

## Department of Environmental Protection

1270110

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

Virginia B. Wetherell Secretary

August 28, 1996

Mr. John E. Floyd Stroud Cleaners 115 East Plymouth Avenue Deland, Florida 32724

Dear Mr. Floyd:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 7, 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 subject to the requirements of the Title V general permit.

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

## Stroud Cleaners

1445 E. New York Ave. DeLand, Fl. 32724 904-738-4883 Fax 904-943-9022

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Bureau of Air Monitoring & Mobile Sources

Tuesday, November 17, 1998

Department of Environmental Protection

To Whom It May Concern:

The facility at 115 E. Plymouth Ave. DeLand, Fl. is no longer a cleaning plant and is now only a drop store.

Sincerely,

Ron L. Moyer



#### LOUIS NICHOLS

TRANSPORTATION/AIR QUALITY SPECIALIST CENTRAL DISTRICT

STATE OF FLORIDA
DEPARTMENT OF
ENVIRONMENTAL PROTECTION
3319 MAGUIRE BOULEVARD
SUITE 232
ORLANDO, FLORIDA 32803-3767

Telephone: (407) 893-3333 Suncom: 325-3333 Fax: (407) 897-5963 Fax Suncom: 342-5963

BUSINESS HAS BEEN SOLD - SEND APPLICATION TO NEW OWNER Jose a. Flage 8-19-96

# Rerchloroethylene Dry Cleaning Facility Notification Facility Name and Location

R	E	C	1	¥	V		D
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Facility Owner/Compar	iy Name	(Name of	corporation, ag	gency, or individual	owner,
Facility Owner/Compar	21	1/	<b>&gt;</b>	•	

6 1996 AUG

John E Floyd MO VENTURES INC

BUREAU OF AIR REGULATION

2. Site Name (For example, plant name or number):

Stroud Cleaners

- Hazardous Waste Generator Identification Number:
- 4. Facility Location:

Street Address:

115 E. Plymouth Ave.

. City:

Deland

County: Volusia

Zip Code: 32724

Facility Identification Number (DEP Use):

#### Responsible Official

6. Name and Title of Responsible Official:

John E. Floud, Owner

JEFFREY MOYER, PRESIDENT

Responsible Official Mailing Address:

Organization/Firm: Mo VENTURES INC P.O. BOX 388

Street Address:

City: DELAWA

County: Vows14 Zip Code: 32721-0388

Responsible Official Telephone Number 138-48

Telephone:

(902)

Fax: (904) 943-9022

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

9. Name and Title of Facility Contact (For example, plant manager):

Jose A. Floyd DOREEN WARBURTON, PLANT MANAGER

10. Facility Contact Address:

Street Address: 115 E. Plymoum
City: Deland County: VolusiA Zip Code: 32724

City: Delayd

11. Facility Contact Telephone Number:

Telephone: (904) 734 - 5775

Fax: (

## RECEIVED

AUG 7 1996

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

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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.

		Date	Date		Date	Date		Date	Date
<b>.</b> .		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit			HASI	REFR	IGERATED	COMSENSER			
(1) w/ ref. condenser		22-nov-	94	Ī					
(2) w/ carbon adsorber		22-Nov-							
(3) w/ no controls									
Washer Unit		٠,		·					
(4) w/ ref. condenser									T
(5) w/ carbon adsorber								1	
(6) w/ no controls									
Dryer Unit								<u>.</u> I	<del>'</del>
(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						<del>                                     </del>	_		
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of the control of the contr</li></ul>	are re quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	y perc)	_] purchased i				
3. 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 sm	nitions foun nall area sour	rce [	]	Part II?	
Laisting large are	a 501	mice []	176	w idi	ge area sour	ce [ <u>.X</u>	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of 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  [ X ]							
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following :						
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.						
All steam and hot water generating units exempt No such units on-site	. [] [_x_]						
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	[_x_]						
(d) Carbon adsorber exhaust perc concentration mor	nitoring [_x_]						
(e) Instrument calibration							
(f) Start-up, shutdown, malfunction plan	_x_]						

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

### Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits a facility indicated in this notification form;	
_ x ]	No air permits currently exist for the operathis notification form.	tion of the facility indicated in
	Responsible Officia	l Certification
this notif statemen maintain	ication. I hereby certify, based on informatio ts made in this notification are true, accurate the air pollutant emissions units and air poll:	ned in Part II of this form, of the facility addressed in n and belief formed after reasonable inquiry, that th and complete. Further, I agree to operate and ution control equipment described above so as to ermit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes t	o the information contained in this notification.
_	John E Flase	8 - 3 - 96
Signature		Date

### Perchloroethylene Dry Cleaning Facility Notification

	Facility Name and Location	D	ECE	VE						
1.	Facility Owner/Company Name (Name of corporation, agency, or individ-	ual owner):								
		·	AUG 6	1996						
	John E Floyd		BUREAU	-OF						
2.	Site Name (For example, plant name or number):		AIR REGUL	ATION						
	Stroud Cleaners		•							
3.	Hazardous Waste Generator Identification Number:									
4.	Facility Location:									
	Street Address: II5 E. Plymouth Ave.									
l	City: Deland County: Volusia	Zip Code:	32724							
5	Facility Identification Number (DEP Use):									
5.										
	1270110	4.1								
Degravaible Official										
	Responsible Official									
6.	Name and Title of Responsible Official:									
	John E. Floyā, Owner									
7.	1									
	Organization/Firm:									
	Street Address: City: County:	7 in (	Code:							
	City.	zip (	Joue.							
8.	•									
	Telephone: $(904)$ 734 5775 Fax: ()	-								
		<del> </del>								
	Facility Contact (If different from Responsible Of	fficial)								
9.	Name and Title of Facility Contact (For example, plant manager):									
,	Josie A. Floyd									
	•									
10.	Facility Contact Address:									
	Street Address: 115 E. Plymour City: Deland County: Volusia		•							
	City: Deland County: Volusia	Zip Code:	32724	í						
11										
11.	Facility Contact Telephone Number: Telephone: (904) 734 - 5775  Fax: ( )	-								
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DEP Form No. 62-213.900(2) Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

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		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser		22-nov-	94						
(2) w/ carbon adsorber		22-Nov-	94						
(3) w/ no controls									
Washer Unit		14. 17.			•	•			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		i ian n				÷	٠	* .	
(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	requ	ired, but not	vet installed	Γ	_				
(c) No control devices a  2.(a) What was the total quantum [ 280 ] g  (b) If less than 12 month Check why it is less	uanti gallo ns, ho	ity of perchloons	installed [	perc)	_] purchased in				, []

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?						
Existing large area source  Carbon adsorber  []	Refrigerated condenser []						
New small area source Refrigerated condenser []							
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	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.						
All steam and hot water generating units exempt No such units on-site							
Equipment Monitoring and Recordkeeping Information							
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(a) Purchase receipts and solvent purchases							
(b) Leak detection inspection and repair							
(c) Refrigerated condenser temperature monitoring	[_x_]						
(d) Carbon adsorber exhaust perc concentration mon	itoring						
(e) Instrument calibration							
(f) Start-up, shutdown, malfunction plan	[_x_]						

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### Surrender of Existing Air Permit(s)

Responsible Official Certification  I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility a this notification. I hereby certify, based on information and belief formed after reasonable inquistatements made in this notification are true, accurate and complete. Further, I agree to operat maintain the air pollutant emissions units and air pollution control equipment described above comply with all terms and conditions of this general permit as set forth in Part II of this notifical will promptly notify the Department of any changes to the information contained in this notifical	
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0-2	ation.
John E Flore 8-3-96	

### Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  John E Floyd 2. Site Name (For example, plant name or number):  Stroud Cleaners 3. Hazardous Waste Generator Identification Number:  4. Facility Location:  Street Address:  City: Deland County: Volusia Zip Code: 32724  5. Facility Identification Number (DEP-Use):  Responsible Official  6. Name and Title of Responsible Official:  John E. Floyd, Owner  7. Responsible Official Mailing Address:  Organization/Firm:  Street Address:  City: County: Zip Code:  8. Responsible Official Telephone Number:  Telephone: (90d) 734 5775 Fax: ()  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address:  City: County: Zip Code:		<b>1</b>									
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City: County: Zip Code:  11. Facility Contact Telephone Number:	10.	Lating Conductions	·								
City: County: Zip Code:  11. Facility Contact Telephone Number:		Street Address:									
11. Facility Contact Telephone Number:											
Telephone: ( ) - Fax: ( ) -	11.										
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AUG 7 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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*		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ĮD	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser		22-nov-	94						
(2) w/ carbon adsorber		22-Nov-	94						
(3) w/ no controls				1.					
Washer Unit		•	•		•		•	•	
(4) w/ ref. condenser		•							
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•	•					•	<del>-</del> -
(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									
<ul> <li>(b) Control devices are required, but not yet installed</li></ul>									
Check why it is less  3. What is the facility's so (Indicate with an "X".	urce (	classification	based on the	e defi					
Existing small ar	ea so	urce []	Ne	ew sn	nall area soui	·	]		
Existing large are	a soi	urce [x]	Ne	ew la	rge area sour	ce [	1 E		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Existing large area source Carbon adsorber    X		
Refrigerated condenser  New large area source Refrigerated condenser  S. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuan 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		
S. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuan 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  South 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		
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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	to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following	ant
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	boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment	•
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		
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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		
(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	Equipment Monitoring and Recordkeeping Information	
(b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring  (d) Carbon adsorber exhaust perc concentration monitoring  (e) Instrument calibration	Check all logs which are required to be kept on-site in accordance with the requirements of this general perm	ıit:
(c) Refrigerated condenser temperature monitoring  [x]  (d) Carbon adsorber exhaust perc concentration monitoring  [x]  (e) Instrument calibration	(a) Purchase receipts and solvent purchases	
(d) Carbon adsorber exhaust perc concentration monitoring  (e) Instrument calibration	(b) Leak detection inspection and repair	
(e) Instrument calibration	(c) Refrigerated condenser temperature monitoring	
	(d) Carbon adsorber exhaust perc concentration monitoring	
	(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan		

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

### Surrender of Existing Air Permit(s)

ease indica	te with an "X" the appropriate selection:		<i>i</i> . •
<u> </u>	I hereby surrender all existing air permits a facility indicated in this notification form;		
[_x]	No air permits currently exist for the operathis notification form.	ition of the facility indicated in	
	Responsible Officia	l Certification	
this notif statemen maintain	dersigned, am the responsible official, as defin ication. I hereby certify, based on informatio ts made in this notification are true, accurate the air pollutant emissions units and air polli with all terms and conditions of this general po	n and belief formed after reasonable a and complete. Further, I agree to op ution control equipment described abo	inquiry, that the erate and ove so as to
I will pro	emptly notify the Department of any changes t	o the information contained in this no	tification.
,	John E Filese	8-3-96	
Signatur	<del></del>	Date	

# PERCHLOROETHYLENE DRY CLEANERS ARMS UPDATED

COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INST	$^{\mathrm{P}C}$	TIC	N:

ANNUAL

COMPLAINT/DISCO

**RE-INSPECTION** 

	6.30-8.30	
	3-49 TIME IN: 12:30 TIME OUT: 12:30	m
FACILITY NAME: Stroud's Cle	gner	
FACILITY LOCATION: 115 E. Plyn	nouth Ave,	_
Deland, FL	32724	<u>.</u>
RESPONSIBLE OFFICIAL: Jeff M	9 7 2 7 9	
•	PHONE: PHONE:	_{
PART I: NOTIFICATION	S Q	
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	rtup	
2. Facility failed to notify DARM to use general pe	rmit	į
PART II: CLASSIFICATION	·	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum	
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small 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: neral permit as number above nits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) per facility was 290 gallons.	urchased within the preceding 12 months by this dry cleaning	g

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BN/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? 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 KY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Ky ON ON/A 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	<b>G</b> Ý	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ЫY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ЦŃ	□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?	$\Box Y$	ΠN	<b>E</b> N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ΠN	<b>PA</b> 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	<b>9</b> 2N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	<b>⊠</b> (N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	DN/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	DA ON			
2. Maintained rolling monthly averages of perc consumption?	DY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ÓN/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?	DY ON DENIA			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON <b>DA</b> IA			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN CHÁ/A			
6. Maintained startup/shutdown/malfunction plan?	by on			
7. Maintained deviation reports?	DY ON ON/A			
Problem corrected?	oy on 🕱va			
8. Maintained compliance plan, if applicable?	dy on ona			

<del></del>								
PA	ART VI: LEAK	DETECTION AND R	EPAI	RS	· · · · · · · · · · · · · · · · · · ·			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?	<u> </u>					<b>b</b> Y	ПN
2.	Has the facility	maintained a leak log?					<b>D</b> Y	ΠN
3.	Does the respon	sible official check the f	ollow	ing ar	eas for leaks?			
		nections, fittings, s, and valves	ΦÝ	DИ	□N/A	Muck cookers	dy	ON ON/A
	Door gask	ets and seating	PY	ПN	□N/A	Stills	Q <sup>Y</sup>	□N □N/A
	Filter gask	cets and seating	<b>P</b> Y	ΠN	□N/A	Exhaust dampers	OY	□N □N/A
	Pumps		Y	ПN	□N/A	Diverter valves	$\mathbf{K}^{\lambda}$	□N □N/A
	Solvent ta	nks and containers	<b>A</b> X	ПИ	□N/A	Cartridge filter housings	$R^{\lambda}$	.ON ON/A
	Water sepa	arators	YY	ПΝ	□N/A			
4.	Which method o	of detection is used by th	e resp	onsib	le official?			,
	Visual exa	amination (condensed so	lvent (	on ex	terior surfaces)		Û	
	Physical d	etection (airflow felt thr	ough į	gaske	ts)	•		
	Odor (noti	iceable perc odor)						
	Use of dire	ect-reading instrumentat	ion (F	ID/PI	D/calorimetric	tubes)		· _•
	Halogen le	eak detector					0	
	If usin	ng direct-reading instru	ment	ation	, is the equipme	ent:		'A
	a.	. Capable of detecting p	erc va	por c	oncentrations in	a range of 0-500 ppm?	ΩY	ND
	b.	. Calibrated against a st (PID/FID only)?	andar	d gas	prior to and afte	er each use	ΩY	□N
	C.	Inspected for leaks and	l obvid	ous si	gns of wear on a	a weekly basis?	ΠY	ΠN
		. Kept in a clean and se				,	ΟY	ПN

Randall Conningham
Inspector's Name (Please Print)

Mill (

4-23-99
Date of Inspection

4-2000

Approximate Date of Next Inspection

DY DN

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

ADDITIONAL SITE INFORMATION:	
. %	
	,
	·
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	·
·	
·	

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<del></del>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
FACILITY NAME: 5 trovd's (1	laner	DATE: 8-23-99
FACILITY LOCATION: 15 E, P.	lymouth Ave	
Deland, FL	•	
Annual Reporting Period: August	19 <b>-9%</b> то	Argust 1999
Based on each term or condition of the Title V go 62-213.300, Florida Administrative Code (F.A.C		
If NO, complete the following:		
#1. Term or condition of the general permit that	has not been in continuous complian	ce 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 complian	ce during the reporting period stated above:
Exact period of non-compliance: from	tc	0
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 purchase receipts, does not exceed 2,100 g combination facilities.  RESPONSIBLE OFFICIAL:  Name (	complete. Further, my annual consum	mption of perchloroethylene solvent, based

Page of .

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

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

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:00 pm TIME OUT: 12:32,	am AIRS ID#: 1270110
TYPE OF FACILITY: Dry Lleun	
FACILITY NAME: 5 troud'S Cleaner	DATE: <u>6-23-99</u>
FACILITY LOCATION: 115 E. Plymovth A.	/ E ,
Deland, FL 32724	
RESPONSIBLE OFFICIAL: Jeff Moyer	PHONE NUMBER: <u>904-734-5773</u>
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
	·
<del></del>	
COMMENTS:	
COMMENTS.	
In Compliance	
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector.  YES  NO  NO
DATE OF NEXT INSPECTION: \(\sqrt{2000}\)	<u> </u>
INSPECTION CONDUCTED BY: Kanda	Cunninghum
INSPECTOR'S SIGNATURE:	lease Print)PHONE NUMBER: 407-893-3333
V Page	of Revised 10/96

## Y2K Questions for Inspectors

Inspectors, during normal visits/inspections of regulated facilities, need to verify that the facility is Y2 K ready vis a vis environmental concerns. The following questions should be asked:

- 1. Are you aware of any potential Y2K problems? NO
- 2. What have you done to prepare for Y2K?
- 3. Are your computer systems and equipment with embedded chips Y2K compliant?
- 4. If not, what are you plans to correct Y2K problems?

We need to track those facilities that will not be Y2K ready and whose lack of readiness will impact the environment. While the number of such facility is anticipated to be minimal, the name of the facility, a brief description of the potential Y2K problem and the planned corrective action is needed. Each Program should establish a "data base" for this information.

# FALLLITY HAS BECOME A PROPOSTORA

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>1</b> 2	COMPLAINT/DISCOVERY		а
ATPS TD#. 1270110	DATE: 1117/98	TIME	IN: 10:30	TIME OUT:	10.

AIRS ID#: 1270110 DATE: 11/17/98 TIME IN: 10:30 TIME OUT: 10	:32
FACILITY NAME: Strond Cleaner	
FACILITY LOCATION: 115, E. Plymonth tvenue	
Deland, FL 32724 P.	
Deland, FL. 32724 P. RESPONSIBLE OFFICIAL: Aff Moyer PHONE:	<u> </u>
CONTACT NAME: PHONE: \$\frac{\partial}{2} \frac{\partial}{2} \par	
	1
PART I: NOTIFICATION	0
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	۵

#### PART II: CLASSIFICATION No notification form Facility indicated on notification form that it is: Drop store/out of business/petroleum (check appropriate box) A 2. New small area source 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gai/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, $140 \le x < 2,100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gai/yr both types, $140 \le x \le 1.300 \text{ gal/yr}$ (constructed on or after 12/9/91) (constructed before 12/9/91) $\square$ N 5. This is a correct facility classification □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning

New York Avenue.

Yew plant

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? CY CN CN/A CY CN CN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ND YD 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DNA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacture?'s specifications? CY ON ON/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? UN UN QY QN QN/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 QY QN QN/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 DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MD AD verifying that the coolant had been completely charged?

в.	Has the responsible official of an existing large or new large area source also:	··· ·· <u> </u>		
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?	ΩY	□N	□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?	$\Box Y$	ДИ	$\square$ N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΩN	□N/A
<b>∔</b> .	Assured that the sampling port on the carron 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?	ΩY	ΩИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	ΩY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	מט עם
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 ON/A
b. documentation of parts ordered to repair leak and leak repaired win 2 days and parts installed w/in 5 days of receipt?	QY QN QN/A
4. Maintained califoration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	ANNO NO YO
6. Maintained startup/shutdown/malfunction plan?	OY OX
7. Maintained deviation reports?	OY ON ONA
Problem corrected?	AVMD ND YD
8. Maintained compliance plan, if applicable?	אאם אם צם

P.	ART VI: LEAK DETECTION AND REPAIRS	·.		
1.	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?	OY □N		
3.	Does the responsible official check the following areas for leaks?			
	Hose connections, fittings, \\ couplings, and valves  \text{UY \QN \QN/A}  \text{Muck cookers}	OY ON ON/A		
	Door gaskets and seating \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OY ON ON/A		
	Filter gaskets and seating OY ON ON/A Exhaust dampers	OY ON ON/A		
	Pumps OY ON ON/A Diverter valves	AVAD ND YD		
	Solvent tanks and containers \ \QY \ \QN \ \QN/A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OY ON ON/A		
	Water separators \QY QN QN/A			
∔.	Which method of detection is used by the responsible official?			
	Visual examination (condensed solvent on exterior surfaces)	a		
	Physical detection (airflow felt through gaskets)	٥		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumentation (FD/PID/calorimetric tubes)	a		
	Halogen leak detector	0		
	If using direct-reading instrumentation, is the equipment:	□N/A		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ND YD		
	<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> </ul>	מם צם		
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	מם עם		
	d. Kept in a clean and secure area when not in use?	OY ON		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	מם צם		
_	Inspector's Name (Please Print)  Date of Inspec			
	Inspector's Signature Approximate Date of	Next Inspection		

FACILITY IS NO LONGER

DO DRY CLEANING ON SITE,

IS NOW APROP OFF

STORE.

PLEASE INAMINATE

IN ARMS.

5 of 5



### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	COMPLAINT/DISC	COVERY
AIRS ID#: <u>/270//0</u> FACILITY NAME:	DATE: 11/22/3	96 time in: <u>1:25</u> tim	ле оит: <u>2</u> : 50
FACILITY LOCATION: _//		H AVE	
PART I: NOTIFICATION		· ·	<u> </u>
(check appropriate box)	22.00		
1. Existing facility notified DA	RM by 9/1/96	1	X
2. New facility notified DARM	30 days prior to star	tup	Ò
3. Facility failed to notify DAR	M to use general per	mit	
PART II: CLASSIFICATION	ī		
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	ce 🗆	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 before 12/9/91)		both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>00 gal/yr gal/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,>	00 gal/yr gal/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 classifi	cation	Ż(Y □N	
If no, please check the appropri	ate classification:		
	ed for a general perr ls above limits and is	nit as number above s not eligible for a general permit	
B. The total quantity of perchlofacility was <u>180</u> gallons.		rchased within the preceding 12 month	ns by this 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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? HAS SECONDARY RECOUPE oy on **M**n/a OPERATES WHEN DOOR OPEN PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	MA □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?	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 XN/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?	Oy On
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON XN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON XN/A
PA	ART V: RECORDKEEPING REQUIREMENTS	
На	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: neck appropriate boxes)	
Ha (cl	as the responsible official:	Y DN
Ha (cl	as the responsible official: neck appropriate boxes)	Y ON OY MN
H2 (cl 1. 2.	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased?	Y ON OY MN
H2 (cl 1. 2.	as the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	Y ON OY M
H2 (cl 1. 2.	As the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	Y ON OY MN
H2 (cl 1. 2. 3.	As the responsible official:  neck 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	Y ON OY MO OY MO OY ON MO/A
H2 (cl 1. 2. 3.	As the responsible official:  neck 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?	/ /
H2 (cl 1. 2. 3.	As the responsible official:  Meck 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 ON XVIA
H2 (cl 1. 2. 3.	As the responsible official: neck 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?	OY ON DAN/A
H2 (cl 1. 2. 3.	As the responsible official: neck 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 MAN/A
H2 (cl 1. 2. 3. 4. 5. 6. 7.	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 AN/A OY ON OY ON OY ON

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

□Y □N

2.	Which method of detection is used by t	he respor	nsible offic	ial?		
	Visual examination (condensed s	olvent on	exterior s	ırfaces)	A	
	Physical detection (airflow felt th	rough ga	skets)	·	M	
	Odor (noticeable perc odor)				X	
	Use of direct-reading instrumenta	ation (FII	D/PID/calor	rimetric tubes)		
	If using direct-reading instrum	entation,	is the cqu	ipment:		
	a. Capable of detecting	perc vapo	or concentr	ations in a range of 0-500 ppm?	$\Box Y$	□И
	b. Calibrated against a s (PID/FID only)?	standard ,	gas prior to	and after each use	ΠY	□N
	c. Inspected for leaks ar	nd obviou	s signs of v	wear on a weekly basis?	$\Box Y$	□N
	d. Kept in a clean and s	ecure are	a when not	t in use?	$\Box Y$	□и
	e. Verified for accuracy	by use of	f duplicate	samples (calorimetric only)?	$\Box Y$	□N
3.	Has the facility maintained a leak log?				YΥ	□N
4.	Does the responsible official check the	following	g areas for	leaks?	`	
	Hose connections, fittings, couplings, and valves	XY	ПN	Muck cookers	ΆΥ	□N
	Door gaskets and seating	Y	ПN	Stills	YY	□N
	Filter gaskets and seating	χY	□N	Exhaust dampers	ΠY	ПИ
	Pumps	Y	□N	Diverter valves	Y	□N
	Solvent tanks and containers	Y	□N	Cartridge filter housings	$/\!$	□N
	Water separators	×Ϋ́Υ	□N			
	DOREEN WARBURTON					

Name of Responsible Official

Lours A. Nichols

Inspector's Name (Please Print)

Now Machols

Inspector's Signature

Approximate Date of Next Inspection

STROUD CLEANERS

Commercial Insurance Services, Inc.

P.O. Drawer 26227 • Oklahoma City, OK 73126 Fax (405) 942-5840 • WATS (800) 444-0077 909 S. Meridian • (405) 947-7660

MO VENTURES
RON L. MOYER
Account Executive

P.O. Box 388 DeLand, FL 32721-0388 514 N. Florida Ave. (Zip 32720)

Off: (904) 738-4853 Fax: (904) 943-9022

### ADDITIONAL SITE INFORMATION:

- · PICKUP LOCATION AT STONE & NEW YORK
- . HAS SECONDARY CARBON ADSORDER WHEN BOOK TO MACHINE IS OPEN - COLLECTS ALL WEEK STRIPS OUT ATEND OF WEEK.
- · FOREMA MIRACLEAN 345 40 LB MAX
- · HAS CONTAINMENT PAN UNDER MACHINE

da

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

A

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

,	197 TIME IN: 12:05 TIME OUT: 1:50
FACILITY NAME: Stroud	Cleaners
FACILITY LOCATION: (15. E	. Plymouth Ave
Deland	9
RESPONSIBLE OFFICIAL: Jeff Mo	oyer PHONE: 904 - 734-5775
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup $\square$
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)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
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	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
(constructed before 12/9/91)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
(constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification  facility qualified for a general facility exceeds above line	(constructed on or after 12/9/91)  YY □N □Can not determine

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) =: EY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? DAY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY BÍN DN/A least 24 hours prior to disposal? EXPLAINED) 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber □N □N/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) MY DN 1. Equipped all machines with the appropriate vent controls? MY 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 condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	XY	□N .
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Is the temperature differential equal to or greater than 20° F?	el <sub>OY</sub>	□N XIN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ON DWA
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?	$\Box$ Y	DN DN/A
	Is the perc concentration equal to or less than 100 ppm?		□N XN/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	□N ÞÍNA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ON XVIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□N SW/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	XY ON			
2. Maintained rolling monthly total of perc consumption?	YOY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DEY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	Y ON ON/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? □N				
7. Maintained deviation reports?				
Problem corrected?	AVDES, NO YO			
8. Maintained compliance plan, if applicable?	XY ON ON/A			

PA	PART VI: LEAK DETECTION AND REPAIRS				
<del>/</del>	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
1	inspection?		5111d11 50 d1	oos, or woodey) read detection in	Λαγ □n
,	Has the facility maintained a leak log?			ı	AN DN
	Does the responsible official check the	following a	reas for les	Ne?	<b>7</b>
~.	Hose connections, fittings,	ionowing a	1003 101 100		
	couplings, and valves	DY ON	□N/A	Muck cookers	DY ON ON/A
	Door gaskets and seating	אם א	□N/A	Stills	DY ON ON/A
	Filter gaskets and seating	DY DN	I □N/A	Exhaust dampers	DY ON ON/A
	Pumps	אם אם	□N/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	אם אם	□N/A	Cartridge filter housings	DY ON ON/A
	Water separators	o∤ on	□N/A	•	,
4.	Which method of detection is used by the	he responsi	ble official	?	_
	Visual examination (condensed so	olvent on e	xterior surf	aces)	
	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 instr	umentatio	n, is the eq	uipment:	□N/A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N			OY ON	
	b. Calibrated against a s (PID/FID only)?	tandard ga	s prior to a	nd after each use	□Y □N
	c. Inspected for leaks an	d obvious :	signs of we	ar on a weekly basis?	OY ON
d. Kept in a clean and secure area when not in use?			<u>-</u>	OY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON		
	•		•	• • • • • • • • • • • • • • • • • • • •	
_					
	JAADIA (VI, RESH) 12/3M+				
Inspector's Name (Please Print)  Date of Inspection					

Approximate Date of Next Inspection

Inspector's Signature

П		CYMP TITO DE CARTONI
1	ADDITIONAL	SITE INFORMATION:

mindelle 345

Dec. 31,1993

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 12:05	AIRS ID#: 1270110				
TYPE OF FACILITY: Druckean					
FACILITY NAME: Stroud'S (Case)	DATE:				
FACILITY LOCATION: 115 E. Plymon	outh Ax.				
Deland Fi	<u> </u>				
RESPONSIBLE OFFICIAL: Jeff Mayer -	PHONE NUMBER: 904 - 734-5776				
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administration					
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
Kept mental temp, didni-	explained that it must be				
Kept mental temp didnit	togged in, will do.				
	ı				
COMMENTS:					
Excellent record Rey	zing agait from temp log				
The Annual Compliance Certification form has been properly certified and submitted to the inspector.					
DATE OF NEXT INSPECTION: 12/3/97					
(A)	pproximate)				
INSPECTION CONDUCTED BY: AADIA (VUREST)/					
INSPECTOR'S SIGNATURE: PHONE NUMBER: 487-894-7555					
Раде	of Revised 10/96				

# DRY CLEANER AIR QUALITY GENERAL PERMITED ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#1270110 STROUD CLEANERS JOHN E FLOYD 115 E PLYMOUTH AVE DELAND FL 32724

Z

#### Do NOT Remove Label

Annual Reporting Period:	19	то	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F			liance with DEP Rule YES  NO
If NO, complete the following:	·		
#1. Term or condition of the general permit	that has not been in continuo	us compliance during the 1	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 continuo	us compliance during the r	reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:		•	
Method used to demonstrate compliance:	<u>·                                      </u>		
As the responsible official, I hereby certify, base notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	urther, my annual consumption	of perchloroethylene solven	t, based upon purchase receipts,
RESPONSIBLE OFFICIAL: Name	ne (Please Print)	Signature	2/2/98 Date

\* John Flage wo longer owns this Business + is decessed 11/06/97

<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.

ATRS 1D#: 12 70110

Revised 09/15/97

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

FACILITY NAME: STROUD Cleaners DATE: 12.3.97
FACILITY LOCATION: 15 E. Ply Mouth alle
Deland. 71 32724
Annual Reporting Period: 12 1996 TO 12 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.
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:
nodocumentation due to lack of correct information
Exact period of non-compliance: from $\frac{12/96}{2}$ to $\frac{12/97}{2}$
Action(s) taken to achieve compliance: McCe'wed Correct mtomation
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: fromto
Action(s) taken to achieve compliance:  JAN 6 1998
Method used to demonstrate compliance:  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 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: 12.3.97  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.



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**

MAR 15 Do NOT Remove Label

AIRS ID # 1270110

STROUD CLEANERS JOHN E FLOYD 115 E PLYMOUTH AVE DELAND FL 32724

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



# Department of Environmental Protection

Jeb Bush Governor Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

David B. Struhs Secretary

MARCH 8, 1999

MO VENTURES, INC P O BOX 388 DELAND, FL 32721-0388

To whom it may concern:
We are returning check #2669 to you for the following reason:
xx Check not signed.
(Numerical and Written Amounts)
Other. Please provide more information so that we can properly apply your check.  850-488-2400 Thank you.
Sincerely,

Ann R. Sullivan

Accounting Services Supervisor

Receipts Section

Bureau of Finance and Accounting

AS/gh Attachment cc: reading file

0362725

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 # 1270110

STROUD CLEANERS JOHN E FLOYD 115 E PLYMOUTH AVE DELAND FL 32724

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

MO VENTURES, INC.

P.O. BOX 388 DELAND, FL 32721-0388 904-734-5775

SOUTHTRUST BANK DELAND, FLORIDA 63-1005/631

0362725

2669

2/25/99

PAY TO THE ORDER OF

Department of Environmental Protection

\*\*\*\*\*\*\*\*\*50.00

**DOLLARS** 

Title V Air General Permits Receipts PO Office Box 3070 Tallahassee, Fl. 32315-3070

MEMO

Air Permit

AUTHORIZED SIGNATURE

"OO 2669" 1:063110050: 60



## Department of Environmental Protection

Jeb Bush Governor Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

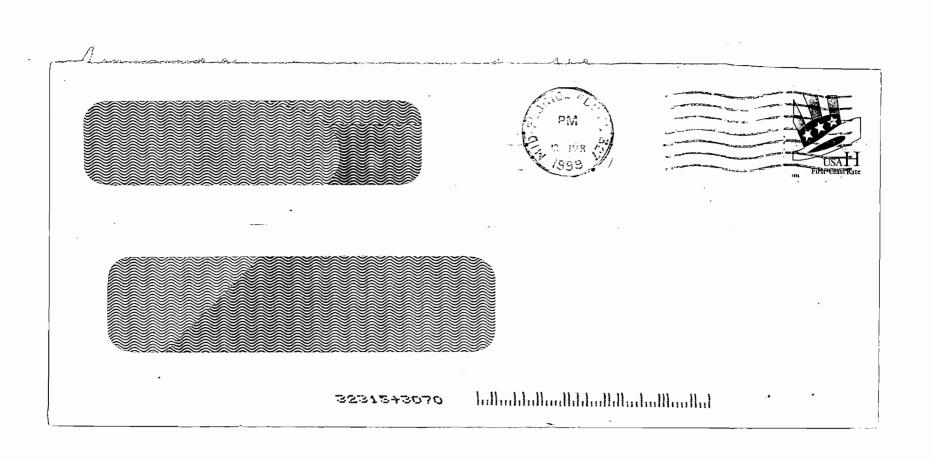
David B. Struhs Secretary

MARCH 8, 1999

MO VENTURES, INC P O BOX 388 DELAND, FL 32721-0388

To whom it may concern:
We are returning check #2669 to you for the following reason:
xx Check not signed.
(Numerical and Written Amounts)
Other. Please provide more information so that we can properly apply your check.  850-488-2400 Thank you.
Sincerely, Johna D. Xenden Jon
Ann R. Sullivan
Accounting Services Supervisor
Receipts Section
Bureau of Finance and Accounting

AS/gh Attachment cc: reading file



## PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

ARMS	UPDATED
DATE	10-22-9
BY_2	-12

	COMPLIANCE IN	SPECTION	CHECKLIST	V	BY_	ee_
TYPE OF INSPECTION:	ANNUAL		COMPLAINT/D	ISCOVE	RY	
	RE-INSPECTION	۵	P			
AIRS ID#: <u>127 01/0</u>	DATE: 10- 22-9	TIME	IN: 10:50	TIME OT	JT: _ <i>[0</i>	135eg
FACILITY NAME: _57	rouds Cleaners	₹	Sy			
FACILITY LOCATION:	, , , , , ,	outh Ave	North Son	0		<del></del>
II	Deland, FL		OLI OTILI			
RESPONSIBLE OFFICIAL	: Jeff Mo	yer	PHONE: 🀣			
CONTACT NAME:			PHONE:		<u> </u>	<del></del>
DARK NOTTON				· _		
PART I: NOTIFICATION			(-0.			J
(check appropriate box)  1. New facility notified DARM	£30 days prior to starty	Nevi	fied S Orap Sta			
New facility housed DAR     Facility failed to notify DA	·	i, Ì	S Dan St	110		
2. I active failed to floring DA	day to use general period			,, (		
PART II: CLASSIFICATIO	N		· · · · · · · · · · · · · · · · · · ·			
Facility indicated on notifica (check appropriate box)	tion form that it is:		O No notification		ss/petrol	eum
A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yτ (constructed before 12/9/91)	Vyr d r t b	ransfer only, : oth types, x <	/, x < 140 gal/yr x < 200 gal/yr			
3. Existing large area soundry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$	2,100 gal/yr d 00 gal/yr ti gal/yr b	ransfer only, 2 oth types, 140	area source $y$ , $140 \le x \le 2,100$ ga $200 \le x \le 1,800$ gal/yr $0 \le x \le 1,800$ gal/yr 0 = 0 or after $12/9/91$ )			
5. This is a correct facility	classification C	OY ON	□Can not determ	ine		
☐ faci	e appropriate classificati lity qualified for a gener lity exceeds above limits	al permit as r		oove ermit		

Revised 8/11/97

facility was \_\_\_\_\_ gallons.

S ot seloped to do the other seloped to the other selections and the selection of the other selections.	PLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Quantum Address delivery address delivery address below:  B. Date of Delivery  Address delivery address below:  D. Is delivery address delivery address below:  No		
10 AIRS ID # 1270110001AG JOHN E FLOYD STROUD CLEANERS 115 E PLYMOUTH AVE DELAND FL 32724	3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label)  2. 2 10 662 90 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

## z 510 °PP5 430

DELAND FL 32724

# US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)

AIRS ID # I270110001AG JOHN E FLOYD STROUD CLEANERS 115 E PLYMOUTH AVE

ŀ	Certified Fee		
Ī	Special Delivery Fee		 
Ī	Restricted Delivery Fee		
PS Form 3800, April 1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		 
8	TOTAL Postage & Fees	\$	
38	Postmark or Date		
Fog			
S			

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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write *Return Receipt Requested* on the mailpiece below the a The Return Receipt will show to whom the article was delivered delivered.	pace does not	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	ceipt Service.
completed	3. Article Addressed to:  AIRS ID # 1270110	4a. Article N	Jumber 36/3 439	2
를	STROUD CLEANERS	4b. Service	Type	Return
	JOHN E FLOYD	☐ Registere	ed Certified	
RESS	115 E PLYMOUTH AVE	☐ Express	Mail <sup>¹</sup> □ Insured	sing
Ĕ	DELAND FL 32724	☐ Return Re	ceipt for Merchandise  COD	7
IN ADD		7. Date of D	elivery 2/3 A	you for
RETUF	5. Received By: (Print Name)	8. Addresse and fee is	e's Address (Only if requested paid)	Thank
s your !	6. Signature: (Addressee or Agent)	7		
-	PS Form <b>3811</b> , December 1994	102595-97-B-0179	Domestic Return Receipt	

STF JOH 115	Z 333 6 1 Service Receipt for Cert No Insurance Coverage FOUD CLEANERS IN E FLOYD E PLYMOUTH AVE LAND FL 32724	ified Mail Provided. AIRS ID # 1270110
	Postage	\$
1	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
300,	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

	19V0 9f	Fold at li		
rse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.	I also wish to receive the following services (for an extra fee):		
the reverse	Attach this form to the front of the mailpiece, or on the back if space does not permit.		1. Addressee's Address	
þe	<ul> <li>Write "Return Receipt Requested" on the mailpiece below the article.</li> <li>The Return Receipt will show to whom the article was delivered an</li> </ul>		2.  Restricted	
on t	delivered.		Consult postmast	er for fee.
completed	3. Article Addressed to:  AIRS ID # 1270110 STROUD CLEANERS	4a. Article N 4b. Service	40521	108 eturn Rec
8	JOHN E FLOYD	☐ Registere		☐ Certified <sup>在</sup>
SS	115 E PLYMOUTH AVE	☐ Express I	Mail	☐ Insured .5
ADDRESS	DELAND FL 32724	☐ Return Red	ceipt for Merchandise	□ COD ౖ
ğ		7. Date of De	elivery	å
ž		2-	27-49	^
RETUR	5. Received By: (Print Name)	8. Addresses and fee is	e's Address ( <i>Önly it</i> paid)	requested Yug
s your <u>F</u>	6. Signature: (Addressee or Agent)			
_	PS Form <b>3811</b> , December 1994		Domestic Retu	ırn Receipt

	P 174 05	5 108 CV					
	US Postal Service Receipt for Certified Mail						
JO 11:	ROUD CLEANERS HN E FLOYD 5 E PLYMOUTH AVI CLAND FL 32724	AIRS ID # 1270110					
	Postage	\$					
Ī	Certified Fee						
	Special Delivery Fee						
	Restricted Delivery Fee						
1995	Return Receipt Showing to Whom & Date Delivered						
April	Return Receipt Showing to Whom, Date, & Addressee's Address						
8	TOTAL Postage & Fees	\$					
PS Form 3800, April 1995	Postmark or Date						

on the reverse side?	SENDER:  "Complete items 1 and/or 2 for additional services.  "Complete items 3, 4a, and 4b.  "Print your name and address on the reverse of this form so that we card to you.  "Attach this form to the front of the mailpiece, or on the back if space permit.  "Write "Return Receipt Requested" on the mailpiece below the article.  "The Return Receipt will show to whom the article was delivered and delivered.	e does not		ces (for an ssee's Address cted Delivery	ceipt Service.
ADDRESS completed	AIRS ID#: 1270110 STROUD CLEANERS JOHN E FLOYD 115 E PLYMOUTH AVE DELAND FL 32724	4a. Article N 265 4b. Service Registere Express I Return Rec	Type  od  Mail  ceipt for Merchand	☐ Certified ☐ Insured	for using Return Re
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  W  Agent  Agent	8. Addressee and fee is	e's Address (On paid)	ly if requested	Thank you
	PS Form <b>3811</b> , December 1994		Domestic R	eturn Receipt	4

## . P 265 302 460 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID#: 1270110 STROUD CLEANERS JOHN E FLOYD 115 E PLYMOUTH AVE DELAND FL 32724 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address Form 3800, TOTAL Postage & Fees Postmark or Date S

*3*48.

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** 

304085

Do NOT Remove Label

STROUD CLEANERS
JOHN E FLOYD
115 E PLYMOUTH AVE
DELAND FL 32724

AIRS ID#1270110

FOR GOVERNMENT USE QNLY
Org.: 37550101000 EO: BI
Fund: 20-2-035001

Obj.: 002273

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spa permit.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered a 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:  AIRS ID 1270110  STROUD CLEANERS JOHN E FLOYD 115 E PLYMOUTH AVE DELAND FL 32724	4b. Service Registere	Type ed Mail ceipt for Merchandise	Certified Insured COD
5. Received By: (Print Name)  6. Signature: (Addressee) or Agent)	8. Addresse and fee is	e's Address (Only i paid)  Domestic Reti	f requested

### Z 333 613 262 US Postal Service Receipt for Certified Mail AIRS ID 1270110 STROUD CLEANERS JOHN E FLOYD 115 E PLYMOUTH AVE DELAND FL 32724 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

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

RECEIVED MAIL ROOM

HAR 20 97

**TOTAL AMOUNT DUE: \$50.00** 

#### Do NOT Remove Label

AIRS ID# 1270110

STROUD CLEANERS JOHN E FLOYD 115 E PLYMOUTH AVE DELAND FL 32724 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273