

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

December 30, 1996

Mr. John Jennings Jr. Rips Cleaners #12 316 North Main Street Gainesville, Florida 32601

Re: Facility I.D. No. 0010093

Dear Mr. Jennings:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

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

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

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, 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/jw

cc: Mr. Rick Banks, Northeast District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	Site Name (For example, plant name or number):							
2.	Site Name (For example, plant name or number):							
,	Rips Cleaves #12 Hazardous Waste Generator Identification Number:							
3.	Hazardous Waste Generator Identification Number:							
	Joston, Kleen							
4.	Facility Location:							
	Street Address:							
	City: 316 N. Meirst. County: Alachua Zip Code: 32601							
5.	Facility Identification Number (DEP Use):							
	0010093							
2300.000								
	Responsible Official							
. <u>6</u> .	Name and Title of Responsible Official:							
	Responsible Official Mailing Address: Organization/Firm: Reps Cleaner							
7.	Responsible Official Mailing Address:							
	Street Address: 316 N. Now 54.							
	City County							
	City. Coursville Fla. County: Alachua 32601							
8.	•							
	Telephone: () - Fax: () -							
	352-372-0560							
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
10	Enaility Contact Address							
10.	Facility Contact Address:							
	Street Address:							
	City: Zip Code:							
1 1	Facility Contact Talankana Namakana							
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -							
	Telephone: () - Fax: () -							
-								

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

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Bureau of Air Monitoring & Mobile Sources #0010093

4.1

**************************************	# 0010093
	Rip's Cleaners #12
	Spoke With John Jennings-9/26/96
p./3	6. add title-Owner
P.15	5. add "V" to "All steam and hot water exempt."
, ,	
,	
1	

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	I	12-NOV-93	#2	08-DEC-91	mstaneu		02-MAR-92	
Dry-to-Dry Unit	1 - 1	, , , , , , , , , , , , , , , , , , ,		1000	· · · · · · · · · · · · · · · · · · ·			and the property for the	. 1. 7 (*)
(1) w/ ref. condenser		1-1-95	1-1-95	1	i i				T
(2) w/ carbon adsorber	-	, , , ,							
(3) w/ no controls									
Washer Unit						(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			L-Harry
(4) w/ ref. condenser			1						T
(5) w/ carbon adsorber	+								
(6) w/ no controls									
Dryer Unit	: 15	Cartell [Thirty]	Name (See)		The Allenga		Thy See		NAME IN
(7) w/ ref. condenser		T	T	<u> </u>	T .	T	T .		T
(8) w/ carbon adsorber									
(9) w/ no controls									+
Reclaimer Unit	1,2		i Rejiolija 1810.	i Horizon					
(10) w/ ref. condenser			1	I	T	1			T
(11) w/carbon adsorber		1					ļ		+
(12) w/ no controls							_		+
 (b) Control devices at (c) No control device 2.(a) What was the total [quant gallo	equired to be ity of perchlons ow many? [_	e installed [_ oroethylene (] months	perc)	_] purchased in				
3. What is the facility's s (Indicate with an "X". Existing small a	Seleo rea so	et one classif	ication only.)	ew sm	nitions found nall area sour rge area sour	rce [V	3) of	Part II?	

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(Indicate with an "X".)	s pursuant to section (5) of Part II of this notification for	n?
Existing large area source Carbon adsorber []	Refrigerated condenser []	
New small area source Refrigerated condenser		
New large area source Refrigerated condenser		
to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site All steam and hot water generating units on-site (1)	units shall not be eligible to use the general permit pursued hot water generating units on-site meet the following e: have a total heat input of 10 million BTU/hr or less (29) that a gas except for periods of natural gas curtailment	8
during which propane or fuel oil containing no mor		
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring	and Recordkeeping Information	
Check all logs which are required to be kept on-site	in accordance with the requirements of this general perr	nit:
(a) Purchase receipts and solvent purchases		
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature monitoring		
(d) Carbon adsorber exhaust perc concentration mor	nitoring []	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

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

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
	No air permits currently exist for the operation of the facility indicated in this notification form.						
Responsible Official Certification							
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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	omptly notify the Department of any changes to the information contained in this notification.						

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

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#: 0010093

FACILITY NAME: RIP'S CLEANERS #12 DATE:
FACILITY LOCATION: 316 NORTH MAIN STREET
BAINESVILLE, FL 32601
Annual Reporting Period: Avoust 30, 1996 TO JANUARY 22 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
NO ROLLING PERC LOG MAINTAINED
Exact period of non-compliance: from $8/96$ to $1/97$
Action(s) taken to achieve compliance: MANTAIN LOG
Method used to demonstrate compliance: NEXT ANNUAL INSPECTION
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
NO CONDENSER TRMPERATURE LOG MAINTHINED
Exact period of non-compliance: from 8/96 to 1/97
Action(s) taken to achieve compliance: MANUTAIN RECORDS
Method used to demonstrate compliance: NEXT ANNUAL INSPECTION
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: John Jenning S. Name (Please Print) Name (Please Print) Name (Please Print)

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL L	COMPLAINT/D	SISCOVERY [RE-INSPECTION	ОИ 🗌
TIME IN: 9:50	TIME OUT:	10:45	AIRS ID#: OC	10093	
TYPE OF FACILITY:	DRY CLEAN	•			
FACILITY NAME:	RIPIS CLE	ANER +	F12	DATE:	,
FACILITY LOCATION:	316 NORT	H MAIN	STREET		
·	GAINESVIL	LE FL	37601		
RESPONSIBLE OFFICIAL:	JOHN JENNI	MGS JR.	_PHONE NUMBER:	752-372-	-0560
	the compliance requirement cule 62-213.300, Florida Ad	_		ity is found to be in	ι
Based on the results of t discrepancies were note	the compliance requirement d:	s evaluated during	this inspection, the follo	wing compliance	
COMPLIANCE REQU	JIREMENT/PROBLE	EM FO	LLOW-UP ACTIO	N REQUIRED	· • .
NOT MAINT	AINING ROLLIN	6	MAINTAIN	RECORT	25
NOT MAINT LOG	HNING TEMP	?	MAINTAIN	106	
<u>. </u>					
<u>.</u>				·	
	,				
COMMENTS:	•	•			
	. (
The Annual Compliance Certific	cation form has been proper	ly certified and sub	mitted to the inspector.	YES	40
DATE OF NEXT INSPECTIO	N:	1/98			
INSPECTION CONDUCTED	ву:	(Approximate) A, BAUE (Please Print)	<u>S</u>		
INSPECTOR'S SIGNATURE:	VA Sam	las	_PHONE NUMBER:_	904-448-1	4310

Revised 10/96



Department of **Environmental Protection**

Sandy

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

Virginia B. Wetherell Secretary

January 30, 1998

Mr. John Jennings, Jr. Rip's Cleaners 316 West Main Street Gainesville, Florida 32601

Dear Mr. Jennings:

Thank you for your January 26 letter informing the Department of the change in classification for Rip's Cleaners.

We have made note of the classification change from small area source to large area source in the appropriate files. As a large area source, leak detection inspections need to be conducted on a weekly basis. Other measurement and recording requirements may be necessary and will depend upon the type of machine in use. The Perchloroethylene Dry Cleaner Air General Permit Notification Form, Part II(5)(b) specifies the mesurement and recording requirements for large area sources.

If you need additional assistance, please call Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB\

cc: Christopher Scott, Northeast District Rick Butler

Rip's Cleaners

316 W. Main Street Gainesville, FL 32601 352.372.0560

January 26, 1998

Title V Permitting Office
Bureau of Air Monitoring
MS-5510
Florida Department of Environmental Protection
2600 Blair Stone RD
Tallahassee, FL 32399-2400

RE: Rip's Cleaners #12

316 W. Main Street, Gainesville, FL 32601

FDEP Facility No. FLD 9500499

To whom it may concern:

The above referenced facility purchased 255 gallons of perchloroethylene in 1997. This exceeds the allowable amount for small source classification.

Please classify this facility in the correct category and advise the undersigned of that reclassification together with any additional requirements created thereby.

Please feel free to call me if you have any questions.

Singerely

John Jennings, Jr.

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JAN 28 1998

Bureau of Air Monitoring & Mobile Sources

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Perchloroethylene Dry Cleaning Facility Notification

FEB 1 0 1997

Bureau of Air MonitorIng & Mobile Sources

Facility Name and Location

1. Facility Owner/Comp	oany Name (Name of corporation	on, agency, or individ	ual owner):					
77.7	Tue Rice	· Cleanor	٠,					
2. Site Name (For exam	2. Site Name (For example, plant name or number):							
L			·					
Kips Clean	nerator Identification Number:							
Joffety	Kleen							
4. Facility Location:								
Street Address:	County: 14	1	Zip Code:					
City: 316 N.V	Uciust. County. H	lachua	32601					
5: Facility Identification	Number (DEP Use):							
			32601 2010093					
	Responsible	e Official	·					
6. Name and Title of Re	ecnoncible Official:							
	•	_						
J2hn J	Mailing Address:	DWNER						
7. Responsible Official	Mailing Address:							
Organization/Firm: 3	KIDS CIECUPES							
Cin	County:	Δ1 .	Zip Code:					
Lily. Lainesu	1, 0	Alachua	32601					
8. Responsible Official	Telephone Number:	Fax: ()						
Telephone: (-372-0560	Fax: ()	-					
	, 210 000							
,	Facility Contact (If different	from Responsible O	fficial)					
9. Name and Title of Fa	cility Contact (For example, pla	ant manager):	· .					
		5 /						
10 Facility Contact Add		 .	·					
10. Facility Contact Addi	CSS .							
Street Address:								
City:	County:		Zip Code:					
11. Facility Contact Tele	nhone Number:							
Telephone: (phone Number:) -	Fax: ()	-					
	,							
			3/2					

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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	Date		Date	Date		Date	Date
•	ĺ	Machine	Control		Machine Initially	Control Device		Machine Initially	Control Device
Type of Machine	ID.	Initially Purchased	Device	ID	Purchased	Installed	ID	Purchased	Installed
Type of Machine	ID	Furchased	Installed	עו	Fulchased	Illistaneu	עו	ruichased	Ilistancu
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser.		1-1-95	1-1-95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									٠.
(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	·. :		•	:				**	in the
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls		1							
(b) Control devices are (c) No control devices 2.(a) What was the total of	are re	equired to be	installed [_		٦	n the latest 12	? mor	oths?	
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3) of	Part II?	
Existing small ar	ea so	urce W	Y Ne	w sn	nall area soui	rce []		
Existing large are	ea sou	urce []	Ne	w laı	rge area sour	ce []		

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

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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
,	
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	8-38-96 Date

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: R.p's Cleaner	rs # 12		DATE: <u>/-/4-98</u>
FACILITY LOCATION: 316 N. M.	an St.		
	FL. 32601		
Annual Reporting Period: Jan	19 <u>97</u> то	Jan	1998
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A			vith DEP Rule
If NO, complete the following:		•	
#1. Term or condition of the general permit th	nat has not been in continuous comp	pliance during the reportin	g period stated above:
Exact period of non-compliance: from	·	to	
Action(s) taken to achieve compliance:			· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:	R E	CEIVED	
#2. Term or condition of the general permit th	. • -		g period stated above:
Exact period of non-compliance: from		reau of Air Monitoring & Mobile Sources	
Action(s) taken to achieve compliance:		,	· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:	·		
As the responsible official, I hereby certify, bande in this notification are true, accurate and upon rolling averages of purchase receipts, do year for transfer or combination facilities. RESPONSIBLE OFFICIAL: John Jen	d complete. Further, my annual con	nsumption of perchloroeth	ylene 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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0010093 J.J.J. INC JOHN JENNINGS JR 316 N MAIN STREET **GAINESVILLE FL 32601** Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting Period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Business inpution

Business inpution

#17(w#12) file)

#17(w#12) Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. (Please Print)

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COM	PLAINT/DISC	COVERY	RE-INSPEC	TION
TIME IN: 9:45	TIME OUT:	0:30	•	AIRS ID#:	10093	
TYPE OF FACILITY: Dry C	leaner				· 	<u> </u>
FACILITY NAME: R.P.S C	leaners #1	ح			DATE: <u> -14</u>	1-98
FACILITY LOCATION: 3/6	N. Main &	st.			• .	
Gaines	wille, FL.	32601		y		
RESPONSIBLE OFFICIAL: John	n Jennings =	<u>آر</u>	P	HONE NÚMBÉR	352-372-	2560
Based on the results of the compliance with DEP Rule			_	-	acility is found to b	e in
Based on the results of the discrepancies were noted:	compliance requiren	nents evalua	ted during thi	s inspection, the fo	ollowing compliand	æ
COMPLIANCE REQUIR	EMENT/PROP	BLEM	FOLI	OW-UP ACT	ION REQUIR	ED
	,					
						·
						• •
	<u> </u>					•
						:
· · ·						
						•
		,				<u>. </u>
•						
COMMENTS:			•	,		
				•		
<u> </u>						<u> </u>
The Annual Compliance Certification	on form has been pro	operly certifi	ed and submit	ted to the inspecto	or. YES	NO
DATE OF NEXT INSPECTION:_	Jan 9	9			· · · · · · · · · · · · · · · · · · ·	·
•			roximate)	•	•	
INSPECTION CONDUCTED BY	: Christopher		ase Print)		· ·	
INCORCTOD'S SIGNATURE.	MA D	PA		HONE NUMBER	251-279	ne La
MOLECTOR 9 STOWATORE:	Wind Fr	ywy	P1		4-448-431	U Y 255
WAY TO SEE THE SECOND S	•	Pageo	f	, -		Revised 10/96

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY O				
FACILITY NAME: RIPS OLE FACILITY LOCATION: 316 NORT	·				
<u>GAINIESVIL</u>	LE, FL 32601				
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DARM by 9/1/96	•				
2. New facility notified DARM 30 days prior to sta	rtup . 🗆 🗆				
3. Facility failed to notify DARM to use general pe	rmit 🗅				
·					
PART II: CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box)					
A. 1. Existing small area source diy-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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>				
This is a correct facility classification	NO YO				
If no, please check the appropriate classification:	If no, please check the appropriate classification:				
facility qualified for a general per facility exceeds above limits and i					
B. The total quantity of perchloroethylene (perc) per facility was gallons.	urchased within the preceding 12 months by this dry cleaning				

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

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

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	· ·
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly averages of perc consumption?	DY DEN
3. Maintained leak detection inspection and repair reports for the following:	_
a. documentation of leaks repaired w/in 24 hrs? or;	DY IN
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON
4. Maintained calibration data? (for direct reading instruments only)	DY DN EN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN AAA
6. Maintained startup/shutdown/malfunction plan?	MO YE
7. Maintained deviation reports?	CHY ON
Problem corrected?	DY DN TONA
8. Maintained compliance plan, if applicable?	DY DN DNA

1. Does the responsible official conduct a weekly leak detection and repair inspection?

PART VI: LEAK DETECTION AND REPAIRS

	· 1				
2.	Which method of detection is used by	the respon	sible official?		
	Visual examination (condensed solvent on exterior surfaces)				
	Physical detection (airflow felt through gaskets)				
	Odor (noticeable perc odor)				E .
	Use of direct-reading instrumen	tation (FID	/PID/calorimetric	tubes)	0
	If using direct-reading instrum	nentation,	is the equipment	:	
	a. Capable of detecting	g perc vapo	r concentrations i	in a range of 0-500 ppm?	DY DN
	b. Calibrated against a (PID/FID only)?	standard g	as prior to and a	fter each use	מם 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	?	OY ON
	e. Verified for accurac	y by use of	duplicate sample	s (calorimetric only)?	DY DN
3.	3. Has the facility maintained a leak log?				
4.	Does the responsible official check the	e following	areas for leaks?		
	Hose connections, fittings, couplings, and valves	DY	, ON	Muck cookers	PY ON
	Door gaskets and seating	· dv	, DN	Stills	MO N
· 	Filter gaskets and seating	ΦY	_ DN	Exhaust dampers	BY ON
	Pumps	Ø Y	ПИ	Diverter valves	MO N
	Solvent tanks and containers	D Y	ПИ	Cartridge filter housings	DN DN
	Water separators	12x	מם		
	JOHN JENNINGS Name of Responsible Office R.A. Raum	JR.		1/22/	67

Name of Responsible Official

PARS

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	
AIRS ID#: 0010093 DATE: 1-14-9 FACILITY NAME: Rip's Cleaners #		: 10:30
FACILITY LOCATION: 316 N. Ma. Gainesuille,		
PART I: NOTIFICATION		
(check appropriate box) 1. Existing facility notified DARM by 9/1/96 2. New facility notified DARM 30 days prior to state of the stat	·	A
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A.		
1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td>2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140<x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td>JAN 27 1998 Bureau of Air Monitoring & Mobile Sources</td></x<2,></td></x<2,>	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td>JAN 27 1998 Bureau of Air Monitoring & Mobile Sources</td></x<2,>	JAN 27 1998 Bureau of Air Monitoring & Mobile Sources
both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)<="" before="" gal="" td="" yr=""><td>both types, 140<x<1,800 (constructed="" 12="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td>oring s</td></x<1,800></td></x<1,800>	both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td>oring s</td></x<1,800>	oring s
This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general period facility exceeds above limits and is B. The total quantity of perchloroethylene (perc) purfacility was 255 gallons.	s not eligible for a general permit	dry cleaning

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 ROR

2. Examining the containers for leakage?

DY DN ØNA

3. Closing and securing machine doors except during loading/unloading?

DY DN

4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?

DY DN

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

MY 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)

1. Equipped all machines with the appropriate vent controls?

ZY ON

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

DY DN DN/A

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

AVAC NO YE

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?

DY ON

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

DAY ON

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

DY ON

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?	ØÝ	מם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	₽Ý	מם.	e ata
	Is the temperature differential equal to or greater than 20° F?	DY	N	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?		_	□N/A
	Is the perc concentration equal to or less than 100 ppm?	DY	מם	
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?		□N	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	BY	מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS	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?	DYON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	P Y ON			
4. Maintained calibration data? (for direct reading instruments only)	DY DN DNA			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON			
6. Maintained startup/shutdown/malfunction plan?	DY ON			
7. Maintained deviation reports?	DY ON			
Problem corrected?	ey on			
8. Maintained compliance plan, if applicable?	אואם אם אבם			

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	DY ON

2.	Which method of detection is used by the	ne respon	sible offi	icial?		
	Visual examination (condensed so	lvent on	exterior	surfaces)	2	
	Physical detection (airflow felt thr	ough gas	skets)	•		
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	tion (FID)/PID/cal	onmetric tubes)		
	If using direct-reading instrume	ntation,	is the eq	uipment:	,	
ļ	a. Capable of detecting p	erc vapo	r concen	trations in a range of 0-500 ppm?	DY (מכ
	b. Calibrated against a st	andard g	gas prior	to and after each use		
	(PID/FID only)?				DY [N.
	c. Inspected for leaks and	d obvious	s signs of	wear on a weekly basis?		מכ
	d. Kept in a clean and se	cure area	a when n	ot in use?	□Y (אב
	e. Verified for accuracy l	y use of	duplicat	e samples (calorimetric only)?	DY (אכ
3. Has the facility maintained a leak log?					אכ	
4.	Does the responsible official check the f	ollowing	areas fo	r leaks?		
	Hose connections, fittings, couplings, and valves	ØÝ	N	Muck cookers	۳Y	□N
ļ	Door gaskets and scating	ZY	□N	Stills	ØY	מם
	Filter gaskets and seating	ÐΥ	ПN	Exhaust dampers	₽ Ý	מם
	Pumps		NO	Diverter valves	<u>av</u>	ΩΝ
	Solvent tanks and containers	2 1	ПN	Cartridge filter housings	ΔY	ПИ
	Water separators		ПИ			

,	
John Jennings Jr. Name of Responsible Official	
Christopher L. Scott	1-14-98
Inspector's Name (Please Print)	Date of Inspection
MI l. L.	Jan 99
Inspector's Signature	Approximate Date of Next Inspection

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	X	COMPLAINT/DI	ISCOVERY	
•	RE-INSPECTION			P	
AIRS ID#: 00/00 93 FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: CONTACT NAME: PART I: NOTIFICATION	IPS CLEAR 316 N. M GAINESVILL JOITN JENN	NERS A AIN E F IINGS, JA	#/2 9 ST EL 3260 PHONE: (35	2) 379-	0560
(check appropriate box)				<u> </u>	
1. New facility notified DARM	30 days prior to startup				
2. Facility failed to notify DARI	M to use general permit				
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A.	on form that it is:		☐ No notification☐ Drop store/out		roleum
1. Existing small area sourdry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	r drj tra bo	nsfer only, x th types, $x < x$, x < 140 gal/yr < 200 gal/yr	٥	
3. Existing large area source dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1.80$; both types, $140 \le x \le 1.800$ g (constructed before $12/9/91$)	100 gal/yr dr O gal/yr tra gal/yr bo	insfer only, 2 th types, 140	area source , $140 \le x \le 2,100$ ga $00 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr or after $12/9/91$)		
5. This is a correct facility cla	assification A	אם א	□Can not determ	une	
II.	o appropriate classificatio y qualified for a genera y exceeds above limits :	l permit as n			
B. The total quantity of perchlo facility was 20 gallons.	roethylene (perc) purch	ased within t	he preceding 12 mo	nths by this dry	cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DN DN/A Closing and securing machine doors except during loading/unloading? 4. Draining caftridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN BINA 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) ארו עול 1. Equipped all machines with the appropriate vent controls? AVAC NO YOU 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 DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the N/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after $M\square$ үdverifying 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?	фу	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ŻΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	PY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?			□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?	\$ Y	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	/P Y	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	YY	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	, .
1. Maintained receipts for perc purchased?	Mo A ∯
2. Maintained rolling monthly averages of perc consumption?	NO AQ
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ANG NO YA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MAY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	A/M CN ND YD
5. Maintained exhaust duct menitoring data on perc concentrations?	MY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	YAY DN
7. Maintained deviation reports?	ØY □N □N/A
Problem corrected?	MY ON ON/A
8. Maintained compliance plan, if applicable?	MY ON ON/A

PART VI: LEAK DETECTION AND	REPAIRS		· · · · · · · · · · · · · · · · · · ·
1. Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection a	nd repair
inspection?			ADY DN
2. Has the facility maintained a leak log	?		MO Y
3. Does the responsible official check th	e following areas for leak	s?	:
Hose connections, fittings, couplings, and valves	AY ON ON/A	Muck cookers	DOY ON ON/A
Door gaskets and scating	ARY ON ONIA	Stills	AND NO YES
Filter gaskets and scatting	אואם אם צען	Exhaust dampers	אואם אם צע
Pumps	AND NO YE	Diverter valves	אואם אם ציא
Solvent tanks and containers	AND NO YOU	Cartridge filter housings	AND UN DINA
Water separators	Q Y \Box N \Box DNA		,
4. Which method of detection is used by	the responsible official?		•
Visual examination (condensed	solvent on exterior surface	ces)	Ø
Physical detection (airflow felt	through gaskets)		A
Odor (noticeable perc odor)			A
Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)	
Halogen leak detector			
If using direct-reading ins	trumentation, is the equ	ipment:	□N/A
a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	DY DN
b. Calibrated against a (PID/FID only)?	a standard gas prior to and	l after each use	OY ON
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and	secure area when not in	use?	אם עם
e. Verifi c d for accurac	y by use of duplicate sam	ples (calorimetric only)?	DY ON
· ,		•	
•			
CHRISTOPHER L	. SCOTT	01-08-	99
Inspector's Name (Please P.		Date of Inspe	
		01/201) DD
Tampata-la Cimana	· · · · · · · · · · · · · · · · · · ·	Annavirus Dave of	Nam Increasion

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ADDITIONA	. 1. 51	1 1 2 1	NrO!	KIVIA	TION:

Acrotech USA 480

Acc

	0010093
AIRS ID#:	0010077

Revised 10/10/5

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: RIPS CLE	ANERS #12	DATE: <u>01-08-99</u>
FACILITY LOCATION: 3/6 N.	MAIN ST	·
	E FL 32601	
Annual Reporting Period:	19 <u>98</u> TO <u>√</u>	19
Based on each term or condition of the Title V gener 62-213.300, Florida Administrative Code (F.A.C.), d	• • •	
If NO, complete the following:		
#1. Term or condition of the general permit that has	not been in continuous compliance du	aring the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	·	
#2. Term or condition of the general permit that has	not been in continuous compliance du	uring the reporting period stated above:
Exact period of non-compliance: from	to	·
Action(s) taken to achieve compliance:	<u> </u>	
Method used to demonstrate compliance:		· .
As the responsible official, I hereby certify, based on made in this notification are true, accurate and compupon rolling averages of purchase receipts, does not year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please	plete. Further, my annual consumption	n of perchloroethylene 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 🔀	COM	PLAINT/D	ISCOVERY	RE-INS	SPECTION
TIME IN: //: 30	TIME OUT:	•		AIRS ÍD#:_	06/009	3
TYPE OF FACILITY:	RY CLEANE	5R				
FACILITY NAME: RIV	PS CLEANE	- 205	#12		DATE O/	-08-99
FACILITY LOCATION: 3	16 KI. MAII	v 5	\mathcal{T}	· .	,	
	FAINES VILLE	5	FL 3	32601		·
RESPONSIBLE OFFICIAL:	JOHN JEN,	NING	SJR	_PHONE NUMB	ER: (352)	372-0560
	the compliance requirement Rule 62-213.300, Florida A				e facility is found	to be in
Based on the results of discrepancies were not	the compliance requiremented:	its evalu	ated during t	this inspection, th	e following comp	liance
COMPLIANCE REQ	UIREMENT/PROBL	EM	FO]	LLOW-UP AC	CTION REQU	JIRED
				· · · · · ·	·	·
			_		. 1	· · · · · · · · · · · · · · · · · · ·
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COMMENTS:					,	<u> </u>
COMMUNICATIO.			•			
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		•				
The Annual Compliance Certifi	10.	rly certif	ied and subi	mitted to the inspe	ector: YES	X NO[]
DATE OF NEXT INSPECTIO	ON: JAN	<u> </u>	proximate)			
INSPECTION CONDUCTED	BY: CHRISTO			SCOTT	- .	
MOLECTION CONDUCTED	NO 1 1		ease Print)	<u> </u>		
INSPECTOR'S SIGNATURE		1		PHONE NUMB	ER:(904)	448-4310
	-1/0			_		xr 255
	P :	age	of		-	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	N D	COMPLAINT/D	DISCOVERY	
AIRS ID#: <u>0010093</u>	date: 2-3-00	TIME	IN:	TIME OUT: _\	1:50
FACILITY NAME: Rips	Cleaners			· ·	
FACILITY LOCATION: _	316 N. Main St	r			
	Somesville, Fr	32601		· .	
RESPONSIBLE OFFICIAL	: John Jenning	۹5	_PHONE: <u>35</u> 2	-372-0560	
CONTACT NAME:			_ PHONE:		
PART I: NOTIFICATION	<u> </u>				
(check appropriate box)			· · · · · · · · · · · · · · · · · · ·	_	,
1. New facility notified DAR	M 30 days prior to star	rtup			
2. Facility failed to notify DA	RM to use general per	rmit			
		,			
PART II: CLASSIFICATION	ИС			8 6	R
Facility indicated on notification (check appropriate box)			□ No notification	ıt of busince pet	m
Facility indicated on notification	urce al/yr yr	2. New small dry-to-dry only transfer only, sooth types, x <	☐ Drop store/ou area source f, x < 140 gal/yr x < 200 gal/yr		m
Facility indicated on notification (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 garder transfer only, x < 200 gal/both types, x < 140 gal/yr	urce al/yr yr 1) urce 2,100 gal/yr 800 gal/yr	2. New small dry-to-dry only transfer only, a both types, x < (constructed of dry-to-dry only transfer only, a both types, 140	area source o, x < 140 gal/yr x < 200 gal/yr 140 gal/yr	Popular Monitoring And Semobile Sources	LL Tolegu
Facility indicated on notifical (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gallytoth types, x < 140 section x < 1,80 dry-to-dry only, 140 section x < 1,80 dry-tonly, 140 section x < 1,80 dry-to-dry only, 140 section x < 1,80 d	urce	2. New small dry-to-dry only transfer only, a both types, x < (constructed of dry-to-dry only transfer only, a both types, 140	area source x, $x < 140$ gal/yr x < 200 gal/yr x < 140 gal/yr $x < 140 \le x \le 1,800$ gal x < 1,800 gal/yr	Pop	LL Tolegu
Facility indicated on notifical (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gallyto (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9) 5. This is a correct facility If no, please check the face	urce	2. New small dry-to-dry only transfer only, the both types, x < (constructed of the constructed of transfer only, the both types, 140 (constructed of the constructed	Drop store/out area source x , $x < 140$ gal/yr $x < 200$ gal/yr $x < 200$ gal/yr $x < 140$ gal/yr $x < 14$	egising of Air Monitoring And Mobile Sources	LL Tolegu

BEST AVAILABLE COPY

PARTIII: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	MY ON ON/A
2. Examining the containers for leakage?	אואם אם עפל
3. Closing and securing machine doors except during loading/unloading?	MO ANG
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	AND NO YES
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	איאפ אם עם
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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus installed prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a refrig (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?	MO YES
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVAC NO YEST
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אואם אם צא פ
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	87 DN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ØY □N □N/A.
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON

Thereign C 111/07

70	YI. Also requestible of Gaial of an arising home	· · · · · · · · · · · · · · · · · · ·		
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?	BY	DИ	a de servicio
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	-E QY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	(3 Y	ПN	□N/A
3.	Measured and recorded the pere 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	מם	₽\\A
	Is the perc concentration equal to or less than 100 ppm?	DУ	ΠN	EN/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?	ОΥ	□N □N	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ZZYY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	D Y	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	₽ YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY
2. Maintained rolling monthly averages of perc consumption?	ио Y p
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	OY ON SON/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?	ANASE NO YO
4. Maintained calibration data? (for applicable direct reading instruments)	AVA NO YO
5. Maintained exhaust duct menitoring data on perc concentrations?	ANA PRO YO
6. Maintained startup/shutdown/malfunction plan?	DA DA
7. Maintained deviation reports?	AND NO YO
Problem corrected?	DY DN 25 N/A
8. Maintained compliance plan, if applicable?	DY DN Q N/A

BEST AVAILABLE COPY

PART	VI: LEAK DETECTION AND	REPAIRS		
1. Does	s the responsible official conduct a	weekly (for small sources, b	i-weekly) leak detection a	nd repair
insp	ection?			MD Y
2. Has	the facility maintained a leak log?		•	NO Y
3. Docs	s the responsible official check the	following areas for leaks?		•
,	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	אוחם אם צים
	Door gaskets and scating	AND NO YOU	Stills	BY DN DN/A
	Filter gaskets and seating	AND NO YES	Exhaust dampers	AINO NO YES
	Pumps	AND NO YOU	Diverer valves	AND NO YOU
	Solvent tanks and containers	AND NO YES	Cartridge filter housings	AND NO YES
	Water separators	ELY ON ON/A		
4. Whi	ich method of detection is used by	the responsible official?		· •
	Visual examination (condensed s	solvent on exterior surfaces)		B
	Physical detection (airflow felt th	rough gaskets)		₽
	Odor (noticeable perc odor)			13
	Use of direct-reading instrument	ation (FID/PID/calorimetric	tubes)	
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equipm	ent:	DN/A
	a. Capable of detecting	perc vapor concentrations is	a range of 0-500 ppm?	DY DN
	b. Calibrated against a (PID/FID only)?	standard gas prior to and aft	er each use	מם עם
	c. Inspected for leaks a	nd obvious signs of wear on	a weekly basis?	DY DN
	d. Kept in a clean and	secure area when not in use?	r e e	מם עם
	c. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	DY DN
•				
•	Christopher L. Scott		2-3-00	
	Inspector's Name (Please Pr	int)	Date of Insp	ection
	HAL LA		Jan/200	Pl
	Inchactor's Signature			Next Inspection

ADDITIONAL SITE INFORMATION:	is an annumbration of the second of the seco
	• • • • • • • • • • • • • • • • • • •

AIRS ID#: 00/0093

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	,
FACILITY NAME: Rips Cleaners	DATE: <u>Z-3-00</u>
FACILITY LOCATION: 316 D. Main	54.
Gamesville, F	
Annual Reporting Period:	1999 TO Jan 2000 19
Based on each term or condition of the Title V general air per	mit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the	e period covered by this statement.
If NO, complete the following:	
#1. Term or condition of the general permit that has not been	in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been	in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
made in this notification are true, accurate and complete. Fu	ation and belief formed after reasonable inquiry, that the statements wither, my annual consumption of perchloroethylene solvent, based 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per

^{*}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 📈	COM	PLAINT/DISC	OVERY] :	RE-INSPECTI	ON
TIME IN:_//:00	TIME OUT:	11:50	1	AIRS ID#:	0010	0093	
TYPE OF FACILITY: Dry	Cleaner						
FACILITY NAME: Rips	Clegners				DA	TE: 2-3-0	0
FACILITY LOCATION: 3							
	ainesville, FI 3					52- 22	
RESPONSIBLE OFFICIAL:	John Jennings		P.	HONE NUM	BER COO	5000-3/A	2 <i>-0</i> 560
Based on the results of compliance with DEP					the facility	is found to be i	n
Based on the results of discrepancies were not		ements evalua	ted during this	s inspection,	the followin	ng compliance	:
COMPLIANCE REQ	UIREMENT/PRO	BLEM	FOLI	OW-UP A	CTION	REQUIREI	<u> </u>
							,
							:
		y *			• :		
					;		
COMMENTS:							
•							
The Annual Compliance Certification	ication form has been p	properly certif	ied and submit	ted to the ins	pector.	YES	NO
DATE OF NEXT INSPECTION	ON:_ JAN (91					· · · · · · · · · · · · · · · · · · ·
INSPECTION CONDUCTED INSPECTOR'S SIGNATURE	MAG		oroximate) Scott assertint)	HONE NUM	BER. 90	4.448-43	?/v _{V 2} 4

Page___of___.

Revised 10/96

389248

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

DEC -9 99

Do NOT Remove Label

AIRS ID # 0010093

RIPS CLEANERS #12 JOHN JENNINGS JR 316 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

261260

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

RECEIVED MAIL ROOM

FEB 24 97

TOTAL AMOUNT DUE: \$50.00

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AIRS ID#: 0010093

J.J.J. INC JOHN JENNINGS JR 316 N MAIN STREET GAINESVILLE FL 32601 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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414297 FEB192002

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TOTAL AMOUNT DUE: \$50.00



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FOR GOVERNMENT USE ONLY

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

Obj.: 002273

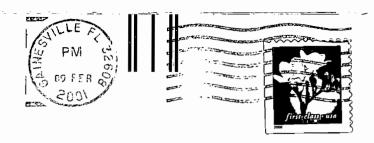






Title V Permitting Office
Bureau of Air Monitoring
MS-5510
Florida Department of Environmental Protection
2600 Blair Stone RD
Tallahassee, FL 32399-2400

John & WANDA
John & Wanda Jennings
3618 N. W. 28th Terrace
Gainsville, FL 32605



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

32315+3078

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

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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AIRS ID# 0010093

J.J.J. INC JOHN JENNINGS JR 316 N MAIN STREET GAINESVILLE FL 32601 FOR COVERNMENT USE ONLY
Organ 7550101000 EO: B1
Fund: 20-2-035001
Obj.: 002203



Department of Environmental Protection

Governor

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

David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405088 FEB122001

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

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AIRS ID # 0010093

RIPS CLEANERS #12 JOHN JENNINGS JR 316 N MAIN STREET GAINESVILLE FL 32601 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



Department of **Environmental Protection**

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

David B. Struhs Secretary

February 7, 2001

NOTICE OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual emissions fee is \$50 for calendar year 2000. A notice of your obligation to pay the annual emissions fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual emissions fee in response to that request, please disregard this letter.

If you have not yet submitted the annual emissions fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual emissions fee not received by March 1, 2001, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

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 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 X Patterson Agent Addressee D. Is delivery address different from item 1?
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0010093 RIPS CLEANERS #12 JOHN JENNINGS JR 316 N MAIN STREET	
GAINESVILLE FL 32601	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 93	72 8760
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-99-M-1789

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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. 1. Article Addressed to: AIRS ID # 0010093	A. Received by (Please Print Clearly) B. Date of Delivery Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
JOHN JENNINGS JR 316 N MAIN STREET GAINESVILLE FL 32601 7000 0600 0006 4107 4614	3. Service Type Certified Mail
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Z 210 663 224 US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided. AIRS ID # 0010093001AG JOHN JENNINGS JR RIPS CLEANERS #12 316 N MAIN STREET GAINESVILLE FL 32601 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address 3800, TOTAL Postage & Fees Postmark or Date P 265 302 332 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to. AIRS ID#: 0010093 J.J.J. INC JOHN JENNINGS JR 316 N MAIN STREET . **GAINESVILLE FL 32601** | Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

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316 N MAIN STREET GAINESVILLE FL 32601	3. Service Type Certified Mail
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on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print, your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not le number.	I also wish to receive the following services (for an extra fee): 1.
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