The use of a leak detector or PCE gas analyzer is required AT LEAST ONCE a month.

Leak Detection Weekly Log

***METHOD**: Leak detection may be done by Perception: SIGHT, SMELL, TOUCH*
One weekly detection per month must be done by a suitable detector with min. precision of 25 ppm or less
Circle below using P for perception, or D for detector

METHOD:	P D	P D	P D	P D	P D			
Inspected		LEAKING?				Date Parts Ordered	Date Parts Received	Date Repaired
Date: (M/D)								
Hoses and pipe connections, fittings, couplings, valves	Y N	Y N	Y N	Y N	Y N			
Door gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Filter gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Pumps	Y N	Y N	Y N	Y N	Y N			
Solvent tanks and containers	Y N	Y N	Y N	Y N	Y N			
Water seperator	Y N	Y N	Y N	Y N	Y N			
Muck cooker	Y N	Y N	Y N	Y N	Y N			
Still	Y N	Y N	Y N	Y N	Y N			
Exhaust Damper	Y N	Y N	Y N	Y N	Y N			
Diverter valve	Y N	Y N	Y N	Y N	Y N			
Cartridge filter housings	Y N	Y N	Y N	Y N	Y N			
Waste containers	Y N	Y N	Y N	Y N	Y N	Labeled **Y N**	DATED **Y N**	

Additional comments:

PERC Purchase Rolling (Running)		TOTAL
12 Mo. Roll. Total From LAST Month		144
SUBTRACT PERC PURCHASED January 2015		- 144
SUBTOTAL		0
Purchase DATE	AMOUNT Purchased this month	12 MONTH ROLLING TOTAL
1/10/16	+ 72	72
	+	

Enter 12 month rolling total from last month - December, 2015, in THIS example...

Enter amount purchased, if any, from 1 year ago. Subtract from above.

If zero or negative, enter ZERO.

In this example, 72 gallons is your 12 months rolling total for January, 2016.

Condenser Temp /Presuure Log			
DATE	**TEMP**	**PRESSURE: HI / LO**	**WITHIN SPECS?**
			Y N
			Y N
			Y N
			Y N
			Y N

Read from either thermometer or pressure gauge if installed

Temperature: Must be 45 degrees Farenheit / 7 degrees Centigrade or lower
Pressure: Both HI/LO must be within range as specified in manual: ***HI:*** ***LO:***

HI/LO Specs from manual or manufacturer.

IMPORTANT: Please remember to fill out the **semi**-annual **report forms at the end of June (covering January -June) and then again at the end of the year (for July- December).** Forms must be submitted within 60 days after the end of the reporting period.

Annual fees for the year of operation 2015 are due in 2016. Annual fee notices were mailed to you separately. They must be paid within 60 days of the end of calendar year 2015.

Where do I mail the forms and payments to?

Clean Air Branch/EMD
919 Ala Moana Blvd, Suite 203
Honolulu, HI 96814

Who can I call for further information?

On Oahu the Clean Air Branch phone number is 586-4200. Ask to speak to a permit engineer who handles dry cleaners.

Maui:	873-3558	Kauai:	241-3323
Hilo:	933-0404	Kona:	322-1965

Can I hand-deliver the forms and or fees ?

Yes- The Oahu office is currently located at the former AAFES building on Ala Moana Blvd.:

919 Ala Moana Blvd., Suite 203
Honolulu, Hawaii 96814

Questions, comments or suggestions on how to improve the calendar should be directed to the following:

Robert Tam
Small Business Assistance Program
Clean Air Branch
Ph. (808) 586-4200 Fax: (808) 586-4359

This calendar is for: **Machine ID**_____

Responsible Official_____

January 2016

"EA MA'EMA'E NO HAWAI'I"

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 Monitoring logs done by?	2
3	4	5	6	7	8 Monitoring logs done by?	9
10	11	12	13	14	15 Monitoring logs done by?	16
17	18	19	20	21	22 Monitoring logs done by?	23
24	25	26	27	28	29 Monitoring logs done by?	30
31						

Clean Air Branch

919 Ala Moana Blvd
Honolulu, HI 96814

Phone: 808 586-4200
Fax: 808 586-4359
E-mail: cab@doh.hawaii.gov

JANUARY 2016

Leak Detection Weekly Log

***METHOD**: Leak detection may be done by Perception: SIGHT, SMELL, TOUCH*

One weekly detection per month must be done by a suitable detector with min. precision of 25 ppm or less

Circle below using P for perception, or D for detector

METHOD:	P D	P D	P D	P D	P D			
Inspected		LEAKING?				Date Parts Ordered	Date Parts Received	Date Repaired
Date: (M/D)								
Hoses and pipe connections, fittings, couplings, valves	Y N	Y N	Y N	Y N	Y N			
Door gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Filter gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Pumps	Y N	Y N	Y N	Y N	Y N			
Solvent tanks and containers	Y N	Y N	Y N	Y N	Y N			
Water seperator	Y N	Y N	Y N	Y N	Y N			
Muck cooker	Y N	Y N	Y N	Y N	Y N			
Still	Y N	Y N	Y N	Y N	Y N			
Exhaust Damper	Y N	Y N	Y N	Y N	Y N			
Diverter valve	Y N	Y N	Y N	Y N	Y N			
Cartridge filter housings	Y N	Y N	Y N	Y N	Y N			
Waste containers	Y N	Y N	Y N	Y N	Y N	Labeled **Y N**	DATED **Y N**	

Additional comments:

PERC Purchase Rolling (Running)		TOTAL
12 Mo. Roll. Total From LAST Month		
SUBTRACT PERC PURCHASED January 2015		-
SUBTOTAL		
Purchase DATE	AMOUNT Purchased this month	12 MONTH ROLLING TOTAL
	+	
	+	

Condenser Temp /Pressure Log

DATE	TEMP	PRESSURE: HI / LO	WITHIN SPECS?
			Y N
			Y N
			Y N
			Y N
			Y N

Temperature: Must be 45 degrees Farenheit / 7 degrees Centigrade or lower

Pressure: Both HI/LO must be within range as specified in manual: ***HI:*** ***LO:***

HAWAII STATE DEPARTMENT OF HEALTH

February 2016

"EA MA'EMA'E NO HAWAI'I"

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5 Monitoring logs done by?	6
7	8	9	10	11	12 Monitoring logs done by?	13
14	15	16	17	18	19 Monitoring logs done by?	20
21	22	23	24	25	26 Monitoring logs done by?	27
28	29					

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FEBRUARY 2016

Leak Detection Weekly Log

***METHOD**: Leak detection may be done by Perception: SIGHT, SMELL, TOUCH*

One weekly detection per month must be done by a suitable detector with min. precision of 25 ppm or less

Circle below using P for perception, or D for detector

METHOD:	P D	P D	P D	P D	P D			
Inspected		LEAKING?				Date Parts Ordered	Date Parts Received	Date Repaired
Date: (M/D)								
Hoses and pipe connections, fittings, couplings, valves	Y N	Y N	Y N	Y N	Y N			
Door gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Filter gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Pumps	Y N	Y N	Y N	Y N	Y N			
Solvent tanks and containers	Y N	Y N	Y N	Y N	Y N			
Water seperator	Y N	Y N	Y N	Y N	Y N			
Muck cooker	Y N	Y N	Y N	Y N	Y N			
Still	Y N	Y N	Y N	Y N	Y N			
Exhaust Damper	Y N	Y N	Y N	Y N	Y N			
Diverter valve	Y N	Y N	Y N	Y N	Y N			
Cartridge filter housings	Y N	Y N	Y N	Y N	Y N			
Waste containers	Y N	Y N	Y N	Y N	Y N	Labeled **Y N**	DATED **Y N**	

Additional comments:

PERC Purchase Rolling (Running)		TOTAL
12 Mo. Roll. Total From LAST Month		
SUBTRACT PERC PURCHASED February 2015		-
SUBTOTAL		
Purchase DATE	AMOUNT Purchased this month	12 MONTH ROLLING TOTAL
	+	
	+	

Condenser Temp /Pressure Log

DATE	TEMP	PRESSURE: HI / LO	WITHIN SPECS?
			Y N
			Y N
			Y N
			Y N
			Y N

Temperature: Must be 45 degrees Farenheit / 7 degrees Centigrade or lower

Pressure: Both HI/LO must be within range as specified in manual: ***HI:*** ***LO:***

HAWAII STATE DEPARTMENT OF HEALTH

March 2016

"EA MA'EMA'E NO HAWAI'I"

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

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E-mail: cab@doh.hawaii.gov

MARCH 2016

Leak Detection Weekly Log

***METHOD**: Leak detection may be done by Perception: SIGHT, SMELL, TOUCH*

One weekly detection per month must be done by a suitable detector with min. precision of 25 ppm or less

Circle below using P for perception, or D for detector

METHOD:	**P D**	**P D**	**P D**	**P D**	**P D**			
Inspected		LEAKING?				Date Parts Ordered	Date Parts Received	Date Repaired
Date: (M/D)								
Hoses and pipe connections, fittings, couplings, valves	Y N	Y N	Y N	Y N	Y N			
Door gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Filter gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Pumps	Y N	Y N	Y N	Y N	Y N			
Solvent tanks and containers	Y N	Y N	Y N	Y N	Y N			
Water seperator	Y N	Y N	Y N	Y N	Y N			
Muck cooker	Y N	Y N	Y N	Y N	Y N			
Still	Y N	Y N	Y N	Y N	Y N			
Exhaust Damper	Y N	Y N	Y N	Y N	Y N			
Diverter valve	Y N	Y N	Y N	Y N	Y N			
Cartridge filter housings	Y N	Y N	Y N	Y N	Y N			
Waste containers	Y N	Y N	Y N	Y N	Y N	Labeled **Y N**	DATED **Y N**	

Additional comments:

PERC Purchase Rolling (Running)		TOTAL
12 Mo. Roll. Total From LAST Month		
SUBTRACT PERC PURCHASED March 2015		-
SUBTOTAL		
Purchase DATE	AMOUNT Purchased this month	12 MONTH ROLLING TOTAL
	+	
	+	

Condenser Temp /Pressure Log

DATE	**TEMP**	**PRESSURE: HI / LO**	**WITHIN SPECS?**
			Y N
			Y N
			Y N
			Y N
			Y N

Temperature: Must be 45 degrees Farenheit / 7 degrees Centigrade or lower

Pressure: Both HI/LO must be within range as specified in manual: ***HI:*** ***LO:***

HAWAII STATE DEPARTMENT OF HEALTH

April 2016

"EA MA'EMA'E NO HAWAI'I"

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

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APRIL 2016

Leak Detection Weekly Log

***METHOD**: Leak detection may be done by Perception: SIGHT, SMELL, TOUCH*

One weekly detection per month must be done by a suitable detector with min. precision of 25 ppm or less

Circle below using P for perception, or D for detector

METHOD:	P D	P D	P D	P D	P D			
Inspected		LEAKING?				Date Parts Ordered	Date Parts Received	Date Repaired
Date: (M/D)								
Hoses and pipe connections, fittings, couplings, valves	Y N	Y N	Y N	Y N	Y N			
Door gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Filter gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Pumps	Y N	Y N	Y N	Y N	Y N			
Solvent tanks and containers	Y N	Y N	Y N	Y N	Y N			
Water seperator	Y N	Y N	Y N	Y N	Y N			
Muck cooker	Y N	Y N	Y N	Y N	Y N			
Still	Y N	Y N	Y N	Y N	Y N			
Exhaust Damper	Y N	Y N	Y N	Y N	Y N			
Diverter valve	Y N	Y N	Y N	Y N	Y N			
Cartridge filter housings	Y N	Y N	Y N	Y N	Y N			
Waste containers	Y N	Y N	Y N	Y N	Y N	Labeled **Y N**	DATED **Y N**	

Additional comments:

PERC Purchase Rolling (Running)		TOTAL
12 Mo. Roll. Total From LAST Month		
SUBTRACT PERC PURCHASED April 2015		-
SUBTOTAL		
Purchase DATE	AMOUNT Purchased this month	12 MONTH ROLLING TOTAL
	+	
	+	

Condenser Temp /Pressure Log

DATE	TEMP	PRESSURE: HI / LO	WITHIN SPECS?
			Y N
			Y N
			Y N
			Y N
			Y N

Temperature: Must be 45 degrees Farenheit / 7 degrees Centigrade or lower

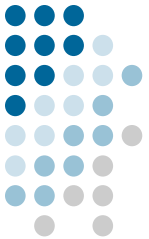
Pressure: Both HI/LO must be within range as specified in manual: ***HI:*** ***LO:***

HAWAII STATE DEPARTMENT OF HEALTH

May 2016

"EA MA'EMA'E NO HAWAI'I"

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



Clean Air Branch

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MAY 2016

Leak Detection Weekly Log

***METHOD**: Leak detection may be done by Perception: SIGHT, SMELL, TOUCH*

One weekly detection per month must be done by a suitable detector with min. precision of 25 ppm or less

Circle below using P for perception, or D for detector

METHOD:	P D	P D	P D	P D	P D			
Inspected		LEAKING?				Date Parts Ordered	Date Parts Received	Date Repaired
Date: (M/D)								
Hoses and pipe connections, fittings, couplings, valves	Y N	Y N	Y N	Y N	Y N			
Door gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Filter gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Pumps	Y N	Y N	Y N	Y N	Y N			
Solvent tanks and containers	Y N	Y N	Y N	Y N	Y N			
Water seperator	Y N	Y N	Y N	Y N	Y N			
Muck cooker	Y N	Y N	Y N	Y N	Y N			
Still	Y N	Y N	Y N	Y N	Y N			
Exhaust Damper	Y N	Y N	Y N	Y N	Y N			
Diverter valve	Y N	Y N	Y N	Y N	Y N			
Cartridge filter housings	Y N	Y N	Y N	Y N	Y N			
Waste containers	Y N	Y N	Y N	Y N	Y N	Labeled **Y N**	DATED **Y N**	

Additional comments:

PERC Purchase Rolling (Running)		TOTAL
12 Mo. Roll. Total From LAST Month		
SUBTRACT PERC PURCHASED May 2015		-
SUBTOTAL		
Purchase DATE	AMOUNT Purchased this month	12 MONTH ROLLING TOTAL
	+	
	+	

Condenser Temp /Pressure Log

DATE	TEMP	PRESSURE: HI / LO	WITHIN SPECS?
			Y N
			Y N
			Y N
			Y N
			Y N

Temperature: Must be 45 degrees Farenheit / 7 degrees Centigrade or lower

Pressure: Both HI/LO must be within range as specified in manual: ***HI:*** ***LO:***

HAWAII STATE DEPARTMENT OF HEALTH

June 2016

"EA MA'EMA'E NO HAWAI'I"

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Clean Air Branch

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JUNE 2016

Leak Detection Weekly Log

METHOD: *Leak detection may be done by Perception: SIGHT, SMELL, TOUCH*

One weekly detection per month must be done by a suitable detector with min. precision of 25 ppm or less

Circle below using P for perception, or D for detector

METHOD:	P D	P D	P D	P D	P D			
Inspected		LEAKING?				Date Parts Ordered	Date Parts Received	Date Repaired
Date: (M/D)								
Hoses and pipe connections, fittings, couplings, valves	Y N	Y N	Y N	Y N	Y N			
Door gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Filter gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Pumps	Y N	Y N	Y N	Y N	Y N			
Solvent tanks and containers	Y N	Y N	Y N	Y N	Y N			
Water seperator	Y N	Y N	Y N	Y N	Y N			
Muck cooker	Y N	Y N	Y N	Y N	Y N			
Still	Y N	Y N	Y N	Y N	Y N			
Exhaust Damper	Y N	Y N	Y N	Y N	Y N			
Diverter valve	Y N	Y N	Y N	Y N	Y N			
Cartridge filter housings	Y N	Y N	Y N	Y N	Y N			
Waste containers	Y N	Y N	Y N	Y N	Y N	Labeled **Y N**	DATED **Y N**	

Additional comments:

PERC Purchase Rolling (Running)		TOTAL
12 Mo. Roll. Total From LAST Month		
SUBTRACT PERC PURCHASED June 2015		-
SUBTOTAL		
Purchase DATE	AMOUNT Purchased this month	12 MONTH ROLLING TOTAL
	+	
	+	

Condenser Temp /Pressure Log

DATE	TEMP	PRESSURE: HI / LO	WITHIN SPECS?
			Y N
			Y N
			Y N
			Y N
			Y N

Temperature: Must be 45 degrees Farenheit / 7 degrees Centigrade or lower

Pressure: Both HI/LO must be within range as specified in manual: ***HI:*** ***LO:***

MONITORING REPORT FORM
NONCOVERED SOURCE GENERAL PERMIT NOs. 0093 & 0094-NG
PERCHLOROETHYLENE CONSUMPTION/MONITORING SUMMARY

Issuance Date: May 2, 2013 **Expiration Date: May 1, 2018**

In accordance with the Hawaii Administrative Rules, Title 11, Chapter 60.1, Air Pollution Control, the permittee shall report to the Department of Health the nature and amounts of emissions, semiannually.

(Make Copies for Future Use)

For Period:_____ Date:_____

Facility Name: _____

Dry Cleaning Facility Location: _____

Machine Type (Dry-to-Dry or Transfer)	Serial No.	Date Machine Purchased	Type of Control
1.			
2.			
3.			
4.			
5.			

Responsible Official (Print):_____ Phone No.:_____

Title: _____

I certify that I have knowledge of the facts herein set forth, that the same are true, accurate and complete to the best of my knowledge and belief, and that all information not identified by me as confidential in nature shall be treated by the Department of Health as public record. I further state that I will assume responsibility for the construction, modification, or operation of the source in accordance with the Hawaii Administrative Rules, Title 11, Chapter 60.1, Air Pollution Control, and any permit issued thereof.

Responsible Official (Signature): _____

	Perc Purchases (gallons) Monthly	Rolling 12-months[1]
January		
February		
March		
April		
May		
June		

1. Rolling twelve (12) months = current month + previous eleven (11) months

MONITORING REPORT FORM
NONCOVERED SOURCE GENERAL PERMIT NOs. 0093 & 0094-NG
PERCHLOROETHYLENE CONSUMPTION/MONITORING SUMMARY

Issuance Date: May 2, 2013 **Expiration Date: May 1, 2018**

(Make Copies for Future Use)

Incidence Reporting

1. Identify the number of incidences a perceptible leak was found and was not corrected within the specified times as required by Attachment II, Special Condition No. D.11.
   _____ Incidences

2. Identify the number of incidences a vapor leak was found and was not corrected within the specified times as required by Attachment II, Special Condition No. D.11.
   _____ Incidences

3. For "new" dry cleaning systems, identify the number of incidences the outlet side of the refrigerated condenser was greater than 7.2 ºC (45 ºF) and was not corrected within the specified times required in Attachment II, Special Condition No. E.3.
   _____ Incidences

4. For each incidence identified above, provide the following information:
   a. a description/magnitude of each incidence;
   b. the date the incidence occurred;
   c. the date parts were ordered and received, if applicable;
   d. the reason(s) why the repairs could not be made within the required time frames; and
   e. the date of repair.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

HAWAII STATE DEPARTMENT OF HEALTH

July 2016

"EA MA'EMA'E NO HAWAI'I"

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Clean Air Branch

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Phone: 808 586-4200
Fax: 808 586-4359
E-mail: cab@doh.hawaii.gov

JULY 2016

Leak Detection Weekly Log

***METHOD**: Leak detection may be done by Perception: SIGHT, SMELL, TOUCH*

One weekly detection per month must be done by a suitable detector with min. precision of 25 ppm or less

Circle below using P for perception, or D for detector

METHOD:	P D	P D	P D	P D	P D			
Inspected		LEAKING?				Date Parts Ordered	Date Parts Received	Date Repaired
Date: (M/D)								
Hoses and pipe connections, fittings, couplings, valves	Y N	Y N	Y N	Y N	Y N			
Door gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Filter gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Pumps	Y N	Y N	Y N	Y N	Y N			
Solvent tanks and containers	Y N	Y N	Y N	Y N	Y N			
Water seperator	Y N	Y N	Y N	Y N	Y N			
Muck cooker	Y N	Y N	Y N	Y N	Y N			
Still	Y N	Y N	Y N	Y N	Y N			
Exhaust Damper	Y N	Y N	Y N	Y N	Y N			
Diverter valve	Y N	Y N	Y N	Y N	Y N			
Cartridge filter housings	Y N	Y N	Y N	Y N	Y N			
Waste containers	Y N	Y N	Y N	Y N	Y N	Labeled **Y N**	DATED **Y N**	

Additional comments:

PERC Purchase Rolling (Running)		TOTAL
12 Mo. Roll. Total From LAST Month		
SUBTRACT PERC PURCHASED July 2015		-
SUBTOTAL		
Purchase DATE	AMOUNT Purchased this month	12 MONTH ROLLING TOTAL
	+	
	+	

Condenser Temp /Pressure Log

DATE	TEMP	PRESSURE: HI / LO	WITHIN SPECS?
			Y N
			Y N
			Y N
			Y N
			Y N

Temperature: Must be 45 degrees Farenheit / 7 degrees Centigrade or lower

Pressure: Both HI/LO must be within range as specified in manual: ***HI:*** ***LO:***

HAWAII STATE DEPARTMENT OF HEALTH

August 2016

"EA MA'EMA'E NO HAWAI'I"

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Clean Air Branch

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AUGUST 2016

Leak Detection Weekly Log

***METHOD**: Leak detection may be done by Perception: SIGHT, SMELL, TOUCH*

One weekly detection per month must be done by a suitable detector with min. precision of 25 ppm or less

Circle below using P for perception, or D for detector

METHOD:	P D	P D	P D	P D	P D			
Inspected		LEAKING?				Date Parts Ordered	Date Parts Received	Date Repaired
Date: (M/D)								
Hoses and pipe connections, fittings, couplings, valves	Y N	Y N	Y N	Y N	Y N			
Door gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Filter gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Pumps	Y N	Y N	Y N	Y N	Y N			
Solvent tanks and containers	Y N	Y N	Y N	Y N	Y N			
Water seperator	Y N	Y N	Y N	Y N	Y N			
Muck cooker	Y N	Y N	Y N	Y N	Y N			
Still	Y N	Y N	Y N	Y N	Y N			
Exhaust Damper	Y N	Y N	Y N	Y N	Y N			
Diverter valve	Y N	Y N	Y N	Y N	Y N			
Cartridge filter housings	Y N	Y N	Y N	Y N	Y N			
Waste containers	Y N	Y N	Y N	Y N	Y N	Labeled **Y N**	DATED **Y N**	

Additional comments:

PERC Purchase Rolling (Running)		TOTAL
12 Mo. Roll. Total From LAST Month		
SUBTRACT PERC PURCHASED August 2015		-
SUBTOTAL		
Purchase DATE	AMOUNT Purchased this month	12 MONTH ROLLING TOTAL
	+	
	+	

Condenser Temp /Pressure Log

DATE	TEMP	PRESSURE: HI / LO	WITHIN SPECS?
			Y N
			Y N
			Y N
			Y N
			Y N

Temperature: Must be 45 degrees Farenheit / 7 degrees Centigrade or lower

Pressure: Both HI/LO must be within range as specified in manual: ***HI:*** ***LO:***

HAWAII STATE DEPARTMENT OF HEALTH

September 2016

"EA MA'EMA'E NO HAWAI'I"

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Clean Air Branch

919 Ala Moana Blvd
Honolulu, HI 96814

Phone: 808 586-4200
Fax: 808 586-4359
E-mail: cab@doh.hawaii.gov

SEPTEMBER 2016

Leak Detection Weekly Log

***METHOD**: Leak detection may be done by Perception: SIGHT, SMELL, TOUCH*

One weekly detection per month must be done by a suitable detector with min. precision of 25 ppm or less

Circle below using P for perception, or D for detector

METHOD:	P D	P D	P D	P D	P D			
Inspected		LEAKING?				Date Parts Ordered	Date Parts Received	Date Repaired
Date: (M/D)								
Hoses and pipe connections, fittings, couplings, valves	Y N	Y N	Y N	Y N	Y N			
Door gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Filter gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Pumps	Y N	Y N	Y N	Y N	Y N			
Solvent tanks and containers	Y N	Y N	Y N	Y N	Y N			
Water seperator	Y N	Y N	Y N	Y N	Y N			
Muck cooker	Y N	Y N	Y N	Y N	Y N			
Still	Y N	Y N	Y N	Y N	Y N			
Exhaust Damper	Y N	Y N	Y N	Y N	Y N			
Diverter valve	Y N	Y N	Y N	Y N	Y N			
Cartridge filter housings	Y N	Y N	Y N	Y N	Y N			
Waste containers	Y N	Y N	Y N	Y N	Y N	Labeled **Y N**	DATED **Y N**	

Additional comments:

PERC Purchase Rolling (Running)		TOTAL
12 Mo. Roll. Total From LAST Month		
SUBTRACT PERC PURCHASED September 2015		-
SUBTOTAL		
Purchase DATE	AMOUNT Purchased this month	12 MONTH ROLLING TOTAL
	+	
	+	

Condenser Temp /Pressure Log

DATE	TEMP	PRESSURE: HI / LO	WITHIN SPECS?
			Y N
			Y N
			Y N
			Y N
			Y N

Temperature: Must be 45 degrees Farenheit / 7 degrees Centigrade or lower

Pressure: Both HI/LO must be within range as specified in manual: ***HI:*** ***LO:***

October 2016

"EA MA'EMA'E NO HAWAI'I"

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

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OCTOBER 2016

Leak Detection Weekly Log

***METHOD**: Leak detection may be done by Perception: SIGHT, SMELL, TOUCH*

One weekly detection per month must be done by a suitable detector with min. precision of 25 ppm or less

Circle below using P for perception, or D for detector

METHOD:	**P D**	**P D**	**P D**	**P D**	**P D**			
Inspected		LEAKING?				Date Parts Ordered	Date Parts Received	Date Repaired
Date: (M/D)								
Hoses and pipe connections, fittings, couplings, valves	Y N	Y N	Y N	Y N	Y N			
Door gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Filter gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Pumps	Y N	Y N	Y N	Y N	Y N			
Solvent tanks and containers	Y N	Y N	Y N	Y N	Y N			
Water seperator	Y N	Y N	Y N	Y N	Y N			
Muck cooker	Y N	Y N	Y N	Y N	Y N			
Still	Y N	Y N	Y N	Y N	Y N			
Exhaust Damper	Y N	Y N	Y N	Y N	Y N			
Diverter valve	Y N	Y N	Y N	Y N	Y N			
Cartridge filter housings	Y N	Y N	Y N	Y N	Y N			
Waste containers	Y N	Y N	Y N	Y N	Y N	Labeled **Y N**	DATED **Y N**	

Additional comments:

PERC Purchase Rolling (Running)		TOTAL
12 Mo. Roll. Total From LAST Month		
SUBTRACT PERC PURCHASED October 2015		–
SUBTOTAL		
Purchase DATE	AMOUNT Purchased this month	12 MONTH ROLLING TOTAL
	+	
	+	

Condenser Temp /Pressure Log

DATE	**TEMP**	**PRESSURE: HI / LO**	**WITHIN SPECS?**
			Y N
			Y N
			Y N
			Y N
			Y N

Temperature: Must be 45 degrees Farenheit / 7 degrees Centigrade or lower

Pressure: Both HI/LO must be within range as specified in manual: ***HI:*** ***LO:***

HAWAII STATE DEPARTMENT OF HEALTH

November 2016

"EA MA'EMA'E NO HAWAI'I"

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

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NOVEMBER 2016

Leak Detection Weekly Log

***METHOD**: Leak detection may be done by Perception: SIGHT, SMELL, TOUCH*

One weekly detection per month must be done by a suitable detector with min. precision of 25 ppm or less

Circle below using P for perception, or D for detector

METHOD:	**P D**	**P D**	**P D**	**P D**	**P D**			
Inspected		LEAKING?				Date Parts Ordered	Date Parts Received	Date Repaired
Date: (M/D)								
Hoses and pipe connections, fittings, couplings, valves	Y N	Y N	Y N	Y N	Y N			
Door gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Filter gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Pumps	Y N	Y N	Y N	Y N	Y N			
Solvent tanks and containers	Y N	Y N	Y N	Y N	Y N			
Water seperator	Y N	Y N	Y N	Y N	Y N			
Muck cooker	Y N	Y N	Y N	Y N	Y N			
Still	Y N	Y N	Y N	Y N	Y N			
Exhaust Damper	Y N	Y N	Y N	Y N	Y N			
Diverter valve	Y N	Y N	Y N	Y N	Y N			
Cartridge filter housings	Y N	Y N	Y N	Y N	Y N			
Waste containers	Y N	Y N	Y N	Y N	Y N	Labeled **Y N**	DATED **Y N**	

Additional comments:

PERC Purchase Rolling (Running)		TOTAL
12 Mo. Roll. Total From LAST Month		
SUBTRACT PERC PURCHASED November 2015		-
SUBTOTAL		
Purchase DATE	AMOUNT Purchased this month	12 MONTH ROLLING TOTAL
	+	
	+	

Condenser Temp /Pressure Log

DATE	**TEMP**	**PRESSURE: HI / LO**	**WITHIN SPECS?**
			Y N
			Y N
			Y N
			Y N
			Y N

Temperature: Must be 45 degrees Farenheit / 7 degrees Centigrade or lower

Pressure: Both HI/LO must be within range as specified in manual: ***HI:*** ***LO:***

HAWAII STATE DEPARTMENT OF HEALTH

December 2016

"EA MA'EMA'E NO HAWAI'I"

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

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DECEMBER 2016

Leak Detection Weekly Log

***METHOD**: Leak detection may be done by Perception: SIGHT, SMELL, TOUCH*

One weekly detection per month must be done by a suitable detector with min. precision of 25 ppm or less

Circle below using P for perception, or D for detector

METHOD:	P D	P D	P D	P D	P D			
Inspected		LEAKING?				Date Parts Ordered	Date Parts Received	Date Repaired
Date: (M/D)								
Hoses and pipe connections, fittings, couplings, valves	Y N	Y N	Y N	Y N	Y N			
Door gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Filter gaskets and seatings	Y N	Y N	Y N	Y N	Y N			
Pumps	Y N	Y N	Y N	Y N	Y N			
Solvent tanks and containers	Y N	Y N	Y N	Y N	Y N			
Water seperator	Y N	Y N	Y N	Y N	Y N			
Muck cooker	Y N	Y N	Y N	Y N	Y N			
Still	Y N	Y N	Y N	Y N	Y N			
Exhaust Damper	Y N	Y N	Y N	Y N	Y N			
Diverter valve	Y N	Y N	Y N	Y N	Y N			
Cartridge filter housings	Y N	Y N	Y N	Y N	Y N			
Waste containers	Y N	Y N	Y N	Y N	Y N	Labeled **Y N**	DATED **Y N**	

Additional comments:

PERC Purchase Rolling (Running)		TOTAL
12 Mo. Roll. Total From LAST Month		
SUBTRACT PERC PURCHASED December 2015		-
SUBTOTAL		
Purchase DATE	AMOUNT Purchased this month	12 MONTH ROLLING TOTAL
	+	
	+	

Condenser Temp /Pressure Log

DATE	TEMP	PRESSURE: HI / LO	WITHIN SPECS?
			Y N
			Y N
			Y N
			Y N
			Y N

Temperature: Must be 45 degrees Farenheit / 7 degrees Centigrade or lower

Pressure: Both HI/LO must be within range as specified in manual: ***HI:*** ***LO:***

MONITORING REPORT FORM
NONCOVERED SOURCE GENERAL PERMIT NOs. 0093 & 0094-NG
PERCHLOROETHYLENE CONSUMPTION/MONITORING SUMMARY

Issuance Date: May 2, 2013 **Expiration Date: May 1, 2018**

In accordance with the Hawaii Administrative Rules, Title 11, Chapter 60.1, Air Pollution Control, the permittee shall report to the Department of Health the nature and amounts of emissions, semiannually.

(Make Copies for Future Use)

For Period:_____ Date:_____

Facility Name: _____

Dry Cleaning Facility Location: _____

Machine Type (Dry-to-Dry or Transfer)	Serial No.	Date Machine Purchased	Type of Control
1.			
2.			
3.			
4.			
5.			

Responsible Official (Print):_____ Phone No.:_____

Title: _____

I certify that I have knowledge of the facts herein set forth, that the same are true, accurate and complete to the best of my knowledge and belief, and that all information not identified by me as confidential in nature shall be treated by the Department of Health as public record. I further state that I will assume responsibility for the construction, modification, or operation of the source in accordance with the Hawaii Administrative Rules, Title 11, Chapter 60.1, Air Pollution Control, and any permit issued thereof.

Responsible Official (Signature): _____

	Perc Purchases (gallons)	
	Monthly	Rolling 12-months[1]
July		
August		
September		
October		
November		
December		

1. Rolling twelve (12) months = current month + previous eleven (11) months

MONITORING REPORT FORM
NONCOVERED SOURCE GENERAL PERMIT NOs. 0093 & 0094-NG
PERCHLOROETHYLENE CONSUMPTION/MONITORING SUMMARY

Issuance Date: May 2, 2013 **Expiration Date: May 1, 2018**

(Make Copies for Future Use)

Incidence Reporting

1. Identify the number of incidences a perceptible leak was found and was not corrected within the specified times as required by Attachment II, Special Condition No. D.11.
   _____ Incidences

2. Identify the number of incidences a vapor leak was found and was not corrected within the specified times as required by Attachment II, Special Condition No. D.11.
   _____ Incidences

3. For "new" dry cleaning systems, identify the number of incidences the outlet side of the refrigerated condenser was greater than 7.2 ºC (45 ºF) and was not corrected within the specified times required in Attachment II, Special Condition No. E.3.
   _____ Incidences

4. For each incidence identified above, provide the following information:
   a. a description/magnitude of each incidence;
   b. the date the incidence occurred;
   c. the date parts were ordered and received, if applicable;
   d. the reason(s) why the repairs could not be made within the required time frames; and
   e. the date of repair.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____