



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 6, 1996

Mr. Jerry Williams  
Country Cleaners of Immokalee, Inc.  
1255 North 15th Street, Unit 6  
Immokalee, Florida 34142

Dear Mr. Williams:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 12, 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 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. Sherrill Culliver, South District

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259922 ✓

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

RECEIVED  
MAIL ROOM

FEB -6 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

THE DRY CLEANER  
JERRY WILLIAMS  
805 JEFFERSON AVE  
IMMOKALEE FL 34142

AIRS ID# 0210058

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

COUNTRY CLEANERS

DEPT. OF ENVIRONMENTAL PROTECTION

2/2/97

4692

50.00

COUNTRY CLEANER AIRS ID#0210058

50.00

#0210058

Country Cleaners of Immokalee, Inc

spoke with Jerry Williams - 8/22/96

p.13 6. need title - President  
7. need firm

p.15 4. mark out "X" and initial  
5. (f) required

\* please give copy of  
EPA's SS+M plan

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

|  |   |   |
|--|---|---|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | <i>The Dry Cleaner</i>                    | <i>Jerry Williams</i>                         |
| 2. Site Name (For example, plant name or number):                                  | <i>Country Cleaners of Immokalee Inc</i>  |   |
| 3. Hazardous Waste Generator Identification Number:                                | <i>FLD 984 22727</i>                      |   |
| 4. Facility Location:<br>Street Address:   | <i>1255 N. 15<sup>th</sup> ST. Unit 6</i> |   |
| City:  | <i>Immokalee</i>                          | County: <i>Collier</i> Zip Code: <i>34142</i> |
| 5. Facility Identification Number (DEP Use):                                       | <i><del>0402984</del> 0210058</i>         |   |

## Responsible Official

|  |   |   |
|--|---|---|
| 6. Name and Title of Responsible Official:                     | <i>Jerry Williams</i>                       |   |
| 7. Responsible Official Mailing Address:<br>Organization/Firm: | <i>805 Jefferson Ave</i>                    |   |
| Street Address:  | <i>Immokalee</i>                            | County: <i>Collier</i> Zip Code: <i>34142</i> |
| City:  |   |   |
| 8. Responsible Official Telephone Number:                      | Telephone: <i>(941) 657-2121</i> Fax: ( ) - |   |

## Facility Contact (If different from Responsible Official)

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

RECEIVED

AUG 12 1996

Bureau of Air Monitoring  
& Mobile Sources

### Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of 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  | #1 | 02-Dec-91                        |                               |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (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.)

existing  
small  
none

Existing small area source

New small area source

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.*

*Jerry Williams*  
\_\_\_\_\_  
Signature

*8-7-96*  
\_\_\_\_\_  
Date



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

December 20, 2000

Mr. Jerry Williams  
Country Cleaners of Immokalee, Inc  
805 Jefferson Avenue  
Immokalee, Florida 34142

Dear Mr. Williams:

Thank you for your note informing the Division of Air Resource Management that your facility has been sold. We received your note on December 18 and changed your facility status to inactive in our files.

The invoice you received was for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that Country Cleaners of Immokalee, Inc. (AIRS ID #0210058) was in operation for part of year 2000, the fee is due and payable.

For your convenience, I am enclosing your original invoice as well as an envelope. If you have any questions or need additional information or assistance, please call me at 850/921-9583.

Sincerely,

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

SB/

Enclosures

"More Protection, Less Process"

Printed on recycled paper.





**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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**

*Sold Aug. 31, 2000  
new owner has his own.*

Do NOT Remove Label

AIRS ID # 0210058  
COUNTRY CLEANERS OF IMMOKALEE  
INC  
JERRY WILLIAMS  
805 JEFFERSON AVE  
IMMOKALEE FL 34142

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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**

*Sold Aug. 31, 2000*

*new owner has his own.*

Do **NOT** Remove Label

AIRS ID# 0210058

COUNTRY CLEANERS OF IMMOKALEE  
INC  
JERRY WILLIAMS  
805 JEFFERSON AVE  
IMMOKALEE FL 34142

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

*23 Aug 96*

*Inactivate*

*Done 12/18/00*

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

NOV 04 1998

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

Bureau of Air Monitoring  
& Mobile Sources

AIRS ID#: 0210058 DATE: 10/23/98 TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_  
FACILITY NAME: COUNTRY CLEANERS OF IMMOKALEE INC.  
FACILITY LOCATION: 1255 N. 15TH STREET UNIT G  
IMMOKALEE, FL 34142  
RESPONSIBLE OFFICIAL: Jerry Williams PHONE: 941 657-2121  
CONTACT NAME: same 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 <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 before 12/9/91)                                | 2. New 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 on or after 12/9/91)   |
| 3. Existing large area source <input type="checkbox"/><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) | 4. New large area source <input type="checkbox"/><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) |
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 49.5 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 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)
- 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:  N/A
- 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

Wayne Lewis  
Inspector's Name (Please Print)

10-23-98  
Date of Inspection

Wayne Lewis  
Inspector's Signature

10-99  
Approximate Date of Next Inspection

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

NOV 04 1998

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

|  |   |                 |                 |
|--|---|-----------------|-----------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | The Dry Cleaner                         |                 | Jerry Williams  |
| 2. Site Name (For example, plant name or number):                                  | Country Cleaners of Immokalee Inc       |                 |                 |
| 3. Hazardous Waste Generator Identification Number:                                | FLD 984 22727                           |                 |                 |
| 4. Facility Location:  | Street Address: 1255 N. 15th St. Unit 6 |                 |                 |
|  | City: Immokalee                         | County: Collier | Zip Code: 34142 |
| 5. Facility Identification Number (DEP Use):                                       | 0402984                                 | 0210050         |                 |

Responsible Official

|  |   |                 |                 |
|--|---|-----------------|-----------------|
| 6. Name and Title of Responsible Official: | Jerry Williams Pres. J.W.                                   |                 |                 |
| 7. Responsible Official Mailing Address:   | Organization/Firm: Country Cleaners of Immokalee, Inc. J.W. |                 |                 |
|  | Street Address: 805 Jefferson Ave                           |                 |                 |
|  | City: Immokalee   | County: Collier | Zip Code: 34142 |
| 8. Responsible Official Telephone Number:  | Telephone: (941) 657-2121 Fax: ( ) -                        |                 |                 |

Facility Contact (If different from Responsible Official)

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

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AUG 12 1996

Bureau of Air Monitoring & Mobile Sources

**Facility Information**

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

| 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  | #1 | 02-DEC-91                        |                               |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (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.)

Existing small area source

New small area source

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  *JW.*

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  *JW.*

**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.*

*Jerry Williams*  
\_\_\_\_\_  
Signature

*8-7-96*  
\_\_\_\_\_  
Date

acc 302605 ✓

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED  
MAIL ROOM  
FEB 13 98

|  |
|--|
| AIRS ID#0210058  |
| THE DRY CLEANER<br>JERRY WILLIAMS<br>805 JEFFERSON AVE<br>IMMOKALEE FL 34142 |

Do NOT Remove Label

Annual Reporting Period: JAN 1 1997 TO JAN 1 1998

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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FEB 16 1998  
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 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: Jerry Williams Jerry Williams 2-8-98  
 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#: 0210058 DATE: 03-29-00 TIME IN: 13:15 TIME OUT: 13:40  
 FACILITY NAME: COUNTRY CLEANERS OF IMMOKALEE  
 FACILITY LOCATION: 1255 N. 1574 ST, UNIT A  
IMMOKALEE, FL 34142  
 RESPONSIBLE OFFICIAL: Jerry Williams PHONE: 941 657-2121  
 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 <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 before 12/9/91)                                | 2. New 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 on or after 12/9/91)   |
| 3. Existing large area source <input type="checkbox"/><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) | 4. New large area source <input type="checkbox"/><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) |
5. This is a correct facility classification  N Can not determine

Bureau of Air Monitoring & Mobile Sources

JUN 23 2000

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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 58.5 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 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  N/A
7. Maintained deviation reports?  
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 | Stillls                   | <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:  N/A
- 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

Wayne Lewis  
Inspector's Name (Please Print)

08-28-00  
Date of Inspection

Wayne Lewis  
Inspector's Signature

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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**

*Sold Aug. 31, 2000  
new owner has his own.*

Do **NOT** Remove Label

AIRS ID # 0210058  
COUNTRY CLEANERS OF IMMOKALEE  
INC  
JERRY WILLIAMS  
805 JEFFERSON AVE  
IMMOKALEE FL 34142

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

*12-28-00 pd*

1191  
**RECEIVED**  
JAN 2 2000  
Bureau of Air Monitoring  
& Mobile Sources  
RECEIVED  
DEC 28 09  
MAIL ROOM

COUNTRY CLEANERS

Department of Environmental Protection

12/26/2000

7164

50.00

Country Cleaners

AIRS ID# 0210058

50.00



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

**THIS SECTION ON DELIVERY**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 0210058001AG  
 JERRY WILLIAMS  
 COUNTRY CLEANERS OF IMMOKALEE  
 INC  
 805 JEFFERSON AVE  
 IMMOKALEE FL 34142

2. Article Number (Copy from service label)  
 06000026 4128 7331

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

4. Restricted Delivery? (Extra Fee)     Yes

A. Received by (Please Print Clearly)    B. Date of Delivery  
 \_\_\_\_\_    6-08-4

C. Signature     Agent  
 Addressee

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

PS Form 3811, July 1999    Domestic Return Receipt    102595-99-M-1789

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

7000 0600 0026 4128 7331

|   |   |                  |
|---|---|------------------|
| Postage   | \$                                      | Postmark<br>Here |
| Certified Fee                                     |   |                  |
| Return Receipt Fee<br>(Endorsement Required)      |   |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |   |                  |
| <b>Total</b>                                      | 10                                      |                  |
| <b>Recipient</b>                                  | AIRS ID # 0210058001AG                  |                  |
| <b>Street</b>                                     | JERRY WILLIAMS                          |                  |
| <b>City, State</b>                                | COUNTRY CLEANERS OF IMMOKALEE<br>INC    |                  |
|   | 805 JEFFERSON AVE<br>IMMOKALEE FL 34142 |                  |

PS Form 3800, February 2000    See 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):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0210058

THE DRY CLEANER  
 JERRY WILLIAMS  
 805 JEFFERSON AVE  
 IMMOKALEE FL 34142

4a. Article Number

**Z 333 660 291**

4b. Service Type

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

7. Date of Delivery

**2/14**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

**X** *Jerry Williams*

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

PS Form **3811**, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

**Z 333 660 291**

US Postal Service  
**Receipt for Certified Mail**

AIRS ID 0210058

THE DRY CLEANER  
 JERRY WILLIAMS  
 805 JEFFERSON AVE  
 IMMOKALEE FL 34142

PS Form **3800**, April 1995

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302605 ✓

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#0210058  |
| THE DRY CLEANER<br>JERRY WILLIAMS<br>805 JEFFERSON AVE<br>IMMOKALEE FL 34142 |

|   |
|---|
| <b>FOR GOVERNMENT USE ONLY</b><br>Org.: 37550101000 EO: B1<br>Fund: 20-2-035001<br>Obj.: 002273 |
|---|

|                                   |                   |             |
|-----------------------------------|-------------------|-------------|
| <b>COUNTRY CLEANERS</b>           |                   | <b>5667</b> |
| DEPT. OF ENVIRONMENTAL PROTECTION | 2/8/98            |             |
| 01/28/98                          | Bill #1998 permit | 50.00       |
| COUNTRY CLEANER                   | AIRS ID# 0210058  | 50.00       |

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355161

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

RECEIVED  
MAIL ROOM

DEC 23 98

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0210058  
COUNTRY CLEANERS OF IMMOKALEE  
INC  
JERRY WILLIAMS  
805 JEFFERSON AVE  
IMMOKALEE FL 34142

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: 12812  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
DEC 29 1998  
Bureau of Air Monitoring  
& Mobile Sources

COUNTRY CLEANERS

DEPT. OF ENVIRONMENTAL PROTECTION  
12/14/98 Bill #

12/20/98

6210  
50.00

COUNTRY CLEANER AIRS ID# 0210058

50.00