

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 19, 1996

Mr. Carl James Celebrity Cleaners 1002 North Main Street Gainesville, Florida 32601

Dear Mr. James:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Rick Banks, Northeast District

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2.	Celebrity Cleaners Inc Site Name (For example, plant name or number):
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	Celebrity Cleaners Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	FL 0000855 189
4.	Facility Location:
	Street Address: 1002 N. Main 81
	City: Jainewille County: Zip Code: 32601
5.	Saintwille Alachua 32601 Facility Identification Number (DEP Use):
	00/009/
	Responsible Official
6)	Name and Title of Responsible Official:
	Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: Celebrity Cleanest Street Address: 1002 N. Main 81
	City: County: Zip Code: **Samewille FL Alachua** Responsible Official Telephone Number:
8.	Responsible official relephone runner.
	Telephone: $(352) 372 - 6542$ Fax: ()
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Espility Contest Address
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11	Facility Contact Telephone Number:
11.	Telephone: () - Fax: () -

RECEIVED

AUG 1 9 1996

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls	nitially Purchased	Device Installed	ID	Machine Initially Purchased	Control Device Installed	ID	Machine Initially Purchased	Control Device Installed
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
(2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber			i, Dijir		. Night Town	a'		n jagah kalendari Latan kalendari
(2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber	5-May-94				1		1	
Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber	3 /114/							
(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								
(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	thurdd		10.141			Prift s.	Amerika (K)	Tag retalisation
(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	***							
Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber								
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber								
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber			eri i fin. Visite		h Kranet	ilo ja		
(9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber								
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber								
(10) w/ ref. condenser (11) w/carbon adsorber								
(10) w/ ref. condenser (11) w/carbon adsorber					#35 med 30	Tes. F.		
` '								
(12) w/ no controls								
, ,								
(b) Control devices are required. (c) No control devices are required. 2.(a) What was the total quantity [45] gallons. (b) If less than 12 months, how Check why it is less than 1	uired to be y of perchlos w many? [_	installed [y perc)] purchased ir				[]
3. What is the facility's source classificate with an "X". Select of Existing small area source. Existing large area source.	one classifi	cation only.) Ne	w sm	nitions found all area sour ge area sour	се [Х]		Part II?	

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(Indicate with an "X".)	suant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] R	efrigerated condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions uni to Rule 62-213.300, F.A.C. Verify that all steam and h exemption criteria or that no such units exist on-site:	ts shall not be eligible to use the general permit pursuant ot water generating units on-site meet the following
All steam and hot water generating units on-site (1) har boiler HP or less), and (2) are fired exclusively by natu during which propane or fuel oil containing no more th	ral gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	<u>X</u>]
Equipment Monitoring and	Recordkeeping Information
Check all logs which are required to be kept on-site in a	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	LX
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monito	ring
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[X]

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Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
L X I	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	4 James

#0010091

	# 0010091
	N = 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1
<u>-</u>	Celebrity Cleaners
! 	Spoke with Carl James -9/3/96
	Spore will car varios 1,50,10
P./3	6. add title - Owner/Manager
P.14	1. (a) add date central device
	installed 1.(c) mark out "X" and initial
p./5	4. Should be new small area Source
	W/refrig.con.
1	
<u> </u>	

	0010091	
AIRS ID#:	<u> </u>	

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

$\bigcap_{n} \bigcap_{n \in \mathbb{N}} \bigcap_{n \in N$				Blix (a)
FACILITY NAME: ULLDYTY ULQ	ners		DAT	E: 7115100
FACILITY LOCATION: 1002 N. Mai	n.8t.		7×	
Rainosville Fl	32/001		, C	
- Good Carvilly	07001	Ø _U	OC, 1,	
Annual Reporting Period: Slptimber		то 📆	otens box	<u>2000</u> ;
Based on each term or condition of the Title V general a 62-213.300, Florida Administrative Code (F.A.C.), duri			L 100 7	DEP Rule NO
If NO, complete the following:	;			
#1. Term or condition of the general permit that has no	t been in continuo	us compliance dur	ing the reporting pe	riod 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 no	t been in continuo	us compliance dur	ing the reporting pe	riod 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 in made in this notification are true, accurate and comple upon rolling averages of purchase receipts, does not ex year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please)	te. Further, my an ceed 2,100 gallons	nual consumption per year for dry-	of perchloroethyle	ne solvent, based

^{*}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 C	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:25	TIME OUT:	40 AIRS 1D#: 0010091
TYPE OF FACILITY: MY (leaner	
FACILITY NAME: (1)	nty Cleaner	DATE: 9/15/0C
FACILITY LOCATION: 100	2 N. Main	8t
GC	unesville Fl	32.001
RESPONSIBLE OFFICIAL:	iri James	PHONE NUMBER: (352)372-6542
	te compliance requirements et tle 62-213.300, Florida Admir	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the discrepancies were noted		valuated during this inspection, the following compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
		*
•		
· · ·		
	· · -	· · · · · · · · · · · · · · · · · · ·
COMMENTS:		
	<u> </u>	
The Annual Compliance Certifica	tion form has been properly o	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION	1: <u>Sep</u>	tember 2001
INSPECTION CONDUCTED B	v. Howther	(Approximate)
	The state of the s	(Please Print)
INSPECTOR'S SIGNATURE:	HOTPLAN	PHONE NUMBER: (904)448-4310
		x 25

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Type of inspection:	ANNUAL	回	COMPLAINT/DISCOVERY	<i>r</i> 🗀
\bigvee	RE-INSPECTION	и 🗅		
AIRS ID#:	ebrity (1	laners		. 12:40
. ^	unesville	_	2601	
RESPONSIBLE OFFICIAL:	ari Jan	25	_phone: (352)372	2-6542
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
	20 daga saisa ta atau			a
1. New facility notified DARM 3	•	•		
2. Facility failed to notify DARN	1 to use general peri	nit		. 🚨
PART II: CLASSIFICATION				
Facility indicated on notificatio (check appropriate box) A.	n form that it is:		☐ No notification form ☐ Drop store/out of business	s/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		transfer only, both types, x <	y, x < 140 gal/yr x < 200 gal/yr	er er er er
3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ gr (constructed before $12/9/91$)	00 gal/yr gal/yr	transfer only, 2 both types, 14	area source y , $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ n or after $12/9/91$)	
5. This is a correct facility cla	ssification	DY ON	□Can not determine	
B. The total quantity of perchlor	y qualified for a gen y exceeds above lim	eral permit as r its and is not el	number above igible for a general permit the preceding 12 months by this	dry cleaning
facility was 20 gallons.				

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A DY DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DY-ON 4. Draining cartridge filters in their housing or in sealed 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? LOY ON ON/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the QY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY-DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the -DY ON ON/A 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?

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?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON O	IN/A
	Is the temperature differential equal to or greater than 20° F?	OY ON O	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?		IN/A
	Is the perc concentration equal to or less than 100 ppm?		,
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?	ם אם צם	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON.O	IN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ם אם צם	N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	ďÝ ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	ØY ÓN ON∕A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	ØY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	QY ON ON/A
Problem corrected?	□Y □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? DY- $\square N$ 2. Has the facility maintained a leak log? $\square N$ ØΥ. 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A DY ON ON/A Muck cookers couplings, and valves DY ON ON/A Door gaskets and seating Stills DY-ON ON/A DY ON ON/A Filter gaskets and seating Exhaust dampers QY ON ON/A DY ON ON/A OY-ON ON/A Diverter valves **Pumps** DY ON ON/A Solvent tanks and containers Cartridge filter housings DY DN DN/A DY/ON ON/A Water separators 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 DN/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 (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN DY DN d. Kept in a clean and secure area when not in use?

Inspector's Name (Please Print)

Date of Inspection

Deptimber 2001

Approximate Date of Next Inspection

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

OY ON

MULTIMATIC - MERCURY

PERCHLOROETHY LENE DRY CLEANERS FOR TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST TON: ANNUAL COMPLAINT MISCOVERY CO

				OEV	
TYPE OF INSPECTION:	ANNUAL	c þ z/	COMPLAINTIN	SCOVERY &	FD
•	RE-INSPECTION		·	Man Air	1999
· · · · · · · · · · · · · · · · · · ·				"Obile So Mo,	7/14
AIRS ID#: 0010091	DATE. 9-9-99	TIME	HECKLIST COMPLAINTING O N: /0/04 1	CRAE OHT.	es/1/20
		131712-1	N: 70,03	TME OOT!	
FACILITY NAME: <u>Celebr</u>	rity Cleaners		<u> </u>		·
FACILITY LOCATION:	002 N. Main	5+.			
	Gainesville, PL	:	· 		
RESPONSIBLE OFFICIAL:	: Carl James		_PHONE: 352-	372-65	542
	, 			·	
·	,		· 		
PART I: NOTIFICATION				,	
(check appropriate box)				-	
1. New facility notified DARM	4 30 days prior to startur	٠.			
2. Facility failed to notify DAF	•				
2. 1401111, 141104 10 11041, 12 -			·		
PART II: CLASSIFICATIO	N				
PART II: CLASSIFICATIO	<u> </u>		□ No notification	n form	· ·
PART II: CLASSIFICATION Facility indicated on notificate (check appropriate box)	<u> </u>		□ No notification □ Drop store/out		etroleum
Facility indicated on notificat (check appropriate box) A.	tion form that it is:	Now small	☐ Drop store/out		etroleum
Facility indicated on notificat (check appropriate box)	tion form that it is:	New small	☐ Drop store/out		etroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	tion form that it is: arce	ry-to-dry only ansfer only, x	□ Drop store/out area source , x < 140 gal/yr < 200 gal/yr		etroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	tion form that it is: arce	ry-to-dry only ansfer only, x oth types, x <	□ Drop store/out area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr		etroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	tion form that it is: arce	ry-to-dry only ansfer only, x oth types, x <	□ Drop store/out area source , x < 140 gal/yr < 200 gal/yr		etroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	tion form that it is: arce	ry-to-dry only ansfer only, x oth types, x <	Drop store/out area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)		etroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gales transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 < x < 2	tion form that it is: arce	ry-to-dry only ansfer only, x oth types, x < constructed or	Drop store/out area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , $140 \le x \le 2,100$ ga	of business/p	etroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8	tion form that it is: arce	ry-to-dry only ansfer only, x oth types, x < constructed or New large: ry-to-dry only ansfer only, 2	Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/y}$	of business/p	etroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,800 both types, 140 \le x \le 1,800	tion form that it is: arce	ry-to-dry only ansfer only, x oth types, x < constructed or New large : ry-to-dry only ansfer only, 2 oth types, 140	Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	of business/p	etroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,800 (constructed before 12/9/91)	tion form that it is: arce	ry-to-dry only ansfer only, x oth types, x < constructed or . New large : ry-to-dry only ansfer only, 2 oth types, 140 constructed or	Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/y}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	of business/p	etroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,800 both types, 140 \le x \le 1,800	tion form that it is: arce	ry-to-dry only ansfer only, x oth types, x < constructed or New large : ry-to-dry only ansfer only, 2 oth types, 140	Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	of business/p	etroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally tooth types, x < 140 gally (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 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: arce	ry-to-dry only ansfer only, x oth types, x < constructed or New large: ry-to-dry only ansfer only, 2 oth types, 140 constructed or Y \begin{align*} \Pi \neq \neq \neq \neq \neq \neq \neq \neq	□ Drop store/out area source $x \le 140 \text{ gal/yr}$ $\le 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determ	of business/p	etroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (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	tion form that it is: arce	ry-to-dry only ansfer only, x oth types, x < constructed or . New large : ry-to-dry only ansfer only, 2 oth types, 140 constructed or	Drop store/out area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 129/91$ area source $x < 140 \le x \le 2100 \text{ gal/yr}$ $x < 1800 \text{ gal/yr}$ $x < 1$	of business/p al/yr yr ninc bove	etroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (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	tion form that it is: arce	ry-to-dry only ansfer only, x oth types, x < constructed or . New large : ry-to-dry only ansfer only, 2 oth types, 140 constructed or	Drop store/out area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 129/91$ area source $x < 140 \le x \le 2100 \text{ gal/yr}$ $x < 1800 \text{ gal/yr}$ $x < 1$	of business/p al/yr yr ninc bove	etroleum

BEST AVAILABLE COPY

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	AIN NO YO
2. Examining the containers for leakage?	DY DN ØN/A
3. Closing and securing machine doors except during loading/unloading?	NO YOU
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אומם מם ציפו
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DANA
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 refri (complete A below).	gerated 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 must installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated 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?	אם אם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO YO
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ONA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	May on
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אואם אם צפ
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY DN

Davised \$(11/0)

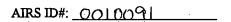
В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ĎΥ	מם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DΥ	DИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	DИ	□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?	ΠY	ПИ	-□!\!/A
	Is the perc concentration equal to or less than 100 ppm?	DΥ	DN	□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	ΠN	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DΥ	N	□N/A
P	ART V: RECORDKEEPING REQUIREMENTS			
_				

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	ØYY □N			
2. Maintained rolling monthly averages of perc consumption?	NO YES			
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ANA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אַאָּאַ אִם עם אַאַא			
4. Maintained calibration data? (for applicable direct reading instruments)	אאל אם עם			
5. Maintained exhaust duct menitoring data on perc concentrations?	DY DN ØWA			
6. Maintained startup/shutdown/malfunction plan?	Y ON			
7. Maintained deviation reports?	איא אם צם 🗖 איא			
Problem corrected?	אוא או אם אם אם			
8. Maintained compliance plan, if applicable?	DY DN ØN/A			

BEST AVAILABLE COPY

PART VI: LEAK DETECTION AND	PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a	weekly (for small sources, bi-weekly) leak detection				
inspection?		kgA □N			
2. Has the facility maintained a leak log?	•	AL DN			
3. Does the responsible official check the	following areas for leaks?				
Hose connections, fittings, couplings, and valves	AY ON ON/A Muck cookers	אואם אם צי			
Door gaskets and scating	Y ON ON/A Stills	אואם אם צא			
Filter gaskets and scatting	₩Y □N □N/A Exhaust dampers	אואם אם ציף			
Pumps	₩Y □N □N/A Divener valves	אואם אם צים			
Solvent tanks and containers	ФY □N □N/A Cartridge filter housing	אואם אם צשל פי			
Water separators	אום אם צים				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed	solvent on exterior surfaces)	J			
Physical detection (airflow felt t	hrough gaskets)	Ą			
Odor (noticeable perc odor)		B			
Use of direct-reading instrumen	tation (FID/PID/calorimetric tubes)				
Halogen leak detector					
If using direct-reading inst	rumentation, is the equipment:	□N/A			
a. Capable of detecting	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N				
b. Calibrated against a (PID/FID only)?	standard gas prior to and after each use	אם עם			
c. Inspected for leaks a	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			
c. Verified for accurac	y by use of duplicate samples (calorimetric only)?	DY DN			
L					
	0.00	•			
Christopher L. Scott Inspector's Name (Please Pr	9-9-99				
'Inspector's Name (Please Pr	nint) Date of Ins	spection			
MA I DA	Sept 2	2000			
Inspector's Signature	Approximate Date	of Next Inspection			

ADDITIONAL SITE INFORMATION:	
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Celebrity Cleaners	DATE: 9-9-99
FACILITY NAME: Celebrity Cleaners FACILITY LOCATION: 1002 N. Main 5t.	·
Gainesville, FL	
Annual Reporting Period: Sept 1998 TO Sept	19 <u>99</u>
Based on each term or condition of the Title V general air permit, my facility has remained in con 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	<u></u>
If NO, complete the following:	•
#1. Term or condition of the general permit that has not been in continuous compliance during to	he 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 t	he 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 reasonate in this notification are true, accurate and complete. Further, my annual consumption of pupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	erchloroethylene solvent, based

^{*}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: ANN	UAL Ø COM	PLAINT/DISCOVERY	RE-INSPECTION	
TIME IN: $/0.00$	TIME OUT: 10:35	AIRS ID#: 00	10091	
TYPE OF FACILITY: Dry Clean			0.0.00	
FACILITY NAME: Celebrity	legners		DATE: <u>9-9-99</u>	
FACILITY LOCATION: 1002		<u> </u>		
Gainesv.li	•			
RESPONSIBLE OFFICIAL: Car	1 James	PHONE NUMBER: 3	52-372-6542	
Based on the results of the comp compliance with DEP Rule 62-2		ated during this inspection, the faci rative Code (F.A.C.).	lity is found to be in	
Based on the results of the comp discrepancies were noted:	oliance requirements evalu	ated during this inspection, the follo	owing compliance	
COMPLIANCE REQUIREM	IENT/PROBLEM	FOLLOW-UP ACTIO	ON REQUIRED	
			· · · · · · · · · · · · · · · · · · ·	
	.		. *	
· · · · · · · · · · · · · · · · · · ·				
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	•			
	<u> </u>			
COMMENTS:				
		· .		
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION:	Sept 2000		<u> </u>	
(Approximate) INSPECTION CONDUCTED BY: Christopher L. Scott (Please Print) INSPECTOR'S SIGNATURE: L. L. L. PHONE NUMBER: 904-448-4570 x 240				

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	Ν	,827	COMPLAIN	T/DISCOVERY	
AIRS ID#: <u>00100 91</u>					_ time out: _	10:10
FACILITY NAME: Celeb	•					•
FACILITY LOCATION: 🖊	002 N. Ma	ے سے	5 7		Se Con	
6	ainesu. lle, F	· (, 3	7601		C II	
RESPONSIBLE OFFICIAL	: Carl Ja	me s		PHONE: <u>Z</u>	'52-872-6	1450
CONTACT NAME:				PHONE:	OLICE TREE	<u>.</u>
PART I: NOTIFICATION						
(check appropriate box)	· · · · · · · · · · · · · · · · · · ·					
New facility notified DARM	1 30 days prior to star	tup				
2. Facility failed to notify DAF	• •	•				
					-	
PART II: CLASSIFICATIO	N					
Facility indicated on notificat	tion form that it is:		•	☐ No notific		
(check appropriate box) A.				☐ Drop store	e/out of business/pe	troleum
1. Existing small area sou			•	rea source	A CONTRACTOR OF THE PROPERTY O	
dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y				x < 140 gal/yr < 200 gal/yr		
both types, x < 140 gal/yr (constructed before 12/9/91)	1			140 gal/yr or after 12/9/9	1)	
					_	
3. Existing large area sou dry-to-dry only, $140 \le x \le 2$			•	rea source $140 \le x \le 2.10$	□ 00 gal/vr	
transfer only, $200 \le x \le 1.8$	00 gal/yr	transfer	only, 20	$00 \le x \le 1,800$	gal/yr	
both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)				$\leq x \leq 1,800 \text{ ga}$ or after 12/9/9		
		A Y				
5. This is a correct facility of	ciassuication	4 1	מם	□Can not de	eternune	
	e appropriate classification in a gentity qualified for a gentity exceeds above lim	ieral per				
B. The total quantity of perchl facility was 130 gallons		irchased	within th	ne preceding 12	2 months by this di	y cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) AIN DAIA 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN BENA 2. Examining the containers for leakage? NO YE 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at -AY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber-DY DN SINA 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? MO YES 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? SY ON ON/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 DV DN 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? SPY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO VO verifying that the coolant had been completely charged?

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?	ΩY	ПΝ	
	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	DИ	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□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 ppm?	ΠY	ПИ	□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	□N	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□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?	ND. VÆ			
2. Maintained rolling monthly averages of perc consumption?	XY ON			
3. Maintained leak detection inspection and repair reports for the following:	•			
a. documentation of leaks repaired w/in 24 hrs? or;	AINO NO VIE			
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	ANO NO VAC			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN S N/A			
5. Maintained exhaust duct menitoring data on perc concentrations?	ANG NO YES			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?	AND ND VE			
Problem corrected?	A/AD ND YS			
8. Maintained compliance plan, if applicable?	AND NO YEAR			

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?	YZ Y ON			
2.	Has the facility maintained a leak log?	ND Y			
3.	Does the responsible official check the following areas for leaks?	•			
	Hose connections, fittings, couplings, and valves DN DN/A Muck cookers	אואם אם אא			
	Door gaskets and scating YOY ON ON/A Stills	N/A			
:	Filter gaskets and seating Y N/A Exhaust dampers	AND NO Y			
	Pumps Y N N/A Diverter valves	AVA DA DAVA			
	Solvent tanks and containers Y DN DN/A Cartridge filter housings	MY ON ONA			
	Water separators	•			
4.	. Which method of detection is used by the responsible official?				
	Visual examination (condensed solvent on exterior surfaces)	₩			
	Physical detection (airflow felt through gaskets)	9			
	Odor (noticeable perc odor)	₩			
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	a .			
	Halogen leak detector				
	If using direct-reading instrumentation, is the equipment:	□N/A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	DY DN			
	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?	□Y. □N			
	c. Verified for accuracy by use of duplicate samples (calorimetric only)?	DY DN			
		٠.			

Christopher L. Scott	9.30-98
Inspector's Name (Please Print)	Date of Inspection
MAL SA	9-99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Multimatic Mercuny

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

YPE OF INSPECTION:	annual 💆	COMP	LAINT/DISCOVERY	RE-INSPECTION
ME IN: 9:30	TIME OUT:	0:10	AIRS ID#:_ 00	10091
PE OF FACILITY: DRY	CLEANER			
CILITY NAME: Cele!	brity Cleaner	s Inc.		DATE: <u>9/30/98</u>
CILITY LOCATION: 100		•		· · · · · · · · · · · · · · · · · · ·
	resville, FL.			
ESPONSIBLE OFFICIAL:	arl James		PHONE NUMBER	352-372-6542
	he compliance requiremer ule 62-213.300, Florida A		d during this inspection, the fa	cility is found to be in
Based on the results of t discrepancies were noted		nts evaluate	d during this inspection, the fo	llowing compliance
COMPLIANCE REQU	JIREMENT/PROBL	EM	FOLLOW-UP ACT	ION REQUIRED
•			,	
· · · · · · · · · · · · · · · · · · ·	,			
<u> </u>			· ·	. <u>.</u>
<u> </u>	. ,			
·			·	
MMENTS:		·		
				•
-		erly certifie	d and submitted to the inspecto	r. YES NO
TE OF NEXT INSPECTIO	N: 7/99	(Appr	oximate)	
SPECTION CONDUCTED	BY: Christopher	4.5	co Tr se Print)	·
SPECTOR'S SIGNATURE:	Clff	L	1 · 11	: 904-448-4310 X 25

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Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

COL

AIRS ID#0010091

CELEBRITY CLEANERS INC CARL JAMES 1002 N MAIN STREET GAINESVILLE FL 32601

Do NOT Remove Label

		-	•
Jan.	19 <u>97</u> TO		en. 1998
-		/	DEP Rule
		,	
	_	i i	
a sayayay ya garanay Tarahayayay	the state of the s	to	er Selly William
	-	,	
that has not been in	continuous complia	ance during the reporting p	eriod stated above:
	R	ÉCEIVED	
	· 	JAN 2 2 1990	
	Ві		
urther, my annual con	sumption of perchlo	reasonable inquiry, that the s roethylene solvent, based up	on purchase receipts,
JAMES ne (Please Print)	Cost	Signature	//15/98 Date
	V general air permit A.C.), during the pe that has not been in that has not been in d on information and wither, my annual con or dry facilities or 1,800	A.C.), during the period covered by this that has not been in continuous compliant that has not been in continuous	V general air permit, my facility has remained in compliance with A.C.), during the period covered by this statement. YES that has not been in continuous compliance during the reporting p to RECEIVED JAN 2 2 1998 Bureau of Air Monitoring & Mobile Sources and on information and belief formed after reasonable inquiry, that the surther, my annual consumption of perchloroethylene solvent, based up on dry facilities or 1,800 gallons per year for transfer or combination facilities.

^{*}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.

AIRS ID#: 00/009/

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Celebrity Cleaners		98
FACILITY LOCATION: 1002 N. Main St.		
Gainer. 1/e, Fl. 3260	<u> </u>	
Annual Reporting Period: Sept	19 <u>97</u> TO <u>Sept</u> 19	9 <u>8</u>
Based on each term or condition of the Title V general air permit, m	y 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 con	tinuous compliance during the reporting period stated abo	ove:
	•	
Exact period of non-compliance: from	RECEIVED	`
Action(s) taken to achieve compliance:	OCT_0 7 1998	
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources	
#2. Term or condition of the general permit that has not been in con	tinuous compliance during the reporting period stated abo	ove:
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 an	d belief formed after reasonable inquiry, that the stateme	nts
made in this notification are true, accurate and complete. Further, nupon rolling averages of purchase receipts, does not exceed 2,100 gayear for transfer or combination facilities.	ny annual consumption of perchloroethylene solvent, bas	ed
RESPONSIBLE OFFICIAL: Carl James Name (Please Print)	Carl Janet 9/30/9	8

^{*}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.

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Celebrity Cleaners 1.	nc.	DATE: <u>9-19-97</u>
FACILITY LOCATION: 1002 N Main	5t	
Gainesuille		
Annual Reporting Period: 9505	19 26 to9	1997
Based on each term or condition of the Title V general air 62-213.300, Florida Administrative Code (F.A.C.), during		
If NO, complete the following:		•
#1. Term or condition of the general permit that has not be	een in continuous compliance during	the reporting period stated above:
Exact period of non-compliance: from	to_R	ECEIVED
Action(s) taken to achieve compliance:	<u> </u>	OCT 3 1997
Method used to demonstrate compliance:	Bt	reau of Air Monitoring & Mobile Sources
#2. Term or condition of the general permit that has not be	en 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 informade in this notification are true, accurate and complete, upon rolling averages of purchase receipts, does not excee year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Prin	Further, my annual consumption of d 2,100 gallons per year for dry-to d	perchloroethylene solvent, based
	nsugia) (A	Tale Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

$\sqrt{}$

Revised 10/96

TYPE OF INSPECTION: ANNUAL	. [Д] сом	PLAINT/DISCOVERY .	RE-INSPECTION
TIME IN: //: ðoTIM	EOUT: /Z:30	AIRS ID#: C	010091
YPE OF FACILITY: Dry Cleane	<u> </u>		·
ACILITY NAME: Celebrity Clea			date: <u>9-19-9</u> 7
ACILITY LOCATION: 1000 N.	Main St.	Gainesville	
		·	
ESPONSIBLE OFFICIAL: Cal Jam		PHONE NUMBER	1: 352-372 - 6542
Based on the results of the compliance with DEP Rule 62-213.3			acility is found to be in
Based on the results of the compliant discrepancies were noted:	ce requirements evalu	ated during this inspection, the f	following compliance
COMPLIANCE REQUIREMEN	T/PROBLEM	FOLLOW-UP ACT	TON REQUIRED
	_	·	
			·
•			
OMMENTS:			· · · · · · · · · · · · · · · · · · ·
	·		•
·			
he Annual Compliance Certification form h	as been properly certi	fied and submitted to the inspect	or. YES NO
ATE OF NEXT INSPECTION:	9-98	proximate)	·
nspection conducted by: Cha	istopher L.	Scott	
NSPECTOR'S SIGNATURE:		ease Print)PHONE NUMBE	R: 444 4316

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	ON D
•	TIME IN: //:00 TIME OUT: /2:00
FACILITY NAME: CELEBRITY CLE	ANERS INC.
FACILITY LOCATION: 1002 N. M	AIN ST.
	GAINESVILLE
RESPONSIBLE OFFICIAL: Carl James	PHONE: <u>352 - 372 - 6542</u>
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	urtup
2. Facility failed to notify DARM to use general pe	ermit \square
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	□ No notification form□ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after $12/9/91$)
(constructed before 12/9/91) 5. This is a correct facility classification	· · · — — · · · · ·
5. This is a correct facility classification If no, please check the appropriate classifi facility qualified for a ge	(constructed on or after 12/9/91) Name of the structed on or after 12/9/91) Name of the structed on or after 12/9/91) Let Y □ N □ Can not determine

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN WN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ØN/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 sealed containers for at MY DN DN/A 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? DY DN DYN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? □N □N/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 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 Y ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

∥₿.	. 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?	C	ON □	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ÜЙ	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ŮИ	□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?	ПY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	ПY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
1. Maintained receipts for perc purchased?	DY ON	
2. Maintained rolling monthly averages of perc consumption?	MA DN	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or,	VZY 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?	DY ON ON/A	
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON MIN/A	
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WON/A	
6. Maintained startup/shutdown/malfunction plan?		
7. Maintained deviation reports?	ØY' ON' ON/A	
Problem corrected?	DY ON ON/A	
8. Maintained compliance plan, if applicable?	ØY ON ON/A	

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?		ØY ON				
2.	2. Has the facility maintained a leak log?		ØY ON				
3.	3. Does the responsible official check the following areas for	or leaks?					
	Hose connections, fittings, couplings, and valves	'A Muck cookers	OY ON ØÑ/A				
	Door gaskets and seating \(\sigma^{\chi}\) \(\sigma^{\chi}\) \(\sigma^{\chi}\) \(\sigma^{\chi}\)	A Stills	OY ON ON/A				
	Filter gaskets and seating QY \(\sigma\) \(\sigma\)	A Exhaust dampers	DÝ □N □N/A				
	Pumps	A Diverter valves	ØY ON ON/A				
	Solvent tanks and containers DY ON ON/	A Cartridge filter housings	ZY ON ON/A				
	Water separators	A					
4.	4. Which method of detection is used by the responsible off	icial?					
	Visual examination (condensed solvent on exterior	surfaces)					
	Physical detection (airflow felt through gaskets)		Ø				
	Odor (noticeable perc odor)		a				
	Use of direct-reading instrumentation (FID/PID/cal	lorimetric tubes)					
	Halogen leak detector		, 				
	If using direct-reading instrumentation, is th	ne equipment:	□N/A				
	a. Capable of detecting perc vapor concen	strations in a range of 0-500 ppm?	□Y □N				
	b. Calibrated against a standard gas prior (PID/FID only)?		OY ON				
	c. Inspected for leaks and obvious signs of		DY ON				
		·					
	d. Kept in a clean and secure area when n	•					
	e. Verified for accuracy by use of duplicat	le samples (calorimetric omy)?	□Y □N				
<u>.</u>							
٤							
		9 10 0					
	Inspector's Name (Please Print)	Date of Inspec	ction				
/	MAII / Sign	9-90					
6	Inspector's Signature	Approximate Date of N	lext Inspection				

ADDITIONAL SITE INFO	RMATION:	
	· · · · · · · · · · · · · · · · · · ·	
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0010091 Celebrity Cleaners

	-spoke with Carl James -9/3/96	
1. Fa		
2. Sit	P.13 6. add title - Owner/Manager	
3. Ha	P.14 1.(a) add date control device	
[-	installed 1.6 mark out "X" and initial	·
4. Fa	P.15 4. Should be new small area Source	
Ci -5. Fa	w/refrig.con.	601
	R Bonks	
t · · "		
16. N	DEP 2 0 1996	
7. R	DEP JACKSONVILLE	
St C	RECEIVED	:32601
8. R	SEP 2.7 1996	,
	Bureau of Air Monitoring & Mobile Sources	·
9. N	me and Title of Facility Contact (For example, plant manager):	
	cility Contact Address:	
	eet Address: y: County: Zip Code:	
	cility Contact Telephone Number:	

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AUG 1 9 1996

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	Celebrity Cleaners Inc Site Name (For example, plant name or number):				
2.					
	Celebrity Cleaners Hazardous Waste Generator Identification Number:				
3.	Hazardous Waste Generator Identification Number:				
	FL 0000855 189				
4.	Facility Location:				
	Street Address: 1002 N. Main 8 x				
	City: Since County: Zip Code: Facility Identification Number (DEP Use): County: Zip Code: \$\frac{3}{2}601\$				
5.	Facility Identification Number (DEP Use):				
	00/000/				
	The second secon				
	Responsible Official				
6.	Name and Title of Responsible Official:				
<u> </u>	Carl James Manager / Owner				
7.	Responsible Official Mailing Address: Organization/Firm: Celebrity Cleanest Street Address: 1002 N. Main 81				
	Street Address: 1002 N m in 81				
	City: County: Zip Code:				
	Responsible Official Telephone Number: Telephone: (352) 372-6542 Fax: ()				
8.	Responsible Official Telephone Number:				
	Telephone: (352) 372 - 6542 Fax: () -				
	·				
	Facility Contact (If different from Responsible Official)				
	• • • • • • • • • • • • • • • • • • • •				
9.	Name and Title of Facility Contact (For example, plant manager):				
10	Facility Contact Address:				
10.	Tacinty Contact Addices.				
	Street Address:				
	City: County: Zip Code:				
11.	Facility Contact Telephone Number:				
	Telephone: () - Fax: () -				
1					

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
•.		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit			v		e e e	1			
(I) w/ ref. condenser	\top	25-May-94	25/11ay 94						
(2) w/ carbon adsorber		7		,					
(3) w/ no controls									
Washer Unit		-	1 14.7 g		:	·		•	
(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	1		ale of the		t att org				
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 mont Check why it is less	are requant	equired to be ity of perchlons ow many? [_	installed [s	perc)	e purchased in	n the latest 12			
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.) Ne	ew sn	nall area sour	ce [X		Part II?	
Existing large are	ea so	urce []	Ne	w la	rge area sour	ce [ˈ]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	•
\mathcal{L}	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	
I the una	lersioned am the responsible official as defined in Part II of this form, of the facility addressed i
this notifi statemeni maintain	
this notifi statement maintain comply w	the air pollutant emissions units and air pollution control equipment described above so as to

US Postal Service Receipt for Certified Mai

... AIRS ID # 0010091

CELEBRITY CLEANERS CARL JAMES 1002 N MAIN STREET GAINESVILLE FL 32601

		- .
	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	
3000	TOTAL Postage & Fees	\$
E	Postmark or Date	

Z 570 PPS 275

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID # 0010091001AG CARL JAMES CELEBRITY CLEANERS 1002 N MAIN STREET GAINESVILLE FL 32601

ı	·	·•
	Certified Fee	
	Special Delivery Fee	
_	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
3800,	TOTAL Postage & Fees	\$
Form 3	Postmark or Date	

	. حفالك	(LIO	ida)		
or adolavna	to doi	OVE	line	at	plo-

completed on the reverse side?	SENDER: Complete items 3, 4a, and 4b. Print your name and address on the recard to you: Attach this form to the front of the mail permit. Write 'Return Receipt Requested' on the The Return Receipt will show to whom delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
RETURN ADDRESS completed o	3. Article Addressed to: CELEBRITY CLEANERS CARL JAMES 1002 N MAIN STREET GAINESVILLE FL 32601	AIRS ID:#:0010091	7. Date of D	Type ed Certified Mail Insured ceipt for Merchandise COD elivery
Is vour RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Age 7. Standard	a Sull	and fee is	e's Address (Only if requested paid) Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 12 Yes
1. Article Addressed to: 10 AIRS ID # 0010091001AG CARL JAMES CELEBRITY CLEANERS	D. Is delivery address different from item 1?
1002 N MAIN STREET GAINESVILLE FL 32601	3. Service Type Certified Mail Express Name Registered Obite Status General for Merchandise Insured Mail C.O.D.
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

0

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360730

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 # 0010091

CELEBRITY CLEANERS CARL JAMES 1002 N MAIN STREET GAINESVILLE FL 32601 FEB 16 99

MAIL ROOM

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391551

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

Airs id # 0010091
CELEBRITY CLEANERS
CARL JAMES
1002 N MAIN STREET
GAINESVILLE FL 32601

Burge
NO NOT Remove Label

Airs id # 0010091
CELEBRITY CLEANERS
CARL JAMES
1002 N MAIN STREET
GAINESVILLE FL 32601

Burge
NO NOT Remove Label

FOR GOVERNMENT USE ONLY

Seg.: 37550101000 EO: 8b Only

Seg.: 375501000 EO: 8b

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258629

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

AIRS ID# 0010091
CELEBRITY CLEANERS INC
CARL JAMES
1002 N MAIN STREET
GAINESVILLE FL 32601

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300224

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

TOTAL AMOUNT DUE: 2550300

Do NOT Remove Label

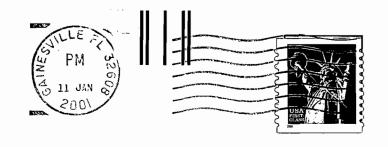
AIRS ID#0010091

CELEBRITY CLEANERS INC CARL JAMES 1002 N MAIN STREET GAINESVILLE FL 32601

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

402640

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 # 0010091

CELEBRITY CLEANERS CARL JAMES 1002 N MAIN STREET GAINESVILLE FL 32601 RECEIVED MAIL ROOM JAN 12 01

FOR GOVERNMENT USE ONLY

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

: Fund: 20-2-035001 Obj.: 002273