

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 30, 1997

Mr. Robert Mullett Bob's Laundry & Dry Cleaning 6503 Superior Avenue Sarasota, Florida 34231

Re: Facility No. 1150094

Dear Mr. Mullett:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 2, 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. James Goerdt, Sarasota County

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

Printed on recycled paper.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	Ž		
1. Facility Owner/Company Name	(Name of corporation, agenc	y, or individual owner):	
Bob"s Laundr	y & Drycleaning		
2. Site Name (For example, plant i			
L			
3. Hazardous Waste Generator Ide	ntification Number:	·	
0500043			
9502043 4. Facility Location: 6503	3 Superior AVE	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
Street Address:	, organici vive		
City:	County: Sarasota	Zip Code: 34231	-
Sarasota 5. Facility Identification Number (2.9
3. Facility Identification Number (0576	1150094	
	Responsible Official	I	
6. Name and Title of Responsible	Official:		
Robt Mullett	Owner		
7. Responsible Official Mailing Ac			\dashv
Organization/Firm:			
Street Address:			
City:	County:	Zip Code:	
<u>Sarasota</u> 8. Responsible Official Telephone	Sarasota Number:	34231	
Telephone: (941 925	•	: () -	
Facility C	Contact (If different from Res	sponsible Official)	
9. Name and Title of Facility Cont	act (For example, plant manag	ger):	
10. Facility Contact Address:			
C A 11			.
Street Address: City:	County:	Zip Code:	
City.	County.	z.ip Code.	
11. Facility Contact Telephone Nun	iber:		
Telephone: () -	Fax	: () -	
	-		, p
•		RECEIV	Ŀ

OCT 2 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, and the date the control device was installed, if applicable.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Deviče		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#/	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									4
(1) w/ ref. condenser	#]								
(2) w/ carbon adsorber								-	
(3) w/ no controls									
Washer Unit			•		1	1			
(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 [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [75] gallons									
(b) If less than 12 mont Check why it is less3. What is the facility's so (Indicate with an "X".	than	12 months:	New owner:	l	_			·	[]
Existing small ar	ea soi	urce []	Ne	w sn	nall area sour	ce [_			
Existing large are	a sou	ırce []	Ŋe	w lar	ge area sour	te [,	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

· H. A. Sand
1150094
6. Check nowl.
6. Check nowl. 13 7. Add Organization/Frim and Street address.
Dree adress.
p14 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Odd dates for purchase and control clevice
11/2
p16 RD Sign of Solute to lander
R.O. Dign and date for changes
10/28/97 Spoke to Mr. Mullett He stated his machine was origionally purchased on 5/21/94. The machine had refrigerated condenses and installed at manufacture
his machine was origionally purchased
on 5/21/94. The machine had refrigerated
condenser as installed at manufacture
į
· · · · · · · · · · · · · · · · · · ·

 What control technology is required on machine (Indicate with an "X".) 	es pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	•
	s units shall not be eligible to use the general permit pursuant nd hot water generating units on-site meet the following e:
) have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment re 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	e 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 mo	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

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. July 1 9-36-97 Signature Date						

DEP Form No. 62-213.900(2) Effective: 6-25-96 To Whom it CONCERNI;

Mr. Jun Gerdt came to my place and went over these forms with, in fact filled out form except IO #s, Which I pospe I have right. Since I didn't have ID#1 on premises I was planning to complete at home and mail. I left town for a few days well meaning puens files forme and I totally forgot it - PM Goerst, Environmental Apprecialist III did his j'the I delait. I som fellowing his instructions too date Mah

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECT	иои 🗀
	P
AIRS ID#: 150094 DATE: \$16	
FACILITY NAME: 13615 Landry	of Dry Cleaning & Vo
FACILITY LOCATION: 6903	
	-L 34291 83 5 0
RESPONSIBLE OFFICIAL: Boler 1)	Mulle # PHONE: 941/923538/5
CONTACT NAME:	PHONE:
The state of the s	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to st	tartup
2. Facility failed to notify DARM to use general p	permit
PART II: CLASSIFICATION	
PART II: CLASSIFICATION Facility indicated on notification form that it is:	: No notification form
Facility indicated on notification form that it is: (check appropriate box)	: □ No notification form □ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A.	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	☐ Drop store/out of business/petroleum 2. New small area source
Facility indicated on notification form that it is: (check appropriate box) A.	☐ Drop store/out of business/petroleum
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	Drop storc/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
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop storc/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
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop storc/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
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop storc/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,300 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop storc/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,300 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop storc/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,300 gal/yr
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Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr 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 classif facility qualified for a general source	Drop storc/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 1,300 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed on or after 12/9/91) \[\textsquare \te

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DN DN/A 2. Examining the containers for leakage? DN DN/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I 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? AYAO AO YA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΟY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?			□N/A
	Is the perc concentration equal to or less than 100 ppm?	ЦΥ	ΠŅ	□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?	\Box Y	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ΠИ	□N/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?	OY DIN			
3. Maintained leak detection inspection and repair reports for the following:	· · · · · · · · · · · · · · · · · · ·			
a. documentation of leaks repaired w/in 24 lus? or;	DY (IN) 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 IN ZWA			
4. Maintained calibration data? (for applicable direct reading instruments)	AVA NO AO			
5. Maintained exhaust duct monitoring data on perc concentrations?	ANN NO YO			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?				
Problem corrected? Why fixed Home W leak	AWA NO YOU			
8. Maintained compliance plan, if applicable?	OY ON KINA			

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΦY DΝ inspection? 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, □N □N/A Muck cookers DN DN/A couplings, and valves DY ON ON/A Stills ON ON/A Door gaskets and seating Y ON ON/A ON ON/A Filter gaskets and seating Exhaust dampers Diverter valves DY ON ON/A Y ON ONA Pumps AVALL ALL YE Cartridge filter housings Solvent tanks and containers ON ON/A Water separators ON ON/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: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use ИО УО (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	. Ex	MPLAINT/DISCOVE	RY 🗌	RE-INSPECTION
TIME IN: 2:00 Nam TIM	E OUT: : ¿	Dpn_AIF	RS ID#: 1150	094
TYPE OF FACILITY: <u>Dry Clea</u>	ner			
FACILITY NAME: Bob's Lau	ndry and Dry	Cleaning	V	DATE: <u>08/06/98</u>
FACILITY LOCATION: 6503 Supe	rior Ave.			
Sarasota,	FI.			
RESPONSIBLE OFFICIAL: Robert	Mullett	PHONI	E NUMBER:	941/925-3875
Based on the results of the compliance compliance with DEP Rule 62-213.30	•		ction, the facili	ty is found to be in
Based on the results of the compliand discrepancies were noted:	•			
COMPLIANCE REQUIREMEN		<u> </u>	-UP ACTIO	N REQUIRED
total; specifics o	n leak	loroethy leno	10	begin
checks ? heed to re	Cord		HOP	roff rope
Condensor outlet exha	aust temp	parature;	rec	and keeping
record any leaks re	Dairs			SAP
detected & Action tat	en (also,	ceep	(8	1/6/18)
any receipts For parts	of work			7
,			7	
			- Çe	B & M
			2	SON STATE A
				Sources Vonitorin
COMMENTS: Test leak with ecording Specifically will begin record k	h Haloger	, leak Dete	rotor	but not
ecording Specifically	what '6	Checkes.	Ihr.	Mullet
vill begin record k	eeping to	day.		
The Annual Compliance Certification form has		/		YES NO
DATE OF NEXT INSPECTION:		3/99 pproximate)		
INSPECTION CONDUCTED BY:		Cameron		
	•	Please Print)		
INSPECTOR'S SIGNATURE:	Lames	PHONE	NUMBER:	378-6128
	Page	of .		Revised 10/96

AIRS ID#: 50094

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			P	
FACILITY NAME: Bob	2 Laurdry of Dy	Cleaning	DA.	TE: 1/6/98
FACILITY LOCATION:	503 Duperior	Avenue	THE YES	,
. 5	Accordon to 3	4231	1302 2	_
			The state of the s	
Annual Reporting Period:	10/31	1997 то	Our on the Co	1998
Based on each term or condition of 62-213.300, Florida Administrative				DEP Rule
If NO, complete the following:				
#1. Term or condition of the gene	ral permit that has not been	in continuous complian	ace during the reporting p	period stated above:
Mo Record Condenser (Exact period of non-compliance: 1	affet exhaust .	perc total, temperature	Appriric= on Plan 16	leak, Checks
Action(s) taken to achieve complia	ince: Will Blo	gin Appropri	ate record &	eraing 1 MA
Method used to demonstrate comp	liance: following	inaplation		- Ap
#2. Term or condition of the gene	ral permit that has not been	in continuous complian	ce during the reporting p	eriod stated above:
Exact period of non-compliance: 1	from	1	0	
Action(s) taken to achieve complia	unce:	<u> </u>		
Method used to demonstrate comp	liance:			
As the responsible official, I hereb made in this notification are true, a upon rolling averages of purchase year for transfer or combination for	accurate and complete. Fur receipts, does not exceed 2,	ther, my annual consur	aption of perchloroethyle	ene solvent, based
RESPONSIBLE OFFICIAL: 💆	obert 1 Mullett	X alut	1 Mulliot	HC198
	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.

3755 2273

plo

U321828

MAY 28 98

DRY CLEANER AIR QUALITY GENERAL PERMITRECEIVED ANNUAL COMPLIANCE CERTIFICATION FORM

No Reporting Dates

ROBERT MULLETT
ROBERT MULLETT
6503 SUPERIOR AVE
SARASOTA FL 34231

AIRS ID#1150094

Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule \square NO 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 Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: <u>Lobert L. Mullett</u> Name (Please Print) Signature

^{*}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 RE-INSPECTION	g _X x	COMPLAINT/DISC	OVERY	
AIRS ID#:1150094 FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL CONTACT NAME:	BOB'S LAUNDRY 6503 SUPERIOR SARASOTA, FL	AND DRYCL AVENUE 34231	PHONE: 941/92	5-3875	+ (NOS) Pa
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DAM					
PART II: CLASSIFICATIO Facility indicated on notifical (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91 5. This is a correct facility of the constructed before 12/9/91	tion form that it is: rce 2. Lyr dr r tra bo (co	New large ar y-to-dry only, lansfer only, 200 oth types, 140 son of	x < 140 gal/yr 200 gal/yr 40 gal/yr or after 12/9/91)	business/pet	roleum yen yen Qualifir every Coaple weeken
☐ facil		al permit as nur and is not eligi	ble for a general pern	uit	cleaning

Revised 8/11/97

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? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening/the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser expeeded 45°F? AVAD ND YD 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

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?	ΠY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20% 7?	ΩΥ	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟΥ	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩΥ	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩΥ	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)	·				
1. Maintained receipts for perc purchased?	AY ON				
2. Maintained rolling monthly averages of perc consumption?	MA OM				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	M MN/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?	AND NO YO				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN PONA				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON KANA				
6. Maintained startup/shutdown/malfunction plan?	DAY ON				
7. Maintained deviation reports?	AVA NO YO				
Problem corrected?	אאלא אם צם				
8. Maintained compliance plan, if applicable?	OY ON PANA				

PART VI: LEAK DETECTION AND	REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			ДУ □И		
2. Has the facility maintained a leak log'	?		γ Ων □ν		
3. Does the responsible official check the	c following areas for leak	s?			
Hose connections, fittings, couplings, and valves	AND NO YA	Muck cookers	by on ona		
Door gaskets and scating	AND ND YA	Stills	DY □N □N/A		
Filter gaskets and seating	DAY ON ON/A	Exhaust dampers	MY ON ON/A		
Pumps	AY ON ON/A	Diverter valves	MY ON ON/A		
Solvent tanks and containers	DY ON ONA	Cartridge filter housings	AN DN DNA		
Water separators	ANO NO YO				
4. Which method of detection is used by	the responsible official?		,		
Visual examination (condensed s	solvent on exterior surfac	es)	¢		
Physical detection (airflow felt the	rough gaskets)		ķ		
Odor (noticeable perc odor)			Q 1		
Use of direct-reading instrument	ation (FID/PID/calorime	tric tubes)			
Halogen leak detector					
If using direct-reading inst	MN/A				
a. Capable of detecting	מם צם				
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	מם צם		
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON		
d. Kept in a clean and s	secure area when not in u	se?	NO AO		
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	DY DN		
		- /- /			
Jesa puelos		9/82/99	_		
Inspector's Name (Please Pri	nı)	Date of Inspec	cuon		
		29/2			
Inspector's Signature		Approximate Date of 1	Next Inspection		

ARS ID#: 1150094

Kel

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: BOB'	C LVIINDA VUUILI S	VOI EANITNO		ATE: 9/20/99
				ALE
FACILITY LOCATION:				
	SARASOTA, FL	34231		
Annual Reporting Period: 0	8/06	19 <u>98</u> TO	9/22	19_99
Based on each term or condition 62-213.300, Florida Administrat			-44	ith DEP Rule
If NO, complete the following:				
#1. Term or condition of the ger	eral permit that has not bee	n in continuous compli	ance during the reporting	g period stated above:
Exact period of non-compliance:	from		to	
Action(s) taken to achieve compl	iance:		:	
Method used to demonstrate com	pliance:			
#2. Term or condition of the gen	eral permit that has not bee	n in continuous complia	ance during the reporting	g period stated above:
Exact period of non-compliance:	from		to	
Action(s) taken to achieve compl	iance:			
Method used to demonstrate com				,
rection used to demonstrate com			_	
As the responsible official, I here made in this notification are true upon rolling averages of purchas year for transfer or combination RESPONSIBLE OFFICIAL:	accurate and complete. Fe receipts, does not exceed	urther, my annual cons	umption of perchloroeth	ylene solvent, based
				

	1	1
Page _	of _	

^{*}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 XX COM	MPLAINT/DISCOVERY RE-II	NSPECTION
TIME IN:	TIME OUT:	AIRS ID#:1150094	
TYPE OF FACILITY:	DRYCLEANER		
FACILITY NAME:		AND DRYCLEANING DATE:	9/22/99
FACILITY LOCATION:		AVENUE	
RESPONSIBLE OFFICIAL:	ROBERT MULLET	TPHONE NUMBER:	941/925-38
compliance with DEP R Based on the results of t discrepancies were note	tule 62-213.300, Florida Administrathe compliance requirements evalu	rated during this inspection, the facility is found rative Code (F.A.C.). atted during this inspection, the following compared to the following com	pliance
		· · · · · · · · · · · · · · · · · · ·	
	•		
<u></u>			
COMMENTS:			
•		ried and submitted to the inspector. YES	NO D
DATE OF NEXT INSPECTION	·	pproximate)	1
INSPECTION CONDUCTED E	BY: SUSAN CAME		
INSPECTOR'S SIGNATURE:	Sur Cypne	PHONE NUMBER: 941/3	378-6128

Page lof 1

Revised 10/96



COMPLIANCE INSPECTION CHECKLIST $\leq \tilde{\zeta}$	កា ា
	ก
TYPE OF INSPECTION: ANNUAL XX COMPLAINT/DISCOV配 COMPLAINT/DISCOV COMPLAINT/	-
RE-INSPECTION D Source	
ll ,	
FACILITY NAME: BOB'S LAUNDRY AND DRYCLEANING	_
FACILITY LOCATION: 6503 SUPERIOR AVENUE	-
SARASOTA, FL 34231	-
RESPONSIBLE OFFICIAL: ROBERT MULLETT PHONE: 941/925-3875	.
CHASE PROOF PRICE OF CE OO PHONE:	.
MCHASOPECON PRINCE OG/OF/00)	
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	ł
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	
(check appropriate box) \square Drop store/out of business/petroleum A .	
1. Existing small area source 2. New small area source	
dry-to-dry only, $x < 140 \text{ gal/yr}$ dry-to-dry only, $x < 140 \text{ gal/yr}$	
transfer only, $x < 200 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$	ja LS
(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, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2,100$ gal/yr $4/\infty$	
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,300 \text{ gal/yr}$	ŀ
both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	
(constructed before 12/9/91) (constructed on or after 12/9/91)	-
5. This is a correct facility classification DY DN DCan not determine 5/55	
1 3/9/00 10 4/12/9 If no, please check the appropriate classification:	-
find, please check the appropriate classification. 4 9 O	1
facility exceeds above limits and is not eligible for a general permit 12/19 1/5 94	\mathbb{X}
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/ 1
B. The total quantity of perchlorocthylene (perc) purchased within the preceding 12 months by this dry cleaning facility was (gallons.	

1/0 Repaired Delies Valves on Still of South

Revised 8/11/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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 ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the 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?	ПΥ	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	ΩN	□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	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppin?	ПΥ	ΩN	□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?	ПΥ	ΠN	□n/a
		_,	- 11	210/7
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩΥ	מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	∰Y □N
2. Maintained rolling monthly averages of perc consumption?	אם צום
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	Y ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אול אט צם Alvia
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	dy on "
7. Maintained deviation reports?	MY ON ON/A
Problem corrected?	OY □N ₩N/A
8. Maintained compliance plan, if applicable?	dy on on/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?					ďΥ	ПN	
2.	Has the facility maintained a leak log?					$\not p_{\lambda}$	ПN	
3.	Does the responsible official check the fo	llowing	g ar	cas for lcaks?				
	Hose connections, fittings, couplings, and valves	d Y C	אנ	□N/A	Muck cookers	þΥ	חם אם	/A
	Door gaskets and seating	ψY □	ИС	□N/A	Stills	þγ	מם מם	/A
	Filter gaskets and seating	фу∟	NC	□N/A	Exhaust dampers	ψY	□и □и	/A
	Pumps	∯א כ	ИС	□N/A	Diverter valves	þγ	□и □и	/A
	Solvent tanks and containers	μλ c	N	□N/A	Cartridge filter housings	ĮĮĮY	מם מם	/A
	Water separators	ďqY □	N	□N/A				
4.	Which method of detection is used by the	respor	nsib	le official?		1		
	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	5				φ		
	If using direct-reading instruc	nentat	ion,	is the equipme	ent:	ØN/	A	
	a. Capable of detecting pe	rc vapo	or co	oncentrations in	a range of 0-500 ppm?	ПΫ	□и	
	b. Calibrated against a sta (PID/FID only)?	ndard į	gas	prior to and afte	er each use	ΟY	ΠN	
c. Inspected for leaks and obvious signs of wear on a weekly basis?					ПΥ	ПΝ		
	d. Kept in a clean and seco				,			
	e. Verified for accuracy by				(calorimetric only)?	ΠY		
	c. Vermon for accuracy by	usc 01	· uuj	modic samples	(calorimetre omy):	-	<u></u>	
					•			

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12 Nood	TIME OUT:	AIRS ID#:1	150094
TYPE OF FACILITY:	DRYCLEANER		
FACILITY NAME:	BOB'S LAUNDRY AND I	PRYCLEANING	DATE: \$ 15/00
FACILITY LOCATION:	6503 SUPERIOR AVENU	JE	
	SARASOTA, FL	•	
RESPONSIBLE OFFICIAL:_	ROBERT MULLETT	PHONE NUMBER:_	941/925-3875
compliance with DEP	f the compliance requirements evalu Rule 62-213.300, Florida Administr	rative Code (F.A.C.).	
Based on the results o	f the compliance requirements evalu	ated during this inspection, the follo	wing compliance
COMPLIANCE REQ	QUIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
			:
		-	•
			•
· .			
	•		•
	· · · · · · · · · · · · · · · · · · ·		
			•
COMMENTS:			
•	•		
	•	•	
		·	
The Annual Compliance Certific	cation form has been properly certif	ied and submitted to the inspector.	YESK NO
DATE OF NEXT INSPECTION	ON: 70/01		· .
		proximate)	
INSPECTION CONDUCTED			
INCRECTORIC CLONE TURE		ease Print)	1 70/0/ 1-0
INSPECTOR'S SIGNATURE	you Non	PHONE NUMBER	11/11-60
	. Page	of .	Revised 10/96



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

,
FACILITY NAME: BOB'S LAUNDRY AND DRYCLEANING DATE: 1
FACILITY LOCATION: 6503 SUPERIOR AVENUE
SARASOTA, FL 34231
Annual Reporting Period: 69/25 1999 TO 68/15
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
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per sear for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)

^{*}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 COMPLIANCE I	GENERAL PEI NSPECTION (10401	
TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	N □	COMPLAINT	DISOVERY	۵	
AIRS ID#:1_50094	DATE: AJO	TIME	IN: Source	TUBLE OUT	\	
FACILITY NAME:	BOB'S LAUN	DRY AND DE	≀YCLEANIÑĠ	<u> </u>		
FACILITY LOCATION:	6503 SUPER	IOR AVENUE]			
	SARASOTA,	FL 34231			<u> </u>	
RESPONSIBLE OFFICIAL :	ROBERT MUL	LETŢ	_ phone: _ 94	41/925-38	75	
CONTACT NAME:			_ PHONE:			
						1
PART I: NOTIFICATION						
(check appropriate box)			·			<u>]</u>
1. New facility notified DARM	30 days prior to star	tup	1/a= Value	Saire .		
2. Facility failed to notify DARI	M to use general per	mit	Mas Valle	Hor Frap		
		11-	of Newspr	ing involve	- var bol	₹ }
PART II: CLASSIFICATION			18 or replue		Value or	<u></u> Lfi∥
Facility indicated on notification	on form that it is:	118	1 the hotifical	ion ibrin		
(check appropriate box) A.		1/1	Drop store/of the Plan	out of business/	petroleum	4-60
1. Existing small area source	cc 🗅	2. New small a			do	4 <
dry-to-dry only, x < 140 gal/y			x < 140 gal/yr		7	.
transfer only, x < 200 gal/yr		transfer only, x	- •		pa. Pha	me.
both types, $x < 140 \text{ gal/yr}$		both types, x <		1 8,60	0 20	gallons
(constructed before 12/9/91)		(constructed on	or after 12/9/91)	40		
3. Existing large area sour	ce d	4. New large a	irca source	0 100		
dry-to-dry only, $140 \le x \le 2$,			$140 \le x \le 2,100$	1 17	70	
transfer only, $200 \le x \le 1,800$			$00 \le x \le 1,300 \text{ g}$	avyr	1	
both types, $140 \le x \le 1,800 \text{ g}$	al/yr		$\leq x \leq 1,800 \text{ gal/s}$	'	00 10	
(constructed before 12/9/91)		(constructed on	or after 12/9/91)	(01 20	II

B. The total quantity of perchlorocthylene (perc) purchased within the preceding 12 months by this d facility was 2 gallons. 8/01

 $\square N$

facility exceeds above limits and is not eligible for a general permit

□Can not determine

 $\Box Y$

facility qualified for a general permit as number

5. This is a correct facility classification

If no, please check the appropriate classification:

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?	AND NO YE
2. Examining the containers for leakage?	AND ND YA
3. Closing and securing machine doors except during loading/unloading?	AY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON PIN/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 ref (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber minstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
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?	(QY QN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ONA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	dy on on/a
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	фу Ои
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	באמלן אם צם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	NO AG

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?	ПΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F?		-	□N/A □N/A
	is the temperature differential equal to or greater than 20 1:	u,	UN	UN/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?	ПΥ	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppin?	ΟУ	ПЙ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MA ON
2. Maintained rolling monthly averages of perc consumption?	ØY □N
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 lurs? or;	MY ON ONA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מאוֹעָד אם עם
4. Maintained calibration data? (for opplicable direct reading instruments)	DY DN KINA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DINA
6. Maintained startup/shutdown/malfunction plan?	MA ON
7. Maintained deviation reports?	AND NO YA
Problem corrected?	ANA NO YO
8. Maintained compliance plan, if applicable?	AND NO YA

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair þγ DΝ inspection? 2. Has the facility maintained a leak log? ПN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings. אואם אם צב AY ON ON/A Muck cookers couplings, and valves Door gaskets and scating A/NO NO YC Stills DY ON ON/A MY ON ONA Filter gaskets and seating Exhaust dampers DY ON ON/A DY ON ON/A Pumps AVAD AD AC Diverter valves AND ND YE Cartridge filter housings ĎY □N □N/A Solvent tanks and containers DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? 尥 Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) \Box Use of direct-reading instrumentation (FID/PID/calorimetric tubes) П Halogen leak detector ØN/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

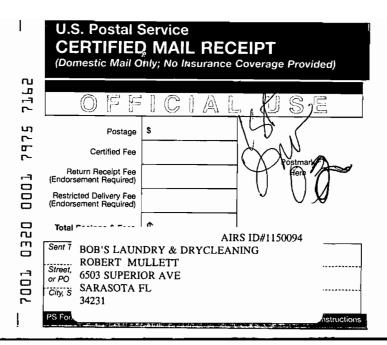
FACILITY NAME:	BOB'S LAUNDRY AND DRYCLEANING	DATE: 1/02/01
FACILITY LOCATION:	6503 SUPERIOR AVENUE	
	SARASOTA, FLORIDA	
	· · · · · · · · · · · · · · · · · · ·	
Annual Reporting Period:	08/15 20 00 TO DX 12	2001
Based on each term or condition	on of the Title V general air permit, my facility has remained in compliance w	vith DEP Rule
62-213.300, Florida Administra	ative Code (F.A.C.), during the period covered by this statement. \bigvee YES	NO
If NO, complete the following:		
#1. Term or condition of the g	eneral permit that has not been in continuous compliance during the reporting	g period stated above:
Exact period of non-complianc	e: fromto	
Action(s) taken to achieve com	pliance:	
Method used to demonstrate co	ompliance:	
#2. Term or condition of the go	eneral permit that has not been in continuous compliance during the reporting	g period stated above:
Exact period of non-compliance	e: fromto	
Action(s) taken to achieve com	pliance:	
Method used to demonstrate co	mpliance:	
in this notification are true, acc	reby certify, based on information and belief formed after reasonable inquiry surate and complete. Further, my annual consumption of perchloroethyleness eed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year. Low Low Mallett Low Mallett Signature	solvent, based upon

1 1 Page ____ of ____.

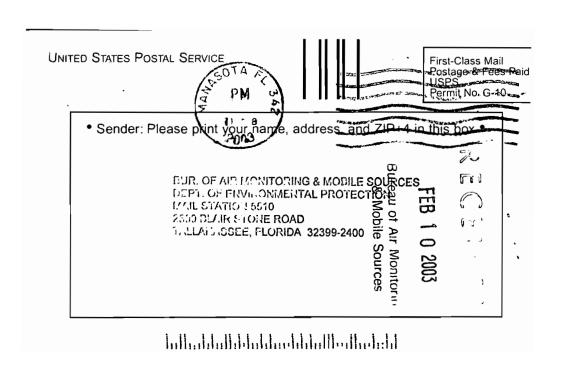
^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

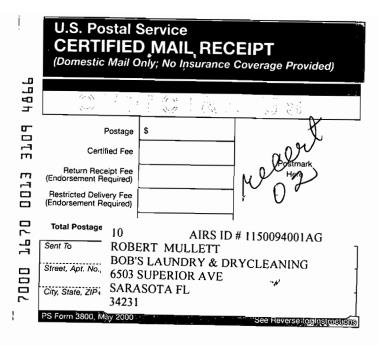
TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#:11	50094
TYPE OF FACILITY:	perchloroet	hylene drycleaner	
FACILITY NAME:	BOB'S LAUNDRY AND DR	YCLEANING	_DATE:
FACILITY LOCATION:	6503 SUPERIOR AVENUE		
	SARASOTA, FLORIDA 3	4231	
RESPONSIBLE OFFICIAL:	ROBERT MULLETT	PHONE NUMBER:	941/925-3875
[N	f the compliance requirements evalu Rule 62-213.300, Florida Administ	nated during this inspection, the facionative Code (F.A.C.).	lity is found to be in
discrepancies were no	ted:	nated during this inspection, the follo	
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
COMMENTS:			
		·	
The Annual Compliance Certifi	cation form has been properly certif	fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO		oproximate)	
INSPECTION CONDUCTED	BY: Se VA	lease Print)	
INSPECTOR'S SIGNATURE		PHONE NUMBER:	378-6128
	Page	of 1	Revised 10/9



COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse ☐ Addressee 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. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: AIRS ID#1150094 **BOB'S LAUNDRY & DRYCLEANING** ROBERT MULLETT 6503 SUPERIOR AVE 3. Service Type SARASOTA FL Certified Mail ☐ Express Mail 34231 Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 2007 0350 0007 2422 1795 (Transfer from service label)





CE STICKER AT TOP OF ENVELOPE	DAJ9 · Ú
-Nander: 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: 10 AIRS ID # 115009400 [AG ROBERT MULLETT BOB'S LAUNDRY & DRYCLEANING	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
6503 SUPERIOR AVE SARASOTA FL 34231	3. Service Type Certified Mail
2 Article Number Gransfer from service labels 1200 (6.70.8)	4 ^t Restricted Delivery? (Extra Fee) Yes
PS Form 3811, March 2001 Domestic F	Return Recoipt 102595-01-M-1424

UNITED STATES POSTAL SERVICE

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First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROLLER GREI V DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD AUG 0 8 2002 TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring & Mobile Sources

» և հունական հայանական հունական հունական հունական հունական հունական հունական հունական հունական հունական հունակ

Z 333 613 279

US Postal Service Receipt for Certified Mail

AIRS ID 1150094

ROBERT MULLETT ROBERT MULLETT 6503 SUPERIOR AVE SARASOTA FL 34231

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 ,	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	I also wish to red following service extra fee): 1. Address 2. Restricte Consult postmas	es (for an see's Address ed Delivery	celpt Service.
ADDRESS completed on	AIRS ID 1159094 ROBERT MULLETT ROBERT MULLETT 6503 SUPERIOR AVE SARASOTA FL 34231	4b. Service Registere Express I	Type ad Mail Ceipt for Merchandise	Certified Insured	for using Return Re
is your RETURN	5. Received By: (Print Name)	8. Addressee and fee is	<u>`</u>	if requested	Thank you

7.40		PLACE STICKER A		VERY
SENDER: COMPLETE		and a second of the contract o		VEN /
 Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired Print your name and address on the riso that we can return the card to you. Attach this card to the back of the major on the front if space permits. 	everse	Received by (Pleas Signature State of the state of the	nullet	B. Date of Delivery Agent Addressee 12 Yes
Article Addressed to:	- ا	If YES, enter delive		
AIRS ID # 1 BOB'S LAUNDRY & DRYCLEANING ROBERT MULLETT 6503 SUPERIOR AVE SARASOTA FL 34231		3. Service Type	☐ Express Mai	
SARASOTATO		Registered		eipt for Merchandise
		☐ Insured Mail	☐ C.O.D.	
•	. 4	Restricted Delivery	? (Extra Fee)	☐ Yes
2. Article Number (Copy from service label)	4127	33 <i>5</i> 8		4.
PS Form 3811, July 1999	Domestic Return	Receipt		102595-99-M-1789

		ervice MAIL RECI	
335B	A CONTRACTOR OF THE PARTY OF TH	and the same of th	
4757	Postage Certified Fee	\$ 	Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here .
7000 0600	Recipi BOB'S LAUN ROBERT MU 6503 SUPERI SARASOTA	DRY & DRYCLEANI)LLETT OR AVE	
	PS Form power rebruary	5000 L. 11424	See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. DELIVERY SENDER: COMPLETE THIS SECTION B. Date of 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, Addressee or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: AIRS ID # 1150094 BOB'S LAUNDRY & DRYCLEANING ROBERT MUCLETT 5503 SUPERIOR AVE `'ARASOTA FL 4231 Service Type Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label)

Domestic Return Receipt

102595-00-M-0952

PS Form 3811, July 1999

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) m 1 40 Postage 47.5 Certified Fee Return Receipt Fee (Endorsement Required) 9200 Restricted Delivery Fee (Endorsement Required) AIRS ID # 1150094 Total Posta BOB'S LAUNDRY & DRYCLEANING 190 Recipient's A ROBERT MULLETT 6503 SUPERIOR AVE Street, Apt. N SARASOTA FL 000 City, State, Zi, 34231 See Reverse for Instruction PS Form 3800, February 2000



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 405420 FEB15 2001

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

Bureau of Air Monitor
& Mobile Sources

Do NOT Remove Label

AIRS ID # 1150094

BOB'S LAUNDRY & DRYCLEANING ROBERT MULLETT 6503 SUPERIOR AVE SARASOTA FL 34231

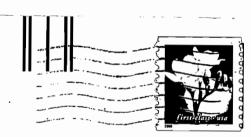
FOR GOVERNMENT ESE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obi.: 002273

13 /68

Tallandadhaadhdaadhdhabadhadhadhabhad



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

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 AIL ROOM

FEB 19 98

Do NOT Remove Label

AIRS ID 1150094

ROBERT MULLETT ROBERT MULLETT 6503 SUPERIOR AVE SARASOTA FL 34231 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391830

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1150094

BOB'S LAUNDRY & DRYCLEANING ROBERT MULLETT 6503 SUPERIOR AVE

SARASOTA FL 34231

FOR GOVERNMENT USE OF Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414347 FEB212002

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1150094 BOB'S LAUNDRY & DRYCLEANING ROBERT MULLETT 6503 SUPERIOR AVE SARASOTA FL 34231

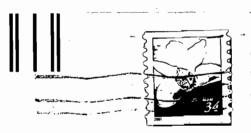
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO-A1 Fund: 26-2-035001 Obj.: 002273





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

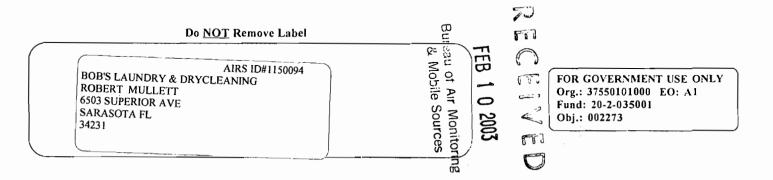


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422565 FEB 62003

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





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354330

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1150094

BOB'S LAUNDRY & DRYCLEANING ROBERT MULLETT 6503 SUPERIOR AVE SARASOTA FL 34231

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273