



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

May 13, 1997

Mr. Sam Hannonsh
Ormond Beach Cleaners, Inc.
1482 West Granada, Suite #610
Ormond Beach, Florida 32174

Re: Facility No. 1270136

Dear Mr. Hannonsh:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 1, 1997.

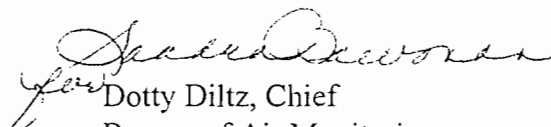
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

cc: Mr. Louis Nichols, Central District

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

#1270136

Ormond Beach Cleaners

- spoke with Sam Hannaugh -
4/28/1997 - boiler exempt -
15HP / nat. gas

Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Ormond Beach Cleaners, Inc
2. Site Name (For example, plant name or number):	Ormond Beach Cleaners, Inc
3. Hazardous Waste Generator Identification Number:	987-0114
4. Facility Location: Street Address: City: Ormond Beach County FL Zip Code: 32174	1482 W. Granada Blvd Suid # 010
5. Facility Identification Number (DEP Use ONLY - do not fill in)	1270136

Responsible Official

6. Name and Title of Responsible Official: Name: Sam Hannonch Title: President	Owner
7. Responsible Official Mailing Address: Organization/Firm: same Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (904) 676-7700 Fax: () -	

Facility Contact (If different from Responsible Official)

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: () -	

RECEIVED

APR 1 1997

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		01-DEC-93	04-DEC-93						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed (existing small area source)

2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed in the latest 12 months?
 gallons (You must fill this in)

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

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

- Existing small area source New small area source
 Existing large area source New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

OR Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site have a total heat input of 10 million BTU/hr or less (298 boiler HP or less) and are fired by natural gas, propane or fuel oil containing no more than one percent sulfur.

All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

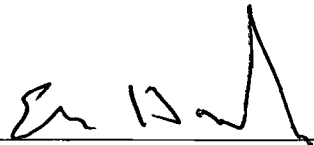
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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



Signature

3-25-97

Date

~~FB000993~~

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1270136 DATE: 3/25/97 TIME IN: 10:15 TIME OUT: 11:00
FACILITY NAME: ORMOND BEACH CLEANERS
FACILITY LOCATION: 1482 W. GRANADA BLVD STE 610
ORMOND BEACH, FL 32174

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96
2. New facility notified DARM 30 days prior to startup
3. Facility failed to notify DARM to use general permit

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 (constructed before 12/9/91) <input type="checkbox"/>	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) <input checked="" type="checkbox"/>
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) <input type="checkbox"/>	4. New 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 on or after 12/9/91) <input type="checkbox"/>

This is a correct facility classification Y N

If no, please check the appropriate classification:

facility qualified for a general permit as number 7 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons. CONSUMED

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N
 Problem corrected? Y N
 DISCUSSED LEAK DETECTION RECORDKEEPING.
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

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

If using direct-reading instrumentation, is the equipment:

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

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

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

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

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

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

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

Hose connections, fittings, couplings, and valves Y N

Muck cookers Y N

Door gaskets and seating Y N

Stills Y N

Filter gaskets and seating Y N

Exhaust dampers Y N

Pumps Y N

Diverter valves Y N

Solvent tanks and containers Y N

Cartridge filter housings Y N

Water separators Y N

SAM HANNOUSH

Name of Responsible Official

LOUIS A. NICHOLS

Inspector's Name (Please Print)

Louis A Nichols

Inspector's Signature

3/25/97

Date of Inspection

Approximate Date of Next Inspection

ORMOND BEACH CLEANERS, INC.

Professional Dry Cleaning
Alterations Also

Sam Hannouch

~~Sam Hannouch~~, Owner
(904) 676-7700

1482 W. Granada Blvd., Suite 610
Ormond Beach, FL 32174

ADDITIONAL SITE INFORMATION:

WESTERN AUTOMATION NEVADA 35
HAS CONTAINMENT PAN.

SEPARATION WATER IN WITH HAZARDOUS WASTE

MCF PICKS UP HAZARDOUS WASTE

LEFT NOTIFICATION AND HELPED OWNER FILL IT OUT - HE IS
TO MAIL IT IN.

NEEDS EPOXY AROUND SPOTTING BOARD.

SEND ADVISORY ON SEPARATOR WATER. (MAILED 3/26/97)

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

all

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:50 TIME OUT: 3:20 AIRS ID#: 1270136
 TYPE OF FACILITY: Ormond Beach Cleaners
 FACILITY NAME: Dry Cleaners DATE: 12/16/97
 FACILITY LOCATION: 1482 W. Granada Blvd
Ormond Beach FL 32174
 RESPONSIBLE OFFICIAL: Sam Hannahish PHONE NUMBER: 904-676-7700



Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>no record keeping / logs</u>	<u>gave calendar will use</u>

COMMENTS:

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

DATE OF NEXT INSPECTION: 12/18
(Approximate)

INSPECTION CONDUCTED BY: SAADIA DURESHI
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 407-893-3333

alc

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 127013p DATE: 12/16/97 TIME IN: 2:50 TIME OUT: 3:20
 FACILITY NAME: Ormond Beach Cleaners
 FACILITY LOCATION: 1482 W. Granada Blvd
Ormond Beach Fl. 32174
 RESPONSIBLE OFFICIAL: Sam Hannoush PHONE: 904-676-7700
 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

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (check appropriate box) No notification form
 Drop store/out of business/petroleum

A.

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

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

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 620 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

A. Has the responsible official of all new sources and existing large area sources:

(check appropriate boxes)

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

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- 1. Maintained receipts for perc purchased? Y N
- 2. Maintained rolling monthly total of perc consumption? *will do, w/ calc* Y N
- 3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
- 4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
- 5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
- 6. Maintained startup/shutdown/malfunction plan? Y N
- 7. Maintained deviation reports?
 - Problem corrected? Y N N/A
- 8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? *No leaks* Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

SAADIA QURESHI
Inspector's Name (Please Print)

12/16/97
Date of Inspection

[Signature]
Inspector's Signature

12/98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Will start using Calender-

minor not in compliance-

Western
Automation

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

all

FACILITY NAME: <u>Ormond Beach Cleaners</u>	DATE: <u>12-16-97</u>
FACILITY LOCATION: <u>1482 W. Grand Blvd Ormond Beach</u> <u>FL 32174</u>	

Annual Reporting Period: Dec 1996 TO Dec 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

2 days keep Receipt

Exact period of non-compliance: from Dec 96 to Dec 97

Action(s) taken to achieve compliance: We gave clients we start keep receipt

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

RECEIVED

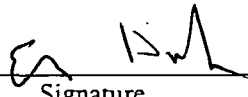
Action(s) taken to achieve compliance: _____

JAN 6 1998

Method used to demonstrate compliance: _____

Bureau of Air Monitoring
& Mobile Sources

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

RESPONSIBLE OFFICIAL: <u>Sam Hannah</u>	<u></u>	<u>12-16-97</u>
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.

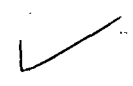
DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

acc

AIRS ID#1270136

ORMOND BEACH CLEANERS INC
 SAM HAMMOND
 1482 W GRANDA BLVD SUITE 610
 ORMOND BEACH FL 32174

HANNOUSH



Do NOT Remove Label

Annual Reporting Period: 1/1 19 97 TO 12/31 19 97

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

RECEIVED

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

JAN 21 1998
Bureau of Air Monitoring
& Mobile Sources

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: Sam Hammond [Signature] 2-11-98
Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:00 TIME OUT: 11:15 AIRS ID#: 1270136
 TYPE OF FACILITY: Ormond Beach Cleaners (Cleaners)
 FACILITY NAME: Ormond Beach Cleaners 127 DATE: 6/9/98
 FACILITY LOCATION: 1422 W. Granada
Ormond Beach, Fl. 32174
 RESPONSIBLE OFFICIAL: Sam Hannish PHONE NUMBER: 904-676-7200

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
JUL - 6 1998

COMMENTS: Re inspection to check records, IN COMPLIANCE
 Bureau of Air Monitoring & Mobile Sources

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

DATE OF NEXT INSPECTION: 6/99
(Approximate)

INSPECTION CONDUCTED BY: SAADIA ALI RUSTHI
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 893-3333

✓

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1270136 DATE: 6/9/98 TIME IN: 10:50 TIME OUT: 11:05
 FACILITY NAME: Ormond Beach Cleaners
 FACILITY LOCATION: ~~17820th~~ W. Granada Blvd.
Ormond Beach FL.
 RESPONSIBLE OFFICIAL: Sam Hannoush PHONE: 904-676-7700
 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

PART II: CLASSIFICATION

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

No notification form
 Drop store/out of business/petroleum

A.

<p>1. Existing small area source <input type="checkbox"/> 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)</p>	<p>2. New small area source <input type="checkbox"/> 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)</p>
<p>3. Existing large area source <input type="checkbox"/> 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)</p>	<p>4. New large area source <input type="checkbox"/> 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 on or after 12/9/91)</p>

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

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

RECEIVED
 JUL - 6 1998
 Bureau of Air Monitoring
 & Mobile Sources

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

B. Has the responsible official of an existing large or new large area source also:

- | | |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- | | |
|--|---|
| 1. Maintained receipts for perc purchased? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Maintained rolling monthly total of perc consumption? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or, | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Maintained deviation reports? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Problem corrected? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

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

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

Hose connections, fittings, couplings, and valves

Y N N/A

Muck cookers

Y N N/A

Door gaskets and seating

Y N N/A

Stills

Y N N/A

Filter gaskets and seating

Y N N/A

Exhaust dampers

Y N N/A

Pumps

Y N N/A

Diverter valves

Y N N/A

Solvent tanks and containers

Y N N/A

Cartridge filter housings

Y N N/A

Water separators

Y N N/A

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

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

Halogen leak detector

If using direct-reading instrumentation, is the equipment: N/A

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

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

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

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

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

SAADIA QURESHI

Inspector's Name (Please Print)

[Signature]

Inspector's Signature

6/9/98

Date of Inspection

6/99

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Western Automation

Has pan for hazardous waste + machine
logal/yr.

Reinspection:

Checked leak logs / perc log / temp log.

OK ✓

IN COMPLIANCE!



Department of Environmental Protection Dry Cleaner Compliance Calendar

Orman's Beal Cleaners, 1482 W. Grand, Riv
(904) 676-7700

NOVEMBER 1997

S	M	T	W	T	F	S
						1
2	3	4	5	6	7 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	8
9	10	11	12	13	14 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	15
16	17	18	19	20	21 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	22
23/30	24	25	26	27	28 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	29



Department of Environmental Protection Dry Cleaner Compliance Calendar

DECEMBER 1997

	S	M	T	W	T	F	S
	1	2	3	4	5 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	6	
7	8	9	10	11	12 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	13	
14	15	16	17	18	19 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	20	
21	22	23	24	25	26 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	27	
28	29	30	31				

Ormond Beach Cleaners, 1482 W. Grand, Riv
 Ormond Beach FL 32174 676-7700

CONDENSER TEMP LOG

PERC PURCHASES

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
11-3-97	7°c	<input checked="" type="radio"/> Y <input type="radio"/> N
11-10-97	6°c	<input checked="" type="radio"/> Y <input type="radio"/> N
11-17-97	6.5c	<input checked="" type="radio"/> Y <input type="radio"/> N
11-24-97	7°c	<input checked="" type="radio"/> Y <input type="radio"/> N
		<input type="radio"/> Y <input type="radio"/> N

TOTAL FROM LAST MONTH		
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		-
DATE	AMOUNT	12 MONTH RUNNING TOTAL
11-21-97	30 Gallons	

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	11-3-97	11-10	11-17	11-24				
HOSES	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
DOOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
PUMP	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
SOLVENT TANK	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
WATER SEPARATOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
MUCK COOKER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
STILL	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
EXHAUST DAMPER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
DIVERTER VALVE	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
FILTER GASKET	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
CARTRIDGE FILTER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			

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JRC

CONDENSER TEMP LOG

1 → 2 WKS

PERC PURCHASES

PerC

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
12-1-97	6.5°c	<input checked="" type="radio"/> Y <input type="radio"/> N
12-8-97	6°c	<input checked="" type="radio"/> Y <input type="radio"/> N
12-15-97	6.5°c	<input checked="" type="radio"/> Y <input type="radio"/> N
12-22-97	7°c	<input checked="" type="radio"/> Y <input type="radio"/> N
12-29-97	7°c	<input checked="" type="radio"/> Y <input type="radio"/> N

TOTAL FROM LAST MONTH		
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		-
DATE	AMOUNT	12 MONTH RUNNING TOTAL

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	DATE							
	12-1-97	12-8	12-15	12-22	12-29			
HOSES	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y			
DOOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y			
PUMP	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y			
SOLVENT TANK	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y			
WATER SEPARATOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y			
MUCK COOKER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y			
STILL	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y			
EXHAUST DAMPER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y			
DIVERTER VALVE	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y			
FILTER GASKET	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y			
CARTRIDGE FILTER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y			



Department of Environmental Protection Dry Cleaner Compliance Calendar

JANUARY 1998

S M T W T F S

				1	2 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	3
4	5	6	7	8	9 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	10
11	12	13	14	15	16 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	17
18	19	20	21	22	23 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	24
25	26	27	28	29	30 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	31



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CONDENSER TEMP LOG

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
1-5-98	7°c	<input checked="" type="radio"/> Y <input type="radio"/> N
1-12-98	7°c	<input checked="" type="radio"/> Y <input type="radio"/> N
1-19-98	6.5°c	<input checked="" type="radio"/> Y <input type="radio"/> N
1-26-98	6°c	<input checked="" type="radio"/> Y <input type="radio"/> N
	-	<input type="radio"/> Y <input type="radio"/> N

PERC PURCHASES

TOTAL FROM LAST MONTH		
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		
DATE	AMOUNT	12 MONTH RUNNING TOTAL

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	DATE							
	1-5-98	1-12	1-19	1-26				
HOSES	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
DOOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
PUMP	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
SOLVENT TANK	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
WATER SEPARATOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
MUCK COOKER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
STILL	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
EXHAUST DAMPER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
DIVERTER VALVE	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
FILTER GASKET	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
CARTRIDGE FILTER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			



Department of Environmental Protection Dry Cleaner Compliance Calendar

FEBRUARY 1998

S	M	T	W	T	F	S
1	2	3	4	5	6 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	7
8	9	10	11	12	13 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	14
15	16	17	18	19	20 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	21
22	23	24	25	26	27 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	28

CONDENSER TEMP LOG

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
2-2-98	6.5°c	<input checked="" type="radio"/> Y <input type="radio"/> N
2-9-98	7°c	<input checked="" type="radio"/> Y <input type="radio"/> N
2-16-98	7°c	<input checked="" type="radio"/> Y <input type="radio"/> N
2-23-98	6.5°c	<input checked="" type="radio"/> Y <input type="radio"/> N
		<input type="radio"/> Y <input type="radio"/> N

PERC PURCHASES

TOTAL FROM LAST MONTH		
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		-
DATE	AMOUNT	12 MONTH RUNNING TOTAL

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	DATE							
	2-2-98	2-9	2-16	2-23				
HOSES	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
DOOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
PUMP	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
SOLVENT TANK	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
WATER SEPARATOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
MUCK COOKER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
STILL	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
EXHAUST DAMPER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
DIVERTER VALVE	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
FILTER GASKET	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
CARTRIDGE FILTER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			

✓

In Arns
6/9/98
JL

AA

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1270136 DATE: 6/9/98 TIME IN: 10:50 TIME OUT: 11:05
FACILITY NAME: Ormond Beach Cleaners
FACILITY LOCATION: ~~17820th~~ W. Granada Blvd.
Ormond Beach FL.
RESPONSIBLE OFFICIAL: Sam Hannoush PHONE: 904-676-7700
CONTACT NAME: _____ PHONE: _____

RECEIVED

PART I: NOTIFICATION

(check appropriate box)

DEC 14 1999

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit
- Bureau of Air Monitoring
& Mobile Sources

PART II: CLASSIFICATION

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

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

- A.
- | | |
|--|--|
| <p>1. Existing small area source <input type="checkbox"/>
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)</p> | <p>2. New small area source <input checked="" type="checkbox"/>
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)</p> |
| <p>3. Existing large area source <input type="checkbox"/>
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)</p> | <p>4. New large area source <input type="checkbox"/>
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 on or after 12/9/91)</p> |
5. This is a correct facility classification N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? <i>SPIN DISK</i> | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

B. Has the responsible official of an existing large or new large area source also:

- | | |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- | | |
|--|---|
| 1. Maintained receipts for perc purchased? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Maintained rolling monthly total of perc consumption? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or, | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Maintained deviation reports? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Problem corrected? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Sills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

SAADIA QURESHI
 Inspector's Name (Please Print)

[Signature]
 Inspector's Signature

6/9/98
 Date of Inspection

6/99
 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Western Automation

Has pan for hazardous waste + machine
logal/yr.

Reinspection:

Checked leak logs / perc log / temp log.

O.K. ✓

IN COMPLIANCE!

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:00 TIME OUT: 11:15 AIRS ID#: 1270136
 TYPE OF FACILITY: Ormond Beach Cleaners (Ormond)
 FACILITY NAME: Tremont Beach Cleaners DATE: 6/19/98
 FACILITY LOCATION: 149.2 W. Canada
Ormond Beach, FL 32174
 RESPONSIBLE OFFICIAL: Sam Hannahish PHONE NUMBER: 904-676-7700

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

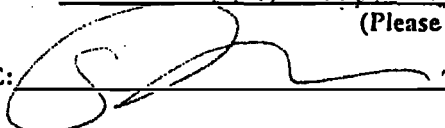
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: Reinspection to check records. IN COMPLIANCE

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

DATE OF NEXT INSPECTION: 6/99
(Approximate)

INSPECTION CONDUCTED BY: SAADIA ALIRETHY
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 843-3333



Department of Environmental Protection Dry Cleaner Compliance Calendar

Ormond Beach cleaner, 1482 W. Grand, Ormond
(904) 676-7700

NOVEMBER 1997

S	M	T	W	T	F	S
						1
2	3	4	5	6	7 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	8
9	10	11	12	13	14 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	15
16	17	18	19	20	21 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	22
23/30	24	25	26	27	28 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	29



Department of Environmental Protection Dry Cleaner Compliance Calendar

DECEMBER 1997

	S	M	T	W	T	F	S
	1	2	3	4	5	Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	6
7	8	9	10	11	12	Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	13
14	15	16	17	18	19	Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	20
21	22	23	24	25	26	Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	27
28	29	30	31				

Ormond Beach Cleaners, 1482 W. Grand, #121
 Ormond Beach FL 32174 676-7700

CONDENSER TEMP LOG

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
11-3-97	7°c	<input checked="" type="radio"/> Y <input type="radio"/> N
11-10-97	6°c	<input checked="" type="radio"/> Y <input type="radio"/> N
11-17-97	6.5°c	<input checked="" type="radio"/> Y <input type="radio"/> N
11-24-97	7°c	<input checked="" type="radio"/> Y <input type="radio"/> N
		<input type="radio"/> Y <input type="radio"/> N

PERC PURCHASES

TOTAL FROM LAST MONTH		
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		-
DATE	AMOUNT	12 MONTH RUNNING TOTAL
11-21-97	30 Gallons	

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	DATE							
	11-3-97	11-10	11-17	11-24				
HOSES	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
DOOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
PUMP	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
SOLVENT TANK	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
WATER SEPARATOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
MUCK COOKER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
STILL	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
EXHAUST DAMPER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
DIVERTER VALVE	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
FILTER GASKET	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
CARTRIDGE FILTER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			

JRC

CONDENSER TEMP LOG

1 → 2 WKS

PERC PURCHASES

Perc.

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
12-1-97	6.5°c	(Y) N
12-8-97	6°c	(Y) N
12-15-97	6.5°c	(Y) N
12-22-97	7°c	(Y) N
12-29-97	7°c	(Y) N

TOTAL FROM LAST MONTH		
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		
DATE	AMOUNT	12 MONTH RUNNING TOTAL

NOTES

INSPECTIONS

INSPECTED	LEAKING?						DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	DATE								
	12-1-97	12-8	12-15	12-22	12-29				
HOSES	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y				
DOOR	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y				
PUMP	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y				
SOLVENT TANK	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y				
WATER SEPARATOR	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y				
MUCK COOKER	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y				
STILL	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y				
EXHAUST DAMPER	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y				
DIVERTER VALVE	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y				
FILTER GASKET	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y				
CARBTRIDGE FILTER	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y				



Department of Environmental Protection Dry Cleaner Compliance Calendar

JANUARY 1998

S	M	T	W	T	F	S
				1	2 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	3
4	5	6	7	8	9 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	10
11	12	13	14	15	16 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	17
18	19	20	21	22	23 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	24
25	26	27	28	29	30 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	31

BEST AVAILABLE COPY

CONDENSER TEMP LOG

PERC PURCHASES

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
1-5-98	7°c	<input checked="" type="radio"/> Y <input type="radio"/> N
1-12-98	7°c	<input checked="" type="radio"/> Y <input type="radio"/> N
1-19-98	6.5°c	<input checked="" type="radio"/> Y <input type="radio"/> N
1-26-98	6°c	<input checked="" type="radio"/> Y <input type="radio"/> N
	-	<input type="radio"/> Y <input type="radio"/> N

TOTAL FROM LAST MONTH		
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		-
DATE	AMOUNT	12 MONTH RUNNING TOTAL

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	1-5-98	1-12	1-19	1-26				
HOSES	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
DOOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
PUMP	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
SOLVENT TANK	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
WATER SEPARATOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
MUCK COOKER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
STILL	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
EXHAUST DAMPER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
DIVERTER VALVE	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
FILTER GASKET	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			



Department of Environmental Protection Dry Cleaner Compliance Calendar

FEBRUARY 1998

S	M	T	W	T	F	S
1	2	3	4	5	6 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	7
8	9	10	11	12	13 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	14
15	16	17	18	19	20 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	21
22	23	24	25	26	27 Temp logged <input type="checkbox"/> Inspect logged <input checked="" type="checkbox"/>	28

BEST AVAILABLE COPY

CONDENSER TEMP LOG

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
2-2-98	6.5°c	<input checked="" type="radio"/> Y <input type="radio"/> N
2-9-98	7°c	<input checked="" type="radio"/> Y <input type="radio"/> N
2-16-98	7°c	<input checked="" type="radio"/> Y <input type="radio"/> N
2-23-98	6.5°c	<input checked="" type="radio"/> Y <input type="radio"/> N
		<input type="radio"/> Y <input type="radio"/> N

PERC PURCHASES

TOTAL FROM LAST MONTH		
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		-
DATE	AMOUNT	12 MONTH RUNNING TOTAL

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	DATE							
	2-2-98	2-9	2-16	2-23				
HOSES	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input type="radio"/> N			
DOOR	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input type="radio"/> N			
PUMP	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input type="radio"/> N			
SOLVENT TANK	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input type="radio"/> N			
WATER SEPARATOR	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input type="radio"/> N			
MUCK COOKER	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input type="radio"/> N			
STILL	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input type="radio"/> N			
EXHAUST DAMPER	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input type="radio"/> N			
DIVERTER VALVE	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input type="radio"/> N			
FILTER GASKET	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input type="radio"/> N			
CARTRIDGE FILTER	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input type="radio"/> N			

Bring Lalondra ✓
PERCHLOROETHYLENE DRY CLEANERS
 TITLE V GENERAL PERMIT
 COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED
 DATE: 1-12-00
 BY: RC

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1270126 DATE: 1-10-00 TIME IN: 12:15 TIME OUT: 12:45
 FACILITY NAME: Touch of Class Cleaners
 FACILITY LOCATION: 1605, Nova Road
Ormond Beach, FL 32174
 RESPONSIBLE OFFICIAL: Mr. Kapadia PHONE: 404-673-4611
 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

PART II: CLASSIFICATION

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

<p>A.</p> <p>1. Existing small area source <input checked="" type="checkbox"/> 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)</p> <p>3. Existing large area source <input type="checkbox"/> 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)</p>	<p><input type="checkbox"/> No notification form <input type="checkbox"/> Drop store/out of business/petroleum</p> <p>2. New small area source <input type="checkbox"/> 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)</p> <p>4. New large area source <input type="checkbox"/> 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 on or after 12/9/91)</p>
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5. This is a correct facility classification N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 65 gallons.

RECEIVED
 FEB 2 2000
 Bureau of Air Monitoring
 & Mobile Sources

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

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

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

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

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

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
 - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
 - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - d. Kept in a clean and secure area when not in use? Y N
 - e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Randall Cunningham
Inspector's Name (Please Print)

1-10-00
Date of Inspection

[Signature]
Inspector's Signature

1-2001
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for providing additional site information.

1270126

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACC

FACILITY NAME: Touch of Class Cleaners DATE: 1-10-00
 FACILITY LOCATION: 160 S. Nova Rd.
Ormond Beach, FL 32174

Annual Reporting Period: January 1999 TO January 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: KADADIA NARENDRA [Signature] 1/10/00
 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.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 12:15 TIME OUT: 12:45 AIRS ID#: 1270126
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Touch of Class Cleaners DATE: 1-10-00
 FACILITY LOCATION: 1605 Nova Rd,
Ormond Beach, FL 32174
 RESPONSIBLE OFFICIAL: Mr. Kapadia PHONE NUMBER: 404-673-4611

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:
In Compliance

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

DATE OF NEXT INSPECTION: 1-2001

INSPECTION CONDUCTED BY: Randall Cunningham (Approximate)

INSPECTOR'S SIGNATURE: Randall Cunningham (Please Print) PHONE NUMBER: 407-893-3333

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

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Total Posts 10 AIRS ID # 1270136001AG

Sent To SAM HANNOUSH
ORMOND BEACH CLEANERS
Street, Apt. 1 1482 W GRANDA BLVD SUITE 610
ORMOND BEACH FL 32174
City, State, Z

PS Form 3800, May 2000

See Reverse for Instructions



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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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AIRS ID # 1270136

ORMOND BEACH CLEANERS
SAM HANNOUSH
1482 W GRANDA BLVD SUITE 610
ORMOND BEACH FL 32174

RECEIVED
DEC 29 1998
Bureau of Air, Missiles
& Mobile Forces

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



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300120

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: \$50.00 16 98

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AIRS ID#1270136
ORMOND BEACH CLEANERS INC
SAM HAMMOND
1482 W GRANDA BLVD SUITE 610
ORMOND BEACH FL 32174

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