Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

January 16, 1997

Mr. Neil Whigham
Exclusive Cleaners
3900 North 9th Avenue
Pensacola, Florida 32503

Re: Facility I.D. No. 0330235

Dear Mr. Whigham:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 6, 1996.

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

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

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

for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

(1) Facility Owner/Company Name (Name of corporation, agency, or individual owner):
EXCLUSIVE CLEANERS (A.R. NASH & N.G. Whigham)

2. Site Name (For example, plant name or number):
EXCLUSIVE CLEANERS

3. Hazardous Waste Generator Identification Number:
GAD981269095 FLD CESQG

4. Facility Location: 3900 N. 9TH AVE.
Street Address: (SAME)
City: PENSACOLA, FL County: ESCAMBIA Zip Code: 32503

5. Facility Identification Number (DEP Use):
0330235

Responsible Official

(6) Name and Title of Responsible Official:
NEIL WHIGHAM

7. Responsible Official Mailing Address: 3900 N. 9TH AVE.
Organization/Firm: EXCLUSIVE CLEANERS & LAUNDRY
Street Address: 3900 N. 9TH AVE.
City: PENSACOLA, FL County: ESCAMBIA Zip Code: 32503

8. Responsible Official Telephone Number:
Telephone: (904) 438-8995 Fax: ( ) - N/A

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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OCT 4 1996
Bureau of Air Monitoring & Mobile Sources

#0330235

Exclusive Cleaners

- spoke to business - 11/1/96

p. 13 1. add - Whigham & Nash, Inc.
6. add title - Manager

p. 14 1. (b) mark out "X", 1. (a) shows control devices installed, and initial
3. should be existing large area source

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser		SEPT-84	OCT-84						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser		[redacted]	[redacted]						
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser		[redacted]	[redacted]						
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser		SEPT-84	OCT-84						
(11) w/carbon adsorber									
(12) w/ no controls									

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

(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?
[425] gallons (APROX)

(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: [ ]

(c) 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 large area s.

Existing small area source [X] 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 [X]

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 [N/A]

(e) Instrument calibration [N/A]

(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) _____.

[X] 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.

Neil Whynn
Signature

9/24/96
Date

CORRECTED 12.9.96

405 gal
Per MS E DGE on 1/17/97
for this site

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
EXCLUSIVE CLEANERS INC. (A.R. WASH & N.G. Whigham) (NOI) 11/9/96

2. Site Name (For example, plant name or number):
EXCLUSIVE CLEANERS

3. Hazardous Waste Generator Identification Number:
GAD981269095 FLD CESQG

4. Facility Location: 3900 N. 9TH AVE.
Street Address: (SAME)
City: PENSACOLA, FL County: ESCAMBIA Zip Code: 32503

5. Facility Identification Number (DEP Use):
0330235

Responsible Official

6. Name and Title of Responsible Official:
NEIL WHIGHAM MANAGER

7. Responsible Official Mailing Address: 3900 N. 9TH AVE.
Organization/Firm: EXCLUSIVE CLEANERS & LAUNDRY
Street Address: 3900 N. 9TH AVE.
City: PENSACOLA, FL County: ESCAMBIA Zip Code: 32503

8. Responsible Official Telephone Number:
Telephone: (904) 438-8995 Fax: ( ) - N/A

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: ( ) -

RECEIVED
OCT 4 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
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser		SEPT-84	OCT-84						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser		[redacted]	[redacted]	NW	12/5/96				
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser		[redacted]	[redacted]	NW	12/5/96				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser		[redacted]	[redacted]	NW	12/5/96				
(11) w/carbon adsorber									
(12) w/ no controls									

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

(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?
[425] gallons (APROX)

(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 [X] New small area source [ ]

Existing large area source [X] New large area source [ ]

NW 12/9/96

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 [X]

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 [N/A]

(e) Instrument calibration [N/A]

(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) _____.

[X] 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.

Neil Whyte Neil Whyte
Signature

9/24/96
12/9/96
Date

AIRS ID#: 0330235 ✓ Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: EXCLUSIVE CLEANERS **DATE:** 1/28/97

FACILITY LOCATION: 3900 N. 9th AVE.
PENSACOLA, FL 32503

Annual Reporting Period: Oct. 4, 1 19 96 TO JAN 28 19 97

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 Oct 4, 1996 to Jan 1, 1997

Action(s) taken to achieve compliance: Set up Log System Records.

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: NEIL Whigham (Name (Please Print)) Neil Whigham (Signature) 1/28/97 (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.

AIRS ID#: 0 330235

Acc

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Exclusive Cleaners

DATE: 12/21/98

FACILITY LOCATION: 3900 N. 9th Ave.

Pensacola, FL 32503

RECEIVED
DEC 29 1998
Bureau of Air Monitoring & Mobile Sources

Annual Reporting Period: JAN/98 19 98 TO DEC 19 98

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 JAN /98 to DEC /98

Action(s) taken to achieve compliance: Calenders will be furnished for better

Method used to demonstrate compliance: Records of Rolling totals.

#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 ENTERED to

Action(s) taken to achieve compliance: DEC 22 1998

Method used to demonstrate compliance: (91)

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: Neil Wrighton (Name (Please Print)) (Signature) 12/21/98 (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.

301520

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0330235

EXCLUSIVE CLEANERS
NEIL WHIGHAM
3900 N 9TH AVE
PENSACOLA FL 32503

RECEIVED
FEB 4 1998
Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

Annual Reporting Period: _____ 19____ TO _____ 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: _____

RECEIVED
MAIL ROOM
FEB -2 98

#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 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: _____ _____ _____
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.

11/06/97

(3 visits to this site)

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
1/28/97 - 14/20-1540 RE-INSPECTION ☒
1/17/97 1145 - 1200 Fe 12/9/96

AIRS ID#: 0330235 TIME IN: 1425 TIME OUT: 1610

FACILITY NAME: Exclusive Cleaners

FACILITY LOCATION: 3900 9th Ave
Pensacola, FL 32503

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96 Oct 4, 1995 ☒
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 ☒ 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<x<2, 100 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr (constructed before 12/9/91)	**4. New large area source** ☐ dry-to-dry only, 140<x<2, 100 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr (constructed on or after 12/9/91)

This is a correct facility classification ☐Y ☒N

If no, please check the appropriate classification:

☒ facility qualified for a general permit as number 3 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 705 gallons.

(Sent through your invoices and provide me a list of perc purchases for past 12 months. Invoices were mixed up in a pile of other paperwork. — NO order. by 16 Dec)

Revised 10/14/96

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? This machine was retrofitted with condenser & diverter valve. Diverter valve does not go through carbon adsorber - it vents to atmosphere. ☒Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Measured at wrong time. Not during dry cycle. ☒Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Didn't know it was to be at ≤ 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
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: 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

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

4. The following areas should be checked for leaks ~~by the inspector~~:

	~~Leak Detected~~?			~~Leak Detected~~?	
Hose connections, fittings, couplings, and valves	☑Y	☐N	Muck cookers	☐Y	☐N N/A
Door gaskets and seating	☐Y	☐N	Stills	☐Y	☐N N/A
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			

Neal Whigham
Name of Responsible Official

Charles Norman
Inspector's Name (Please Print)

Inspector's Signature

1-28-97
12-9-96
Date of Inspection

Feb 98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

ON 1/17/97 - Spoke with Ms Gayle Edge @ main office (in person) She had 12 month totals for Exclusive cleaners. Did not have it for other two sites. I explained how to do 12 month rolling total & showed her an example. Also left some examples of forms for doing leak check & temp recordings - I had previously (on 3 occassion talked with the temporary Bookkeeper about getting these records.

1.28.97

Mr Whigham had refrigeration equips repaired and temps now reach 45°F or below

We couldn't find any temp log or leak check at time of inspection on 1.28.97 - Lady in charge left for the day.

Note:
Ms DOT HARRISON was part time bookkeeper I dealt with and Ms Gayle Edge returned from surgery.

Ms Edge finally got me the pest totals for all three sites:

Peter Pan, Professional and Exclusive. I had gotten the totals from her for Exclusive on 1/17/97 & the remaining 2 sites on 1/24/97

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 1125 TIME OUT: 1300 AIRS ID#: 0330235

TYPE OF FACILITY: Exclusive Cleaners D.C.

FACILITY NAME: DATE: 12/21/98

FACILITY LOCATION: 3900 N. 9th Ave
Pensacola FL 0330235

RESPONSIBLE OFFICIAL: Neil Whigham PHONE NUMBER: 438-8995

☐ 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
No Rolling totals of Perc Purchases	Use 1999 DEP D.C. Calender to Keep up.

ENTERED
DEC 22 1998

COMMENTS: At times temps log shows 50°F - Should be ≤45°F.
Suggest moving temps sensor closer to refrig. condenser outlet.
Follow-up in early 99 to see if corrections have been made.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☒ NO ☐ (Letter sent.)

DATE OF NEXT INSPECTION: Jan 99 (Approximate)

INSPECTION CONDUCTED BY: Charles Norman (Please Print)

INSPECTOR'S SIGNATURE: PHONE NUMBER: 595-8364

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0330235 DATE: 12/21/98 TIME IN: 1125 TIME OUT: 1300

FACILITY NAME: Exclusive Cleaners

FACILITY LOCATION: 3900 W. 9th Ave
Pensacola 32503

RESPONSIBLE OFFICIAL: Neil Whigham PHONE: 850-438-8995

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

ENTERED
DEC 22 1998
BY

(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: ☐ No notification form
(check appropriate box) ☐ 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 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. **New large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 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 351 gallons.
(Vendor supplied totals. during inspection.)

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	

Suggest moving temp sensors closer to refrig. cond. outlet. (add on unit w/ PVC)

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? (NOT complete though) obtained totals from vendor during insp. ☒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? (SHAK-1 records) ☒Y ☐N
2. Has the facility maintained a leak log? (11) ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☒Y ☐N ☐N/A	Muck cookers	☐Y ☐N ☒N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☒Y ☐N ☒N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☒Y ☐N ☐N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☐Y ☐N ☒N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☐Y ☐N ☐N/A
Water separators	☒Y ☐N ☐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

CHARLES NORMAN
Inspector's Name (Please Print)

12/21/98
Date of Inspection

Inspector's Signature

Jan 99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 950 TIME OUT: 1015 AIRS ID#: 0330235

TYPE OF FACILITY: DC

FACILITY NAME: Exclusive Cleaners DATE: 2/9/99

FACILITY LOCATION: [redacted]. 3900 N 9th Ave

RESPONSIBLE OFFICIAL: Neil W Hughes PHONE NUMBER: 438-8995

☒ 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

RECEIVED
FEB 12 1999
Bureau of Air Monitoring & Mobile Sources

ENTERED
FEB 09 1999

COMMENTS:
Keep rolling totals as explained/demonstrated on calendar.

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

DATE OF NEXT INSPECTION: Early 2000
(Approximate)

INSPECTION CONDUCTED BY: Charles Norman
(Please Print)

INSPECTOR'S SIGNATURE: Charles Norman PHONE NUMBER: 595-8364

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 0330235 DATE: 2/9/99 TIME IN: 0950 TIME OUT: 1015

FACILITY NAME: Exclusive Cleaners (D.C.)

FACILITY LOCATION: 3900 W. 9th Ave
Pensacola FL 32503

RESPONSIBLE OFFICIAL: Neil Whigham PHONE: 438-8995

CONTACT NAME: _____ PHONE: _____

RECEIVED
FEB 12 1999
Bureau of Air Monitoring & Mobile Sources

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** ☐
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 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. **New large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 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 390 gallons.

ENTERED
FEB 09 1999

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	☒Y ☐N ☐N/A	Muck cookers	☐Y ☐N ☐N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☒Y ☐N ☐N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☒Y ☐N ☐N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☐Y ☐N ☒N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☒Y ☐N ☐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

Charles Norman
Inspector's Name (Please Print)

2/9/99
Date of Inspection

Charles B Norman
Inspector's Signature

Early 2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: ~~1420~~ 1425 TIME OUT: ~~1540~~ 1610 on 1-28-97 AIRS ID#: 0330235

TYPE OF FACILITY: DRY CLEANER

FACILITY NAME: Exclusive Cleaners DATE: 12-9-96 / 1-28-97

FACILITY LOCATION: 3900 9th Ave
Pensacola, FL 32503

RESPONSIBLE OFFICIAL: Neil Wighton PHONE NUMBER: 438-8995

☐ 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
12 month rolling total, perc temp/leak checks logs not maintained. Explained what was required	Keep weekly Temp and leak detection logs. Develop and maintain 12 month rolling total of perc purchases.
Temperature of condenser exhaust not falling to 45°F or below.	Determine problem & repair
The [illegible] valve exhaust does not go through carbon adsorber — I'll let you know if it must do so. C.N.	— Looks OK as is. Charlie Norman 1-28-97
(Ms. Edge provided perc totals for all 3 plants on 1-24-97.)	

COMMENTS: Please sort out perc purchase invoices and provide me with totals by 16 Dec.

ON 1-28-97 couldn't find leak logs & temp logs in plant. You must be sure employees do them.

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

Left with R.O.

DATE OF NEXT INSPECTION: Dec 97
(Approximate)

INSPECTION CONDUCTED BY: Charles Norman
(Please Print)

INSPECTOR'S SIGNATURE: Charlie Norman **PHONE NUMBER:** 444-8364

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 0925 TIME OUT: 1030 AIRS ID#: 033 0255

TYPE OF FACILITY: DC

FACILITY NAME: EXCLUSIVE CLEANERS DATE: 12/22/99

FACILITY LOCATION: 5900 N. 9th AVE
PENSACOLA 32503

RESPONSIBLE OFFICIAL: Neil Uffingham PHONE NUMBER: 438-8995

☐ 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:

RECEIVED
DEC 27 1999
Bureau of Air Monitoring & Mobile Sources

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
LEAK CHECK LOG NOT MAINTAINED	Keep up as explained
12-MONTH Rolling totals not kept. MONTHLY totals were listed but MATH NOT DONE	Do the math.

ENTERED
DEC 22 1999

COMMENTS: Need to determine proper disposal of Separator water. Pouring down the sewer system is probably okay except for water with low concentrations of perc. See Separator water letter I left with you.

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

DATE OF NEXT INSPECTION: 8-12 2005
(Approximate)

INSPECTION CONDUCTED BY: Charles Norman
(Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: 595-8364 ext 1222

Revised 10/96

AIRS ID#: 0330235 ACC Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Exclusive Cleaners DATE: 22 Dec 99

FACILITY LOCATION: 3900 N. 9th Ave
Pensacola FL 32503

Annual Reporting Period: 22 Dec 98 19__ TO 22 Dec 99 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 Dec 22, 1998 to Dec. 22, 1999

Action(s) taken to achieve compliance: Will do meth on Perc. Purchases.

Method used to demonstrate compliance: With rolling totals.

#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 ENTERED DEC 22 1999 to REVIEWED DEC 22 1999

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: Neil Whighton (Name (Please Print)) Neil Whighton (Signature) 12/22/99 (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 [X] COMPLAINT/DISCOVERY [ ]
RE-INSPECTION [ ]

AIRS ID#: 0330235 DATE: Dec 22, 1999 TIME IN: 0925 TIME OUT: 1030

FACILITY NAME: Exclusive Cleaners

FACILITY LOCATION: 3900 N 9th Ave
Pensacola FL 32503

RESPONSIBLE OFFICIAL: Neil Wigham PHONE: 438-8995

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

ENTERED
DEC 22 1999

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** [ ]
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** [X]
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. **New large area source** [ ]
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification [X] 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 322 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? Door leaking & vap. Parts ordered? ☒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? 410°F@ inlet.	☒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? Purchases listed by month. MATH NOT DONE	☐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	☒Y ☐N ☐N/A	Muck cookers	☐Y ☐N ☒N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☒Y ☐N ☐N/A
Filter gaskets and seating	☐Y ☐N ☐N/A	Exhaust dampers	☒Y ☐N ☐N/A
Pumps	☐Y ☐N ☐N/A	Diverter valves	☐Y ☐N ☒N/A
Solvent tanks and containers	☐Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☒Y ☐N ☐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

Inspector's Name (Please Print) _____ Date of Inspection _____

Inspector's Signature _____ Approximate Date of Next Inspection _____

ADDITIONAL SITE INFORMATION:

Separator water is flushed down toilet.
~~Advised~~ Left Separator water Policy letter at facility.

Advised Bill Kellenberger, HSE Wade (Dec 22)
Also, advised of leak in machine door.
Facility said leak had just started again
Leak repair record showed same leak
in October (?). Ordered repair ~~Ket~~ while
I was inspecting the facility

AIRS ID#: 0330235

Revised 01/18/00

ASGP

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Exclusive Cleaners DATE: 1/11/01

FACILITY LOCATION: 3400 N. 9th Ave
Pensacola 32503

Annual Reporting Period: 23 Dec 1999 20__ TO 11 JAN 2001 20__

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: _____

RECEIVED
JAN 23 2001
Bureau of Air Monitoring & Mobile Sources

#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: _____

ENTERED
JAN 16 2001

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: Neil Whigham Neil Whigham 1/11/01
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: ——— TIME OUT: ——— AIRS ID#: 0330235

TYPE OF FACILITY: DC

FACILITY NAME: Exclusive Cleaners DATE: 1/11/01

FACILITY LOCATION: 3900 N. 9th Ave
Pensacola 32503

RESPONSIBLE OFFICIAL: Neil Whigham PHONE NUMBER:

☒ 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

ENTERED
JAN 16 2001

COMMENTS:

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

DATE OF NEXT INSPECTION: ——— (Approximate)

INSPECTION CONDUCTED BY: Carlos Herrmann (Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: 595-8364 X1222

Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: ——— TIME OUT: ——— AIRS ID#: 0330235

TYPE OF FACILITY: DC

FACILITY NAME: Exclusive Cleaners DATE: 4/11/01

FACILITY LOCATION: 39m N. 9th Ave
Pensacola 32503

RESPONSIBLE OFFICIAL: Neil Nighman PHONE NUMBER:

☒ 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: ———
(Approximate)

INSPECTOR CONDUCTED BY: Carlos Herrmann
(Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: 595-8364 X1202

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (INS1, INS2) X COMPLAINT/DISCOVERY (CI) ☐
RE-INSPECTION (FUI) ☐

AIRS ID#: 0330235 DATE: 1/11/01 TIME IN: _____ TIME OUT: _____

FACILITY NAME: Exclusive Cleaners

FACILITY LOCATION: 3900 N. 9th Ave
Pensacola 32503

RESPONSIBLE OFFICIAL: Neil Wigham PHONE: 438-8995

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 ☐

Facility Compliance Status: (ARMS Data)
IN X
MNC ☐
SNC ☐

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** X
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. **New large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

ENTERED JAN 16 2001

5. This is a correct facility classification X 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 37 Z gallons.

Will install new equip - soon.

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

   Butterflys [?] (AIR LEAK found during insp & repaired)

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	☒Y ☐N ☐N/A	Muck cookers	☒Y ☐N ☐N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☐Y ☐N ☒N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☒Y ☐N ☐N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☐Y ☐N ☒N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☒Y ☐N ☐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

Charles Norman
Inspector's Name (Please Print)

1/11/01
Date of Inspection

[signature]
Inspector's Signature

——
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

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

0093604

Do NOT Remove Label

AIRS ID # 0330235
EXCLUSIVE CLEANERS
NEIL WHIGHAM
3900 N 9TH AVE
PENSACOLA FL 32503

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

19210

EXCLUSIVE CLEANERS & LAUNDRY, INC.
3900 N. NINTH AVENUE PH. 850-438-0424
PENSACOLA, FL 32503

63-950/632

DATE 12/14/00

PAY TO THE ORDER OF Department of Environmental Protection $ 50.00

Fifty + 00/100 DOLLARS

WHITNEY Whitney National Bank
Pensacola, Florida

FOR ID # 0330235

[redacted]

MP

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301520 ✓

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#0330235
EXCLUSIVE CLEANERS
NEIL WHIGHAM
3900 N 9TH AVE
PENSACOLA FL 32503

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0389865

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
DEC 20 99

Do NOT Remove Label

AIRS ID # 0330235
EXCLUSIVE CLEANERS
NEIL WHIGHAM
3900 N 9TH AVE
PENSACOLA FL 32503

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

Is your RETURN ADDRESS completed on the reverse side?

Fold at line over top of envelope to the right of the return address

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#: 0330235
EXCLUSIVE CLEANERS
NEIL WHIGHAM
3900 N 9TH AVE
PENSACOLA FL 32503

4a. Article Number
P 265 302 138

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

7. Date of Delivery
2/19/97

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Neil Whigham

PS Form **3811**, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 265 302 138

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

AIRS ID#: 0330235
EXCLUSIVE CLEANERS
NEIL WHIGHAM
3900 N 9TH AVE
PENSACOLA FL 32503

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	
TOTAL Postage & Fees	$
Postmark or Date	2/13/97

PS Form **3800**, April 1995

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0362735

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

RECEIVED
MAIL ROOM
MAR 1 99

AIRS ID # 0330235
EXCLUSIVE CLEANERS
NEIL WHIGHAM
3900 N 9TH AVE
PENSACOLA FL 32503

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 261939

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 28 97

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID#: 0330235
EXCLUSIVE CLEANERS
NEIL WHIGHAM
3900 N 9TH AVE
PENSACOLA FL 32503

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

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:

10 AIRS ID # 0330235001AG
NEIL WHIGHAM
EXCLUSIVE CLEANERS
3900 N 9TH AVE
PENSACOLA FL 32503

4a. Article Number
7000 0600 0026 4130 2249

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

7. Date of Delivery

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X Annie Cannon

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.

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

7000 0600 0026 4130 2249

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

Postmark Here

10 AIRS ID # 0330235001AG
NEIL WHIGHAM
EXCLUSIVE CLEANERS
3900 N 9TH AVE
PENSACOLA FL 32503

Re-Entered

...rse 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 # 0330235
EXCLUSIVE CLEANERS
NEIL WHIGHAM
3900 N 9TH AVE
PENSACOLA FL 32503

4a. Article Number: Z 333 660 509

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

7. Date of Delivery: 2/13/99

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Neil Whigham

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 509 1999

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

AIRS ID # 0330235
EXCLUSIVE CLEANERS
NEIL WHIGHAM
3900 N 9TH AVE
PENSACOLA FL 32503

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	

PS Form **3800**, April 1995

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):

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0330235

EXCLUSIVE CLEANERS
NEIL WHIGHAM
3900 N 9TH AVE
PENSACOLA FL 32503

4a. Article Number
P 174 052 040

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

7. Date of Delivery
3-2-99

5. Received By: *(Print Name)*
NEIL Whigham

6. Signature: *(Addressee or Agent)*
X Neil Whigham

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

P 174 052 040

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

1999

AIRS ID # 0330235

EXCLUSIVE CLEANERS
NEIL WHIGHAM
3900 N 9TH AVE
PENSACOLA FL 32503

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	

PS Form **3800**, April 1995