

0010098



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

October 25, 1996

Mr. Philip Hunt  
Alpine Cleaners  
5240 Northwest 34th Street  
Gainesville, Florida 32605

Dear Mr. Hunt:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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): | ALPINE CLEANERS INC.  |           |         |
| 2. Site Name (For example, plant name or number):                                  | ALPINE CLEANERS   |           |         |
| 3. Hazardous Waste Generator Identification Number:                                | U.S. EPA I.D. # CESQG SAFETY CLEAN<br>1800-468-1760<br>CONDITIONALLY EXEMPT<br>SMALL Quantity generator |           |         |
| 4. Facility Location:  | 5240 NW 34TH ST   |           |         |
| Street Address:  |   |           |         |
| City:  | GAINESVILLE   | County:   | ALACHUA |
|  |   | Zip Code: | 32605   |
| 5. Facility Identification Number (DEP Use):                                       | 0010098   |           |         |

## Responsible Official

|  |                   |           |                |
|--|-------------------|-----------|----------------|
| 6. Name and Title of Responsible Official: | PHILIP HUNT OWNER |           |                |
| 7. Responsible Official Mailing Address:   | 5240 NW 34TH ST   |           |                |
| Organization/Firm:                         |                   |           |                |
| Street Address:                            |                   |           |                |
| City:                                      | GAINESVILLE       | County:   | ALACHUA        |
|  |                   | Zip Code: | 32605          |
| 8. Responsible Official Telephone Number:  |                   |           |                |
| Telephone:                                 | (352) 372-4086    | Fax:      | (352) 472-5801 |

## Facility Contact (If different from Responsible Official)

|   |               |           |       |
|---|---------------|-----------|-------|
| 9. Name and Title of Facility Contact (For example, plant manager): | SAME AS ABOVE |           |       |
| 10. Facility Contact Address:                                       |               |           |       |
| Street Address:   |               |           |       |
| City:   | County:       | Zip Code: |       |
| 11. Facility Contact Telephone Number:                              |               |           |       |
| Telephone:  | ( ) -         | Fax:      | ( ) - |

RECEIVED

SEP 3 1996

**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 |
|-------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i>          | #1 | 03-OCT-93                        | 12-NOV-93                     | #2 | 08-DEC-91                        |                               | #3 | 02-MAR-92                        | 02-MAR-92                     |
| <b>Dry-to-Dry Unit</b>  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (1) w/ ref. condenser   |    | 12/30/95                         | SAME                          |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber  |    | 12/30/95                         | SAME                          |    |                                  |                               |    |                                  |                               |
| (3) w/ no controls      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Washer Unit</b>      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (4) w/ ref. condenser   |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (5) w/ carbon adsorber  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (6) w/ no controls      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Dryer Unit</b>       |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (7) w/ ref. condenser   |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (8) w/ carbon adsorber  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (9) w/ no controls      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Reclaimer Unit</b>   |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (10) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (11) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (12) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(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 source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

*NEW Small Area*

Existing small area source

New small area source

*MACHINE AFTER 1991*

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(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

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:


I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.


No air permits currently exist for the operation of the facility indicated in this notification form.

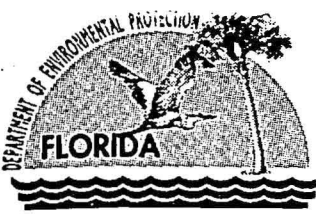
### Responsible Official Certification

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

  
Signature

  
Date



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

June 11, 2001

Mr. Dan Edwards  
Alpine Cleaners, Inc.  
5240 Northwest 34 Street  
Gainesville, Florida 32605

# 0010098-002

Dear Mr. Edwards:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#1442) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman  
Environmental Manager  
Mobile Source Control Section  
Bureau of Air Monitoring  
and Mobile Sources

DAE ENTERPRISES OF GAINESVILLE, INC.  
DBA ALPINE CLEANERS  
4064 SW 98TH TER. 4830 NW 43<sup>rd</sup> ST, A8  
GAINESVILLE, FL 32608-4662 32604  
(352) 332-5600 271-8898

FLORIDA BANK OF BROWARD  
600 NW 43RD STREET SUITE A  
GAINESVILLE, FL 32607  
63-1344/631

1442

06-08-01

PAY TO THE ORDER OF

DEP

\$ 50<sup>00</sup>

Fifty & 00/100

DOLLARS

MEMO

Title V General Permit



5 1384 - 2000 INTUIT INC. # 735 1-800-423-8810

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

RECEIVED  
JUN 17 2001  
Bureau of Air Monitoring  
& Mobile Sources

Facility Name and Location

|   |   |                    |                 |
|---|---|--------------------|-----------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner) | ALPINE CLEANERS, INC.                       |                    |                 |
| 2. Site Name (For example, plant name or number):                                 | SAME  |                    |                 |
| 3. Hazardous Waste Generator Identification Number:                               | FLCESQ6                                     |                    |                 |
| 4. Facility Location:<br>Street Address:<br>City:                                 | S 240 NW 34 <sup>TH</sup> ST<br>GAINESVILLE | County:<br>ALACHUA | Zip Code: 32605 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in)                 | [REDACTED]                                  |                    |                 |

Responsible Official

|  |                |         |                 |
|--|----------------|---------|-----------------|
| 6. Name and Title of Responsible Official:<br>Name:  | DAN EDWARDS    | Title:  | OWNER/PRESIDENT |
| 7. Responsible Official Mailing Address:<br>Organization/Firm:<br>Street Address:<br>City: | SAME           | County: | Zip Code:       |
| 8. Responsible Official Telephone Number:<br>Telephone:                                    | (352) 372 4086 | Fax:    | ( ) -           |

Facility Contact (If different from Responsible Official)

|   |                           |         |           |
|---|---------------------------|---------|-----------|
| 9. Name and Title of Facility Contact (For example, plant manager): | ELIZABETH SAPP, PLANT MGR |         |           |
| 10. Facility Contact Address:<br>Street Address:<br>City:           | SAME                      | County: | Zip Code: |
| 11. Facility Contact Telephone Number:<br>Telephone:                | ( ) SAME                  | Fax:    | ( ) -     |

0010098



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

April 20, 1997

Alpine Cleaners, Inc.  
5240 Northwest 34 Street  
Gainesville, Florida 32605

Re: 1996 Title V General Permit Fees

Dear Business Owner:

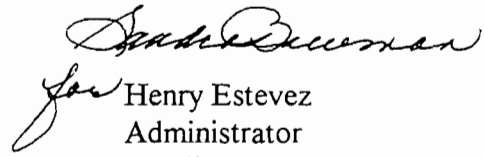
Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

  
Henry Estevez  
Administrator  
Mobile Source Control Section  
Bureau of Air Monitoring and  
Mobile Sources

HE\sb

Enclosure



**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**



TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:45 TIME OUT: 10:30 AIRS ID#: 0010098  
 TYPE OF FACILITY: DRY CLEANER  
 FACILITY NAME: ALPINE CLEANERS DATE: 11/18/96  
 FACILITY LOCATION: 5240 N.W. 34th ST.  
GAINESVILLE, FLORIDA  
 RESPONSIBLE OFFICIAL: PHILIP HUNT PHONE NUMBER: 352-372-4086

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 11/97  
(Approximate)

INSPECTION CONDUCTED BY: R. A. BANKS  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 904-448-4310

AIRS ID#: 0010098

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ALPINE CLEANERS DATE: 11/18/96  
 FACILITY LOCATION: 5240 N.W. 34<sup>th</sup> STREET  
GAINESVILLE, ALACHUA

Annual Reporting Period: September 3 1996 TO November 19 1996

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: Philip Hunt [Signature] 11/19/96  
 Name (Please Print) Signature Date

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

X

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0010098 DATE: 11/19/96 TIME IN: 9:45 TIME OUT: 10:30  
FACILITY NAME: ALPINE CLEANERS  
FACILITY LOCATION: 5240 N.W. 34<sup>th</sup> ST.  
GAINESVILLE, ALACHUA

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96   
2. New facility notified DARM 30 days prior to startup   
3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)

A.

|  |  |
|--|--|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/>                         | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) <input checked="" type="checkbox"/>              |
| 3. Existing large area source<br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/> |

This is a correct facility classification  Y  N

If no, please check the appropriate classification:

facility qualified for a general permit as number 2 above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 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?  Y  N
- 2. Examining the containers for leakage?  Y  N
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/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?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

- 1. Maintained receipts for perc purchased?  Y  N
- 2. Maintained rolling monthly averages of perc consumption?  Y  N
- 3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N
- 4. Maintained calibration data? (for direct reading instruments only)  Y  N  N/A
- 5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
- 6. Maintained startup/shutdown/malfunction plan?  Y  N
- 7. Maintained deviation reports?  Y  N  N/A  
 Problem corrected?  Y  N  N/A
- 8. Maintained compliance plan, if applicable?  Y  N  N/A

PART VI: LEAK DETECTION AND REPAIRS

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

2. 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)

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

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

3. Has the facility maintained a leak log?  Y  N

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

Hose connections, fittings, couplings, and valves  Y  N

Muck cookers  Y  N

Door gaskets and seating  Y  N

Stills  Y  N

Filter gaskets and seating  Y  N

Exhaust dampers  Y  N

Pumps  Y  N

Diverter valves  Y  N

Solvent tanks and containers  Y  N

Cartridge filter housings  Y  N

Water separators  Y  N

PHILIP HUNT  
Name of Responsible Official

R. A. BANKS  
Inspector's Name (Please Print)

R. A. Banks  
Inspector's Signature

11/19/96  
Date of Inspection

11/97  
Approximate Date of Next Inspection

✓

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

|   |                |                            |
|---|----------------|----------------------------|
| TIME IN: 9:10   | TIME OUT: 9:50 | AIRS ID#: 0010098          |
| TYPE OF FACILITY: Dry Cleaner                             |                |                            |
| FACILITY NAME: Alpine Cleaners                            |                | DATE: 11/20/97             |
| FACILITY LOCATION: 5240 N.W. 34th St.<br>Gainesville, Fl. |                |                            |
| RESPONSIBLE OFFICIAL: Philip Hunt                         |                | PHONE NUMBER: 352-372-4086 |

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 11/98  
(Approximate)

INSPECTION CONDUCTED BY: Christopher L Scott  
(Please Print)

INSPECTOR'S SIGNATURE: *Ch. L. Scott* PHONE NUMBER: 904 448-4310 x. 255

✓

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY        
   RE-INSPECTION                     

|   |
|---|
| AIRS ID#: <u>0610098</u> DATE: <u>11/20/97</u> TIME IN: <u>9:10</u> TIME OUT: <u>9:50</u> |
| FACILITY NAME: <u>Alpine Cleaners</u>   |
| FACILITY LOCATION: <u>5240 N.W. 34<sup>th</sup> St.</u><br><u>Gainesville, FL.</u>        |

### PART I: NOTIFICATION

(check appropriate box)

|   |                                     |
|---|-------------------------------------|
| 1. Existing facility notified DARM by 9/1/96            | <input checked="" type="checkbox"/> |
| 2. New facility notified DARM 30 days prior to startup  | <input type="checkbox"/>            |
| 3. Facility failed to notify DARM to use general permit | <input type="checkbox"/>            |

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)

|  |  |
|--|--|
| A.<br>1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)                   | 2. New small area source <input checked="" type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)              |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed on or after 12/9/91) |

This is a correct facility classification       Y       N

If no, please check the appropriate classification:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | facility qualified for a general permit as number <u>170</u> <sup>C.S.</sup> above |
| <input type="checkbox"/> | facility exceeds above limits and is not eligible for a general permit             |

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 110 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?  Y  N ~~NA~~
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/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?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N
4. Maintained calibration data? (for direct reading instruments only)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  
Problem corrected?  Y  N
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

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

2. 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)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

3. Has the facility maintained a leak log?  Y  N

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

- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                           |  |

Philip Hunt

Name of Responsible Official

Christopher L. Scott

Inspector's Name (Please Print)

*Christopher L. Scott*

Inspector's Signature

11/20/97

Date of Inspection

11/98

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for additional site information]

AIRS ID#: 0610098

*acc*

Revised 10/10/96

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

FACILITY NAME: Alpine Cleaners DATE: 11/20/97  
 FACILITY LOCATION: 5240 N.W. 34<sup>th</sup> St.  
Gainesville, FL.

Annual Reporting Period: 11 1996 TO 11 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:

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: \_\_\_\_\_

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*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: Philip Hunt *Philip Hunt* 11/20/97  
 Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0010098 DATE: 11/12/98 TIME IN: 1:00 TIME OUT: 1:35  
FACILITY NAME: Alpine Cleaners  
FACILITY LOCATION: 5240 N.W. 34th St.  
Gainesville, FL.  
RESPONSIBLE OFFICIAL: Philip Hunt PHONE: 352-372-4086  
CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

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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,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed before 12/9/91)
- 4. New large area source   
dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed on or after 12/9/91)
- 5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 95 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/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?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?                               | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N                              |

**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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
     Is the temperature differential equal to or greater than 20° F?  Y  N  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?  Y  N  N/A  
     Is the perc concentration equal to or less than 100 ppm?  Y  N  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?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
     Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/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?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
 

|   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
 

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

If using direct-reading instrumentation, is the equipment:

|  |   |
|--|---|
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?       | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis?              | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. Kept in a clean and secure area when not in use?                              | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)?        | <input type="checkbox"/> Y <input type="checkbox"/> N |

Christopher L. Scott  
Inspector's Name (Please Print)

11/12/98  
Date of Inspection

*Christopher L. Scott*  
Inspector's Signature

11/99  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Aerotech USA  
550

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1:00 TIME OUT: 1:35 AIRS ID#: 0010098  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Alpine Cleaners DATE: 11/12/98  
 FACILITY LOCATION: 5240 N.W. 34th St.  
Gainesville, FL.  
 RESPONSIBLE OFFICIAL: Philip Hunt PHONE NUMBER: 352-372-4086

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |

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COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 11/99  
 (Approximate)

INSPECTION CONDUCTED BY: Christopher L. Scott  
 (Please Print)

INSPECTOR'S SIGNATURE: *Christopher L. Scott* PHONE NUMBER: 904-448-4310 x 255

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Alpine Cleaners DATE: 11/12/98  
 FACILITY LOCATION: 5240 N.W. 34th St.  
Gainesville, FL.

Annual Reporting Period: Nov 97 19\_\_ TO Nov 98 19\_\_

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: Philip Hunt Philip Hunt 11/12/98  
 Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0010098 DATE: 10-19-99 TIME IN: 9:30 TIME OUT: 10:10  
FACILITY NAME: Alpine Cleaners  
FACILITY LOCATION: 5240 N.W. 34<sup>th</sup> Street  
Gainesville, FL 32605  
RESPONSIBLE OFFICIAL: Philip Hunt PHONE: 352-392-4086  
CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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PART I: NOTIFICATION

(check appropriate box)  
1. New facility notified DARM 30 days prior to startup   
2. Facility failed to notify DARM to use general permit

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<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/>   | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) <input checked="" type="checkbox"/>                                |
| 3. Existing large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/> |

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/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?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

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

|   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Sills                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

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

Christopher L. Scott  
Inspector's Name (Please Print)

10-19-99  
Date of Inspection

*Christopher L. Scott*  
Inspector's Signature

Nov - 2000  
Approximate Date of Next Inspection

**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, reclaimier, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  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?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  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?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or,  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A



**ADDITIONAL SITE INFORMATION:**

A large, empty rectangular box with a double-line border, occupying most of the page. It is intended for providing additional site information.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:30 TIME OUT: 10:10 AIRS ID#: 0010098  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Alpine Cleaners DATE: 10-19-99  
 FACILITY LOCATION: 5240 N.W. 34th St.  
Gainesville, FL 32605  
 RESPONSIBLE OFFICIAL: Philip Hunt PHONE NUMBER: 352-372-4086

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: Nov 2000  
(Approximate)

INSPECTION CONDUCTED BY: Christopher L. Scott  
(Please Print)

INSPECTOR'S SIGNATURE: *Christopher L. Scott* PHONE NUMBER: 904-448-9310 X240

AIRS ID#: 0010098

*ACC*

Revised 10/10/96

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

FACILITY NAME: Alpine Cleaners DATE: 10-19-99  
 FACILITY LOCATION: 5240 N.W. 34<sup>th</sup> St.  
Gainesville, FL 32605

Annual Reporting Period: Nov 1998 TO Oct 1999

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: Philip Hunt *[Signature]* 10-19-99  
 Name (Please Print) Signature Date

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

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

✓ TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

|                       |  |        |                |          |       |           |       |
|-----------------------|--|--------|----------------|----------|-------|-----------|-------|
| AIRS ID#:             | 0010098  | DATE:  | _____          | TIME IN: | _____ | TIME OUT: | _____ |
| FACILITY NAME:        | Alpine Cleaners                                      |        |                |          |       |           |       |
| FACILITY LOCATION:    | 5240 NW 34 <sup>th</sup> St<br>Gainesville, FL 32605 |        |                |          |       |           |       |
| RESPONSIBLE OFFICIAL: | Philip Hunt  | PHONE: | (352) 372-4086 |          |       |           |       |
| CONTACT NAME:         | _____  | PHONE: | _____          |          |       |           |       |

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

### 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<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/>   | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) <input checked="" type="checkbox"/>                                |
| 3. Existing large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/> |
| 5. This is a correct facility classification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine   |  |

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 70 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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/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?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  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?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  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?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/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?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
 

|   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
 

|  |                                     |   |
|--|-------------------------------------|---|
| Visual examination (condensed solvent on exterior surfaces)                      | <input checked="" type="checkbox"/> |   |
| Physical detection (airflow felt through gaskets)                                | <input checked="" type="checkbox"/> |   |
| Odor (noticeable perc odor)  | <input checked="" type="checkbox"/> |   |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes)               | <input type="checkbox"/>            |   |
| Halogen leak detector  | <input type="checkbox"/>            |   |
| <b>If using direct-reading instrumentation, is the equipment:</b>                |                                     | <input checked="" type="checkbox"/> N/A               |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?       |                                     | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? |                                     | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis?              |                                     | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. Kept in a clean and secure area when not in use?                              |                                     | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)?        |                                     | <input type="checkbox"/> Y <input type="checkbox"/> N |

Heather Winn  
 Inspector's Name (Please Print)

*Heather Winn*  
 Inspector's Signature

11/6/00  
 Date of Inspection

November 2001  
 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Aerotech - 550



AIRS ID#: 0010098

Revised 10/10/96

*ALC*

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

|  |                      |
|--|----------------------|
| FACILITY NAME: <u>Alpine Cleaners</u>  | DATE: <u>11/6/00</u> |
| FACILITY LOCATION: <u>5240 NW 34<sup>th</sup> St</u><br><u>Gainesville, FL 32605</u> |                      |

Annual Reporting Period: November 1999 19\_\_ TO November 2000 19\_\_

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

If NO, complete the following:

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

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

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

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

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

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

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

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

RECEIVED  
DEC - 2000  
Bureau of Air Monitoring  
& Mobile Sources

*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: <u>Philip Hunt</u> | <u><i>[Signature]</i></u> | <u>11/6/00</u> |
| Name (Please Print)                      | Signature                 | Date           |

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

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 12:15 TIME OUT: 12:25 AIRS ID#: 0010098  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Alpine Cleaners DATE: 11/1/00  
 FACILITY LOCATION: 5240 NW 34th St  
Gainesville, FL 32605  
 RESPONSIBLE OFFICIAL: Philip Hunt PHONE NUMBER: (352)372-4086

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |

COMMENTS: \_\_\_\_\_

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: November 2001  
(Approximate)

INSPECTION CONDUCTED BY: Heather WYNW  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (904) 448-4310 x256

BEST AVAILABLE COPY

DPE ENTERPRISES OF GAINESVILLE, INC. / DBA ALPINE CLEANERS

1204

Department of Environmental Protection

| Date       | Type | Reference | Original Amt. | Balance Due | 2/27/2001<br>Discount | Payment |
|------------|------|-----------|---------------|-------------|-----------------------|---------|
| 02/10/2001 | Bill |           | 50.00         | 50.00       |                       | 50.00   |
|            |      |           |               |             | Check Amount          | 50.00   |

Florida Bank Checking Ac 0010098

50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406609 MAR 1 2001

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0010098

ALPINE CLEANERS  
PHILIP HUNT  
5240 NW 34TH STREET  
GAINESVILLE FL 32605

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
MAR - 5 2001  
Direct Control Management  
& Media Sources

**BEST AVAILABLE COPY**

ALPINE CLEANERS, INC.

1/ 6/99

4050

DEPARTMENT OF ENVIRONMENTL PROTECTION

50.00

COMPASS BANK

\*\*\*\*\*50.00

 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356657

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

ALPINE CLEANERS  
PHILIP HUNT  
5240 NW 34TH STREET  
GAINESVILLE FL 32605

AIRS ID # 0010098

RECEIVED  
MAIL ROOM  
JAN 9 99  
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: 6  
Fund: 20-2-035001  
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392061

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

|   |                   |
|---|-------------------|
| ALPINE CLEANERS<br>PHILIP HUNT<br>5240 NW 34TH STREET<br>GAINESVILLE FL 32605 | AIRS ID # 0010098 |
|---|-------------------|

|                                    |  |
|------------------------------------|--|
| RECEIVED<br>MAIL ROOM<br>FEB 11 09 | FOR GOVERNMENT USE ONLY<br>Org.: 37550101000 EO: BI<br>Fund: 20-2-035001<br>Obj.: 002273 |
|------------------------------------|--|

|  |                  |          |       |
|--|------------------|----------|-------|
| ALPINE CLEANERS, INC.                  |                  |          | 5103  |
| Department of Environmental Protection |                  | 2/9/2000 | 50.00 |
|  | AIRS ID# 0010098 |          |       |
| Merchant & Southern Ban                | AIRS ID#00100098 |          | 50.00 |



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303583

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**

RECEIVED  
MAIL ROOM  
FEB 24 98

Do **NOT** Remove Label

AIRS ID 0010098

ALPINE CLEANERS INC  
PHILIP HUNT  
5240 NW 34TH STREET  
GAINESVILLE FL 32605

**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

Z 333 667 283

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)  
AIRS ID # 0010098

ALPINE CLEANERS  
PHILIP HUNT  
5240 NW 34TH STREET  
GAINESVILLE FL 32605

PS Form 3800, April 1995

|   |    |
|---|----|
| 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  |    |

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse 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:

ALPINE CLEANERS  
PHILIP HUNT  
5240 NW 34TH STREET  
GAINESVILLE FL 32605

AIRS ID # 0010098

2. Article Number (Copy from service label)  
2333 667 283

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
Daniel A. Edwards 2/4/01

C. Signature  
[Signature]  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse 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:

ALPINE CLEANERS  
PHILIP HUNT  
5240 NW 34TH STREET  
GAINESVILLE FL 32605

AIRS ID # 0010098

2. Article Number (Copy from service label)  
7000 0600 0026 4127 4676

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
DANIEL A. EDWARDS 2/9/01

C. Signature  
[Signature]  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4127 4676

|  |    |
|--|----|
| Postage  | \$ |
| Certified Fee                                  |    |
| Return Receipt Fee (Endorsement Required)      |    |
| Restricted Delivery Fee (Endorsement Required) |    |

Postmark Here

To AIRS ID # 0010098

Rec. ALPINE CLEANERS  
PHILIP HUNT  
5240 NW 34TH STREET  
GAINESVILLE FL 32605  
City,

Z 333 613 187

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

AIRS ID 0010098

ALPINE CLEANERS INC  
PHILIP HUNT  
5240 NW 34TH STREET  
GAINESVILLE FL 32605

|   |           |
|---|-----------|
| Postage   |           |
| Certified Fee   |           |
| Special Delivery Fee  |           |
| Restricted Delivery Fee                                     |           |
| Return Receipt Showing to Whom & Date Delivered             |           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| Postmark or Date  |           |

PS Form 3800, April 1995

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

7500 0000 0026 4128 9601

|  |           |
|--|-----------|
| Postage  | \$        |
| Certified Fee                                  |           |
| Return Receipt Fee (Endorsement Required)      |           |
| Restricted Delivery Fee (Endorsement Required) |           |
| <b>Total Postage &amp; Fees</b>                | <b>\$</b> |

Postmark Here

10 AIRS ID # 0010098001AG  
PHILIP HUNT  
ALPINE CLEANERS  
5240 NW 34TH STREET  
GAINESVILLE FL 32605

Reverse for Instructions

is your RETURN ADDRESS completed 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
  
ALPINE CLEANERS INC  
PHILIP HUNT  
5240 NW 34TH STREET  
GAINESVILLE FL 32605

AIRS ID 0010098

4a. Article Number  
**Z 333 613 187**

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**2-17-98**

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

**X** *[Signature]*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS FOLD AT DOTTED LINE

**COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3 on the reverse of this form and 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.

Received by (Please Print Clearly) B. Date of Delivery  
**6-1-01**

C. Signature  
**X** *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

1. Article Addressed to:  
  
10 AIRS ID # 0010098001AG  
PHILIP HUNT  
ALPINE CLEANERS  
5240 NW 34TH STREET  
GAINESVILLE FL 32605

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

**7500 0000 0026 4128 9601**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789



P 265 302 333

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID#: 0010098

ALPINE CLEANERS INC  
PHILIP HUNT  
5240 NW 34TH STREET  
GAINESVILLE FL 32605

|   |           |
|---|-----------|
| Certified Fee   |           |
| Special Delivery Fee  |           |
| Restricted Delivery Fee                                     |           |
| Return Receipt Showing to Whom & Date Delivered             |           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| Postmark or Date  |           |

PS Form 3800, April 1995

2/13/97

Fold at line over top of envelope to

**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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0010098  
ALPINE CLEANERS INC  
PHILIP HUNT  
5240 NW 34TH STREET  
GAINESVILLE FL 32605

4a. Article Number

P-265-302-333

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2/18/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

8. Addressee's Address (Only if requested and fee is paid)

Domestic Return Receipt

**SENDER: COMPLETE**

- 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 # 0010098  
ALPINE CLEANERS  
PHILIP HUNT  
5240 NW 34TH STREET  
GAINESVILLE FL 32605

2. Article Number (Copy from service label)

PS Form 3811, July 1999

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

**DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Haydee CASTRO 2/16/97

C. Signature

X Haydee Castro  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7000 0600 002641257884

Domestic Return Receipt

102595-99-M-1789

is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.