



# Florida Department of Environmental Protection

Northwest District Branch Office  
630-3 Capital Circle NE  
Tallahassee, Florida 32301

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

April 22, 2010

Phil Gorgas  
Concord Custom Cleaners #201  
Post Office Box 55910  
Lexington, Kentucky 40555

Dear Mr. Gorgas:

A Department representative inspected your facility to determine compliance with the Air Quality Operating Permit. The permit **expires August 10, 2011**. The program identification number for this facility is **0730088**. This letter applies only to activities covered by the Air Resource Management Program.

Based on the inspection results, the Tallahassee Branch Office reported a facility status of In Compliance. Note that your compliance status may be subject to further review by the District Program Office.

In order to complete the yearly inspection process, the enclosed "Annual Compliance Certification Form" will also have to be submitted. Please fill out your relevant sections of the form, including the Annual Reporting Period. The last recorded end date on your previously submitted form appears to be 12/31/2008.

The assistance you provided is appreciated. The inspection checklist and its comments section are enclosed. If you have any questions, your local contact is Tracy White at (850) 488-3704 or [tracy.a.white@dep.state.fl.us](mailto:tracy.a.white@dep.state.fl.us).

Sincerely,

A handwritten signature in cursive script that reads "Marlane Castellanos".

Marlane Castellanos  
Branch Manager

MC/tw

Enclosures

cc: Rick Bradburn; Mary Beth Curle; Erica Mitchell (FDEP, Pensacola)



# PERCHLOROETHYLENE DRY CLEANERS



Environmental Compliance

## COMPLIANCE INSPECTION CHECKLIST

**INSPECTION TYPE:** ANNUAL (INS1, INS2)  COMPLAINT/DISCOVERY (CI)   
 RE-INSPECTION (FUI)  ARMS COMPLAINT NO: \_\_\_\_\_

**AIRS ID#:** 0730088 **DATE:** 4/20/2010 **ARRIVE:** 1:40 P.M. **DEPART:** \_\_\_\_\_  
**FACILITY NAME:** CONCORD CUSTOM CLEANERS #201  
**FACILITY LOCATION:** 1413 S Monroe St  
 TALLAHASSEE 32301-4310  
**OWNER/AUTHORIZED REPRESENTATIVE:** PHIL GORGAS **PHONE:** (859)422-4800  
**CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**ENTITLEMENT PERIOD:** 8/10/2006 / 8/10/2011  
 (effective date) (end date)

### PART I: INSPECTION COMPLIANCE STATUS (check only one box)

IN COMPLIANCE  MINOR Non-COMPLIANCE  SIGNIFICANT Non-COMPLIANCE

### PART II: FACILITY CLASSIFICATION - Rule 62-213.300 FAC

(check  only one box in A)

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)

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 source**   
 dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
 transfer only,  $200 \leq x \leq 1,800$  gal/yr  
 both types,  $140 \leq x \leq 1,800$  gal/yr  
 (constructed before 12/9/91)

4. **New large area source**   
 dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
 transfer only,  $200 \leq x \leq 1,800$  gal/yr  
 both types,  $140 \leq x \leq 1,800$  gal/yr  
 (constructed on or after 12/9/91)

5. **Ineligible for General Permit**   
 drop store/out of business/petroleum  
 facility exceeds above limits

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 460 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS – Rule 62-213.300 FAC**

(check  only one box for each question)

Does the responsible official of the dry cleaning facility:

1. Store perc, and wastes containing perc, in tightly sealed & impervious containers?  Yes  No  N/A
2. Examine the containers for leakage? -----  Yes  No  N/A
3. Close and secure machine doors except during loading/unloading? -----  Yes  No
4. Drain cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? -----  Yes  No  N/A
5. Maintain solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? -----  Yes  No  N/A

**PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC**

(Refer to Part II-A.1.-4. Classification: page 1 of 4, this form)

1. If the facility classification is a Existing small area source, no controls are required. **Proceed to Part V.**
2. If the facility classification is a New small area source, the machine should be equipped with a refrigerated condenser. **Complete section A. below.**
3. If the facility classification is a Existing large area source, the machine should be equipped with either a refrigerated condenser or a carbon adsorber. **Complete both sections A and B below.** *Carbon adsorber must have been installed prior to September 22, 1993*
4. If the facility classification is a New large area source, the machine should be equipped with a refrigerated condenser. **Complete both sections A and B below.**

(check  only one box for each question)

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

1. Equipped all machines with the appropriate vent controls? -----  Yes  No
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? -----  Yes  No  N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? -----  Yes  No  N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? -----  Yes  No
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? -----  Yes  No  N/A
6. Conducted all temperature monitoring after an appropriate cool-down period and after verifying that the coolant had been completely charged? -----  Yes  No

**PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC (continued)**

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

(check  only one box for each question)

1. Measure and record the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? -----  Yes  No
2. Measure and record the washer exhaust temperature at the condenser inlet and outlet weekly? -----  Yes  No  N/A
  - a) Is the temperature differential equal to, or greater than 20° F? -----  Yes  No  N/A
3. Measure and record 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 exclusively with a carbon adsorber? -----  Yes  No  N/A
  - a) Is the perc concentration equal to, or less than 100 ppm? -----  Yes  No  N/A
4. Assure 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? -----  Yes  No  N/A
5. Equip transfer machines (dryers, reclaimers, and washers) with individual condenser coils? -----  Yes  No  N/A
6. Route airflow to the carbon adsorber (if used) at all times? -----  Yes  No  N/A

**PART V: RECORDKEEPING REQUIREMENTS – Rule 62-213.300(3) FAC**

**Does the responsible official:**

(check  only one box for each question)

1. Maintain receipts for perc purchased? -----  Yes  No
2. Maintain rolling monthly total of yearly perc consumption? -----  Yes  No
3. Maintain leak detection inspection and repair reports for the following:
  - a) documentation of leaks repaired w/in 24 hrs? or; -----  Yes  No  N/A
  - b) documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? -----  Yes  No  N/A
4. Maintain calibration data? (*for applicable direct reading instruments*) -----  Yes  No  N/A
5. Maintain exhaust duct monitoring data on perc concentrations? -----  Yes  No  N/A
6. Maintain a startup/shutdown/malfunction plan? -----  Yes  No
7. Maintain deviation reports? -----  Yes  No  N/A
  - a) Problem corrected? -----  Yes  No  N/A
8. Maintain a compliance plan, if applicable? -----  Yes  No  N/A

**PART VI: LEAK DETECTION AND REPAIRS – Rule 62-213.300 FAC**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak

(check  only one box for each question)

detection and repair inspection? -----  Yes  No

2. Does the facility maintain a leak log? -----  Yes  No

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

a) Hose connections, fittings, couplings, and valves -----	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	g) Muck cookers -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Door gaskets and seating -----	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	h) Stills -----	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Filter gaskets and seating -----	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	i) Exhaust dampers -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
d) Pumps -----	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	j) Diverter valves -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
e) Solvent tanks and containers--	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	k) Cartridge filter housings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f) Water separators -----	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

4. Which method(s) of detection (is/are) used by the responsible official?

a) Visual examination (condensed solvent on exterior surfaces) -----	a) <input checked="" type="checkbox"/>
b) Physical detection (airflow felt through gaskets) -----	b) <input checked="" type="checkbox"/>
c) Odor (noticeable perc odor) -----	c) <input checked="" type="checkbox"/>
d) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) -----	d) <input type="checkbox"/> ** (see below)
e) Halogen leak detector -----	e) <input checked="" type="checkbox"/>

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

1) Capable of detecting perc vapor concentrations in a range of 0-500 ppm? -----	1) <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Calibrated against a standard gas prior to and after each use (PID/FID only)? -----	2) <input type="checkbox"/> Yes <input type="checkbox"/> No
3) Inspected for leaks and obvious signs of wear on a weekly basis? -----	3) <input type="checkbox"/> Yes <input type="checkbox"/> No
4) Kept in a clean and secure area when not in use? -----	4) <input type="checkbox"/> Yes <input type="checkbox"/> No
5) Verified for accuracy by use of duplicate samples (calorimetric only)? -----	5) <input type="checkbox"/> Yes <input type="checkbox"/> No

Tracy White

4/20/2010

\_\_\_\_\_  
 Inspector's Name (Please Print)

*Tracy White*  
 \_\_\_\_\_  
 Inspector's Signature

\_\_\_\_\_  
 Date of Inspection

\_\_\_\_\_  
 Approximate Date of Next Inspection

**COMMENTS:** I met with the Store Manager. I reviewed the perc totals/receipts, temp. check, and leak check records. Records were maintained for 2009-10. I observed the machines. Two machines were present and no changes were noted. A PCE leak detector device was on-site and the monthly leak check was recorded. No issues were noted.

Perc totals:  
 Machine #1: 300 gallons, April 2010  
 Machine #2: 160 gallons, April 2010

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

FACILITY NAME: _____	DATE: _____
FACILITY LOCATION: _____	
_____	

Annual Reporting Period: \_\_\_\_\_ 20\_\_\_\_ TO \_\_\_\_\_ 20\_\_\_\_

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

If NO, complete the following:

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

\_\_\_\_\_

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

\_\_\_\_\_

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and 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:** \_\_\_\_\_

Name (Please Print)	Signature	Date
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\*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.