/* 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.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 💯 C	OMPLAINT/DISCOVERY RE-INSPECTION	
TIME IN: /0:70	TIME OUT: //! O C	AIRS ID#: 1230048	
TYPE OF FACILITY: Dcu	CLEANER		
FACILITY NAME: WASH		DATE: 1-22-98	
FACILITY LOCATION: 203	58 S. Jefferson	n 5t.	
PE PE	RRY, FL 72347		
RESPONSIBLE OFFICIAL:	BETTY HUNT	PHONE NUMBER: 904-584-5225	)
	the compliance requirements ev Rule 62-213.300, Florida Admin	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).	
Based on the results of discrepancies were not		valuated during this inspection, the following compliance	
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED	
	,	-	
	·		
COMMENTS:			
,			
The Annual Compliance Certif  DATE OF NEXT INSPECTION	0.0	ertified and submitted to the inspector. YES NO	]
	Company and ( ) 1 3	(Approximate)	
INSPECTION CONDUCTED		(Please Print)	
INSPECTOR'S SIGNATURE: 199 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Page\_\_\_of\_

Revised 10/96



### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISC	COVERY	<b>D</b>
airs id#: <u>/23 00 4 8</u> i facility name: <u>USAS</u>		Т тіме іn: <u>/0:20</u> тіг	ME OUT:	//.'00
facility location: <u>20</u> _7	58 S. Jef erry FL 3			
PART I: NOTIFICATION			<del></del>	
(check appropriate box)	· · · · · · · · · · · · · · · · · · ·			
1. Existing facility notified DAR	M by 9/1/96			
2. New facility notified DARM 3	0 days prior to startur	)		<b>'</b> 0
3. Facility failed to notify DARN	I to use general permi	t		
PART II: CLASSIFICATION			·	
Facility indicated on notificatio (check appropriate box)	n form that it is:			
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	dī tra bo	New small area source y-to-dry only, x<140 gal/yr ansfer only, x<200 gal/yr oth types, x<140 gal/yr onstructed on or after 12/9/91)		JAN 27 Bureau of Air & Mobile
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" gaboth="" gal="" only,="" td="" transfer="" types,="" y=""><td>) gal/yr dr ul/yr tr vr bo</td><td>New large area source y-to-dry only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" ansfer="" gal="" on="" only,="" onstructed="" or="" oth="" td="" types,="" yr=""><td></td><td>JAN 2 7 1998 sau of Air Monitoring &amp; Mobile Sources</td></x<2,></td></x<2,>	) gal/yr dr ul/yr tr vr bo	New large area source y-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" ansfer="" gal="" on="" only,="" onstructed="" or="" oth="" td="" types,="" yr=""><td></td><td>JAN 2 7 1998 sau of Air Monitoring &amp; Mobile Sources</td></x<2,>		JAN 2 7 1998 sau of Air Monitoring & Mobile Sources
This is a correct facility classific	ation 🗆	Y DN		
If no, please check the appropria	te classification:			
,	d for a general permit above limits and is no	as number above definition of the state of the stat		
B. The total quantity of perchlor facility was     gallons.	oethylene (perc) purch	ased within the preceding 12 month	ns by this o	dry cleaning

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?	MO AM			
2. Examining the containers for leakage?	DY ON			
3. Closing and securing machine doors except during loading/unloading?	DÝ ON			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אם צפ			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אואק אם צם			
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 ref (complete A and B below).	rigerated condenser			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	ΛC.5.			
1. Equipped all machines with the appropriate vent controls?	NON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	C.C.7			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	אם צם			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY OM			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם עם			

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В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	
	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,	~		0.47
	if machines are equipped with a carbon adsorber?	ЦY	ИN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	
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	ПИ	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	מם	□N/A

PA	PART V: RECORDKEEPING REQUIREMENTS					
II .	Has the responsible official: (check appropriate boxes)					
1.	Maintained receipts for perc purchased?	DY ON				
2.	Maintained rolling monthly averages of perc consumption?	NO AM				
3.	Maintained leak detection inspection and repair reports for the following:					
] [	a. documentation of leaks repaired w/in 24 hrs? or;	DY ON				
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MO AM				
4.	Maintained calibration data? (for direct reading instruments only)	DY DN WONA				
5.	Maintained exhaust duct monitoring data on perc concentrations?	ØY □N				
6.	Maintained startup/shutdown/malfunction plan?	NOTA				
7.	Maintained deviation reports?	אם אפ				
	Problem corrected?	DY ON				
8.	Maintained compliance plan, if applicable?	DY ON ON/A				

PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	DRY DN	

2.	Which method of detection is used by t	he respon	sible official?		_	
	Visual examination (condensed se	olvent on	exterior surfaces)			
	Physical detection (airflow felt th	rough gas	skets)	٠	<b>D</b>	
	Odor (noticeable perc odor)					
ì	Use of direct-reading instrumenta	tion (FID	/PID/calorimetric	tubes)		
	If using direct-reading instrume	entation,	is the equipment:			
	a. Capable of detecting	perc vapo	r concentrations is	a range of 0-500 ppm?	DY D	И
	b. Calibrated against a s (PID/FID only)?	tandard g	as prior to and aft	er each use	ם עם	И
	c. Inspected for leaks an	d obvious	signs of wear on	a weekly basis?		И
	d. Kept in a clean and so	ecure area	when not in use?		DY DN	
	e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?	DY D	N
3.	Has the facility maintained a leak log?				DY D	N
4.	Does the responsible official check the	Collowing	areas for leaks?			
	Hose connections, fittings, couplings, and valves	DY	□N	Muck cookers	WY.	מ□
	Door gaskets and seating	DY	מ□	Stills	DY	מ□
	Filter gaskets and seating	o Ý	□N .	Exhaust dampers	OY	ПИ
	Pumps	ØÝ	DN	Diverter valves	ŪΥ	מם
	Solvent tanks and containers		ИП	Cartridge filter housings	DY	מם
	Water separators	DY	מם			

RETTY HUNI	
Name of Responsible Official	
CHRISTOPHER L. SCOTT	22 Jan 98
Inspector's Name (Please Print)	Date of Inspection
Child left	Jan 99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFOR	MATION:	· 	 	
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### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

COMPLAINT/DISCOVE

**RE-INSPECTION** 

	100 - 0 A	
AIRS ID#: 1230048 DATE: 1/21 FACILITY NAME: WASITING WE	1/99 TIME IN: 11:00 TIME SUT: 20:3	ES .
FACILITY NAME: <u>WASITING WE</u>	7. L	
FACILITY LOCATION: 2058 S.	JEFFERSON ST	
PERRY	FL 32347	
RESPONSIBLE OFFICIAL: 3577 //	NT PHONE: (904) 584-522	5
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	rtup	)
2. Facility failed to notify DARM to use general pe	ermit 🗆	}
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleu	ım.
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )	
5. This is a correct facility classification	□Y □N □Can not determine	
	cation: eneral permit as number above nits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) p facility was 137 gallons.	urchased within the preceding 12 months by this dry clea	ining

PA	RT III: GENERAL CONTROL REQUIREMENTS	·
Is t	the responsible official of the dry cleaning facility: eck appropriate boxes)	
1.	Storing perchloroethylene in tightly scaled and impervious containers?	BY ON ONIA
2.,	Examining the containers for leakage?	BY ON ON/A
3.	Closing and securing machine doors except during loading/unloading?	ио у <b>д</b>
4.	Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y ON ON/A
	Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON QN/A

Y.A	PART IV: PROCESS VENT CONTROLS						
Ìn	In Part Il-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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber mutinstalled prior to September 22, 1993	•					
	If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser					
	Has the responsible official of all new sources and existing large area sources: neck appropriate boxes)						
1.	Equipped all machines with the appropriate vent controls?	¥QY □N					
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	N/A					
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY DN <b>D</b> N/A					
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	<b>S</b> A DM					
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY DN <b>S</b> N/A					
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם צק					

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□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?	ΠY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩΥ	DИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

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

### PART VI: LEAK DETECTION AND REPAIRS

==						
1.	Does the responsible official conduct a	weekly (fo	or small sou	rces, bi-weekly) leak detection as		air
	inspection?				A	ΩN
2.	Has the facility maintained a leak log?	ı			Y	ND
3.	Does the responsible official check the	following	arcas for lea	aks?		
	Hose connections, fittings, couplings, and valves	4 Y 🗆	N DN/A	Muck cookers	<b>∳</b> Y	ON ON/A
	Door gaskets and scating	DY DI	N DN/A	Stills	$p_{\lambda}$	□N □N/A
	Filter gaskets and seating	DY DI	N DN/A	Exhaust dampers	$\phi_{\lambda}$	□N □N/A
	Pumps	AY D	N DN/A	Diverier valves	$Q_{\rm Y}$	□N □N/A
,	Solvent tanks and containers	A YOU	N DN/A	Cartridge filter housings	Y	□N □N/A
	Water separators	DY D	N DN/A			
4.	Which method of detection is used by	the respons	ible official	?	۸ .	
	Visual examination (condensed	solvent on e	exterior surf	aces)	A	
	Physical detection (airflow felt the	irough gasl	kets)		Þ	
	Odor (noticeable perc odor)				<b>1</b>	
	Use of direct-reading instrument	ation (FID/	PID/calorin	netric tubes)		
	Halogen leak detector					
	If using direct-reading inst	rumentatio	on, is the cq	uipment:		'A
	a. Capable of detecting	perc vapor	concentrati	ions in a range of 0-500 ppm?	$\Box$ Y	$\square$ N
	b. Calibrated against a (PID/FID only)?	standard ga	as prior to a	nd after each use	ΩY	ΩN
	c. Inspected for leaks a	nd obvious	signs of we	ar on a weekly basis?	ΩY	□N
1	d. Kept in a clean and	secure area	when not in	n use?	ΩY	□N
	e. Verified for accuracy	by use of a	duplicate sa	mples (calorimetric only)?	ΩY	ИП
1						

<sup>1</sup> (	hristopher L. Scott
4	Inspector's Name (Please Print)
ijŽ.	MADOM
-	April 1
	Inspector's Signature

1-21-99 Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:								
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# TELE V AIR QUALITY GENERAL POMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X COM	MPLAINT/DISCOVERY	RE-INSPECTION					
TIME IN: // '.00	TIME OUT: 11:35	AIRS ID#: /	230048					
TYPE OF FACILITY: DPY	CIGANGR							
FACILITY NAME: WAS 14	ING WELL	<u> </u>	DATE: 1-21-99					
FACILITY LOCATION: 20	58 S. JEF	FERSON ST						
PG	ery FL	32347						
RESPONSIBLE OFFICIAL:	CTTY HUNT	PHONE NUMBE	R: (904) 584-5225					
	compliance requirements evalu 62-213.300, Florida Administ	nated during this inspection, the rative Code (F.A.C.).	facility is found to be in					
Based on the results of the discrepancies were noted:	compliance requirements evalu	nated during this inspection, the	following compliance					
COMPLIANCE REQUIR	REMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED					
COMMENTS:								
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO								
DATE OF NEXT INSPECTION: VAN 2000								
INSPECTION CONDUCTED BY: CHAIS SCOTT & FACO ALVANCZ  (Please Print) (904) 448-4310  INSPECTOR'S SIGNATURE PHONE NUMBER: VI 253								
INSPECTOR'S SIGNATURE PHONE NUMBER: XF 253								

AIRS ID#: 1230048

Aut

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: WAS HING	WELL		D2	TE: 1/21/99
FACILITY LOCATION: 2058 S.				
PERRY		32347		
Annual Reporting Period: JAM	,	19 <u>58</u> то	JAN	19_9
Based on each term or condition of the Title V g 62-213.300, Florida Administrative Code (F.A.)	•	•	777	th DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit tha	t has not been in co	ontinuous compliance o	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 tha	t has not been in co	ontinuous 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, base made in this notification are true, accurate and upon rolling averages of purchase receipts, does year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	complete. Further	, my annual consumpt	ion of perchloroethy	vlene 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.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL V	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 121/0	TIME OUT:/2	220 AIRS II	0#: 1230048
TYPE OF FACILITY:	y Cleaner		
FACILITY NAME: NOS	htha Well		DATE: 8/25/00
FACILITY LOCATION: 20	1584 S. Jeffe	ron 8t	
<u> </u>	Herry, FM 32	347	
RESPONSIBLE OFFICIAL:	Jerephy Dearn	NON PHONE NU	JMBER: <u>(850)584-5225</u>
Based on the results of compliance with DEP	the compliance requirements Rule 62-213.300, Florida Adn	evaluated during this inspection ninistrative Code (F.A.C.).	n, the facility is found to be in
Based on the results of discrepancies were not		evaluated during this inspection	n, the following compliance
COMPLIANCE REQ	UIREMENT/PROBLE	M FOLLOW-UP	PACTION REQUIRED
			•
			· · · · · · · · · · · · · · · · · · ·
	<del></del>		
COMMENTS:			
			·
The Annual Compliance Certif	ication form has been properly	y certified and submitted to the	inspector. YES NO NO
DATE OF NEXT INSPECTION	ON:	turna 2001	· · · ·
INSPECTION CONDUCTED	BY: Her the	(Approximate)  (Many Reid)	·
INSPECTOR'S SIGNATURE	: No Vie 4	(Please Print) PHONE NI	jmber: (904) 448-43/0 <i>×2</i> 5
	Pag	e of	Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCO	OVERY	
	RE-INSPECTION	v 🗆			_
	RE-INSPECTION	, u			
10200	closlo		10:10	<del></del>	2120
AIRS ID#: 1230048)	DATE: 0/2010	TIME I	N: 12.70 TIME	E OUT: <u>/</u>	220
FACILITY NAME: WO	shing Well	.`			
	2058 8.1	0 0000000	V4-		
FACILITY LOCATION:		ettérson	0L.		
( )		32347			·
RESPONSIBLE OFFICIAL	· loromu	Doarmon	PHONE (850)	584-5	5225
RESI ONSIBLE OFFICIAL	· JUNETING	122011101	THOME: COOCT		<del>-</del>
CONTACT NAME:			PHONE:	·	
		· · · · · · · · · · · · · · · · · · ·			
PART I: NOTIFICATION		<del></del>			
(check appropriate box)					
	4.20 days anion to stant	h			
1. New facility notified DARM	•	•			
2. Facility failed to notify DAI	RM to use general peri	mit 			
PART II: CLASSIFICATIO	N				
Facility indicated on notificat		,	☐ No notification for		
Facility indicated on notificat (check appropriate box)			☐ No notification for ☐ Drop store/out of b		troleum
Facility indicated on notificat (check appropriate box) A.	tion form that it is:	2. New small a	☐ Drop store/out of b		troleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal	tion form that it is:	dry-to-dry only	☐ Drop store/out of b  rea source x < 140 gal/yr	ousiness/pe	troleum
Facility indicated on notificat (check appropriate box) A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yi	tion form that it is:	dry-to-dry only transfer only, x	☐ Drop store/out of b  rea source x < 140 gal/yr < 200 gal/yr	ousiness/pe	troleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gallyst both types, x < 140 gallyr	tion form that it is:  arce  Vyr r	dry-to-dry only, transfer only, x both types, x <	□ Drop store/out of b  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	ousiness/pe	troleum
Facility indicated on notificat (check appropriate box) A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yi	tion form that it is:  arce  Vyr r	dry-to-dry only, transfer only, x both types, x <	☐ Drop store/out of b  rea source x < 140 gal/yr < 200 gal/yr	ousiness/pe	troleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (constructed before 12/9/91)	tion form that it is:  tree  Vyr r	dry-to-dry only, transfer only, x both types, x <	□ Drop store/out of b  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ousiness/pe	troleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gallyst both types, x < 140 gallyr	tion form that it is:  tree  Vyr r )	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a	□ Drop store/out of b  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ousiness/pe	troleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8	tion form that it is:  tree Vyr r ) tree  2,100 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2	Drop store/out of b rea source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	ousiness/pe	troleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	tion form that it is:  lirce  /yr r )	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 26 both types, 140	Drop store/out of b rea source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	ousiness/pe	troleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8	tion form that it is:  lirce  /yr r )	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 26 both types, 140	Drop store/out of b rea source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	ousiness/pe	troleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	tion form that it is:  tree  Vyr  r  2,100 gal/yr 00 gal/yr 0 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 26 both types, 140	Drop store/out of b rea source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	ousiness/pe	troleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyre both types, x < 140 gallyre (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)	tion form that it is:  tree  l/yr r ) tree  2,100 gal/yr 00 gal/yr ) gal/yr ) classification	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 20 both types, 140 (constructed on	Drop store/out of b rea source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	ousiness/pe	troleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of	tion form that it is:  arce l/yr r 2,100 gal/yr 00 gal/yr 2 gal/yr ) classification e appropriate classificatity qualified for a gen	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 20 both types, 140 (constructed on $\square N$ )	□ Drop store/out of b  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  rea source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)  □ Can not determine	ousiness/pe	troleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of	tion form that it is:  arce l/yr r 2,100 gal/yr 00 gal/yr 2 gal/yr ) classification e appropriate classificatity qualified for a gen	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 20 both types, 140 (constructed on $\square N$ )	□ Drop store/out of b rea source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ ) □ Can not determine	ousiness/pe	troleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of	tion form that it is:  tree  l/yr  r  2,100 gal/yr  0 gal/yr  0 gal/yr  )  classification  e appropriate classification generate	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 20 both types, 140 (constructed on DN ation: teral permit as nuits and is not eligible.	□ Drop store/out of b  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  rea source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)  □ Can not determine  mber above gible for a general permit	ousiness/pe	

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

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	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?	ΠY	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	_ UY	מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	Ory on			
2. Maintained rolling monthly total of perc consumption?	OY-ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON DINTA			
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	OY ON ONA			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DIN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	ON ON/A			
6. Maintained startup/shutdown/malfunction plan?	⊕ <del>Y</del> ~□N			
7. Maintained deviation reports?	ODY ON ON/A			
Problem corrected?	אום אם אב			
8. Maintained compliance plan, if applicable?	OY ON ON/A			

PA	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 ON		
2.	Has the facility maintained a leak log	?		DY DN		
3.	Does the responsible official check th	e following areas for leaks	?			
	Hose connections, fittings, couplings, and valves	QY ON ON/A	Muck cookers	OY ON ON/A		
	Door gaskets and seating	QY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and seating	GY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	OY ON ON/A	Diverter valves	QY ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	OY ON ON/A		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by	the responsible official?	944			
	Visual examination (condensed	solvent on exterior surface	es)			
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)			
	Halogen leak detector	•				
	If using direct-reading ins	trumentation, is the equip	oment:	□n/A		
	a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	after each use	OY ON		
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	UY UN		
	d. Kept in a clean and	secure area when not in us	e?	NO Y		
	e. Verified for accurac	OY ON				
				THE RESERVE OF THE PROPERTY OF		

Inspector's Name (Please Print)

Inspector's Signature

August 25, 2000

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SIT	E INFORMATION:		
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Rev	hasi	10/	10	106
N ev	ICEA	141/	10	/46

AIRS ID#: 1230048

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<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.

on the reverse side?	<ul> <li>Print your name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> </ul>	e does not	I also wish to refollowing service extra fee):  1.	es (for an see's Address ed Delivery	Receipt Service.
ADDRESS completed	AIRS ID#: 1230048 BETTY HUNT BETTY HUNT 2058 S JEFFERSON ST PERRY FL 32347	4a. Article N 265 4b. Service Registere Express I Return Rec 7. Date of De	Type  Type  ad  Mail  ceipt for Merchandis	736  ☐ Certified ☐ Insured ☐ COD	you for using Return Rec
ls your <u>RETURN</u>	5. Received By: (Print Name)  1. Signature: (Addressee or Agent)  X	8. Addressee and fee is		,	Thank )
	6. Signature: (Addressee or Agent)  X  PS Form <b>3811</b> , December 1994			Domestic Re	Domestic Return Receipt

### **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID#: 1230048 **BETTY HUNT** BETTY HUNT 2058 S JEFFERSON ST **PERRY FL 32347** Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address 3800, \$ TOTAL Postage & Fees

Postmark or Date

PS Form

P 265 302 736

SENDER:  Complete items 1 and/or 2 for additi Complete items 3, 4a, and 4b.  Print your name and address on the card to you.  Attach this form to the front of the m permit.  Write "Return Receipt Requested" or The Return Receipt will show to who delivered.	reverse of this form so that ailpiece, or on the back if sp the mailpiece below the art	ace does not	I also wish to rec following services extra fee):  1.  Address  2.  Restricte  Consult postmas	s (for an ee's Address
3. Article Addressed to:  BETTY HUNT BETTY HUNT 2058 S JEFFERSON ST PERRY FL 32347	AIRS ID 1230048	4a. Article N  2 3 3  4b. Service  Registere  Express I  Return Rec	3 6/3 Type  od  Mail  ceipt for Merchandise	COD Cop c
5. Received By: (Print Name)  6. Signature: (Addressee or Ag  X PS Form 381%. December 199	le .	8. Addressee and fee is	o's Address (Only i paid)  Domestic Reti	if requested Yug

### US Postal Service Receipt for Certified Mail AIRS ID 1230048 BETTY HUNT BETTY HUNT 2058 S JEFFERSON ST PERRY FL 32347 \$ 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 PS Form **3800**,

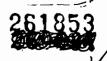
\$

TOTAL Postage & Fees

Postmark or Date

Z 333 613 261

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



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

RECEIVED RECEIVEDIVED RECEIVED RECEIVED ROOM TOTAL AMOUNT DUE: \$50.00

FEB 28 97 FEB IFEB 97 97

Do NOT Remove Label

AIRS ID# 1230048

WISHING WELL INC BETTY HUNT 2058 S JEFFERSON ST PERRY FL 32347

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



(cut here)

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

399585

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 # 1230048

WASHING WELL INC DAVID MCCUEN 2058 S JEFFERSON STREET PERRY FL 32348 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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

0390146

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 # 1230048

WASHING WELL INC

2058 S JEFFERSON ST PERRY FL 32347 DEC 28

MAIL ROOM

C. Mobile Source Government use Structure of the Covernment use Structure o

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 1D#1230048

BETTY HUNT BETTY HUNT 2058 S JEFFERSON ST **PERRY FL 32347** 

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

Obj.: 002273

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

0354360

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

TOTAL AMOUNT DIJE: \$50.00

TOTAL AMOUNT DUE: \$50.00 2 1 1998

Do NOT Remove Label

AIRS ID # 1230048

WASHING WELL INC BETTY HUNT 2058 S JEFFERSON ST PERRY FL 32347

Bureau of Air Monitoring & Mobile Sources

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