

# Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

September 20, 1996

Mr. Joe Reichart President AAA Mail Pro., Inc. 627 South Flamingo Drive Holly Hill, Florida 32117

Dear Mr. Reichart:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

	#1270112
	AAA Mail Pro
P.14	1 (a) mark out incorrect "X"(s) and initial; add date control
D. 15	device installed, if any 5. (d) not required, mark out "X" and initial
	and initial 5(f) required
,	
<del>.</del>	

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### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
:	MOVA CHEMICALEN (AAA MAIL PRO., INC.)
2.	Sité Name (For example, plant name or number):
	WINDUANTERS
3.	Hazardous Waste Generator Identification Number:
	740008389149
4.	Facility Location: Street Address: 141 S. NOVA RD.
	City: DAY TOWH POTCH County: VOLUSIA Zip Code: 32114
5.	City: Ay TOWH Serect VOLUSIA Zip Code: 32114  Facility Identification Number (DEP Use):
	Responsible Official
6.	Name and Title of Responsible Official:
,	JOE REICHART (PRES)
7.	
	Organization/Firm: AAA MAIL PRO, INC. Street Address: 627 S, FLANINGO DR
	City: Howy Hace County: Volusia Zip Code: 32117
8.	Responsible Official Telephone Number:
	Telephone: (904) Js Fax: ( ) -
	0345
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAME
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

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Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit .	# 1	<u> </u>							
(1) w/ ref. condenser	X	08-02-91	-						
(2) w/ carbon adsorber	文								
(3) w/ no controls	X								
Washer Unit	<del></del>				•			•	<u></u>
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls						/%i			
Dryer Unit		•						•	4
(7) w/ ref. condenser		Ī.							
(8) w/ carbon adsorber								<u> </u>	
(9) w/ no controls									
Reclaimer Unit		<u></u>	•		-1			_	
(10) w/ ref. condenser	1								
(11) w/carbon adsorber									
(12) w/ no controls								- or	
(b) Control devices are (c) No control devices  2.(a) What was the total (	are r	equired to be	installed [_	X	.]	1 the latest 12	2 mor	nths?	
(b) If less than 12 mon Check why it is les					_] New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					initions found	d in section (	3) of	Part II?	
S Existing small a	rea so	ource [X]	N	ew sn	nall area sour	rce [	]		
Existing large ar	ea so	urce []	N	ew la	rge area sour	ce [	]		

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Existing large area source Carbon adsorber  New small area source 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 pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:  All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.  All steam and hot water generating units exempt No such units on-site  Equipment Monitoring and Recordkeeping Information  Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:  (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring  (d) Carbon adsorber exhaust perc concentration monitoring  (e) Instrument calibration  Start-up, shutdown, malfunction plan	4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
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(c) Refrigerated condenser temperature monitoring  [d] Carbon adsorber exhaust perc concentration monitoring  [x]  (e) Instrument calibration	(a) Purchase receipts and solvent purchases
(e) Instrument calibration	(b) Leak detection inspection and repair
(e) Instrument calibration	(c) Refrigerated condenser temperature monitoring
	(d) Carbon adsorber exhaust perc concentration monitoring
① Start-up, shutdown, malfunction plan	(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)

lease indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain comply v	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.  S-17-96  Date

	AAA Mail Pro	E COPY	CP
[].	P.14 1.(a) mark out incorrect and initial; add date	"X"(s)	
2.	device installed, if any p.15 5.6) not required, mark a and initial	out "X"	٥د)
3.	and initial 5 (f) required		
4.			•
5.	Corrections 175/765		3211 <b>4</b>
6.			
7.			
8.			ode: 32117
		-	
9.	Name and Title of Facility Contact (For example, plant manager):		
10.	Facility Contact Address:		_
	Street Address: City: County:	Zip Code:	
11.	Facility Contact Telephone Number: Telephone: ( ) - Fax: (	) -	

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Bureau of Air Monitoring & Mobile Sources

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Site Name (For example, plant name or number):  NOVA CLEANERS  Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	740008389149
4.	Facility Location: Street Address: 1415, NOVA RD.
	City: Day TOWN POTTCH County: VOLVSIN Zip Code: 32114
<b>5.</b> %	Facility Identification Number (DEP Use):
	County: Zip Code: 32114  Facility Identification Number (DEP Use):  127012
	Responsible Official
6.	Name and Title of Responsible Official:
	DOE KEICHART ("RES)
7.	Responsible Official Mailing Address:
	Street Address: 627 S, FLATHINGO DC
	City of Calabara Azim Calabara
	City: How How Sing County: Volusing /Zip Code: 32117
8.	Responsible Official Telephone Number:
	Telephone: (904) 255 Fax: ( )
	0345
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant managery):
10	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

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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.

1	ĺ	Date	Date	]	Date	Date		Date	Date
`		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	08-DEE-91	•	#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit .	it	Ĺ		TV	1/1/4/		•		
(1) w/ ref. condenser	X	08-0-5-91	8-20-91	W	Pill				
(2) w/ carbon adsorber	文	1 1/4	\$ /	11					
(3) w/ no controls		18/11		7 T					
Washer Unit		1		Ü		_!			<del></del>
(4) w/ ref. condenser		1							
(5) w/ carbon adsorber			1						
(6) w/ no controls						Ayr			
Dryer Unit		!			· · · · · · · · · · · · · · · · · · ·		<u>l</u>		
(7) w/ ref. condenser	-	T .	Ţ			1			
(8) w/ carbon adsorber			i -						
(9) w/ no controls									
Reclaimer Unit					<u></u>	'			•
(10) w/ ref. condenser									
(11) w/carbon adsorber								-	
(12) w/ no controls				1					
(b) Control devices are  (c) No control devices  2.(a) What was the total (c) (b) If less than 12 monto (check why it is less	are r quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_oroethylene (	(perc)					
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large ar	Selec ea sc	ource [X	ication only. N	ew sn	initions four nall area sou	ırce [	(3) of	Part II?	
Printing in ge at	-u 3U		1,4	- · · · · · · ·	. <sub>5</sub> 5 a. 54 354				

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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

### Surrender of Existing Air Permit(s)

lease 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)
<b>\1</b>	•.
ιχι	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 fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
J will pro	pmptly notify the Department of any changes to the information contained in this notification.

NOVA CLEANERS

141 South Nova Road • Daytona Beach, Fluckta 32014 • 904-255-0345



### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
FACILITY NAME: Nova Cleaner	5
FACILITY LOCATION: 141 S. No.	4 Rd each 32114
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior to sta	rtup
3. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	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 source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><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=""></x<2,></td></x<2,>	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=""></x<2,>
This is a correct facility classification	DA ON
If no, please check the appropriate classification:	
facility qualified for a general per facility exceeds above limits and i	mit as number above s not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was gallons.	urchased within the preceding 12 months 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?





#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

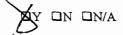
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls?
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly 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?













P. Was the appropriate official of an artist allows	
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 local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ded Dy DN
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	DY DN
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?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
	<del></del>
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AY □N
2. Maintained rolling monthly averages of perc consumption?	ØY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ФУ □И
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	עם אם אם
4. Maintained calibration data? (for direct reading instruments only)	AVA VOICE
5. Maintained exhaust duct monitoring data on perc concentrations?	oy <b>∕z</b> in
6. Maintained startup/shutdown/malfunction plan?	OY BU
6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	4
	OY W
7. Maintained deviation reports?	DY EN
7. Maintained deviation reports?  Problem corrected?  8. Maintained compliance plan, if applicable?	DY DN
7. Maintained deviation reports?  Problem corrected?	DY DN

				•		
2.	Which method of detection is used by	y the respon	nsible offic	cial?		,
	Visual examination (condensed	l solvent on	exterior s	surfaces)	\\ \begin{align*} \Be	
	Physical detection (airflow felt	through ga	skets)		/A	
	Odor (noticeable perc odor)				X	
	Use of direct-reading instrume	ntation (FII	D/PID/calc	orimetric tubes)		
	If using direct-reading instru	mentation,	is the equ	uipment:		
	a. Capable of detection	ig perc vapo	or concent	rations in a range of 0-500 ppm?	ПY	ΩN
	<ul><li>b. Calibrated against (PID/FID only)?</li></ul>	a standard	gas prior t	to and after each use	ΠY	□и
	c. Inspected for leaks	and obviou	s signs of	wear on a weekly basis?	$\Box$ Y	ΩN
	d. Kept in a clean and	d secure are	a when no	ot in use?	$\Box$ Y	□N
	e. Verified for accura	cy by use of	f duplicate	e samples (calorimetric only)?	□Y	□N ·
3.	Has the facility maintained a leak log	g?			DY.	□N
4.	Does the responsible official check the	he following	g areas for	leaks?		
	Hose connections, fittings, couplings, and valves	My	□N	Muck cookers	<b>∕</b> ¶Y	□N
	Door gaskets and seating	Y	□N	Stills -	AA	□и
	Filter gaskets and seating	_∕ <b>A</b> YY	□N	Exhaust dampers	XY	□N
	Pumps	<b>Þ</b> Ý	□N	Diverter valves	/ AX	□N
	Solvent tanks and containers	XY	□N	Cartridge filter housing	s \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	ПИ
	Water separators	<b>Å</b> Y	ПП			
	Toe Reichart Name of Responsible Offi	icial				

Name of Responsible Official

She, La Schweider

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

May

Approximate Date of Next Inspection

ADDITIONAL	SITE	INFORM	ATION.

Send witten info on record keeping.

### ACC

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL C	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:00 TIME OUT: 12:3	30AIRS ID#:
TYPE OF FACILITY: Dry Cleaning	
FACILITY NAME: NOV & Cleaners	DATE:
FACILITY LOCATION 14/1. MOVA RAND.	
RESPONSIBLE OFFICIAL: HOWIS Reichart	PHONE NUMBER: 25T-0345
Based on the results of the compliance requirements en compliance with DEP Rule 62-213.300, Florida Admir	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements endiscrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	,
	<u> </u>
COMMENTS:	
The Annual Compliance Certification form has been properly	Certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 1298	
INSPECTION CONDUCTED BY: SA	(Approximate)  ADIA QUEENA  (Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 273-532
Page	of Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL CORE-INSPECTION	OMPLAINT/DISCOVERY
AIRS ID#: 10-2011 DATE: 12/16/92 TIME IN:  FACILITY NAME: Nova Cleaners  FACILITY LOCATION: 2   41 & Nova C  Partona Beach  RESPONSIBLE OFFICIAL: DOVING REICHART PI  CONTACT NAME: PH	Ead. FC 32114 HONE: 255-0345
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	_
PART II: CLASSIFICATION	
	No notification form Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or a	: 140 gal/yr 00 gal/yr gal/yr
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 transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ ) (constructed on or a	$0 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le 1,800 \text{ gal/yr}$
5. This is a correct facility classification	Can not determine
If no, please check the appropriate classification:  facility qualified for a general permit as numb facility exceeds above limits and is not eligible	
B. The total quantity of perchloroethylene (perc) purchased within the p facility was 55 gallons.	preceding 12 months by this dry cleaning

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? San disk 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete & 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) $\Box$ Y $\Box$ N 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 airthww 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 condenser on a weekly/bi-weekly basis? $\square Y \square N$ 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? □Y □N □N/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DX ON ON/A 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? XY ON ON/A DY ON DAN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DXNA 5. Maintained exhaust duct monitoring data on perc concentrations? N□ Y¤ 6. Maintained startup/shutdown/malfunction plan? DY DN ZXN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN DANA 8. Maintained compliance plan, if applicable?

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, ÜY □N □N/A couplings, and valves Muck cookers DY DN DN/A Door gaskets and seating ΦY □N □N/A Stills DY DN DN/A Filter gaskets and seating ФY UN UN/A ФY UN UN/A Exhaust dampers Pumps. ФY UN UN/A Diverter valves DY ON ON/A Solvent tanks and containers DY DN DN/A Cartridge filter housings DY ON ON/A Y ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? $\Box$ Y $\Box$ N b. Calibrated against a standard gas prior to and after each use (PID/FID only)? □Y □N c. Inspected for leaks and obvious signs of wear on a weekly basis? $\Box$ Y $\Box$ N d. Kept in a clean and secure area when not in use? DY DN

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

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

 $\Box$ Y  $\Box$ N

ADDITIONAL SITE INFORMATION:	
•·	
	•
Fuormatic "Blue Tiger"	
M 35R	
INCE - hazzerdnise waste	
MCF - hazzerdinge waste	
·	

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1270112

AAA MAIL PRO INC

JOE REICHART

627 S FLAMINGO DRIVE HOLLY HILL FL 32117

Do NOT Remove Label

Annual Reporting Period:	1-1	19 <u>9</u> 8 To	0	12-31	19_9
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code	-		. 7	<i></i>	ile NO
If NO, complete the following:					
#1. Term or condition of the general perm	it that has not been in	continuous com	pliance during the	reporting period sta	ted above:
Exact period of non-compliance: from			to	<u>J.</u>	
Action(s) taken to achieve compliance:				1120	FR
Method used to demonstrate compliance:				દુર	00 <u>7</u>
#2. Term or condition of the general perm				reporting period sta	ted above:
Exact period of non-compliance: from		RECE	<u> [ W E D</u>		
Action(s) taken to achieve compliance:		JAN 2	2 1998		•
Method used to demonstrate compliance:	·	Bureau of Air & Mobile	r Monitoring		
As the responsible official, I hereby certify, be notification are true, accurate and complete, does not exceed 2,100 gallons per year for dry	Further, my annual con	sumption of perc	hloroethylene solver	nt, based upon purch	
RESPONSIBLE OFFICIAL: 7. 5	EICHARI ame (Please Print)		Signature		- 15-98 Date

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

ATRS 1D#: 1270112

ACC

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: NOVA CLEANER	12 11-97
FACILITY NAME: 19014 (LETAVER	$\frac{3}{\sqrt{2-16}}$ DATE: $\frac{1}{2}$
facility location: $415.00$	S DATE: 12-16-97 RD - DAYTONA REACH, F132114
Annual Reporting Period: / \ \ - 1 6	1997 to 12-16-98 19
Based on each term or condition of the Title V general air per 62-213.300, Florida Administrative Code (F.A.C.), during the	
If NO, complete the following:	/
#1. Term or condition of the general permit that has not been	in continuous compliance during the reporting portion and the second sec
Exact period of non-compliance: from	to to the state of
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	E CONTRACTOR OF THE STATE OF TH
#2. Term or condition of the general permit that has not been	in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	toRECEIVED
Action(s) taken to achieve compliance:	JAN 6 1998
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
made in this notification are true, accurate and complete. Fu	tion and belief formed after reasonable inquiry, that the statements wither, my annual consumption of perchloroethylene solvent, based ar for dry-to dry facilities or 1,800 gallons per year for transfer or    12-6-57   Signature Date

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  RE-INSPECT	COMPLAINT/DISCOVERY					
FACILITY NAME: Nova  FACILITY LOCATION: 1415. No  Daytma  RESPONSIBLE OFFICIAL: Dome						
PART I: NOTIFICATION						
(check appropriate box)	startup .					
New facility notified DARM 30 days prior to s      Facility failed as parify DARM to you constal						
2. Facility failed to notify DARM to use general	permit U					
PART II: CLASSIFICATION						
	D No notification form					
Facility indicated on notification form that it is (check appropriate box)	s:   No notification form  Drop store/out of business/petroleum					
Facility indicated on notification form that it is (check appropriate box)  A.	☐ Drop store/out of business/petroleum					
Facility indicated on notification form that it is (check appropriate box)  A.  1. Existing small area source	☐ Drop store/out of business/petroleum  2. New small area source					
Facility indicated on notification form that it is (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr					
Facility indicated on notification form that it is (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	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					
Facility indicated on notification form that it is (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source	Drop store/out of business/petroleum  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)  4. New large area source					
Facility indicated on notification form that it is (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleum  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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr					
Facility indicated on notification form that it is (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source	Drop store/out of business/petroleum  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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr					
Facility indicated on notification form that it is (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \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 both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum  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)  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  Dec. 1991					
Facility indicated on notification form that it is (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \(\leq x \leq 2,100\) gal/yr transfer only, 200 \(\leq x \leq 1,800\) gal/yr both types, 140 \(\leq x \leq 1,800\) gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification of the constructed for a gal-yr qualified for a gal-yr qual-yr qual-yr qual-yr qual-yr qual-yr qual-yr qual-yr qua	Drop store/out of business/petroleum  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 $12/9/91$ )  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 $12/9/91$ ) $\square$					

. 7

### 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? 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 DY DN DYNA least 24 hours prior to disposal? som disk 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN SON/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? MY ON ONIA 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 AY 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? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YXX verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			
ì.	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?	ΠY	ŪИ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΩY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	אם	□N/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?	XY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AVA UN UN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON DXV/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DONA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DK/A
6. Maintained startup/shutdown/malfunction plan?	XY □N
7. Maintained deviation reports?	OY ON DONA
Problem corrected?	OY ON DNA
8. Maintained compliance plan, if applicable?	ם א מו מוא

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?	~=			XY DN			
2.	Has the facility maintained a leak log?				אם אעל			
3.	Does the responsible official check the	following a	reas for leaks?					
	Hose connections, fittings, couplings, and valves	PY ON	□N/A	Muck cookers	TY ON ON/A			
	Door gaskets and seating	אם צף	□N/A	Stills	Y ON ON/A			
	Filter gaskets and seating	dy on	□N/A	Exhaust dampers	OY ON ON/A			
	Pumps	אם אם	□N/A	Diverter valves	DY DN DN/A			
	Solvent tanks and containers	מם אם	□N/A	Cartridge filter housings	dy on ona			
	Water separators	אם אם	□N/A					
4.	Which method of detection is used by the	he responsib	ole official?					
	Visual examination (condensed so	olvent on ex	terior surfaces)	)	ø, l			
	Physical detection (airflow felt the	rough gaske	ts)		· <b>/</b>			
	Odor (noticeable perc odor)				7			
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				´o			
	Halogen leak detector							
	If using direct-reading instrumentation, is the equipment:				□N/A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				OY ON			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				OY ON			
	c. Inspected for leaks an	d obvious s	igns of wear or	n a weekly basis?	□Y □N			
	d. Kept in a clean and se	ecure area w	hen not in use	?	OY ON			
	e. Verified for accuracy	by use of d	uplicate sample	es (calorimetric only)?	OY ON			
_				<del></del>				
	Inspector's Name (Please Print)  Date of Inspection							
_	Inspector's Signature			1/00	Next Inspection			

#### ADDITIONAL SITE INFORMATION:

Fluoromatic - Ceycarsold - Pec. 1991

haspin => yes

epoxy ys plans on reepoxyin.

no perc on spotting board

needed condensate weeter over.

only mys 20 gallyear.

Using calendar- good record Keeping

the tries to wash as much

as possible

1 non-

Revised 03/13/9

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MOUA Cleaners	DATE: 1-8-99
FACILITY LOCATION: 141 5 NOVA ROAD	
DAYTOUA BOACH J1. 32114	
Annual Reporting Period: JAIV 1998 TO JAW .	1999
Based on each term or condition of the Title V general air permit, my facility has remained in complian	
62-213.300, Fiorida Administrative Code (F.A.C.), during the period covered by this statement. $ u$ Y	ES UNO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the rep	orting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the rep	corring 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 reasonable made in this notification are true, accurate and complete. Further, my annual consumption of perchlupon purchase receipts, does not exceed 2.100 gailons per year for dry-to dry facilities or 1.800 gallo combination facilities.	orce:hylene solvent, based
RESPONSIBLE OFFICIAL: DOR'S Rechart Down Reis Name (Please Print) Signature	<u> </u>

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

Page \_\_\_\_\_ of \_\_\_\_\_.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 2:15	TIME OUT:	3100	AIRS ID#:	1270112
TYPE OF FACILITY:	Drugear	ring		
FACILITY NAME:	Vova clean	ers		DATE: 1/10/95
FACILITY LOCATION:	HI S. NOVa	Road		
	Daytone	FL		<u> </u>
RESPONSIBLE OFFICIAL:	Dorris Re	echhart	PHONE NUMBER	904-855-0345
<u></u>	the compliance requirem Rule 62-213.300, Florida		-	cility is found to be in
Based on the results of discrepancies were not	the compliance requiremed:	ents evaluated duri	ng this inspection, the fo	lowing compliance
COMPLIANCE REQ	UIREMENT/PROB	LEM I	FOLLOW-UP ACT	ION REQUIRED
		rs.		
COMMENTS:				
	npliance			
The Annual Compliance Certification	cation form has been pro	perly certified and s	ubmitted to the inspector	. YES NO
DATE OF NEXT INSPECTION	ON:	12/00		
INSPECTION CONDUCTED	SPV. S	(Approxima	Du NPSM	
INSPECTION CONDUCTED	) DI:	(Please Pri	_ <del>V_ \                                 </del>	
INSPECTOR'S SIGNATURE		<u> </u>	PHONE NUMBER	: 407-893-333}
		Pageof	_•	Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE.	1-6-00
BY_	Re

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY\_\_\_\_

RE-INSPECTION

AIRS ID#: 1270112 DATE: 1-4-00 TIME IN: 11!	30 TIME OUT: 12:00
FACILITY NAME: Nova Cleaners	
FACILITY LOCATION: 141 S. Nova Road	·
Paytona Beach, FL 32114	<i>*</i>
RESPONSIBLE OFFICIAL: Quis Reichart PHONE	:404-255-0345
CONTACT NAME:PHONE	;
DADTI. MOTITIOATION	·

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	0

2. Facility failed to flothly DARWI to use general per	· · · · · · · · · · · · · · · · · · ·	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	☐ No notification form ☐ Drop store/out of business/petro  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 explanation of the constructed on explanation of the construction of the constructi	7 m
(constructed before $12/9/91$ )  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 $12/9/91$ )	both types, $x < 140$ gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ 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)	CEIVED
5. This is a correct facility classification  If no, please check the appropriate classific  facility qualified for a ger  facility exceeds above lim		
B. The total quantity of perchloroethylene (perc) pure facility was 55 gallons.	archased within the preceding 12 months by this dry c	leaning

### (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 DY DN XIN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XN/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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the doof? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 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 DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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?	_OÝ	אם	,
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ΠN	□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	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ΠИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
,	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
].	condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩΥ	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
1. Maintained receipts for perc purchased?	May du	
2. Maintained rolling monthly averages of perc consumption?	AY ON	
3. Maintained leak detection inspection and repair reports for the following:	·	
a. documentation of leaks repaired w/in 24 hrs? or,	מ/ג <b>אל</b> ע אם צם	
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 PANA	
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON <b>26</b> N/A	
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN AN/A	
6. Maintained startup/shutdown/malfunction plan?	X DN	
7. Maintained deviation reports?	DY DN XVA	
Problem corrected?	AVAS NO YO	
8. Maintained compliance plan, if applicable?	מיישל אם אם	

PART	PART VI: LEAK DETECTION AND REPAIRS						
l. Do	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
ins	spection?				<del>A</del> Y		7
2. Ha	s the facility maintained a leak log?			,	<b>A</b> Y		7
3. Do	es the responsible official check the fo	ollowing are	eas for leaks?				
	Hose connections, fittings, couplings, and valves	dy on	□n/a	Muck cookers	фy	ם אם	N/A
	Door gaskets and seating	DY DN	ON/A	Stills	ÞΥ	ם אם	N/A
	Filter gaskets and seating	MO AM	ON/A	Exhaust dampers	þΥ	ם אם	N/A
	Pumps	MO Ad	□N/A	Diverter valves	þΥ	ם אם	N/A
	Solvent tanks and containers	DY ON	□N/A	Cartridge filter housings	by		N/A
	Water separators	DY ON	□N/A		•		
4. W	nich method of detection is used by the	e <sup>l</sup> responsibl	e official?	•			].
	Visual examination (condensed solvent on exterior surfaces)						
Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector						
	If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting pe	erc vapor co	ncentrations in	a range of 0-500 ppm?	ΩY	ПИ	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks and obvious signs of wear on a weekly basis?						
	d. Kept in a clean and secure area when not in use?						
	e. Verified for accuracy by	y use of dup	olicate samples	(calorimetric only)?	ΩY	ΠN	

Randall Cunningham	1-4-00
Inspector's Name (Please Print)	Date of Inspection
Roll CL	1-2001
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
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1270112

### BEST AVAILABLE COPY

Revised 09/15/97

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

Nova Cleaners \_\_\_\_\_\_DATE: 1-4-00 FACILITY NAME: FACILITY LOCATION: 1415, Nova Rd. Daytona Beach, FL 32114 Annual Reporting Period: January 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. VZ YES If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:

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

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

RESPONSIBLE OFFICIAL:

Exact period of non-compliance: from

Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

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

Page \_\_\_\_ of \_\_\_\_.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION		
TIME IN: 11:30 TIME OUT: 12:00	AIRS ID#: 1270112		
TYPE OF FACILITY: Dry Cleaning			
FACILITY NAME: Nova Cleaners	DATE: 1-4-00		
FACILITY LOCATION: 141 S. Nova Road			
Daytona Beach, FL 32	2114		
RESPONSIBLE OFFICIAL: Dorris Reichart	PHONE NUMBER: 904-255-0345		
Based on the results of the compliance requirements evalu- compliance with DEP Rule 62-213.300, Florida Administr	•		
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance		
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED		
	·		
·			
COMMENTS:			
In compliance	· .		
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NO		
DATE OF NEXT INSPECTION: 1-2001			
INSPECTION CONDUCTED BY: Randall Cunningham  (Please Print)			
INSPECTOR'S SIGNATURE: DAUL &	PHONE NUMBER: 407-843-3333		
Page_	of Revised 10/96		

#### the right of the return address OMPLETE THIS SECTION ON DELIVERY Fold at line over top of envelope to ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. TAttach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 1270112001AG JOE REICHART **NOVA CLEANERS** 627 S FLAMINGO DRIVE Service Typereau of Air Monitoring Certified Mail Managers Mail Registered Return Receipt for Merchandise **HOLLY HILL FL 32117** ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label) PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

### Z 210 PPS 250 **US Postal Service Receipt for Certified Mail** AIRS ID # 1270112001AG 10 JOE REICHART **NOVA CLEANERS** 627 S FLAMINGO DRIVE HOLLY HILL FL 32117 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 Form **3800**, TOTAL Postage & Fees Postmark or Date S

400557

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

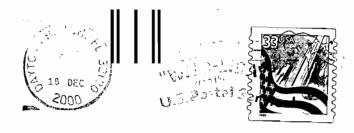
### TOTAL AMOUNT DUE: \$50.00 ~

Do NOT Remove Label

AIRS ID # 1270112

NOVA CLEANERS JOE REICHART 627 S FLAMINGO DRIVE HOLLY HILL FL 32117 FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1 0 5
Fund: 20-2-035001 00i.: 002273

Maria Cleaners 1415 NOVA RD. MytoNA Beach, 71. 32114



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

2021272020

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



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AIRS ID # 1270112

NOVA CLEANERS
JOE REICHART
627 S FLAMINGO DRIVE
HOLLY HILL FL 32117

AIL ROOM
FOR GOVERNMENT USE ONLY
TO STATE OF THE ST

258177

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

RECEIVED MAIL ROOM

JAN 15 97

**TOTAL AMOUNT DUE: \$50.00** 

AIRS ID# 1270112

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AAA MAIL PRO INC JOE REICHART 627 S FLAMINGO DRIVE HOLLY HILL FL 32117

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оыј.: 002273

0353867

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50,

\$**50.00** 98

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AIRS ID # 1270112

NOVA CLEANERS JOE REICHART 627 S FLAMINGO DRIVE HOLLY HILL FL 32117 FOR GOVERNMENT USE ONLY
Org. 28-2-035891
Obj. 300 273 C:

300360

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

### **TOTAL AMOUNT DUE: \$50.00**

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AIRS ID#1270112

AAA MAIL PRO INC JOE REICHART 627 S FLAMINGO DRIVE HOLLY HILL FL 32117 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273