

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 23, 1996

Ms. Evelyn Sloane International Coin Laundry 2004 South Ridgewood Avenue South Daytona, Florida 32119

Dear Ms. Sloane:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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,

Potty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

## ±1270115

P. 14

3. New small area source should be marked

P.15

4. new small r.c. should be marked

## Perchloroethylene Dry Cleaning Facility Notification

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Evelyn Sloane / International Coin Laundry  2. Site Name (For example, plant name or number):
1
International Coin Laundry  3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 2004 S. Ridgewood Ave. City: S. Daytona County: Volusia Zip Code: 32/19
5. Facility Identification Number (DEP Use): FLD 984223651 1270115
Responsible Official
6. Name and Title of Responsible Official:
EvelVN Sloane lowner
EVELYN Sloane JOWNEY  7. Responsible Official Mailing Address: Organization/Firm: International Coin Laundry Street Address: 2004 S. Ridgewood ave. City: S. Daytona County: Volusia Zip Code: 3219
8. Responsible Official Telephone Number: Telephone: (904) 761 - 7229 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
EvelyN Sloane lowner
10. Facility Contact Address:
Street Address: 2004 S. Ridge Wood ave.
City: S. Daytona County: Volusia Zip Code: 32/19
11. Facility Contact Telephone Number:
Telephone: (904) 767 - 7225 Fax: ( ) -

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'AUG 2 6 1996

#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit								1. 1. W. N.	
(1) w/ ref. condenser									
(2) w/ carbon adsorber	#1	06-Jun-93	13-5479	3					
(3) w/ no controls									
Washer Unit								· . :	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		e terroloffic		• • •		and the second	TH		
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.5	No. 1025		*		
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 mont Check why it is less	are requanting gallo	equired to be ity of perchloons ow many? [_	installed [	perc)	purchased in				]
What is the facility's so (Indicate with an "X".      Existing small ar	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large are	ea sou	arce []	Ne	w lar	ge area sour	ce []	, 		

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 [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser  []	ur.
	·
•	units shall not be eligible to use the general permit pursuand 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 e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
•	,
Equipment Monitoring a	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	[X]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring [X]
(e) Instrument calibration	LX
(f) Start-up, shutdown, malfunction plan	(X)

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

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

Please indicate	e with an "X" the appropriate selection:
, []	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	mptly notify the Department of any changes to the information contained in this notification.
Full Signature	lyn Sleane 08-21-96 Date

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



## Department of Environmental Protection

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

June 21, 2001

David B. Struhs Secretary

Ms. Evelyn Sloane International Coin Laundry 2004 South Ridgeway Avenue South Daytona, Florida 32119

Dear Ms. Sloane:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on June 18.

In reviewing your submittal, it was noted that International Coin laundry elected to surrender its existing Title V air general permit (AIRS ID 1270115). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate as a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosure

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

BEST	AVAILABLE	COPY
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# #1270115

8. Responsible Official Telephone Number: Telephone: (904) 767 - 7229

P.14
3. new small area Source
Should be marked

	Should be that wed	
1. Facility Own	ī.	
EvelyN		undry
2. Site Name (F	il as soull a c should	
Intel	4. new small r. c. should be marked	
3. Hazardous V	De markeu	
4. Facility Loca	1.00	
Street Addr	Corrections 11/15/96 59	32119
	11/25/96 55	52111
5. Facility Ider	l = l	
FL		
6. Name and T		<del>-</del>
Evel		
7. Responsible	Official Mailing Address:	
Organization Street Addres	WFirm: International Coin Launary ss: 2004 S. Ridgewood ave.	
City: S.	aytona County: Volusia Z	Cip Code: 32/19
	000	1 -

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

Fax: (

	9. Name and Title of Facility Contact (For example, plant manager):
	EvelyN Sloane lowner
ſ	10. Facility Contact Address:
	Street Address: 2004 S. Ridge Wood QUE. City: S. Daytona County: Volusia Zip Code: 32119
ĺ	11. Facility Contact Telephone Number: Telephone: (904) 767 - 7225 Fax: ( ) -

RECEIVED

AUG 2 6 1996

## Perchloroethylene Dry Cleaning Facility Notification

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
EVELYN Sloane   International Coin Laundry  2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
International Coin Laundry
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 2004 S. Ridgewood Ave.
4. Facility Location: Street Address: 2004 S. Ridgewood Ave. City: S. Daytona County: Volusia Zip Code: 32/19
5. Facility Identification Number (DEP Use):
FLD984223651 1270115
Responsible Official
6. Name and Title of Responsible Official:
Evelyn Sloane lowner
7. Responsible Official Mailing Address: Organization/Firm: International Coin Laundry Street Address: 2004 S. Ridgewood all. City: S. Daytona County: Volusia Zip Code: 32/9
8. Responsible Official Telephone Number: Telephone: (904) 707 - 7229 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
EvelyN Stoane Lowner
10. Facility Contact Address:
Street Address: 2004 S. Ridge Wood ave.
City: S. Daytona County: Volusia Zip Code: 32/19
11. Facility Contact Telephone Number: Telephone: (904) 767 - 7225 Fax: ( ) -

RECEIVED

AUG 2 6 1996

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
. •.		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	lD	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91	•	#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		·							
(1) w/ ref. condenser									
(2) w/ carbon adsorber	#1	06-540-93	13-5419	3					
(3) w/ no controls			,,,,						
Washer Unit								1.	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		J.							
(7) w/ ref. condenser							_		
(8) w/ carbon adsorber									
(9) w/ no controls							_		
Reclaimer Unit	٠					1			<u>,                                    </u>
(10) w/ ref. condenser		<u> </u>			Į.		_		
(11) w/carbon adsorber									
(12) w/ no controls									·
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol Check why it is less	are ro	equired to be ity of perchloons ow many? [_	installed [_ proethylene (	perc)	purchased in				ſĵ
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	urce ( Selec ea so	classification t one classifi urce	based on the cation only.)	e defi		d in section (3	3) of	·	
Dristing large an	-u 301		140	141	5- area 30ar	~~ <u> </u>	l		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

tion (5) of Part II of this notification form?
ondenser \( \infty \)
· • • • • • • • • • • • • • • • • • • •
•
eligible to use the general permit pursuant rating units on-site meet the following
t input of 10 million BTU/hr or less (298 t for periods of natural gas curtailment sulfur is fired.
ng Information
h the requirements of this general permit:
(X)
(X)
LX.
(X)
LX LX
بما

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  New small area source Refrigerated condenser  New large area source Refrigerated condenser  New large area source Refrigerated condenser
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring  (e) Instrument calibration  (d) Carbon adsorber exhaust perc concentration monitoring  (e) Instrument calibration
(e) Instrument calibration = 11/25/96
(f) Start-up, shutdown, malfunction plan

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

Please indicat	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)
(X)	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 sits made in this notification are true, accurate and complete. Further, I agree to operate and in 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	omptly notify the Department of any changes to the information contained in this notification.
Signatüre VV	lyn Hoane 08-21-96 Date 11/25/96
/	

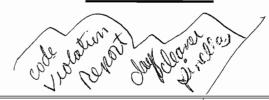
DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 16 of 16



#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

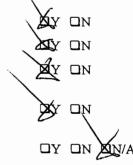
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	N 0	COMPLAINT/DISCO	OVERY 🗆
AIRS ID#: 1270115 D  FACILITY NAME:	TERNATIONA	_	N:2:60 TIMI Lawdry Ave 32119	E OUT: <u>2·35</u>
DART I. NOTIFICATION		<u>-</u>		
(check appropriate box)				
Existing facility notified DAR	M by 9/1/96			200
2. New facility notified DARM 3	-	tup		
3. Facility failed to notify DARM	f to use general per	mit		
				· · · · · · · · · · · · · · · · · · ·
PART II: CLASSIFICATION			<u>_</u>	
Facility indicated on notification (check appropriate box)	n form that it is:			
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	e . 🗆	2. New small a dry-to-dry only, transfer only, x both types, x<1 (constructed on	x<140 gal/yr <200 gal/yr	
dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" gaboth="" gal="" only,="" td="" transfer="" types,="" y=""><td>) gal/yr al/yr ⁄r</td><td>transfer only, 20 both types, 140 (constructed on</td><td>rea source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>	) gal/yr al/yr ⁄r	transfer only, 20 both types, 140 (constructed on	rea source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>	
This is a correct facility classific		AN ON		
If no, please check the appropria	te classification:			
	d for a general pern above limits and is		above a general permit	
B. The total quantity of perchlor facility was 20 gallons.	oethylene (perc) pu	rchased within t	he 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?



Y ON ON/A

OY ON BNA

DY DN MA

□Y □N

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?	DY DN
2.	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?	OY ON/
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser eoils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
7		

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: **₫**Y □N a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN and parts installed w/in 5 days of receipt? DY DN AVA 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? OY ON 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? ALA CIN Problem corrected? OY ON

8. Maintained compliance plan, if applicable?	DA ON ON/A
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	KY ON

2.	Which method of detection is used by t	he respon	sible off	icial?	
	Visual examination (condensed se	olvent on	exterior	surfaces)	<b>A</b>
	Physical detection (airflow felt th	rough gas	kets)		<b>M</b>
	Odor (noticeable perc odor)				<b>x</b> í
	Use of direct-reading instrumenta	ition (FID	/PID/ca	lorimetric tubes)	
	If using direct-reading instrume	entation,	is the e	quipment:	
	a. Capable of detecting	perc vapo	r concer	ntrations in a range of 0-500 ppm?	NO YO
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	standard g	gas prior		OY ON
	c. Inspected for leaks an	d obvious	s signs c	of wear on a weekly basis?	OY ON
	d. Kept in a clean and s	ecure area	when i	not in use?	OY ON
	e. Verified for accuracy	by use of	duplica	te samples (calorimetric only)?	OY ON
3.	Has the facility maintained a leak log?				OY ON
4.	Does the responsible official check the	following	areas fo	or leaks?	
	Hose connections, fittings, couplings, and valves	DY.	□N	Muck cookers	OY ON
	Door gaskets and seating		□N	Stills	מם אם
	Filter gaskets and seating	₽Ý.	ПΝ	Exhaust dampers	OY □N
	Pumps	OP.Y	ΠИ	Diverter valves	DY ON
	Solvent tanks and containers	Q Y	ПΝ	Cartridge filter housings	DZY ON
	Water separators	<b>T</b> Y	□N		
_	Evelyn Sloane				
	Name of Responsible Officia	<b>1</b> l		il he	
_	when by Schweide	er_		1/25/96	4:
	Inspector's Name (Please Prin	nt) 1		Date of Inspec	·
_	Hila & Delnerd	لع,		"/97	T Y
	Inspector's Signature			Approximate Date of N	ext Inspection

ADDITIONAL SITE INFORMATION:		
	•	
	•	
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		•
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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11-15	TIME OUT:	SAIRS ID#:_	1270115
TYPE OF FACILITY:	uckaning		
FACILITY NAME: On F	mational Cain a	laundra	DATE: 12116197
FACILITY LOCATION: 20	1501		
	<del> </del>		
RESPONSIBLE OFFICIAL:	Zvelyn Staro	PHONE NUME	ER: 407-767-7209
	the compliance requirements evalua Rule 62-213.300, Florida Administr		ne facility is found to be in
Based on the results of discrepancies were note	the compliance requirements evaluated:	ated during this inspection, th	ne following compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP A	CTION REQUIRED
		·	
		<u> </u>	
		,	
COMMENTS:			
1/2	0.01		
Very small	ficility.		
	,		
The Annual Compliance Certif	ication form has been properly certi	fied and submitted to the inst	pector YES NO
_	2:20	and submitted to the map	
DATE OF NEXT INSPECTION		oproximate)	·
INSPECTION CONDUCTED	$\sim$	DURESHT	•
S. LEE LAZOI. CONDUCTER		- · · ·	M) 00 = 2 = = =
INSPECTOR'S SIGNATURE		PHONE NUM	BER: 893-3337
	Page	_of	Revised 10/96

ACC

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION	
AIRS ID#: 127015 DATE: 12/16/97 TIME IN: 11:15 TIME OUT: 11'  FACILITY NAME: International Countaindry  FACILITY LOCATION: IDY S. Ridgewood Av.  J. Drytona , Fl. 32(19)  RESPONSIBLE OFFICIAL: OF EVELYN STOAM PHONE: 767-725  CONTACT NAME: PHONE:	
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to startup  2. Facility failed to notify DARM to use general permit	<u> </u>
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr t	oleum

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? □N □N/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A 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? A'NO NO YY 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 DY DIN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after M□ KM verifying that the coolant had been completely charged?

#### **BEST AVAILABLE COPY**

P/	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			XX ON		
2.	Has the facility maintained a leak log	?		MD AX		
3.	Does the responsible official check th	e following areas for leak	s?			
	Hose connections, fittings, couplings, and valves	\ \ 	Muck cookers	ÒY ON ON/A		
	Door gaskets and seating	אואם אם צף	Stills	DY DN DN/A		
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	Y ON ON/A		
	Pumps	OY ON ON/A	Diverter valves	OY ON ON/A		
	Solvent tanks and containers	'DY ON ON/A	Cartridge filter housings	Y ON ON/A		
	Water separators	Y ON ON/A		1 -		
4.	Which method of detection is used by	the responsible official?		_		
	Visual examination (condensed	solvent on exterior surface	ces)			
	Physical detection (airflow felt	through gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumen	tation (FID/PID/calorime	etric tubes)			
	Halogen leak detector		•			
If using direct-reading instrumentation, is the equipment:			□N/A			
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	□Y □N		
	•	standard gas prior to and	d after each use			
	(PID/FID only)?			OY ON		
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	□Y □N		
	d. Kept in a clean and	secure area when not in	use?	□Y □N		
	e. Verified for accurac	ry by use of duplicate sam	ples (calorimetric only)?	□Y □N		
			<del></del>			
	$\bigcirc$		1 .			
	DADDIA YU	IRESIH	12/10/9-	7		
_	Inspector's Name (Please P	rint)	Date of Inspe	ection		

Approximate Date of Next Inspection

Inspector's Signature

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	QY	□и	□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?	ПY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПΝ	□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, sontraction, or expansion; and downstream from no other inlet?	ΩY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ח⊓	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□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: a. documentation of leaks repaired w/in 24 hrs? or; □N □N/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DAY ON ON/A and parts installed w/in 5 days of receipt? A/MED NO YOU 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? QY □N 6. Maintained startup/shutdown/malfunction plan? DY DN XXVA 7. Maintained deviation reports? Problem corrected? DY DN DXVA DY DN MN/A 8. Maintained compliance plan, if applicable?

ADDITIONAL SITE INFORMATION:	ADDITIONAL	SITE	INFORMA	TION:
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tibermatic mini max

MCF 7 hGFordonse Wese

ATRS 1D#: 1270615

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: INternational Coin Laundry DATE: 12/16	197
ACILITY LOCATION: 20045 Ridgewood alle.	
S. Daytona , 21. 32119	
nnual Reporting Period: Nelcamber 1996 TO Nelcamber 19	97
used on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule -213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
NO, complete the following:	
. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated abo	ive:
cact period of non-compliance: fromto	
ction(s) taken to achieve compliance:	
ethod used to demonstrate compliance:	
2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about	ove:
xact period of non-compliance: from	
ction(s) taken to achieve compliance:  JAN 6 1008	
Tethod used to demonstrate compliance:  Bureau of Air Monitorine  & Mobile Sources	··
s the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statement ade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based on purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer combination facilities.	ed
ESPONSIBLE OFFICIAL: <u>Evelyn Sloane</u> <u>Fielyn Sloane</u> <u>Date</u> Name (Please Print)  Signature  Date	27

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

#### PERCHLOROETHYLENE DRY CLEANERS

## /.A SQ

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIANCE	E INSPECTION CHECKEIST	
TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY	
AIRS ID#: 1270115 DATE: 1/1019	19 TIME IN: 12:15 TIME OUT: 13	SS
		_
	ral Corn & Laundary	<del></del>
FACILITY LOCATION: <u>2004</u> S.	Ridgewood	
S. J	Paytona, FL. 3214	
RESPONSIBLE OFFICIAL: Evelyn CONTACT NAME:	Sloane PHONE: 767 - 725  PHONE:	29
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to st	tartup	
2. Facility failed to notify DARM to use general p	permit	<u> </u>
PART II: CLASSIFICATION	=	
Facility indicated on notification form that it is: (check appropriate box) A.	: ☐ No notification form☐ Drop store/out of business/petr	oleum
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 $12/9/91$ )	rs red # maeho
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	
	fication: general permit as number above limits and is not eligible for a general permit	

.7

Revised 9/15/97

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 20 gallons.

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON DYNA DY ON DONA 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 DN DN/A 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? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been 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? MD AM AND NO YES 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 DY ON ONA 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 OY ON ⊠N/A condenser exceeded 45° F? no problems. 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?	ΠY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	$\Box$ Y	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	$\Box$ Y	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	Øy □n			
2. Maintained rolling monthly total of perc consumption?	XOY □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN ØN/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 GN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ZN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MN/A			
6. Maintained startup/shutdown/malfunction plan?	XY ON			
7. Maintained deviation reports?	DY DN MIA			
Problem corrected?	DY DN ZN/A			
8. Maintained compliance plan, if applicable?	OY ON KN/A			

PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	^ <u>_</u>		ALL DN	
2.	Has the facility maintained a leak log?	•	,	NO YOU	
3.	Does the responsible official check the	e following areas for leaks	5?		
	Hose connections, fittings, couplings, and valves	10Y ON ON/A	Muck cookers	DY ON ON/A	
	Door gaskets and seating	אואם אם צף	Stills	DY ON ON/A	
	Filter gaskets and seating	AY ON ON/A	Exhaust dampers	באתם אם צם	
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	AND ND YA	Cartridge filter housings	אואם אם צם	
	Water separators	אומם מם צם		·	
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfac	es)	Ø	
	Physical detection (airflow felt through gaskets)			Z .	
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			۵	
	Halogen leak detector			_ · ·	
	If using direct-reading instrumentation, is the equipment:			□N/A	
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON	
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	NO YC	
	d. Kept in a clean and	secure area when not in u	se?	□Y □N	
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	מם עם	
	Inspector's Name (Please Pr	3th int)	Date of Inspection		
		· .		<u> </u>	
	Inspector's Signature		Approximate Date of	Next Inspection	

#### ADDITIONAL SITE INFORMATION:

Firbinatic 600
15# machine
veny=mall faulting.
has pan for machine? 45.
epproy under tileshas pan
MCF => tales away
Using calendar
Small facility
Incompliance

MU

#### Kearen oa tala

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: International Coin Laundry DATE: 01/08/99
FACILITY LOCATION: 2004 S. Ridgewood ave.
S.Daytona 71. 32-119
Annual Reporting Period: December 1997 to December 1998
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, Fiorida 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:
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 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 gailons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: EVELYN Sloane Frint)  Name (Please Print)  Signature  Date
*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL J	COMPLAINT/DISCOVERY RE-INSPECTION		
TIME IN: 1215	TIME OUT:	1'00 AIRS ID#: 620115		
TYPE OF FACILITY:	Dry Clean	in		
FACILITY NAME:	International	Coch Laundan DATE: 1/10/99		
FACILITY LOCATION:	2004 5.	Ridgewood.		
	3. Davis	itma Ez 32119		
RESPONSIBLE OFFICIAL:	Evelyn Sloane	PHONE NUMBER:		
	-	nts evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.).		
Based on the results of discrepancies were not		nts evaluated during this inspection, the following compliance		
COMPLIANCE REQ	UIREMENT/PROBL	LEM FOLLOW-UP ACTION REQUIRED		
	·			
	•			
		·		
COMMENTS				
COMMENTS:	'Vita	·		
Small fai	rility	lac co al		
$\sqrt{2}$	ing carena	ar IN compl.		
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO				
DATE OF NEXT INSPECTION: // DX				
(Approximate)				
INSPECTION CONDUCTED BY: AADLA QURESTY (Please Print)				
INSPECTOR'S SIGNATURE		PHONE NUMBER: 407-893-3333		

Page\_\_\_of\_\_

Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

ARMS	UPDATED
DATE	1/6/00
BY	Re

COMPLIANC	E INSPECTION CHECKLIST	BY
TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY	0
FACILITY NAME:	,	· · · · · · · · · · · · · · · · · · ·
(check appropriate box)  1. New facility notified DARM 30 days prior to 2. Facility failed to notify DARM to use general  PART II: CLASSIFICATION		_ 
Facility indicated on notification form that it i (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 transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification	s: $\square$ No notification form $\square$ Drop store/out of business/per fireau of Air Monitoring transfer 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 $12/9/91$ ) $\square$ $\square$ Can not determine	
☐ facility exceeds above	ification: general permit as number above limits and is not eligible for a general permit purchased within the preceding 12 months by this dry	; cleaning

facility was

gallons.

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON **M**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? ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber AVARY NO YO 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? DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the XY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the YY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DÝ ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20°F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	DY DN DN/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	XX ON			
2. Maintained rolling monthly averages of perc consumption?	ADA ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	AMAZNO YO			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days \( \sqrt{1} \) and parts installed w/in 5 days of receipt?	¢ IfaIT5 □Y □N ŒN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ANA			
5. Maintained exhaust duct monitoring data on perc concentrations?	av <b>ø</b>			
6. Maintained startup/shutdown/malfunction plan?	AY ON			
7. Maintained deviation reports?	AVA <b>A</b> , NO YO			
Problem corrected?	AVA NO YO			
8. Maintained compliance plan, if applicable?	AN/A NO YO			

#### PART VI: LEAK DETECTION AND REPAIRS

1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			NO YE	
2.	Has the facility maintained a leak log?	,		DY ON	
3.	Does the responsible official check the fo	llowing areas for leaks?			
	Hose connections, fittings, couplings, and valves	ДХ ОИ ОИЛА	Muck cookers	אואם אוא בא	
	Door gaskets and seating	DY DN DN/A	Stills	CY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	Y ON ON/A	Diverter valves	אומם מם צם	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A	
	Water separators	DY ON ON/A		/	
4.	Which method of detection is used by the	responsible official?	•		
	Visual examination (condensed sol	vent on exterior surfaces)			
	Physical detection (airflow felt thro	ugh gaskets)	•	Œ/	
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation	on (FID/PID/calorimetric	tubes)		
	Halogen leak detector				
	If using direct-reading instru	nentation, is the equipme	ent:	DANA	
	a. Capable of detecting pe	rc vapor concentrations in	a range of 0-500 ppm?	DA DN	
	b. Calibrated against a sta (PID/FID only)?	ndard gas prior to and aft	er each use	OY ON	
	c. Inspected for leaks and	obvious signs of wear on a	a weekly basis?	OY ON	
	d. Kept in a clean and sec	ure area when not in use?		OY ON	
	e. Verified for accuracy by	use of duplicate samples	(calorimetric only)?	מם עם	
	·				

Randal Cun ning han

Inspector's Name (Please Print)

Date of Inspection

1-200

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
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•	
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•	

1270115

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: International Coint Laundry	DATE: 1-6-00
FACILITY LOCATION: 2004 S. Ridgewood Ave.	
S. Paytona, FL 32119	
	ş ,
Annual Reporting Period: January 1999 TO Jan	19 OO
Based on each term or condition of the Title V general air permit, my facility has remained in complia 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	<u></u>
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the rep	porting 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	porting period stated above:
Exact period of non-compliance: fromtoto	
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 gallons per year for dry-to dry facilities or 1,800 gallocombination facilities.  RESPONSIBLE OFFICIAL:    F. Sloane   Please Print   Signature   Signatur	oroethylene solvent, based

\*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	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9:45	TIME OUT: 10 115	AIRS ID#: 1270	115
TYPE OF FACILITY: Dry	Cleaning		
FACILITY NAME: Int	ernational Cointh	oundly	ATE: 1-6-00
FACILITY LOCATION: 200	94 S. Ridgewood Ave,	,	
	Paytona, PL 3211	9	7/- 700
RESPONSIBLE OFFICIAL: E	velyn Slogne	PHONE NUMBER: 4	94-167-1229
compliance with DEP R	ule 62-213.300, Florida Administra		
discrepancies were noted	- · · · · · · · · · · · · · · · · · · ·	ed during this inspection, the follow	ng compliance
-	JIREMENT/PROBLEM	FOLLOW-UP ACTION	N REQUIRED
•			
		· .	
•			
-			
•		0	
COMMENTS:			,
In Com.	pliance	<u> </u>	
The Annual Compliance Certification	ation form has been properly certifie	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	N:1-2001		
INSPECTION CONDUCTED	BY: Randall Co	oroximate) NN IN A GAWI ase Print)	
INSPECTOR'S SIGNATURE:	Phill of	PHONE NUMBER:	107-843-333
	Page	_of	Revised 10/96

Fold at line over top of envelope to the right of the return address	MPLETE 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> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee
Article Addressed to:  A Mag Up # 10001150014 C	D. Is delivery address different from item 1? Yes If YES, enter delivery address below.  [JUN 1 3 200]
10 AIRS ID # 1270115001AG EVELYN SLOANE INTERNATIONAL COIN LAUNDRY 2004 S RIDGEWOOD AVENUE S DAYTONA FL 32119	Bureau of Air Monitoring  3. Service Typ& Mobile Sources Certified Mail   Express Mail A Registered   Return Receipt for Merchandise
Z210662894	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

## Z 210 662 894

## US Postal Service Receipt for Certified Mail

10 AIRS ID # 1270115001AG EVELYN SLOANE INTERNATIONAL COIN LAUNDRY 2004 S RIDGEWOOD AVENUE S DAYTONA FL 32119

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom,	
TOTAL Postage & Fees	\$
Postmark or Date	
	Certified Fee  Special Delivery Fee  Restricted Delivery Fee  Return Receipt Showing to Whom & Date Delivered  Return Receipt Showing to Whom, Date, & Addressee's Address  TOTAL Postage & Fees

DHM ADDITEST	INSERT OF THE RIGHT OF RE- TO THE RIGHT OF RE- TOO TA G LOA
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  EVEL NS Oa NE  C. Signature  X. Lelivery affiress different from item 12 Yes
AIRS ID # 1270115  INTERNATIONAL COIN LAUNDRY EVELYN SLOANE	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
2004 S RIDGEWOOD AVENUE S DAYTONA FL 32119	3. Service Type  Certified Mail
2. Article Number (Copy from service label)  1000 0600 0026	4124 3297
PS Form 3811, July 1999 Domestic Re	turn Receipt / 102595-99-M-1789

3297	U.S. (Postal S CERTIFIED (Domestic Mail o	Service MAIL RECE	EIPT Coverage Provided)
디	Postage	\$	
47.7	Certified Fee		Postmark
먑	Return Receipt Fee (Endorsement Required)		Here
00	Restricted Delivery Fee (Endorsement Required)		
00	Total P	AIR	S ID # 1270115
061	Recipier INTERNAT	TIONAL COIN LAUNI SLOANE	DRY
	Street, A 2004 S RID	GEWOOD AVENUE	
7000	City, Sta	IA FL 32119	<u></u>
	PS Form 3800, February	2000	The second section instructions

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 # 1270115

INTERNATIONAL COIN LAUNDRY **EVELYN SLOANE** 2004 S RIDGEWOOD AVENUE S DAYTONA FL 32119

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001



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

\*New address: Owe. 2004 5. Ridgew rod TOTAL AMOUNT DUE: \$50.00 S. Daytona, Ha. 37.119

Do NOT Remove Label

1270115

EVELYN SLOANE

INTERNATIONAL COIN LAUNDRY

129 CORAL CIRCLE

S DAYTONA FL 32119

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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

Do NOT Remove Label

TOTAL AMOUNT DUE: \$50.00

Mobile Sources

AIRS ID#1270115

COIN LAUNDRY INTERNATIONAL COIN LAUNDRY EVELYN SLOANE 129 CORAL CIRCLE S DAYTONA FL

32119

715 FEB102003

POR GOYERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

683

SENDER: COMPLETE THIS SECTION	COMPLETE 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:         <ul> <li>AIRS ID#1270115</li> <li>INTERNATIONAL COIN LAUNDRY</li> <li>EVELYN SLOANE</li> <li>129 CORAL CIRCLE</li> <li>S DAYTONA FL</li> <li>32119</li> </ul> </li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent Addressee  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:  No  3. Sep ce Type  Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 0320	0001 7975 5830
PS Form 3811, March 2001 Domestic Re	turn Receipt 102595-01-M-1424

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
믐		The second secon	he was the	
-20 -40	0 F F	ICIAL US		
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X 413305 JAN182002

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 # 1270115
INTERNATIONAL COIN LAUNDRY
EVELYN SLOANE
129 CORAL CIRCLE
S DAYTONA FL
32119

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 ICL 2004'S fedgewood ave. S. Daytona, H. 32/19



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

32315+3070 99



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

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

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INTERNATIONAL COIN LAUNDRY EVELYN SLOANE 2004 S RIDGEWOOD AVENUE S DAYTONA FL 32119 MAIL ROO

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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. RECENTED ROOM

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

TOTAL AMOUNT DUE: \$50.00

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EVELYN SLOANE
2004 S RIDGEWOOD AVENUE
S DAYTONA FL 32119

FOR GOVERNMENT USE ONLY

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

THIS PORTION.

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

TOTAL AMOUNT DUE: \$50.000 1 0 2000

Bureau of Air Monitoring & Mobile Sources

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AIRS ID # 1270115

INTERNATIONAL COIN LAUNDRY EVELYN SLOANE

2004 S RIDGEWOOD AVENUE

S DAYTONA FL 32119

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Org.: 37550101000 EO: B1

Fund: 20-2-035001