

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 18, 1996

Mr. Roger D. White President Miracle Laundry & Dry Cleaners Post Office Box 62 DeFuniak Springs, Florida 32435

Dear Mr. White:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

/Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Charles Norman, Northwest District

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

# #1310025 Miracle Laundry + Dry Cleaners 1.(c) mark out "X" and initial 5.(c) required 5.(c) required

### Perchloroethylene Dry Cleaning Facility Notification

### **Facility Name and Location**

·
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Rogere D. White
2. Site Name (For example, plant name or number):
Miracle Laundry & DRY Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: SH SH, 4 Hwy 90
City: DeFuniak Springs County: WALton Zip Code: 32435
5. Facility Identification Number (DEP Use):
1310025
Responsible Official
( Name and Title of Damaneible Official)
6. Name and Title of Responsible Official:
Roger D. White /OWNER/President
7. Responsible Official Mailing Address: Organization/Firm: Mircele Landy IDRY Cleaners Street Address: P.O.By 42
City: DeFunial Springs County: WALton Zip Code: 32435
8. Responsible Official Telephone Number:
Telephone: (904) 892 - 3715 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Roger D. White owner
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -

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Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	1.77		ing and the second of the seco	+ \$-		* ***		energy of the second	
(1) w/ ref. condenser	# /	12-10-9	Pizmara93	10					
(2) w/ carbon adsorber									
(3) w/ no controls									_
Washer Unit	100	A TAMES OF				and the second		in the second	
(4) w/ ref. condenser							l		
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	74								Applications
(7) w/ ref. condenser									
(8) w/ carbon adsorber									_
(9) w/ no controls									
Reclaimer Unit	14,455	riikaya, si.		.45	in the state		710		September 1
(10) w/ ref. condenser									
(11) w/carbon adsorber	•								
(12) w/ no controls									
(b) Control devices and (c) No control devices  2.(a) What was the total (c) 70  (b) If less than 12 more Check why it is less	quant ] gallo	equired to be ity of perchlo ons ow many? [_	installed [_, proethylene (	perc)	purchased in				
3. What is the facility's so (Indicate with an "X".	ource	classification	based on the	, dof	initions foun	d in section (	3) of		

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

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### Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
( <u>X</u> )	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	nptly notify the Department of any changes to the information contained in this notification.
Ag. Signature	Durat 8/14/94 Date

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Rogere D. White
2. Site Name (For example, plant name or number):
Miracle Laundit & DRY Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: SH 54. 4 Hwy 90
City: DeFuniak Spring 5 County: WALton Zip Code: 32435
2 Det anime estand
5. Facility Identification Number (DEP-Use):
1310025
Responsible Official
Responsible Official
6. Name and Title of Responsible Official:
Roger D. White /OWNER/President
7. Responsible Official Mailing Address: Organization/Firm: Mircurk Laundit IDRY Cleanus
Street Address: P.O. Box 4 2-
City: DeFuniAlc Strings County: WALton Zip Code: 3-2435
8. Responsible Official Telephone Number:
Telephone: $(904)$ $662 - 3.715$ Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Roger D. White ouner
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -

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Bureau of Air Monitoring & Mobile Sources

Note: HAS A SUPERMAR 750 Super Not in use.

### **Facility Information**

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

	,	T		. —		7.5		T	T=:
MILACIEAN	ľ	Date	Date		Date	Date	•	Date	Date
tual 335		Machine	Control		Machine	Control		Machine	Control
	10	Initially	Device	10	Initially Purchased	Device Installed	ID.	Initially Purchased	Device Installed
Type of Machine	ID	Purchased	Installed	ID	Purchased	installed	ID	Purchased	mstaned
Example	#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	#1	12-mas	3 12 mar = 93	16	1				
(2) w/ carbon adsorber		100	7.2.7.4.4		,				
(3) w/ no controls		_							
Washer Unit					•			•	
(4) w/ ref. condenser	<del>}</del>								
(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						1			
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the	are ro	equired to be ity of perchlons ow many? [	e installed coroethylene (	perc)		n the latest 12			
3. What is the facility's so (Indicate with an "X".  Existing small an	Selec ea so	t one classif	ication only.)	ew sn	nall area sou	rce [ X	]	Part II?	
Existing large are	ea so	urce]	Ne	ew la	rge area sour		J		

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(Indicate with		ired on machines	pursuant to section (3) of P	rart II of this notification form?
	g large area source adsorber		Refrigerated condenser	
	nall area source rated condenser	<u>[X]</u>		4
	ge area source rated condenser	لــا		
to Rule 62-213.3		that all steam and	hot water generating units	ouse the general permit pursuant s on-site meet the following
boiler HP or less	), and (2) are fired	d exclusively by no		0 million BTU/hr or less (298 ds of natural gas curtailment fired.
All steam and ho No such units on	t water generating -site	units exempt	<u></u>	
	Equipme	ent Monitoring a	nd Recordkeeping Inform	nation
Check all logs w	hich are required t	o be kept on-site i	n accordance with the requ	irements of this general permit:
(a) Purchase rece	ipts and solvent p	urchases		<u> </u>
(b) Leak detection	n inspection and r	epair		[X]
(c) Refrigerated	condenser tempera	ture monitoring		[N] RW
(d) Carbon adsor	ber exhaust perc c	oncentration mon	itoring	
(e) Instrument ca	libration			
(f) Start-up, shut	down, malfunctio	n plan		LA RW

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### Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
( <i>X</i> _)	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prov	mptly notify the Department of any changes to the information contained in this notification.    1/20/96   1/20/96   Date

	BEST AVAILABLE COPY	# 1310025	[Wal	ton
	Miracle	Laundry 4 Dry C	Cleaners	
	P.14 1.(c) mar	-k out "X" and	initial	
1. Fac	p.15 3.(c) req	-K out "X" and nured		
2. Sit				
3. Ha				
4. Fa				
Ci 5. Fa				2435
6. Na				· ·
7. Re				-
Ci		·		± 32435
8. Re				
		· · · · · · · · · · · · · · · · · · ·		
1	me and Title of Facility Contact $900$ D. White	(For example; plant manager):		
	cility Contact Address:			<u> </u>
Str Cit	eet Address: y:	County:	Zip Code:	
1	cility Contact Telephone Number	r: Fax: (	)	

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Bureau of Air Monitoring & Mobile Sources

Revised 10/10/96

AIRS ID#: 13/0025

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Meracle Laundry & Dry Clearer DATE: 11. 20.96
FACILITY LOCATION: 370 Hwy 90 w?
Detunial Barings, FL 32435
Annual Reporting Period: 8/14/96 19 TO \$ 11/20/96 19
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from 8/14/96 to 11/20/96
Action(s) taken to achieve compliance: Thermometer Install as ap
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of 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: Roge & D. White Agrill Signature 11)20/96  Name (Please Print)  Date

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

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	□ COMPLAINT/DISCOVERY □
	RE-INSPECTIO	N $\square$
		1400
AIRS 1D#: / 31002	TIME:	IN: TIME OUT:
FACILITY NAME: <u>Mera</u>	il Laund	by Dog Cleaners.
FACILITY LOCATION:	# ST +	90 w 370 w. Hwy 90
	De Frema	il Springs FL 32435
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DAI	RM by 9/1/96	
2. New facility notified DARM	30 days prior to star	rtup
3. Facility failed to notify DARI	M to use general pe	rmit
the state of the s	and the second s	
PART II: CLASSIFICATION		
Facility indicated on notification (check appropriate box)	on form that it is:	
<b>A.</b>		
1. Existing small area sour dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
3. Existing large area sourd dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" th="" transfer="" types,=""><th>00 gal/yr gal/yr</th><th>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" th="" transfer="" types,="" yr=""></x<2,></th></x<2,>	00 gal/yr gal/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" th="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classific	cation	□Y □N
If no, please check the appropri	ate classification:	
		mit as number above s not eligible for a general permit

Hogore Juni 96 30 gal

### 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 DN DY DN 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 🖭Y 🗆N 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY ON 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Conducted all temperature monitoring and appropriate verifying that the coolant had been completely charged? WAD Not being mounting that 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YO 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?

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

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

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	DA DA
2. Which method of detection is used by the responsible official?	_
Visual examination (condensed solvent on exterior surfaces)	
Physical detection (airflow felt through gaskets)	<b>B</b>
Odor (noticeable perc odor)	70
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	

If using direct-reading instru	nentation,	, is the equ	ipment: NA		
a. Capable of detecting	g perc vap	or concentr	ations in a range of 0-500 ppm?		<b>N</b>
b. Calibrated against a (PID/FID only)?	<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> <li>Y IN</li> </ul>				
c. Inspected for leaks	and obviou	is signs of v	wear on a weekly basis?		⊇N
d. Kept in a clean and	secure are	ea when no	t in use?		N□
e. Verified for accurac	y by use o	f duplicate	samples (calorimetric only)?		□N
3. Has the facility maintained a leak log	?	·		□YŪ	N)
4. The following areas should be checked	d for leaks	sby the ins	pector:		
	Leak	etected?		*beak	etected?
Hose connections, fittings, couplings, and valves	·ΩΥ	□N	Muck cookers	MY	□N
Door gaskets and seating	V□Y	ПN	Stills	ΔA	□N
Filter gaskets and seating	ΔY	□N	Exhaust dampers	DY	□N
Pumps	DY	ПN	Diverter valves	DY	□N
Solvent tanks and containers	DY	□N	Cartridge filter housings	s 🗗	□N
Water separators	ďΥ	□N			
Vas 18 M Non mo	N Clail Tas	SACCHO			
Reger D. Wlite			11.20.90	6	
Inspector's Name (Please P	<del>ri</del> nt)		Date of Insp	ection	

Inspector's Signature

Nov97.
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		, <u></u>
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### PROJECT 9425/

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

ARMS	2.4	96
	~	

Revised 10/96

COMPLAINT/DISCOVERY RE-INSPECTION □ TYPE OF INSPECTION: ANNUAL 🔀 AIRS ID#: / 370023 TIME IN: TIME OUT: FACILITY LOCATION: PHONE NUMBER: 904 - 892 - 3715 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  $\nabla$ discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED install guage &. lange of gas- voper stream weekly mains importan COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES D NO DATE OF NEXT INSPECTION: (Approximate) PHONE NUMBER: 904

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# TITLE V AIR QUALITY GENERAL PENAIT NSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1420	TIME OUT:		AIRS ID#:	310025
TYPE OF FACILITY:				
FACILITY NAME: Muran	u Laundy	+ D:	ry Cleaners	DATE: 11/19/9 8
FACILITY LOCATION: 8	151 + US 90	) (	370 (tay 90)	
<u>Qe</u>	Funral Sp	ma	ρ	
RESPONSIBLE OFFICIAL:	oger D White	·	PHONE NUMBER:	350-892-3715
	he compliance requiremer ule 62-213.300, Florida A		ated during this inspection, the facil ative Code (F.A.C.).	lity is found to be in
Based on the results of the discrepancies were noted	• •	nts evalua	ated during this inspection, the follo	owing compliance
COMPLIANCE REQU	IREMENT/PROBL	LEM	FOLLOW-UP ACTION	ON REQUIRED
·	•			
				, -
·		1		
<del> </del>				
COMMENTS: Need to	deterning Te	mp.	mesurmed policy as a surregal	Con He
drum	temp he u	sed	as a surrega	u sarameten?
Re: Sans	les 5- Mais	to Blue	lph Stapling	0
	ntion form has been prope	rly certifi	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	4: mid -9		nuovi-noto)	· <u>-</u>
INCRECTION CONDUCTED :	W. CLANIC		proximate)	
INSPECTION CONDUCTED E	31: 17061	<u>\                                    </u>	ease Print)	
NSPECTION CONDUCTED BY: CITARIES Norman  (Please Print)  NSPECTOR'S SIGNATURE (Please Print)  NSPECTOR'S SIGNATURE (Please Print)  PHONE NUMBER: 595-8364				

Page\_\_\_of\_\_\_.

Revised 10/96

COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY **RE-INSPECTION** DATE: 11/19/98 TIME IN: 1420 TIME OUT: AIRS ID#: FACILITY NAME: FACILITY LOCATION: 370 PHONE: 850-892-3715 RESPONSIBLE OFFICIAL: 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: ☐ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yrdry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, 140 < x < 2,100 gal/yrtransfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ ENTERED both types, 140 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yrNOV 23 1998 (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification  $\square N$ □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 25 gallons.

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

### PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

### In Part II-A:

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

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

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).

	Has the responsible official of all new sources and existing large area sources:    deck appropriate boxes		
1.	Equipped all machines with the appropriate vent controls?	DY DN	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	אם צם י	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON I	⊡N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	оу Фи	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	אם עם	□N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם אם	

DN/A



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

### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MD YE 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? Sid up at chap. NØ YO 3. Maintained leak detection inspection and repair reports for the following: אואם אם צם a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN DN/A DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) A/ME NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? MO AQ DY DN DN/A 7. Maintained deviation reports? A/NØ NO YO Problem corrected? DY DN QN/A 8. Maintained compliance plan, if applicable?

3 of 5

### PART VI: LEAK DETECTION AND REPAIRS

l.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?	N□ YE		
2.	Has the facility maintained a leak log?	MD AE		
3.	Does the responsible official check the following areas for leaks?			
	Hose connections, fittings,			
	couplings, and valves \(\sigma Y \subseteq N \subseteq N/A \) Muck cookers	OY ON ON/A		
	Door gaskets and seating	A/NO NO YE		
	Filter gaskets and seating	A/NE NO YO		
	Pumps DY DN DN/A Diverter valves	AVA UN UN/A		
	Solvent tanks and containers	אואם אם צפ		
	Water separators			
4.	Which method of detection is used by the responsible official?			
	Visual examination (condensed solvent on exterior surfaces)	Ā		
	Physical detection (airflow felt through gaskets)	<u>`</u>		
	Odor (noticeable perc odor)	Ð		
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
	Halogen leak detector			
	If using direct-reading instrumentation, is the equipment:	ØN/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)?	OY ON		
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON		
	d. Kept in a clean and secure area when not in use?	OY ON		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	DY DN		

Inspector's Name (Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

### ADDITIONAL SITE INFORMATION:

Noed to de termino policy on Temp marinemuli

AIRS ID#: 13/0025



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

FACILITY NAME: Mergele Laung FACILITY LOCATION: 8 H ST and Defendation	eng & Drz	Cleanin.	DATE	: 11/19/98
FACILITY LOCATION: 8 5 5 1 May	US90 (	370 17WY	90 <u>)                                    </u>	
Determan S	prings, F	-c. 32	435	
Annual Reporting Period: 11-18-97	1997	7 TO _//-	18	19 <u>99</u>
Based on each term or condition of the Title V genera		=		
62-213.300, Florida Administrative Code (F.A.C.), du	iring the period covere	d by this statement	. Layes	□NO
If NO, complete the following:				
#1. Term or condition of the general permit that has	not been in continuous	compliance during	g the reportin <b>o</b> per	iod stated above:
			, 4	C
Event assist of non-constitution from			No.	6/16
Exact period of non-compliance: from		to	SUrea.	2, 50
Action(s) taken to achieve compliance:			Mos Air	4 /yy O
Method used to demonstrate compliance:			- Olle Se	Moning Control
				ACG STING
#2. Term or condition of the general permit that has	not been in continuous	compliance during	g the reporting per	riod stated above:
			***	
Exact period of non-compliance: from		to EN	TERED	
Action(s) taken to achieve compliance:		NOV 2	2 3 1998	
			_	
Method used to demonstrate compliance:				
·		<del>-</del>		
As the responsible official, I hereby certify, based on made in this notification are true, accurate and comp upon rolling averages of purchase receipts, does not year for transfer or combination facilities.	lete. Further, my ann	ual consumption of	perchloroethylen	e solvent, based
	Lish to	2/11/	<del>}</del>	11-19-98
RESPONSIBLE OFFICIAL: Your Pleas	e Print)	Signat	ture	Date
	~	2.6		

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1445 TIME OUT: / (777	AIRS ID#: 1310025
TYPE OF FACILITY: DC	
FACILITY NAME: Meracle Laurance +	DC DATE: 2/19199
FACILITY LOCATION: 5 4 US 90	
O	(02 >311
RESPONSIBLE OFFICIAL: Roger White.	PHONE NUMBER: 872 - 37/5
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Install tenop miasurus caris	Please complete within 30
as stated in Digit It i)	Jorgs and notify the
Jan 8, 1999.	Dept when camplite.
RECEIVED	
FEB 2 4 1999	
Bureau of Air Monitoring	
industrie Sources	
COMMENTS:	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector.  YES NO
DATE OF NEXT INSPECTION:	μι ('
INSPECTION CONDUCTED BY C. Mann	oproximate)
INSPECTOR'S SIGNATURE: Winder Line (P)	lease Print)  PHONE NUMBER: 595 8364

Page of 1.

Revised 10/96



# Department of Environmental Protection

Lawton Chiles Governor Northwest District 160 Governmental Center Pensacola, Florida 32501-5794

Virginia B. Wetherell Secretary

January 8, 1999

Roger D. White Miracle Laundry and Dry Cleaners P O Box 62 DeFuniak Springs FL 32435

Dear Mr. White:

This letter is a follow-up to the Air Resources Management inspection of your dry cleaning facility conducted on November 19, 1998.

At the time of the inspection you did not have a means to monitor the temperature of the air stream exiting the refrigerated condenser on your dry cleaning machine. I mentioned that I had recently seen some correspondence concerning using a temperature measured in the drum, and that I would check to see how it applied in your case. I have reviewed the correspondence and find that it only applied to a special case. Thus, you are required to install a device to measure the temperature where the air stream exits the refrigerated condenser coil area.

Please install a temperature measuring device immediately, and notify the Department of its installation. Once you accomplish this and begin doing the bi-weekly temperature monitoring checks and logging them, your facility will be in compliance. If you have any questions please contact me at (850) 595-8364.

Sincerely,

Charles Norman

Compliance Assurance Inspector

CMN/cnc

RECEIVED

FEB 2 4 1999

Bureau of Air Monitoring & Mobile Sources

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	MPLAINT/DISCOVERY	
FACILITY NAME: 1740	DATE: 2/19/95 Tiels form do	_ TIME IN: /	Cleaning.	155.5
RESPONSIBLE OFFICIAL:	Regionahite		•	5
PART I: NOTIFICATION				
(check appropriate box)		1501 A	Page 5)	
New facility notified DARM	30 days prior to startup	(-71		
2. Facility failed to notify DAR	M to use general permit			
		· · · · ·		
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	ce	New small area sto-dry only, $x < 1$	.40 gal/ут	troleum
both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source.	both (cor	usfer only, x < 200 in types, x < 140 g instructed on or aft in the service of th	al/yr er 12/9/91) ource	
both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sourd dry-to-dry only, 140 \le x \le 2, transfer only, 200 \le x \le 1,800 g (constructed before 12/9/91)	both (cor  ce 4. I  100 gal/yr dry- 0 gal/yr both (cor	In types, $x < 140$ g astructed on or after the large area seto-dry only, $140 \le x \le 140 \le x \le $	al/yr er 12/9/91)  ource  \( \leq x \leq 2,100 \text{ gal/yr} \) \( \leq 1,800 \text{ gal/yr} \) \( 1,800 \text{ gal/yr} \) \( \leq 12/9/91)	
both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility clud of the source of the facility clud of the facility of the source of the facility clud of the facility of th	both (cor  ce 4. I  100 gal/yr dry- 0 gal/yr both (cor	In types, $x < 140$ g astructed on or after the large area set to-dry only, $140 \le x \le 140$ as fer only, $200 \le x \le 140$ as from the large area for the large area f	al/yr eer 12/9/91)  ource  \( \leq \times \leq 1,800 \text{ gal/yr} \)  1,800 \text{ gal/yr}  eer 12/9/91)  Can not determine  above	

FEB 2 4 1999

### ADDITIONAL SITE INFORMATION:

Reinspiction: John up to My Jon 8, 1999 It to to Regar Din he to explaining need for Leny Denser on Reprogented Conclusion. 1. Has not installed yet.

2. Gave 30 Lay & consulted notify me

RECEIVED

FEB 2 4 1999

Mick, for your fules.

RECEIVEL

MAR 18 1999

Bureau of Air Monitoring & Mobile Sources

Memorandum for Record:

17 March 1999

Subject: Miracle Laundry & Dry Cleaners (1310025)]

Mr. Roger D. White informed me that the temperature measuring equipment has been installed. This closes out the action from my January 8, 1999 letter informing Mr. White that such equipment is required.

Charles Norman

# TI E V AIR QUALITY GENERAL PE IIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 1445 TIME OUT: /57	Z' AIRS ID#: 1310025			
TYPE OF FACILITY: D C				
FACILITY NAME: Miracle Laurdre	DATE: 2/19/99			
FACILITY LOCATION: 8 3/11 + US 900				
RESPONSIBLE OFFICIAL: Roger White.	PHONE NUMBER: 872-37/5			
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Adminis	· · · · · · · · · · · · · · · · · · ·			
Based on the results of the compliance requirements eva discrepancies were noted:	luated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
Install temp measuring cours	Please complete within 30			
Install tening mianumy equips as stated in Din Lts of	Lays and notify the			
Dan 8, 1999.	Deza when complète.			
MF-12:3/17/99 Mrl	Mite ne thiel me by phone in temps. messening egging in talled			
howlen	installed.			
	· · · · · · · · · · · · · · · · · · ·			
COMMENTS: TNSPECTED FOR QUAS	OSE OF DETERMING ACTION			
COMMENTS: INSPECTED FOR DURS TAKED ON MY DANIE, 1	90,9 . 2tr.			
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO				
DATE OF NEXT INSPECTION:	Approximate)			
INSPECTION CONDUCTED BY Coman	<u> </u>			
INSPECTOR'S SIGNATURE: Olin A. M. January PHONE NUMBER: 595 8364				

Revised 10/96



# Department of Environmental Protection

Lawton Chiles Governor Northwest District 160 Governmental Center Pensacola, Florida 32501-5794

January 8, 1999

Virginia B. Wetherell Secretary

Roger D. White Miracle Laundry and Dry Cleaners P O Box 62 DeFuniak Springs FL 32435

Dear Mr. White:

This letter is a follow-up to the Air Resources Management inspection of your dry cleaning facility conducted on November 19, 1998.

At the time of the inspection you did not have a means to monitor the temperature of the air stream exiting the refrigerated condenser on your dry cleaning machine. I mentioned that I had recently seen some correspondence concerning using a temperature measured in the drum, and that I would check to see how it applied in your case. I have reviewed the correspondence and find that it only applied to a special case. Thus, you are required to install a device to measure the temperature where the air stream exits the refrigerated condenser coil area.

Please install a temperature measuring device immediately, and notify the Department of its installation. Once you accomplish this and begin doing the bi-weekly temperature monitoring checks and logging them, your facility will be in compliance. If you have any questions please contact me at (850) 595-8364.

Sincerely,

Charles Norman

Compliance Assurance Inspector

CMN/cnc

### PERC.,LOROETHYLENE DRY CLL, NERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	СОМ	PLAINT/DISCOVERY	
FACILITY NAME: 1 STACILITY LOCATION:	viele Jam do	= & Dry	Cleaning.	500
RESPONSIBLE OFFICIAL:	Roger white			<u></u>
PART I: NOTIFICATION				
(check appropriate box)  1. New facility notified DARM  2. Facility failed to notify DARI		(Sui P	age 5")	0
PART II: CLASSIFICATION				
				II.
Facility indicated on notification (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)	on form that it is:  ce		O gal/yr ;al/yr /yr	troleum
(check appropriate box)  A.  1. Existing small area sourd dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility classified in the please check the angle of the please check the facility of the please check the please c	on form that it is:  ce	ew small area sou o-dry only, x < 140 fer only, x < 200 g types, x < 140 gal. structed on or after ew large area sou o-dry only, 140 ≤ x ≤ types, 140 ≤ x ≤ 1 structed on or after □N □Cal. ermit as number _	op store/out of business/pet  irce	troleum

### ADDITIONAL SITE INFORMATION:

Reinspirition: John up to My Jon 8, 1999 It to to Reger Divinite explaining need for Long Donsor on Refrigeration Convolusion.

1. Has net installed iget.

2. Gave 30 Lays to complete & notify mo

Baller 17 mp2 99 to admine Days Hurt Sursier has been installed. AIRS ID#: 1310025

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMITA

ANNUAL COMPLIANCE CERTIFICATION FORM
FACILITY NAME: MIRACLE LAUNDRY & DRY CLONNING DATE 2/21/00
FACILITY LOCATION: 8 MST + Havy 90
De FUNIAR SPRINGS 32435
Annual Reporting Period: $11/20/98$ 19 TO $2/21/22$ 19
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
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:
Temp Sensa Not Installed
Exact period of non-compliance: from $\frac{11/20/98}{}$ to $\frac{17/822}{}$
Action(s) taken to achieve compliance: Installed Temp GUAge
Method used to demonstrate compliance: Installed & Records Kapt
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance: FEB 2 3 2000 FEB 2 3 2000
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Date

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

# TITLE V AIR QUALITY GENERAL PERMIT

	PEO			
TITLE V AIR QUALIT INSPECTION SUM	Y GENERAL PERMIT			
TYPE OF INSPECTION: ANNUAL X	IPLAINT/DISCOVERY TO THE INSPECTION TO			
TIME IN: TIME OUT: 1450	AIRS ID#: / 3700305777			
TYPE OF FACILITY: DC	Source			
FACILITY NAME: Mirecle Laurely	DAY CLOS DATE: 3/21/908			
FACILITY LOCATION: 6 AST + HW Q 9	0			
Delement Son 5	32435			
RESPONSIBLE OFFICIAL: Ruger White	PHONE NUMBER: 892 3715			
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra				
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
·				
	F R C TO TO TO			
	EN I ERED			
	FEB 2 3 2000			
·				
·				
Keep up Reconds - They were	good Haraugh Dec 99.			
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO			
DATE OF NEXT INSPECTION: 8-12mos				
(Approximate)				
INSPECTION CONDUCTED BY: CHANG Norman				
/ / Programme (PI	ease Print)			
INSPECTOR'S SIGNATURE: MILE	PHONE NUMBER: 593-8364			
Page_	of			

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

T	Y	P	E	OF	INSP	EC	TIC	N:
---	---	---	---	----	------	----	-----	----

ANNUAL



**RE-INSPECTION** 

Y CLEANERS

IIT
ECKLIST

Bureau of A Still COMPLAINT/DISCOVERY Mobile Sources in the source ind

FACILITY NAME: MIRACLES LAUN	Hay 90 L Spg5: 321/35 White PHONE: 892-3715
PART I: NOTIFICATION	
(check appropriate box)	ENTERED
1. New facility notified DARM 30 days prior to star	tup FEB 2 3 2000 🗆
2. Facility failed to notify DARM to use general per	
,,,,	_
DARTH CLASSIFICATION	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
IL .	
(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	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classific facility qualified for a get	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ ) $\square$

## Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DY ON DN/A 3. Closing and securing machine doors except during loading/unloading? OY ON 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? A/MO MO YE 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN BN/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) אם עם 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? . Catch up you, $\mathbf{a}_{\Lambda} \square_{\Lambda}$ 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	. Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	<b>√□</b> Y	□N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ON DN/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ON DANV
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?	ΞY	□N DON/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	A/NB ND
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,		
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	DN DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ON BN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ON QN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	-
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	/ pax ax
2. Maintained rolling monthly total of perc consumption? CALJUS up de la description	AL ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
and parts installed w/in 5 days of receipt?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	Öλ ON ØN/V
5. Maintained exhaust duct monitoring data on perc concentrations?	אנם אם צם A/A
6. Maintained startup/shutdown/malfunction plan?	NO AG
7. Maintained deviation reports?	אומבעום אם ADVIV
Problem corrected?	DY ON BIN/A
8. Maintained compliance plan, if applicable?	ם אום אם אם

## PART VI: LEAK DETECTION AND REPAIRS

_						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			MD AE		
2.	Has the facility maintained a leak lo	g?		MD AM		
3.	Does the responsible official check t	the following areas for leaks	s?			
	Hose connections, fittings,	\				
	couplings, and valves	A/A N D Y Z	Muck cookers	OY ON ON/A		
I	Door gaskets and seating	DY ON ON/A	Stills	A/NO NO YES		
	Filter gaskets and seating	A/אם, אם עם	Exhaust dampers	DY DN DN/A		
	Pumps	OY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	BY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	DY ON ON/A				
4.	Which method of detection is used b	y the responsible official?				
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow fel-	t through gaskets)	_	_`_		
	Odor (noticeable perc odor)			٦		
	Use of direct-reading instrume	ntation (FID/PID/calorimet	ric tubes)			
	Halogen leak detector					
	If using direct-reading in	strumentation, is the equip	pment:	BN/A		
	a. Capable of detection	ng perc vapor concentration	s in a range of 0-500 ppm?	OY ON		
		a standard gas prior to and	after each use			
	(PID/FID only)?			OY ON		
	c. Inspected for leaks	s and obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and	d secure area when not in us	se?	OY ON		
	e. Verified for accura	acy by use of duplicate samp	ples (calorimetric only)?	□Y □N		

Inspector's Name (Please Print) Inspector's Signature

8-12 mos
Approximate Date of Next Inspection

Heen Lone Since lost insp.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent Addressee  D. Is delivery address different from item 12  Yes
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
10 AIRS ID # 1310025001AG ROGER D WHITE	
MIRACLE LAUNDRY & DRY CLEANERS POBOX 62 370 HWY 90 FAT T DEFUNIAK SPRINGS FL 32435	3. Service Type  Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
2210662889	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

Fax#	Phone #	Co./Dept. ////////////////////////////////////	TO CHARLES NORMAN	Post-it® Fax Note 7671
Fax#	Phone #	C. DARM	From KICK BUTUER	Date 1/a/o3   # of ▶ /

				l USPS	age & Fees S iit No. G-10	No. 1.
•	Sender: Plea	ase printayour name	, address, and ZI	P+4 in this I	box •	Andrews & .
					***	
		BUR. OF AIR MON DEPT. OF ENVIRO MAIL STATION 55' 2600 BLAIR STON!		SOURCES		
		TALLAHASSEE, FL	LORIDA 32399-2400			

	Z 333 L US Postal Service Receipt for Cer		
. P	ROGER D WHITE ROGER D WHITE PO BOX 62 PEFUNIAK SPRINGS FL	AIRS ID 1316	0025
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date		
d 4b.	ditional services.	at we can return this	I also wish to receive the following services (for an extra fee):

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spac permit.  Write "Return Receipt Requested" on the mailpiece below the article  The Return Receipt will show to whom the article was delivered an delivered.	e does not e number.	I also wish to recifollowing service extra fee):  1.  Address: 2.  Restricte Consult postmas	ee's Address
completed	3. Article Addressed to:	4a. Article N		269 E
dwo	ROGER D WHITE AIRS ID 1310025	4b. Service	Гуре	
Τ.	ROGER D WHITE	Registere		Certified C
<u>address</u>	PO BOX 62 DEFUNIAK SPRINGS FL 32435	Express I	mall ceipt for Merchandise	☐ Insured List
	57.2 M 57. MINOS FL 32433	7. Date of De		\$
		7. 54.0 57 57	2-17-90	<b>X</b>
RETURN	5. Received By: (Print Name)	8. Addressee and fee is	e's Àddréss (Only i paid)	if requested Y
s your B	6. Signature: (Addressee or Agent)			
<u> </u>	PS Form <b>3811</b> , December 1994	2595-97-B-0179	Domestic Ret	urn Receipt

Z 333 660 396

US Postal Service
Receipt for Certified Mail
AIRS ID# 1310025
MIRACLE LAUNDRY AND DRY CLEANING
ROGER D WHITE
PO BOX 62
DEFINIAL SPRINGS EL 32435 DEFUNIAK SPRINGS FL 32435

	Postage	\$
	Certified Fee	
1	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the anticle The Return Receipt will show to whom the article was delivered and delivered.	a does not  1.  Addressee's Address  number.  2.  Bestricted Delivery
AIRS ID# 1310025  MIRACLE LAUNDRY AND DRY CLEANING  ROJER D WHITE  PO BOX 62  DEFUNIAR SPRINGS FL 32435	4a. Article Number  2 33 660 396  4b. Service Type  Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery  4 8 99
5. Received By: (Rrint Name)  6. Signature: (Addressed of Agent)  PS Ford 3811, December 1994	8. Addressee's Address (Only if requested and fee'is paid)  595-97-8-0179   Domestic Return Receipt

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
AIRS ID # 1310025
MIRACLE LAUNDRY & DRY CLEANERS
ROGER D WHITE
PO BOX 62
DEFUNIAK SPRINGS FL 32435

Certified Fee
Special Delivery Fee
Restricted Delivery Fee
Return Receipt Showing to
Whom & Date Delivered
Return Receipt Showing to Whom,
Date, & Addresse's Address

\$

Form **3800**.

S

TOTAL Postage & Fees

Postmark or Date

SENDER: I also wish to receive the ■ Complete items 1 and/or 2 for additional services.
■ Complete items 3, 4a, and 4b.
■ Print your name and address on the reverse of this form so that we can return this following services (for an extra fee): card to you.

Attach this form to the front of the mailpiece, or on the back if space does not Receipt Service 1. Addressee's Address permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt will show to whom the article was delivered and the date delivered. 2. Restricted Delivery Consult postmaster for fee. 3. Article Addressed to: 4a. Adicle Number completed P174 052 Return AIRS ID # 1310025 4b. Service Type MIRACEE LAUNDRY & DRY CLEANERS Certified ☐ Registered using RETURN ADDRESS ROGER D WHITE Insured ☐ Express Mail PO BOX 62 □ Return Receipt for Merchandise □ COD ₫ **DEFUNIAK SPRINGS FL 32435** 7. Date of Delivery noA 5. Received By: (Print Name) 8. Addressée's/Address (Only if requested and fee is paid) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994 Domestic Return Receipt 102595-97-B-0179

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DE	FUNIAK SPRINGS F	L 32435	,	
	Certified Fee Special Delivery Fee			
	Restricted Delivery Fee			
1995	Return Receipt Showing to Whom & Date Delivered			
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address			
8	TOTAL Postage & Fees	\$		
PS Form <b>3800</b> , April 1995	Postmark or Date			

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	
_	3. Article Addressed to:	4a. Article N	umber	
RN ADDRESS completed	AIRS ID # 1310025 MIRACLE LAUNDRY & DRY CLEANERS ROGER: D WHITE PO BOX:62 DEFUNIAK SPRINGS FL 32435	4b. Service Type  Registered Express Mail Return Receipt for Merchandise  COD  7. Date of Delivery		
Is your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994	8. Address e and fee is	e's Address (Only if requested paid)  Domestic Return Receipt	

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US Postal Service Receipt for Certified Mail N							
:	I 10 AIRS ID # 1310025001AG ROGER D WHITE MIRACLE LAUNDRY & DRY CLEANERS PO BOX 62 DEFUNIAK SPRINGS FL 32435						
	Postage	\$					
	Certified Fee						
	Special Delivery Fee						
	Restricted Delivery Fee						
1995	Return Receipt Showing to Whom & Date Delivered						
Form <b>3800</b> , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address						
	TOTAL Postage & Fees	\$	**				
PS Form 3	Postmark or Date						

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:			
10 AIRS ID # 1310025001AG ROGER D WHITE				
MIRACLE LAUNDRY & DRY CLEANERS POBOX 62 370 HWY 90 FAT F DEFUNIAK SPRINGS FL 32435	3. Service Type Certified Mail			
2210662889	4. Restricted Delivery? (Extra Fee) ☐ Yes			
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Obj.: 002273

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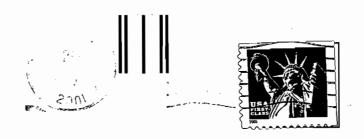
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