

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 29, 1998

Mr. Johnny A. Arnold Elite Dry Cleaners 1421 West Main Street Leesburg, Florida 34748

Re: Facility No.: 0694827

Dear Mr. Arnold:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 14, 1998.

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 Environemntal 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, of if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Anatoliy Sobolevskiy, Central District

P16	Vernit # 0694816 may not be surrendered by new owner.
-/	be surrendered by new owner.
	The old R.O. is the only sesson
	that may surrender the "old" servit#
	The old R.O. is the only person that may surrender the "old" person The persons may not be transferred
	Please mark out 'X" and initial.
	Please morb out 'X" and initial. No air permits "" should be marked.
	R.O. sign and date for changes.
`	

RECEIVED

DEC 1 4 1998

& Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	tes					
	JOHNNY A. ARNOLD ENT. INC. ELITE						
2.	Site Name (For example, plant name or number):						
	ELITE DRY CLEANERS						
3.	Hazardous Waste Generator Identification Number:]					
	FLD982164790						
4.	Facility Location: Street Address: 1/171 IN MAIN ST						
	City: LEESBURG County: LAKE Zip Code: 34748						
5	Facility Identification Number (DEP Use)						
	0694821						
		1					
	Responsible Official						
6.	Name and Title of Responsible Official:]					
	JOHNNY A- FRENOLD PRES.						
7	Responsible Official Mailing Address:	J T					
•	Organization/Firm:						
	Street Address:						
	City: SAME County: Zip Code:						
8	Responsible Official Telephone Number:						
0.	Telephone: (35) \mathcal{E} 87-6/78 Fax: () - \mathcal{N}						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):]					
	SAME						
10.	Facility Contact Address:						
	Street Address:						
	City: County: Zip Code:						
11.	Facility Contact Telephone Number:						
	Telephone: () - Fax: () -						
		J					

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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.

T 616 - 1 · · ·	TD.	1	Date Control Device	10	Date Machine Initially	Date Control Device	10	Date Machine Initially	Date Control Device
Type of Machine	ID_	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		1996	1996						
(2) w/ carbon adsorber		1			· _				
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser						<u> </u>			
(5) w/ carbon adsorber									
(6) w/ no controls									ĺ
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									٠.
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small as	Sele	ct one classif	ication only.))	initions foun	. /		Part II?	
Existing large ar					rge area sour]		
2.2.0ang mgc m	J						_		

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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							
(e) Instrument calibration (f) Start-up, shutdown, malfunction plan							

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	Surrender of Existing Air Fermit(s)
Please indicate v	with an "X" the appropriate selection:
	thereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) Donn's Cleaners
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifica statements n maintain the comply with	signed, am the responsible official, as defined in Part II of this form, of the facility addressed in tion. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and eair pollutant emissions units and air pollution control equipment described above so as to all terms and conditions of this general permit as set forth in Part II of this notification form. Solly notify the Department of any changes to the information contained in this notification. Date
Char	his site was previously Donnas Cleanances ownership april 98
	John Phuolet

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



Department of Environmental Protection

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

David B. Struhs Secretary

September 11, 2001

Mr. Johnny A. Arnold Elite Dry Cleaners 1421 West Main Street Leesburg, Florida 34748

Dear Mr. Arnold:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on September 10.

In reviewing your submittal, it was noted that Elite Dry Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0694827). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/jw Enclosure

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

RECEIVED

SEP 1 0 2001

Burnau of Air Monitoring

Mobile Sources

Facility Name and Location

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
JOHNNY A ARNOLD ENTERPRISES, INC.
2. Site Name (For example, plant name or number):
ELITE DRY CLEANERS
3. Hazardous Waste Generator Identification Number:
F120 982164776
4. Facility Location: Street Address: 1421 W. MAIN ST.
City: LEESBURG County: LAKE Zip Code: 34748
5. Facility Identification Number (DEP Use ONLY - do not fill in):
0694827-001
Responsible Official
6. Name and Title of Responsible Official:
Name: JOHNNY A. ARNOLD Title: PRES.
7. Responsible Official Mailing Address:
Organization/Firm: JOHNNY A ARNOLD ENTERPRISES, INC.
Street Address: 1421 W MAIN 5T- City: LEESBURG County: LAKE Zip Code: 34748
8. Responsible Official Telephone Number:
Telephone: (352) 787 6 1 78 Fax: (352) 243-9893
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
DONNA HOFFMAN
10. Facility Contact Address:
Street Address: 1421 IN MAIN ST
City: LEESBURG, FL. County: LAKE Zip Code: 34748
11. Facility Contact Telephone Number:
Telephone: (352) 787-6178 Fax: ()

Facility Information

	ACHINES ONLY	¹ ,	
How many dry-to-dry ma	chines do you hav	e on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following information	n:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/Nev	w RC/CA/None required	SAME_
	Existing/Nev	w RC/CA/None required	·
	Existing/New	w RC/CA/None required	·
*CONTROL DEVICE KI	EY: RC = re	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	•	
How many washers do yo	u have on-site?		
How many dryers/reclaim	iers do you have o	n-site? [O]	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased	from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
0.4			
1096	Existing/New	RC/CA(None required	SAME
	Existing/New Existing/New	RC/CA/None required RC/CA/None required	SAME
			SAME
*CONTROL DEVICE KI	Existing/New Existing/New	RC/CA/None required RC/CA/None required	SAME carbon adsorber
*CONTROL DEVICE KI	Existing/New Existing/New EY: RC = re	RC/CA/None required RC/CA/None required frigerated condenser	
*CONTROL DEVICE KI	Existing/New Existing/New EY: RC = re roethylene (perc) h	RC/CA/None required RC/CA/None required frigerated condenser	
*CONTROL DEVICE KI 2.(a) How much perchlor [30] gallor (b) If less than 12 mor	Existing/New Existing/New EY: RC = re roethylene (perc) h ns (You must fill to nths, how many? [RC/CA/None required RC/CA/None required frigerated condenser	nonths?
*CONTROL DEVICE KI 2.(a) How much perchlor [30] gallor (b) If less than 12 mor	Existing/New Existing/New EY: RC = re roethylene (perc) h ns (You must fill to nths, how many? [RC/CA/None required RC/CA/None required frigerated condenser	p records: []

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3. What is the facility's source classification based on the Indicate with an "X". Select one classification only	
Small Area Source	
Transfer only on-site (us	sed less than 140 gallons of perc per year) sed less than 200 gallons of perc per year) sed less than 140 gallons of perc per year)
Large Area Source	
Transfer only on-site (us	sed 140 - 2,100 gallons of perc per year) sed 200 - 1,800 gallons of perc per year) sed 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pur (Indicate with an "X".)	suant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser
Existing machines at large area source Carbon adsorber Refrigerated condenser	New machines at large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions unit Rule 62-213.300, F.A.C. Verify that all steam and hot vexemption criteria or that no such units exist on-site (see	
All steam and hot water generating units exempt No such units on-site	✓] OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating: [1	0
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 6 fuel oil	
6. Equipment Monitoring and Recordkeeping Information	on
Check all logs which are required to be kept on-site in a	ccordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent additional additional control of the control	tion log
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitor	ring [X_]
(e) Startup, shutdown, malfunction plan	\mathcal{L}

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender	of Existing DEP Air Permit(s)
Please indicat	te with an "X" the appropriate selection:
(X)	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are $A1P \leq 1D \# 0694816001 AG_{T}$
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notif. statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. HWWY A-ARNOLD
Print nam	ne of responsible official 8.27.01
Signature	erouge (Astronomy

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [CO	MPLAINTOISCOVERY RE-INSPECTION
TIME IN: 10/ TIME OUT: 2:00	AIRS ID#: N/4-0694827
TYPE OF FACILITY: Dry Geaning	
FACILITY NAME: Elite Cleanors	DATE: 12/10/98
FACILITY LOCATION: 1421W Main St. Le	esting FL.
RESPONSIBLE OFFICIAL: Johnny Arnold	PHONE NUMBER: 352-78-76174
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
•	
-	·
	Consleted notification
COMMENTS: has good records -V	sing calendar form. ility = formers Dunnae Cleaner
Na. Duner of Hors fac	ilith = frmen Dura act
New United of July 1700	Dinnal Cleanon
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 129	
INSPECTION CONDUCTED BY: Sadia	pproximate)
	Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 767-893-3333
Page	of . Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NUAL		COMPLAINT/DISCOVERY		
RE.	-INSPECTION 		·		
(<i>)</i> V \ ;	12/10/98	_ TIME IN	: <u> : 30</u>	2:00	
FACILITY NAME:Eli	te Cleaner	5			
facility location: <u>142</u>	1. W. M	ain s	st		
_ Cee	sburgFC	<u>. 34'</u>	748		
RESPONSIBLE OFFICIAL :	Show Amd	<u>d</u>	PHONE: 352 - 781-	6178	
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days	s prior to startup			0	
2. Facility failed to notify DARM to us	e general permit				
PART II: CLASSIFICATION					
Facility indicated on notification form	that it is:		☐ No notification form	·	
(check appropriate box)	, mat it is.		☐ Drop store/out of business/pe	etroleum	
A. 1. Existing small area source	□ 2. Ne	ew small ar	ea source		
dry-to-dry only, x < 140 gal/yr	dry-to	o-dry only,	x < 140 gal/yr		
transfer only, x < 200 gal/yr		fer only, x <	U -		
both types, x < 140 gal/yr (constructed before 12/9/91)		types, x < 1 tructed on o	or after 12/9/91)	199p	
3. Existing large area source	□ 4. No	ew large ar	ea source	,	
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$					
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr				
(constructed before $12/9/91$) (constructed on or after $12/9/91$)					
5. This is a correct facility classifica	tion 🗅 Y	ПN	□Can not determine		
If no, please check the appropr	riate 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 20 gallons.					
	Ra owner	}			

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) AY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at AY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DX/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? AY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DN XXINA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the X ON ON/A condenser exceeded 45°F?

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

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?	ΠY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	\Box Y	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	_		
	if machines are equipped with a carbon adsorber?	ΠY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser-coils?	ΟY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
Maintained receipts for perc purchased?	ÀY □N	
2. Maintained rolling monthly total of perc consumption?	ØYY. □N	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN XV/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?	OY ON DAW/A	
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN XXVIA	
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ZN/A	
6. Maintained startup/shutdown/malfunction plan?	AN ON	
7. Maintained deviation reports?	XY ON ON/A	
Problem corrected?	AND YOU	
8. Maintained compliance plan, if applicable? IN Comprand	DA DA DAMA	

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair \square N inspection? $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, □N □N/A ALVED NED YEAR Muck cookers couplings, and valves Door gaskets and seating DY ON ONA Stills DY DN DN/A ON ON ONA DY DN DN/A Filter gaskets and seating Exhaust dampers OY ON ON/A Diverter valves ΦY ON ON/A Pumps Solvent tanks and containers A'NO NO YO Cartridge filter housings ФY UN UN/A DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

UNION VICTERRY-E

pan? yes

perc. on sporting? yes, has epixy seal

has " yes the rest of out

has I crock pot" > uses the rest + puts

have perc. recipis

New machine

has hazardous waste sitting in par in strage oneaexplained past the label of generation date

in complance

PERCHLOROETHYLENE DRY CLEANERS ARMS

🕴 TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

DATE	UPDATED 11-17-99
DAIE.	11-11-99

TYPE OF INSPECTION:

ANNUAL

\$

COMPLAINT/DISCOVERY &

RE-INSPECTION

AIRS ID#: 0694827 DATE: 1/-17-99 TIME IN: 12:00 TIME OUT: 121300 FACILITY NAME: Elite Cleaners FACILITY LOCATION: 1421 W. Main St. Leesburg, FL 34748 RESPONSIBLE OFFICIAL: J. Acnold PHONE: 352 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 dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lim	neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 20 gallons.	urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? Y ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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? AYO NO YES 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MAY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

XY DN

AY ON ONA

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

condenser exceeded 45°F?

В.	Has the responsible official of an existing large or new large area source also:			
Ι.	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?	ОΥ	ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ďΥ	NO	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□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?	ЦY	UN	
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ПΥ	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased? war ing for tax	MO V Š		
2. Maintained rolling monthly averages of perc consumption?	Ø¥ □N		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	AY ON ON/A		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ØN /A		
4. Maintained calibration data? (for applicable direct reading instruments)			
5. Maintained exhaust duct monitoring data on perc concentrations?			
6. Maintained startup/shutdown/malfunction plan?			
7. Maintained deviation reports?			
Problem corrected?	AVEC NO YO		
S. Maintained compliance plan, if applicable?	DY DN CN/A		

٠;٠

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ΠN 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, Y ON ON/A AVO NO YE Muck cookers couplings, and valves A'NO NO YA Door gaskets and seating Stills XY ON ON/A XY ON ON/A Filter gaskets and seating Exhaust dampers XY ON ON/A A'NO NO YON XY ON ON/A Diverter valves Pumps AVA ON ON/A Cartridge filter housings **♥**Y □N □N/A Solvent tanks and containers AYMO NO YA Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) 斘 Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) 氹 Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector M/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

dall Cunningham

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
·	
	1

BEST AVAILABLE COPY

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Elite D	ory Cleaners			DATE:	11-17-98
facility location: <u> 142 </u>	W. Main St.				
Lees	bu19, FL 34	748			
Annual Reporting Period: N_{ϱ}	vember	19 9	% то	November	19.49
Based on each term or condition of the 62-213.300, Florida Administrative C			-	<u> </u>	Rule NO
If NO, complete the following:					
#1. Term or condition of the general	permit that has not be	en in continuou	s compliance o	luring the reporting period s	stated above:
Exact period of non-compliance: from	m	· · · · · ·	to		
Action(s) taken to achieve compliance	re:				
Method used to demonstrate complian	nce:				
#2. Term or condition of the general	permit that has not be	een in continuou	s compliance o	luring the reporting period s	nated above:
Exact period of non-compliance: fro	m		, to		
Action(s) taken to achieve compliance	ce:	 -			
Method used to demonstrate complia	лсе:				
As the responsible official, I hereby of made in this notification are true, ac upon purchase receipts, does not excombination facilities. RESPONSIBLE OFFICIAL:	curate and complete. seed 2,100 gallons per	Further, my ant	nual consumpti	ion of perchloroethylene sol	vent, based

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

Page _____ of ____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:00 TIME OUT: 12:30	AIRS ID#: 0694827
TYPE OF FACILITY: Diy Clean	
FACILITY NAME: Elite Pry Cleaners	DATE: 11-17-99
FACILITY LOCATION: 1421 W. Main St.	
Leesburg, FL 34746	
RESPONSIBLE OFFICIAL: J. Arnold	PHONE NUMBER: 352-787-6178
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
- '	
COMMENTS:	<u> </u>
InCompliance	
The Annual Compliance Certification form has been properly certified	d and submitted to the inspector.
DATE OF NEXT INSPECTION: [1-2000]	· · · · · · · · · · · · · · · · · · ·
INSPECTION CONDUCTED BY: Randall C	vnningham
INSPECTOR'S SIGNATURE: Add C. G.	PHONE NUMBER: (407) 843-333
Page	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST				
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY ON			
AIRS ID#: N/A DATE: 12/10/9	8 TIME IN: 1:20 TIME OUT: 2:00			
FACILITY NAME: Elite (1e	carers Aka Dunna's Cleaners (0694816)			
FACILITY LOCATION: 1491. W.	Main St.			
	FC. 34748			
RESPONSIBLE OFFICIAL:	Imda PHONE: 359 - 787-6178			
CONTACT NAME:	PHONE:			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to star	rtup			
2. Facility failed to notify DARM to use general pe	rmit 🗅			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum			
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)			
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only $200 \le x \le 1,800$ gal/yr			
5. This is a correct facility classification	DY ON Can not determine of Ar			
	(0 - 4-			
B. The total quantity of perchloroethylene (perc) per facility was gallons.	urchased within the preceding 12 months by this dry cleaning			

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

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

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

(check appropriate boxes)

cendenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

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

Revised 9/15/97

AY ON ON/A

Xy on on/a

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 locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed DY DN
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	ב/אם אם צם
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Meas: red 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?	DY DN DN/A
ls the perc concentration equal to or less than 100 ppm?	OY ON ON/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? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN \$\$(N/A DY DN DW/A and parts installed w/in 5 days of receipt? DY DN XN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN QN/A 5. Maintained exhaust duct monitoring data on perc concentrations? AZY DN 6. Maintained startup/shutdown/malfunction plan? XY DN DN/A 7. Maintained deviation reports? □Y □N ÆW/A Problem corrected? 8. Maintained compliance plan, if applicable? JN Complemen DY DN DOWNA

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A DY DN DN/A Muck cookers couplings, and valves DY DN DN/A Door gaskets and seating Stills DY DN DN/A DY DN DN/A Exhaust dampers DY DN DN/A Filter gaskets and seating OY ON ON/A TAIND NO YE Diverter valves Pumps Solvent tanks and containers DY DN DN/A Cartridge filter housings ΦY □N □N/A DY DN DN/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector □N/A If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN

Saadia Gureshi	12/10/98
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection

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

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

DY DN

DY DN

UNIVON VICTERRY-E

pan? yes

Perc. onspotting? yes, has epoxy seal

has " (crede pot")=> uses the rest of puts

it into studge

have perc. recipis

New machine

has hazardous waste sitting in par in strage oneaexplained fast the label of greeation date

In compliance

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST ARMS UPDATED DATE 10-13-00

ANNUAL (INS1, INS2) COMPLAINT/DISCOVERYS(CI)

RE-INSPECTION (FUI)

FACILITY NAME: Elite Cleaners					
FACILITY LOCATION: 1421 W. 1	•				
	9, FL 34748				
RESPONSIBLE OFFICIAL: Janie Ach	phone: 352-787-6/2	2			
CONTACT NAME:	PHONE:				
PART I: NOTIFICATION					
	Facility Compliance Status: IN				
(check appropriate box)					
1. New facility notified DARM 30 days prior to sta					
2. Facility failed to notify DARM to use general pe	ermit				
DARTH CLASSIFICATION	`	 -1			
	PART II: CLASSIFICATION				
	F3.57				
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleun	n			
Facility indicated on notification form that it is: (check appropriate box) A.	☐ Drop store/out of business/petroleun				
(check appropriate box) A. 1. Existing small area source □	Drop store/out of business/petroleum 2. New small area source	70			
 (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr 	2. New small area source dry-to-dry only, x < 140 gal/yr	70			
(check appropriate box) A. 1. Existing small area source □	2. New small area source dry-to-dry only, x < 140 gal/yr				
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 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)	R C E			
(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)	Drop store/out of business/petroleum 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)	R C E			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleum 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)	RECEIV			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 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)	R C E			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	RECEIV			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	RECEIV			
 (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific 	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) \square \square Can not determine cation:	RECEIV			
 (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a get 	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \(\leq x \leq 2,100\) gal/yr transfer only, 200 \(\leq x \leq 1,800\) gal/yr both types, 140 \(\leq x \leq 1,800\) gal/yr (constructed on or after 12/9/91) Ay \(\text{\	RECEIV			
 (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a get 	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) \square \square Can not determine cation:	RECEIV			

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON DN/A
2. Examining the containers for leakage?	OY ON DN/A
3. Closing and securing machine doors except during loading/unloading?	Y ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	NY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON PANA
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 refu (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber merior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refi (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	:s:
1. Equipped all machines with the appropriate vent controls?	MA □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	PY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	AY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	Jay on on/a
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	9/ч - ом

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?	ΠY	ПN	_
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	٧٠	ND	□N/A
Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	QΥ	ПN	□N/A
Is the perc concentration equal to or less than 100 ppm?	ΟY	ПN	□N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПΝ	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	AY ON			
2. Maintained rolling monthly total of perc consumption?	MY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON Z Ñ/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ZTN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON A N/A			
6. Maintained startup/shutdown/malfunction plan?	MY ON			
7. Maintained deviation reports?				
Problem corrected?	OY ON ØN/A			
8. Maintained compliance plan, if applicable?	DY DN 9/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 $\square N$ inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A DY DN DN/A couplings, and valves Muck cookers Y ON ON/A Stills DY ON ON/A Door gaskets and seating ÚDY □N □N/A \square Y \square N \square N/A Filter gaskets and seating Exhaust dampers DY ON ON/A Diverter valves dy on on/a Pumps Solvent tanks and containers OY ON ON/A Cartridge filter housings DIY ON ON/A OY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Ø Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: ZN/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? UA DN b. Calibrated against a standard gas prior to and after each use □Y □N (PID/FID only)? \Box Y \Box N c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? \Box Y \Box N e. Verified for accuracy by use of duplicate samples (calorimetric only)? $\square Y \square N$

Randall Conningham	10-12-
Inspector's Name (Please Print)	Date of Inspection
paul Z	lo-200
Inspector's Signature	Approximate Date

Approximate Date of Next Inspection



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	Cleuners				DATE: 10 - 12 -00
FACILITY LOCATION: 1421	W. Main	5t.		· 	
Lees 5	ourg, FL	347	48		
		1429		A	•
Annual Reporting Period: Octo	ber	20	то	October	20 <i>00</i>
Based on each term or condition of the Title	V general air permit	. mv facility	nas remair	ned in compliance	with DEP Rule
62-213.300, Florida Administrative Code (F.					
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in	continuous c	mpliance	during the reportir	ng period stated above:
			•		
Exact period of non-compliance: from			to	0	
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 co	ompliance	during the reporting	ng period stated above:
			•		:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:	•				
arrounded about to demonstrate comprisance.					. 1
As the responsible official, I hereby certify, b in this notification are true, accurate and con purchase receipts, does not exceed 2,100 gal combination facilities. RESPONSIBLE OFFICIAL: JOHL Nan	mplete. Further, my lons per year for dry	annual consi	imption of	perchloroethylene	solvent, based upon

^{*}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.

BEST AVAILABLE COPY



Facility Name and Location

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

SEP 2 4 2001

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring & Mobile Sources

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
JOHNNY A ARNOLD ENTERPRISES, INC.
2. Site Name (For example, plant name or number):
ELITE DRY CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
Street Address: 1421 W MAIN 51
City: LEESBURG County: LAKE Zip Code: 34748
5: Facility Identification Number (DEP Use ONLY : do not fill in):
0694927-001
Responsible Official
6. Name and Title of Responsible Official:
Name: JOHNNY A. ARNOLD Title: PRES.
JOHNNY HARNOLD IKES.
7. Responsible Official Mailing Address: Organization/Firm: JOHNNY A ARNOLD ENTERPRISES, NO.
Street Address: //// 11/ MAIN ST-
Street Address: 1421 W MAIN 5T- City: LEESBURG County: LAKE Zip Code: 34748
8. Responsible Official Telephone Number: Telephone: (352) 787 6178 Fax: (352) 243-9893
Telephone: (352) 787 6 1 78 Fax: (352) 243-9893
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
DONNA HOFFMAN
10. Facility Contact Address:
Samuel Address (871 MC ADDIS) ST
Street Address: 1421 (N. MAIN ST. City: 1 FESQUES F1 County: 1 AKE Zip Code: 34748
City: LEESBURG, FL. County: LAKE Zip Code: 34748
11. Facility Contact Telephone Number:
Telephone: $(3 \le 2)$ 787-6178 Fax: $()$

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information			
1.(a) DRY-TO-DRY M	ACHINES ÓNL	Y	androne i patta saan aa ta'
How many dry-to-dry ma	ichines do you hav	e on-site?	ा अस्य १८०४ सेव्याप्ते
For each dry-to-dry mach	nine on-site, please	provide the following informati	on:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/Ne	w RC/CA/None required	SAME
	Existing/Ne	w RC/CA/None required	
· · · · ·	"Existing/Ne	w RC/CA/None required	in the second se
*CONTROL DEVICE K	EY: $RC = re$	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	UINES ONI V		
How many washers do yo		r <i>O</i> 1	
How many dryers/reclain		n-site? [Ø]	
If the transfer machine w unit. If the transfer machine 1993, it is a NEW unit (r	as purchased from ine was purchased to units purchased	the manufacturer prior to or on from the manufacturer between after September 22, 1993 are all	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general
permit). For each transfer	er machine on-site	, please provide the following in	formation:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1096	Existing/New	RC/CA(None required	SAME
	Existing/New	RC/CA/None required	·
	Existing/New .	RC/CA/None required	 .
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	= carbon adsorber
2.(a) How much perchlor	roethylene (perc) l	nave you used within the last 12 i	months?
_	ns (You must fill	,	
(b) If less than 12 mor			
Check why it is les	ss than 12 months:	New owner: Did not ke	ep records:
•		New store: [] New machin	ne []
		Vincenand stans [1 (data of	overstad seeming

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the facility's source cl. Indicate with an "X". Select		efinitions found in section (3) of Part II?
Small Area Source	<u> </u>	र १ । वर्षा स्वर्ध असे निवस्तातमध्य विद्यादया वर्षेत्री
Transfer only of Both machine	on-site (used	less than 140 gallons of perc per year) less than 200 gallons of perc per year) less than 140 gallons of perc per year)
Large Area Source		
Dry-to-dry mad Transfer only o Both machine t	on-site (used	140 - 2,100 gallons of perc per year) 200 - 1,800 gallons of perc per year) 140 - 1,800 gallons of perc per year)
4. What control technology is rec (Indicate with an "X".)	quired on machines pursual	nt to section (5) of Part II of this notification form?
Existing machines at sm (NONE REQUIRED)	nall area source	New machines at small area source Refrigerated condenser
Existing machines at land Carbon adsorber Refrigerated condenser	ge area source	New machines at large area source Refrigerated condenser []
"Rule 62-213.300; F.A.C. Verify	that all steam and hot wate h units exist on-site (see at ng units exempt	nall not be eligible to use the general permit pursuant to er generating units on-site meet the following tached memo for the criteria): OR
For each boiler, indicate its horse	epower (HP) rating: [10]	
What type of fuel do you use?	propane No. 2 fuel oil No. 6 fuel oil	natural gas No. 4 fuel oil Other (please list)
6. Equipment Monitoring and Re	ecordkeeping Information	
Check all logs which are required		
	d to be kept on-site in acco	ordance with the requirements of this general permit:
(a) Purchase receipts and solvent	-	
	purchases/solvent addition	
(a) Purchase receipts and solvent	purchases/solvent additior d repair	n log [X]
(a) Purchase receipts and solvent(b) Leak detection inspection and	purchases/solvent addition d repair erature monitoring	log [X] [X] [X]
 (a) Purchase receipts and solvent (b) Leak detection inspection and (c) Refrigerated condenser tempe (d) Carbon adsorber exhaust pero (e) Startup, shutdown, malfunct 	purchases/solvent addition d repair erature monitoring c concentration monitoring	$\begin{array}{c c} \text{Line} & \begin{array}{c} X \\ X \\ \end{array} \\ \begin{array}{c} X \\$

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

ZAR	Ç''' □	I hereby surrender all existing DEP air permits authorithms notification form; the permit number(s) are AIRS ID# 0694816001 AG No DEP air permits currently exist for the operation 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.

Print name of responsible official

Signature

Signature

Solvey

ARNOLD

8.27.01

Date

Johns Africald 9-18.01

DEP Form No. 62-213.900(2) Effective: 2/24/99



Department of Environmental Protection Twin Towers Office Building 2600 Blair Stone Road Florida 32399-2400

TO: Holder of Title V Air General Permit

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

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

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

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

BEST AVAILABLE COPY

Johnny A. Arnold Enterprises, Inc. 8178 Cloverglen Circle Orlando, Florida 32818



ms 5500

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

32715X3679

Andread of the Belleville Sand Share Share Sand

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

TOTAL AMOUNT DUE: \$50.00

AIRS ID # 0694816

JOHNNY A. A PHOLD

JOHNNY A. ARNOLD ENTERPRISES, INC. DBA ELITE DEV CLEANGES & LAUNDRY

1421 W. MAIN ST.

LEESBURG, FL 34748 FOR GOVERNMENT USE ONLY

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

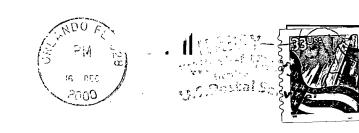
Obj.: 002273

Do NOT Remove Label **GARY E ODUM** 1421 W MAIN STREET

DONNA'S CLEANERS

LEESBURG FL 34748

Elite Dry Cleaners & Laundry 1421 Main Street Leesburg, FL 34748



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

This portion must be attached to remittance for proper handling 0.597

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 # 0694827 ELITE DRY CLEANERS JOHNNY A ARNOLD

1421 W MAIN STREET LEESBURG FL 34748 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

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(in	Total P	10	0694827001AG	
03	Sent To		DRY CLEANERS	
700			Y A ARNOLD MAIN STREET	
{	Street, A, or PO Bo City, Stat		JRG, FL 34748	
	PS Form 3	1800, June 200	02 See Reverse for Instruct	iions

.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Frinted Name) C. Date of Delivery
1. Article Addressed to: 10 069482700 FAG ELITE DRY CLEANERS JOHNNY A ARNOLD	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1421 W MAIN STREET LEESBURG, FL 34748	3. Sérvice Type Cértified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article 7 7003 0500 00,04 0.	144 3728
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

141



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 DEPT. OF ENVIRONMENTAL PROTECTION

Lullen der Alle der Auffert de



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 # 0694827

ELITE DRY CLEANERS JOHNNY A ARNOLD 1421 W MAIN STREET LEESBURG FL 34748

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420914 DEC20 2002

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

TOTAL AMOUNT DUE: \$50.00

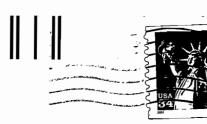
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ELITE DRY CLEANERS JOHNNY A ARNOLD 1421 W MAIN STREET LEESBURG FL

AIRS ID#0694827

FOR GOVERNMENT USE Org.: 3755010100g. Fund: 20-2-0350014777 Org.: 37550101009 Eg: A

Elite Dry Cleaners & Laundry 421 W. Main Street Leesburg, FL 34748



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

3231543070 99

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

412227 DEC26 2091

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AIRS ID # 0694827 ELITE DRY CLEANERS JOHNNY A ARNOLD 1421 W MAIN STREET LEESBURG FL 34748

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273