

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 14, 1997

Ms. Betty Grogan Gator One Hour Cleaners 737 Northeast 36th Avenue Ocala, Florida 34482

Re: Facility No. 0830109

Dear Ms. Grogan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 1996.

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

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

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

100	3140
10	123/20
	Perchloroethylene Dry Cleaning Facility Notification 10168135
/	
ر	Perchloroethylene Dry Cleaning Facility Notifica Cary
	0,0,0
	Facility Name and Location RECEIVE
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	GATOR LYLES GATOR ONE HOUR CLEAVERS'JUL = 6 1998
2.	Site Name (For example, plant name or number):  Bureau of Air Monito
	737 NE 36TH AVENUE OCALA FL & Mobile Source
3.	Hazardous Waste Generator Identification Number:
	FLD 981 025 119
4.	Facility Location: Street Address: 737 NE 36TH AUEUUE
	City: OCALA FL County: MARION Zip Code: 34482
(5 m)	Facility Identification Number (DEP Use):
	0830109 •
	Responsible Official
6.	Name and Title of Responsible Official:
1	
	HATTER FROCAN / hour a Kegar
	Responsible Official Mailing Address:
	Responsible Official Mailing Address:  Organization/Firm: GATOR ONE HOUR CLEANER
	Responsible Official Mailing Address:
	Responsible Official Mailing Address:  Organization/Firm: GATOR ONE HOUR CLEANER  Street Address: 737 NE 36TH AVE
7.	Responsible Official Mailing Address: Organization/Firm: GATOR ONE HOUR CLEANER Street Address: 737 NE 36TH AVE City: OCALA FL County: MARION Zip Code: 34482
7.	Responsible Official Mailing Address: Organization/Firm: GATOR ONE HOUR CLEANER Street Address: 737 NE 36TH AVE City: OCALA FL County: MARION Zip Code: 34482  Responsible Official Telephone Number: Telephone: (952) 614-3741 Fax: (-)
7.	Responsible Official Mailing Address:  Organization/Firm: GATOR ONE HOUR CLEANER  Street Address: 737 NE 36TH AVE  City: OCALA FL County: MARION Zip Code: 34482  Responsible Official Telephone Number:
7.	Responsible Official Mailing Address: Organization/Firm: GATOR ONE HOUR CLEANER Street Address: 737 NE 36TH AVE City: OCALA FL County: MARION Zip Code: 34482  Responsible Official Telephone Number: Telephone: (952) 614-3741 Fax: (-)
8.	Responsible Official Mailing Address: Organization/Firm: GATOR ONE HOUR CLEANER Street Address: 737 NE 36TH AVE City: OCALA FL County: MARION Zip Code: 34482  Responsible Official Telephone Number: Telephone: (952) 614-3741 Fax: (
8.	Responsible Official Mailing Address: Organization/Firm: GATOR ONE HOUR CLEANER Street Address: 737 NE 36TH AVE City: OCALA FL County: MARION Zip Code: 34482  Responsible Official Telephone Number: Telephone: (952) 614-3741 Fax: (
8.	Responsible Official Mailing Address: Organization/Firm: GATOR ONE HOUR CLEANER Street Address: 737 NE 36TH AVE City: OCALA FL County: MARION Zip Code: 34482  Responsible Official Telephone Number: Telephone: (952) 614 - 3741 Fax: (
8.	Responsible Official Mailing Address: Organization/Firm: CATOR ONE HOUR CLEANER Street Address: 737 NE 36TH ANE City: OCALA FL County: MARION Zip Code: 34482  Responsible Official Telephone Number: Telephone: (952) 694-3741 Fax: (
7.       8.       10.	Responsible Official Mailing Address: Organization/Firm: GATOR ONE HOUR CLEANER Street Address: 737 NE 36TH AVE City: OCALA FL County: MARION Zip Code: 34482  Responsible Official Telephone Number: Telephone: (952) 654-3741 Fax: (

RECEIVED

#### **Facility Information**

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit						_			
(1) w/ ref. condenser	#1	Ci-MAR-83	01-MARS3						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	· ·	-1	·						
(4) w/ref. condenser					1				
(5) w/ carbon adsorber	_								
(6) w/ no controls	_								
Dryer Unit			•		-				<del>-</del>
(7) w/ ref. condenser									
(8) w/ carbon adsorber									_
(9) w/ no controls				_		-			
Reclaimer Unit	_							<del>-</del>	
(10) w/ ref. condenser	_								
(II) w/carbon adsorber	-								<del></del>
(12) w/ no controls		<u> </u>						1	
<ul><li>(b) Control devices are</li><li>(c) No control devices</li><li>2.(a) What was the total of the control of the control</li></ul>	are re	equired to be	installed		<u> </u>	n the latest 12	2 moi	nths?	
(b) If less than 12 mont Check why it is less					_] New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (	3) of	Part II?	
Existing small ar	ea so	urce [X]	Ne	w sn	nall area sour	-ce [	]		
Existing large are	ea soi	urce []	Ne	w la	rge area sour	ce [	]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	to section (3) of Part II of this notification form?
Existing large area source  Carbon adsorber Refrige	rated condenser []
New small area source Refrigerated condenser []	i di
New large area source Refrigerated condenser  []	
5. A facility which contains non-exempt emissions units shal to Rule 62-213.300, F.A.C. Verify that all steam and hot wat exemption criteria or that no such units exist on-site:	er generating units on-site meet the following
All steam and hot water generating units on-site (1) have a to boiler HP or less), and (2) are fired exclusively by natural ga- during which propane or fuel oil containing no more than one	s except for periods of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site	
Equipment Monitoring and Reco	rdkeeping Information
Check all logs which are required to be kept on-site in accord	ance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	×
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring 22 R	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

#### Surrender of Existing Air Permit(s)

lease indicat	te 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)							
ι <u>Χ</u> ι	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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.  (4) 23/48  Welst March (Edd)							
Signature	Date Date							

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 16 of 16

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

	·
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	GATOR LYLES GATOR ONE HOUR CLEANERS
2.	Site Name (For example, plant name or number):
	737 NE 36TH AVENUE OCALA FL
3.	Hazardous Waste Generator Identification Number:
	FLD 981 025 119
4.	Facility Location:
	Street Address: 737 NE 36TH A VENUE  City: OCALA FL County: MARION Zip Code: 34482
	OCALA PL TIMERON TO THE STATE OF THE STATE O
5.	Facility Identification Number (DEP Use):
	0830109
	CONTRACTOR OF THE PROPERTY OF THE CONTRACTOR OF
	Responsible Official
6.	Name and Title of Responsible Official:
	MANAGER BETTY GROGAN
7.	Responsible Official Mailing Address:
	Organization/Firm: GATOR ONE HOUR CLEANER
	Street Address: 737 NE 36TH AVE City: OCALA FL County: MANION Zip Code: 34482
8.	1 r
	Telephone: (952) 694-3741 Fax: (
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -
	P. 100 -

RECEIVED

AUG 2 9 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

# 0830109

P.14 1.(c) should be marked

P.15 (c) is not required

#### **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-9.
Dry-to-Dry Unit		•						1	
(1) w/ ref. condenser	#1	01-MAR-83	01-MAR83						
(2) w/ carbon adsorber	-								
(3) w/ no controls						_			
Washer Unit		•							
(4) w/ ref. condenser						T .			
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				1			. '	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
(7) w/ ref. condenser					1			T	
(8) w/ carbon adsorber							ļ		
(9) w/ no controls									
Reclaimer Unit		1 12.2		1.0				in the state of	1 14 14
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls	<b></b>								
(b) Control devices are required, but not yet installed []  (c) No control devices are required to be installed []  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [									
3. What is the facility's so (Indicate with an "X".  Existing small ar					nitions found	d in section (	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines p (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber ]	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
6 A facility which contains non-susuant emissions w	nite chall not be alimible to use the concerl name is numbered
to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	ave a total heat input of 10 million BTU/hr or less (298 tural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring an	nd 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	[ <b>X</b> ]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration moni	toring []
(e) Instrument calibration	[] ·
(f) Start-up, shutdown, malfunction plan	

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

#### Surrender of Existing Air Permit(s)

lease indica	te 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)					
ι <u>Χ</u> ι	No air permits currently exist for the operation of the facility indicated in this notification form.					
Responsible Official Certification						
this notif statemen maintain comply v	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 ats made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	omptly notify the Department of any changes to the information contained in this notification.					
A	We for 8-21-91					
Signature	e Date					

, <b>-</b>	BI	EST AVAILABLE CO	OPY
	# 0830109 P.14	7	n ·
1.	Facility 9 1. (c) Should be,	narked	
2.	Site Nam (c) is not requ	ired	
3.	FH Correction	n S	
4.	Facility Street City:  Made 3	125/97	de: 3448Z
<b>*5.</b>	Facility Todd San	rehow/	109
6.	Nam	/	
7	M Research to Official Mailing and		
7.	Organization/Firm: GATOR ONE HOUR CLES Street Address: 737 NE 36TH AVE		_
	City: OCALA FL County: MAR	ائن	Zip Code: 34482
8.	Responsible Official Telephone Number: Telephone: (952) 654-3741 F	ax: (——)	
	Facility Contact (If different from I	Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant man	ager):	
10.	Facility Contact Address:		
	Street Address: City: County:	Zip C	Code:
11.	Facility Contact Telephone Number: Telephone: ( ) - F	ax: ( ) -	

RECEIVED

AUG 2 9 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

3/27/97

Sansy:

NOTICE NEW OWNER AND NAME CHANGE FROM GATORS ONE HA CLEANERS TO PRESTIGE CLEANERS

ELIZABETH GROSAN IS NEW OWNER.

Done

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individ	ual owner):
	GATOR LYLES GATOR ONE HOUR	CLEANERS
2.	Site Name (For example, plant name or number):	-
	737 NE 36TH AVENUE OCALA	FL
3.	Hazardous Waste Generator Identification Number:	
	FLD 981 025 119	
4.	Facility Location:	
	Street Address: 737 NE 36TH AVENUE City: OCALA FL. County: MARION	Zip Code: 34482
	City: OCALA FL County: MARION	Zip code. 3449 Z
5.	Facility Identification Number (DEP Use):	
		0830109
god an hijom		- Mere Marke and State of the Sta
	Responsible Official	
6.	r	- "
	MANAGER BETTY GROGAN	
7.	Responsible Official Mailing Address:	
	Organization/Firm: GATOR ONE HOUR CLEANER	-
	Street Address: 737 NE 36TH AVE City: OCALA FL County: MARION	Zip Code: 34482
		2.p code. 9 4 10 2
8.		
	Telephone: (952) 654-3741 Fax: (	
	T C	
	Facility Contact (If different from Responsible O	Hicial)
9.	Name and Title of Facility Contact (For example, plant manager):	
10.	Facility Contact Address:	
	Charact Addusco.	
	Street Address: City: County:	Zip Code:
11.	Facility Contact Telephone Number: Telephone: ( ) - Fax: ( )	
	Telephone: ( ) - Fax: ( )	-

RECEIVED

AUG 2 9 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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	#]		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	CI-MAR-93	CI-MARS3						
(2) w/ carbon adsorber			•						
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				_					
(7) w/ ref. condenser				1,4					
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			+ +:	* .				5 - 7 - 200	
(10) w/ ref. condenser									
(11) w/carbon adsorber						_			
(12) w/ no controls									
(b) Control devices are (c) No control devices  2.(a) What was the total q  [	are re quanti gallo	equired to be ity of perchlo ins ow many? [_	installed [	X .	9/25/9	n the latest 1		nths?	
		12 months;	New owner:	L	New store	e: [] Dic	d not k	eep records:	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?						
Existing large area source  Carbon adsorber []	Refrigerated condenser []						
New small area source Refrigerated condenser							
New large area source Refrigerated condenser []							
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following						
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	<u>X</u>						
	and Recordkeeping Information						
	in accordance with the requirements of this general permit:						
(a) Purchase receipts and solvent purchases	<u>[X]</u>						
(b) Leak detection inspection and repair	[X]						
(c) Refrigerated condenser temperature monitoring	[X] [X] B. 3/35/97						
(d) Carbon adsorber exhaust perc concentration mon							
(e) Instrument calibration							
(f) Start-up, shutdown, malfunction plan							

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

#### Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
لكا	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
I the un	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in				
statemen maintain	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the Is 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.				
statemen maintain comply v	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				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Date: 22/05/1998 4:13:43 PM
From: Saadia Qureshi ORL
Subject: Re: Drycleaners
To: Sandy Bowman TAL

#### Hey Sandy!

Sorry for the late reply, I was out of town. It's good to be home. In regards to Gator's Cleaners, when I visited the cleaners, the manager told me that the name had changed from Gator's to Prestige, and then back to Gator's Cleaners again. I gave her a new notification form to fill out, as far as I know, the ownership remained the same. Have you received a notification form from them?

As for Bruce Cleaners, I had revisited in April to reinspect the facility when I found out the ownership had changed. The new owner was unsure if he mailed out a notification form. I gave him a blank form just in case and told him to check his records and resubmitt it if needed. Maybe I can call him and find out.

Let me know if you need anything else. I hope the explanations helped. Thanks.

#### -saadia.

->Hi Saadia!

->

- -> I noticed that you recently inspected (3/17/98) a facility in ->Ocala owned by Elizabeth Grogin (Gators). The location of this ->facility is the same as the location for Prestige Cleaners. Prestige
- ->Cleaners was inspected 3/25/97 by Todd Sanchez. Todd noted in his ->inspection report that the ownership had changed. We do not have a ->record of a notification form for Prestige, but we did inactivate ->Gators based on Todd's report.. Has the ownership changed again and ->has Ms. Grogin assumed
- ->ownership? If so, please let me know so I can reactivate it in the  $\mbox{-}\mbox{-}\mbox{-}\mbox{database}.$
- ->
  ->
  I also noticed that the latest checklist for Bruce's indicated
  ->that there was a change in ownership. I also have a checklist
  ->reflecting an inspection on 1/98 that indicates a notification form
  ->was mailed. We received this checklist 4/98, but I haven't been
  able
- ->to locate the notification form. Do you know when this notification ->form may have been mailed and/or if the new owner has mailed a ->notification form?

#### INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL

Date: 04-Jun-1998 10:51am
From: Saadia Qureshi ORL

QURESHI S@A1@ORL1

Dept: Central District Office

**Tel No:** 407/894-7555

To: Sandy Bowman TAL (BOWMAN\_S@Al@DER)

Subject: Re: Drycleaners

Hey Sandy!

Hope all is well with you. I went out to Marion County yesterday and I visited Gator's Cleaners and Off the Cuff Cleaners.

At Gator's Cleaners, I spoke to Elizabeth Grogin. She told me that she is still only the manager of the facility, and Mr. Lyle is still the owner. She said that for a year the facility used to be Prestige Cleaners, it was leased out to another person, but then Gator took back the facility a year later. So, according to this, the notification that we do have for Gator Cleaners is the most updated one.

I also visited Off the Cuff Cleaners, and the facility was completely locked up and shut down. I assume they need to be inactivated from the system.

I will call Bruce Cleaners (Volusia Co.) up this week and find when they plan on sending the notification.

Have you received a notification form from Swan Cleaners or Lipham Cleaners in Seminole County? If not, I will send these cleaners to the enforcement section.

Thanks for your help...

-saadia.

->\*Hi Saadia,

->\*H ->

-> Hope you had an enjoyable Memorial Day holiday! Thanks for ->getting back with me on those two facilities. Rick and I looke in the

->files and we do not have a notificationform for Bruce's. The only ->notification form we have for Gator's identifies Gator Lyles as the ->owner and Betty Grogin as the manager. We will need a notification ->for her as the owner.

-> We missed seeing you in Tampa last week.

-> ->Sandy

->5andy ->

->

->

#### To Whom it May Concern:

Please be advised that GATOR'S ONE HOUR CLEANERS, INC., a Florida corporation, has transferred its dry cleaning operations to BETMER, INC., a Florida corporation, as of January 30, 1997. As a result of this transfer GATOR'S ONE HOUR CLEANERS, INC., is no longer liable for any expenses or costs incurred in connection with your account. In addition, this notice terminates any guarantee given in connection with your account.

Sincerely,

GATOR'S ONE HOUR CLEANERS, INC., a Florida corporation

By: Michael Lyles, as President

cc: Betmer, Inc.

Well Stymansel 3055, Magnifica Avo 35060 3447/ Rain Hayman

RECEIVED

FEB 10 1991

Bureau of Air Monitoring & Mobile Sources

Call later to complete

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COM ZIMIVI/ZIZOO VZIKI					
FACILITY LOCATION: 737 NE	7/96 TIME IN: 11:40 TIME OUT: 12: NE HOUR CLEANERS 36 <sup>TH</sup> AVE 2 34479	<u>es</u>				
PART I: NOTIFICATION						
(check appropriate box)						
1. Existing facility notified DARM by 9/1/96	y	<b>₹</b>				
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)  3. Existing large area source	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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" before="" both="" classification<="" correct="" facility="" gal="" is="" only,="" td="" this="" transfer="" types,="" yr=""><td>dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>					
B. The total quantity of perchloroethylene (perc		eaning				
facility was 75 gallons.						

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? $\Box Y \Box N$ 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? $\Box$ Y $\Box$ N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? $\Box$ Y $\Box$ N 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? □Y □N

PART III: GENERAL CONTROL REQUIREMENTS

R	. Has the responsible official of an existing large or new large area source also:	
,	. Has the responsible official of an existing farge of new farge 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?	□У □И
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	DY DN
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?	OY ON ON/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?	OY ON
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
_		
		<u> </u>
PA	ART V: RECORDKEEPING REQUIREMENTS	
н	as the responsible official: heck appropriate boxes)	
<b>H</b> (c	as the responsible official:	<b>X</b> Y □N
H (c	as the responsible official: heck appropriate boxes)	Y □N
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	Y ON
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	Y ON
H (c 1.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	Y ON Y ON
H (c. 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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	MY ON
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?	ALL DN
H (c. 1. 2. 3. 4. 5.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? for direct reading instruments only)	AY ON AY ON AY ON AYN/A
H (c 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	AY ON AY ON OY ON AYN/A OY ON
H (c 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	AY ON AY ON OY ON AYN/A OY ON AY ON
H. (c. 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?	AY ON AY ON OY ON AN/A OY ON AY ON AY ON
H. (c. 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	
H (c 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	

2. Which method of detection is used by t	he respo	nsible off	ficial?					
Visual examination (condensed s	surfaces)	<b>X</b>						
Physical detection (airflow felt th	•	X						
Odor (noticeable perc odor)		<b>A</b>						
Use of direct-reading instruments	lorimetric tubes)							
If using direct-reading instrum	If using direct-reading instrumentation, is the equipment:							
a. Capable of detecting	perc vap	or concer	ntrations in a range of 0-500 ppm?	□Y C	NC			
b. Calibrated against a : (PID/FID only)?	standard	gas prior	to and after each use		אכ			
c. Inspected for leaks ar	nd obviou	ıs signs o	of wear on a weekly basis?		NΣ			
d. Kept in a clean and s	ecure are	ea when i	not in use?		אכ			
e. Verified for accuracy	by use o	f duplica	te samples (calorimetric only)?		מב			
3. Has the facility maintained a leak log?					NC			
4. Does the responsible official check the	followin	g areas fo	or leaks?					
Hose connections, fittings, couplings, and valves	XY	□N	Muck cookers	XΥ	□N			
Door gaskets and seating	XY	□N	Stills	XY	□N			
Filter gaskets and seating	<b>X</b> Y	ΠN	Exhaust dampers	ПY	□N			
Pumps	<b>4</b> (Y	□N	Diverter valves	ΠY	ΠN			
Solvent tanks and containers	$\cancel{\mathbb{A}}_{\mathrm{Y}}$	□N	Cartridge filter housings	XY	ΠN			
Water separators	Y	ПИ	MAINTENANCE MAN US INSPECTION & REPAIRS	SEA A	OR			
	_		INSPACTION & REPAIRS					
BETTY GROGAN, MGR.								
Name of Responsible Official								
	LOUIS A. NICHOLS 12/17/96							
Inspector's Name (Please Pri	ection							
Louis Whihols								
Inspector's Signature			Approximate Date of	Next In	spection			

NO CARD

#### ADDITIONAL SITE INFORMATION:

- · AMELIA SUPREMA 850
- = EVAPORATOR FOR WASTE WATER
- · NO CONTAINMENT PAN, NO EPOXY
- · MACHINE RUNNER, NO ODOR
- · HOYT CABINET
- · LEFT SAMPLE FORMS FOR RECORDS MER NOTIN

TBD

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

180°0990

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID# 0530+05 DATE: 3/05/97 TIME IN: 1312 TIME OUT: 1325
FACILITY NAME: Prestige (legners
FACILITY LOCATION: 737 NE 36th ave
0 cala, Fl. 34470

PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	v 🗹
2. New facility notified DARM 30 days prior to starting	′ 🗅
3. Facility failed to notify DARM to use general permit	

#### PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) 1. Existing small area source 2. New small area source dry-to-dry only, x<140 gal/yr dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, 140<x<2, 100 gal/yr dry-to-dry only, 140<x<2, 100 gal/yr transfer only, 200<x<1,800 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr both types, 140<x<1,800 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) This is a correct facility classification $\square N$ If no, please check the appropriate classification: facility qualified for a general permit as number \_ 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 7.5 gallons.

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/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 prior to September 22, 1993 installed 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? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ПЛ ПИ condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after $\square Y \square N$ 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?	□У □И .
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Ү □И
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
is the perc concentration equal to or less than 100 ppin?	LY UN
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?	□У □И
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)	
Has the responsible official:	да ои
Has the responsible official: (check appropriate boxes)	MY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	ØY □N
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	DY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:	ØY □N
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 ON DY ON DY ON ON/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt?	DY ON DY ON ON/A ON/ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for direct reading instruments only)	DY ON DY ON ON/A ON ON/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?	DY ON DY ON O
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?	DY ON DY ON O
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?  8. Maintained compliance plan, if applicable?	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	

2.	Which method of detection is used by the	e respor	nsible offic	ial?	/			
	Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt thr	ough ga	skets)	•	ø,			
	Odor (noticeable perc odor)		<b>A</b>					
	Use of direct-reading instrumentar	$\Box$						
	If using direct-reading instrume	ntation,	is the equ	ipment:	,			
	a. Capable of detecting p	erc vapo	or concent	rations in a range of 0-500 ppm?	<b>Ø</b> Y	□N		
	b. Calibrated against a st (PID/FID only)?	andard	gas prior to	o and after each use	Дy	□и		
	c. Inspected for leaks and	d obviou	s signs of	wear on a weekly basis?	ZY	□N		
	d. Kept in a clean and se	cure are	a when no	t in use?	ΔY	□N		
	e. Verified for accuracy	by use of	f duplicate	samples (calorimetric only)?	<b>Y</b> Y	□N		
3.	Has the facility maintained a leak log?				<b>Q</b> YY	□N		
4.	Does the responsible official check the f	following	g areas for	leaks?				
	Hose connections, fittings, couplings, and valves		ΠN	Muck cookers	ZY Y	ПП		
	Door gaskets and seating	ď <sub>Y</sub>	ПN	Stills	YY	□N		
	Filter gaskets and seating	ΔY	□N	Exhaust dampers	<b>Z</b> Y	ПN		
	Pumps	<b>A</b> Y	□N	Diverter valves	Y	□и		
	Solvent tanks and containers	ďY	ΠN	Cartridge filter housings	$\mathbb{Z}^{\lambda}$	□N		
	Water separators	βY	□N					
	Both Gronan Louisex							

	<u> </u>
Betty Grogan owner Name of Responsible Official Todd Sanchez	3/25/97
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

American Suprema 850 Heat Pump 3516s

Containment pan
epoxy around spotting board
Safety Klean picks up filters

evaporates separator water on site uses carbon adsorber left record keeping documentation and fully explained.

Note owner ship has changed as well as name of business. Formerly known as GATOR ONE HOUR CLEANERS.

4	INSPECTION	ON SUMMA	RY REPORT	BEŞT AVA	ILABLE COPY
type of inspection:	ANNUAL	COMPLAI	NT/DISCOVERY	RE-INS	SPECTION ?
TIME IN: 12:15	TIME OUT:	1500	AIRS II	D#: N/A	0830109
type of facility: $\mathcal{D}$	yEleaning				
FACILITY NAME:	rator's Cleane	<del> </del>		DATE:C	3/17/98
FACILITY LOCATION:	737 NE &	oth Au	Ocala Fr		
RESPONSIBLE OFFICIAL:	Weziketh	Groza	PHONE NU	мвек: <u>352</u>	-694 ~3741
Based on the results of compliance with DEP	the compliance requirem Rule 62-213.300, Florida	ents evaluated di Administrative (	uring this inspectio Code (F.A.C.).	n, the facility is found	i to be in
Eased on the results of discrepancies were not	the compliance requirem	ents evaluated d	uring this inspectio	n, the following com	pliance
COMPLIANCE REQ	UTREMENT/PROB	LEM	FOLLOW-UE	ACTION REQ	UIRED
•					
			,		
					M
				Bure	, C
			<del>-</del>	A SE	3 1
				of Air Moniton	1 4
				ourc	<i>3</i> (1)
				65	
	<u> </u>		1		
			•		
		! i			
COMMENTS:		ļ			
COMMEN 12:					
		·		. 3/=-	
The Annual Compliance Cert		operly certified a	inc submitted to the	e inspector. YES	NOL I
DATE OF NEXT INSPECT	ION:	3/97 (Approx	imate)		
TVSBE CTTON CONTROL	m pv. 5,	AAADUA	Surer L		
INSPECTION CONDUCTE		Please	Print)	<del>-</del>	
INSPECTOR'S SIGNATUR	RE:		PHONE	NUMBER: 893	-3333

Page\_\_\_of\_\_\_.

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT DISCOVERY
230109 RE-INSPECTION	N C
	8 time in: <u>12:15</u> time out: <b>1:00</b>
FACILITY NAME: Gator Clea	18
FACILITY LOCATION: 738 NE	36th Avenue
Ocala F	· l.
RESPONSIBLE OFFICIAL: Flizabeth	Grogin PHONE: 35 2-694-3741
CONTACT NAME:	V
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to star	rtup a
· ·	1
2. Facility failed to notify DARM to use general per	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form ☐ Drop store/out of business/petroleum
(check appropriate box)	a prop store out of business perforemin
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr both types, x < 140 gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	(constructed on or after 12/9/91)
(**************************************	· ·
3. Existing large area source	4. New large area 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, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	MY ON OCan not determine
If no, please check the appropriate classifi	ication:
☐ facility qualified for a ge	eneral permit as number above
☐ facility exceeds above li	mits and is not eligible for a general permit
	1
	, , , , , , , , , , , , , , , , , , ,
B. The total quantity of perchloroethylene (perc) percility was $\mu_{12}$ gallons.	purchased 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? & purefield 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 XY ON ONA 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) $\square$ Y $\square$ N 1. Equipped all machines with the appropriate vent controls? QY QN QN/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 OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN

DY DN DN/A

DY DN

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

verifying that the coolant had been completely charged?

condenser exceeded 45°F?

#### 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: אואם אם אא 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? AVA UN UN/A 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN DXIA 6. Maintained startup/shutdown/malfunction plan? WM he here 50m 7. Maintained deviation reports? □N □N/A XY ON ONA Problem corrected? À'UN UN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

	THE THE ELIM BELLETION IN PROPERTY.							
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			}	ZY ON			
2.	Has the facility maintained a leak log?			k	MY ON			
3.	Does the responsible official check the fo	llowing area	is for leaks?		,			
	Hose connections, fittings, couplings, and valves	של מה כ	IN/A	Muck cookers	Y ON ON/A			
	Door gaskets and seating	ם אם צם	N/A	Stills	DY ON ON/A			
	Filter gaskets and seating	ם אם צם	IN/A	Exhaust dampers	OY ON ON/A			
	Pumps	ם אם צם	N/A	Diverter valves	OY ON ON/A			
	Solvent tanks and containers	ם אם אם	DN/A	Cartridge filter housings	OY ON ON/A			
	Water separators	ם אם אם	DN/A					
4.	Which method of detection is used by the	responsible	official?					
	Visual examination (condensed sol	vent on exte	rior surfaces)					
	Physical detection (airflow felt thro	/ <b>d</b>						
	Odor (noticeable perc odor)	<u> </u>						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)								
	□N/A							
	a. Capable of detecting pe				UN UN			
	b. Calibrated against a sta (PID/FID only)?	ındard gas p	rior to and afte	er each use	OY ON			
	c. Inspected for leaks and	obvious sign	ns of wear on a	weekly basis?	□Y □N			
	d. Kept in a clean and sec	ture area wh	en not in use?		□Y □N			
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					OY ON			
=								
	Smith in			3117198				
_	Inspector's Name (Please Print			Date of Inspe	ection			

Approximate Date of Next Inspection

\* Dropped Off New permit form

tecause of name change

\* Amencan Suprema (1985)

- Pan - XES

- epoxy 7 yes

\*Covered seperator condensate theo

holder

holder

holder

\* Good logs Cleak documentation

\* Uses 40gal/year

Spoke to Elizebeth Grain

dropped off calendar

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Gator 11	hr Cleaners	DATE: 3/17/98
FACILITY LOCATION: 737 N	VE. 36th Avenue	
Oca	la Fr.	
Annual Reporting Period: March	19 <u>9</u> 7 то _	March 1098
Based on each term or condition of the Title V ge 62-213.300, Florida Administrative Code (F.A.C		
If NO, complete the following:		
#1. Term or condition of the general permit that	has not been in continuous complian	ce during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:	·	
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that	t has not been in continuous complian	ce during the reporting period stated above:
Exact period of non-compliance: from	t	0
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, base made in this notification are true, accurate and upon purchase receipts, does not exceed 2,100 g combination facilities.  RESPONSIBLE OFFICIAL:  Name (	complete. Further, my annual consul	mption of perchloroethylene solvent, based

Page	of	

<sup>\*</sup>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	INSPE	CTI	).N

ANNUAL

**RE-INSPECTION** 

i		
COMPLAINT/DIS	COVERY	
	11/2	_
IL.		
	The state of the s	

	p
AIRS ID#: 0830100 DATE: 7-29  FACILITY NAME: Gatur 1 hove  FACILITY LOCATION: 737 NE  Ocala,  RESPONSIBLE OFFICIAL: Elizabeti  CONTACT NAME:	Cleantr St. S. L. S.
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general pe	
PART II: CLASSIFICATION	<u> </u>
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	☐ No notification form ☐ 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 before 12/9/91)	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 Dean not determine
	cation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) per facility was	urchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN <b>Ø</b> N/A
2. Examining the containers for leakage?	אנא <b>ע</b> אם צם A
3. Closing and securing machine doors except during loading/unloading?	Xex On
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	אומם מם צאל
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON XN/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 refri (complete A below).	gerated condenser
. It classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	·
1. Equipped all machines with the appropriate vent controls?	מם עם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	באמם מם אָם
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מס עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם עם

PART III: GENERAL CONTROL REQUIREMENTS

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	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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?	$\Box$ Y	$\square$ N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	ΠY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□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?	ro Yeb
2. Maintained rolling monthly averages of perc consumption?	by on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY 🛍 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?	AVÆ מם עם
4. Maintained calibration data? (for applicable direct reoding instruments)	DY DN <b>D</b> N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	ANO NO XA
6. Maintained startup/shutdown/malfunction plan?	<b>ya</b> y □n
7. Maintained deviation reports?	STY ON ON/A
Problem corrected?	באמאלם אם אם
8. Maintained compliance plan, if applicable?	DY DN QN/A

P,	ART VI: LEAK DETECTION AND R	EPAIRS		
1.	Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection at	nd repair
	inspection?			KA DM
2.	Has the facility maintained a leak log?			NO Ket
3.	Does the responsible official check the f	following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	DY ON ON/A
	Door gaskets and seating	אוחם חם עם	Stills	GY ON ON/A
	Filter gaskets and seating	אואם אם צם	Exhaust dampers	DY ON ON/A
	Pumps	אוחם אם עם	Diverter valves	BY ON ON/A
	Solvent tanks and containers	מאם אם אס	Cartridge filter housings	מאם אם אא
	Water separators	AVOO NO YO		
4.	Which method of detection is used by the	ne responsible official?		
	Visual examination (condensed so	lvent on exterior surface	s)	ď
	Physical detection (airflow felt thr	ough gaskets)	•	
	Odor (noticeable perc odor)			
	Use of direct-reading instrumentat	ion (FID/PID/calorimetr	ic tubes)	
	Halogen leak detector			
	If using direct-reading instru	imentation, is the equip	ement:	□N/A
	a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	מט עט
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas prior to and	after each use	NO YO
	c. Inspected for leaks and	d obvious signs of wear o	on a weekly basis?	MA ON
	d. Kept in a clean and se	cure area when not in us	e?	ty dn
	e. Verified for accuracy b	by use of duplicate sampl	es (calorimetric only)?	DY ON
	Randall 1	mahan	7-79-10	<i>399</i>
_	Inspector's Name (Please Prin	t)	Date of Inspec	ction

Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:	
. •••	
	·
	•
•	
	·
	1
	•

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Gatal 7 hour Clounce DATE: 7-29-99
FACILITY LOCATION: 737 NE 36th Ave
Ocala, FC 34470
Annual Reporting Period: July 1944 TO July 1949
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
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

Page \_\_\_\_\_ of \_\_\_\_.

<sup>\*</sup>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 (	COMPLA	INT/DISCOVERY	RE-INSPECTION
TIME IN: 11:45  TYPE OF FACILITY: D( >	TIME OUT:	12:15	AIRS ID#:_08	30109
FACILITY NAME: 6aFo FACILITY LOCATION: 73	7 10 - (1)	eunev Ave		DATE: 7-29-49
	cala, F1 34	470		
RESPONSIBLE OFFICIAL:	Elizabeth 6	rugan	PHONE NUMBER:	352-624-237/
42	he compliance requirement Lule 62-213.300, Florida A		uring this inspection, the faci Code (F.A.C.).	lity is found to be in
Based on the results of t discrepancies were note	•	nts evaluated d	uring this inspection, the follo	owing compliance
COMPLIANCE REQU	JIREMENT/PROBL	LEM	FOLLOW-UP ACTION	ON REQUIRED
<u>-</u>				
				·
COMMENTS:		<u> </u>		
In Comp	liance		·	
The Annual Compliance Certific  DATE OF NEXT INSPECTIO		_	d submitted to the inspector.	YES NO
INSPECTION CONDUCTED	0 /	(Approxi	10 lochum	
INSPECTOR'S SIGNATURE:	Rotall C	(Please I	/	407-893-3333

Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS, TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE	3-9-00
BY	RC

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS 10#: 0830109 DATE: 3-9	<u> </u>	1:00	
FACILITY NAME: Gator I how	y Cleaners		
FACILITY LOCATION: 737 NE			
Ocala, FL	34470	<del></del>	
RESPONSIBLE OFFICIAL: Elizaber	th 6 roggy phone: 352-624-	2377	
CONTACT NAME:	PHONE:	<del></del>	
PART I: NOTIFICATION			
(check appropriate box)		7	
New facility notified DARM 30 days prior to sta	ertun		
<ol> <li>Facility failed to notify DARM to use general pe</li> </ol>			
2. I definity fillion to holdy 27 have to use goneral po			
PART II: CLASSIFICATION			
Facility indicated on notification form that it is:	☐ No notification form		
(check appropriate box)	☐ Drop store/out of business/per	troleum	
A.	<b>V</b> 0	1 1-	
1. Existing small area source	2. New small area source	idelline	
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr		
both types, $x < 140$ gal/yr	both types, $x < 140 \text{ gal/yr}$		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
2 P. J	4. New large area source	-	
3. Existing large area source $\Box$ dry-to-dry only, $140 \le x \le 2,100$ gal/yt	J. A. J. andr. 140 day d 2 100 16-		
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	<u>(</u>	
both types, $140 \le x \le 1,800 \text{ gal/yr}$			
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
5. This is a correct facility classification	(constructed on or after 12/9/91)  OY  Can not determine  Cation:	- 4 2000	
To a large shall the second shall be self-	, our	Moni	
If no, please check the appropriate classific	neral permit as number above	tor J	
	nits and is not eligible for a general permit	ing mg	
B. The total quantity of perchloroethylene (perc) per facility was 140 gallons.	urchased within the preceding 12 months by this dry	cleaning	

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? A/MED YOU YOU DY ON ENTA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Par 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 mould be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sourges and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/oi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			/
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΔY	N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	□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?	ЦY	UИ	□N/A
	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 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	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	AD DN			
2. Maintained rolling monthly averages of perc consumption?	DA ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or; Wolfaks	OY ON TANA			
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 WINA			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON <b>K</b> N/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DNIA			
6. Maintained startup/shutdown/malfunction plan?	ØY □N			
7. Maintained deviation reports?	AKA <b>X</b> NO YO			
Problem corrected?	DY DN DNA			
8. Maintained compliance plan, if applicable?	OY ON TOVA			

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	Does the respon	nsible official conduct	weekly (for small so	urces, bi-weekly) leak detection as	nd repair
	inspection?	<b>*</b>	•	(	DY ON
2.	Has the facility	maintained a leak log	)		DY ON
3.	Does the respon	nsible official check the	following areas for l	eaks?	
		nections, fittings, gs, and valves	DY DN DN/A	Muck cookers	Y ON ON/A
	Door gasl	kets and seating	אואם אם צם	Stills	DY ON ON/A
	Filter gas	kets and seating	אואם אם צם	Exhaust dampers	DY ON ON/A
	Pumps		DY ON ON/A	Diverter valves	אואם אם אא
	Solvent ta	anks and containers	AVO NO YA	Cartridge filter housings	אואם אם צם
	Water sep	parators	AND NO YO	•	
4.	Which method	of detection is used by	the responsible officia	1?	
	Visual ex	amination (condensed	solvent on exterior su	rfaces)	4
	Physical o	detection (airflow felt ti	rough gaskets)		
	Odor (not	iceable perc odor)			
	Use of dir	ect-reading instrument	ation (FID/PID/calori	metric tubes)	
	Halogen l	eak detector			8
	If usi	ng direct-reading inst	rumentation, is the e	quipment:	<b>X</b> N/A
ĺ	а	a. Capable of detecting	perc vapor concentra	tions in a range of 0-500 ppm?	DY DN
	t	o. Calibrated against a (PID/FID only)?	standard gas prior to	and after each use	OY ON
	c	. Inspected for leaks a	nd obvious signs of w	ear on a weekly basis?	OY ON
	d. Kept in a clean and secure area when not in use?				OY ON
	e	e. Verified for accuracy	by use of duplicate s	amples (calorimetric only)?	DY DN

Randall Conningham	3-9-00
Inspector's Name (Please Print)	Date of Inspection
Rfall CA	3-2001
Inspector's Signature	Approximate Date of Next Inspection

New Machine Nov. 99 Built in 149 Union L 760 U2000

Revised 01/18/00

AIRS ID#: 0830109

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

FACILITY NAME: Gator I hour	( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
···	2 1th Aco
FACILITY LOCATION: 3/1/E	So Noe
- Ocala, R	34470
Annual Reporting Period:March	2000 TO March 2000
Based on each term or condition of the Title V general 62-213.300, Florida Administrative Code (F.A.C.), dur	air permit, my facility has remained in compliance with DEP Rule ring the period covered by this statement.
If NO, complete the following:	
#1. Term or condition of the general permit that has no	ot been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has no	ot 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:	· · · · · · · · · · · · · · · · · · ·
in this notification are true, accurate and complete. Fi	information and belief formed after reasonable inquiry, that the statements made urther, my annual consumption of perchloroethylene solvent, based upon the dry-to dry facilities or 1,800 gallons per year for transfer or transfer or Signature  Date

<sup>\*</sup>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: ANN	UAL 🔼	COMPLAI	NT/DISCOVER	RY 🔲	RE-INSPECTION	
TIME IN: UND	TIME OUT:	!30	AIR	s 1D#: <u>083</u> 0	109	
TYPE OF FACILITY: Dry Wea	<u> </u>					
FACILITY NAME: Gator 1 ho	rur cleane			D	ATE: 3-9-0	0
FACILITY LOCATION: 737NL	3 36th AN	<u>e                                     </u>				·
Ocalajf	L 34470					
RESPONSIBLE OFFICIAL: Elizat	bith Gros	an	PHONE	NUMBER: 3	152-624-2	1377
Based on the results of the comp compliance with DEP Rule 62-2	•			tion, the facility	is found to be in	
Based on the results of the comp discrepancies were noted:	liance requirement	s evaluated di	iring this inspec	tion, the followi	ng compliance	
COMPLIANCE REQUIREM	ENT/PROBLI	EM	FOLLOW-	UP ACTION	REQUIRED	
				, , , , , , , , , , , , , , , , , , ,		
	·			· · · · · · · · · · · · · · · · · · ·		
COMMENTO						
In Complial	76					
The Annual Compliance Certification for	m has been proper	ly certified an	d submitted to the	he inspector.	YES NO	
DATE OF NEXT INSPECTION:	3-2001				<u>テ</u> 、	
INSPECTION CONDUCTED BY:	andall	(Approxi	ringl	ham .	( - c/C) (	
INSPECTOR'S SIGNATURE:	MALL		PHONE	NUMBER: 4	07-645	555
		Pageof_	<u> </u>		Revis	sed 10/96



302292

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

**TOTAL AMOUNT DUE: \$50.00** 

RECEIVED MAIL ROOM

FEB 11 98

Do NOT Remove Label

AIRS ID#0850109

QUALITY CLEANERS OF MARTIN COUNTY

INC

GARY GRANATO

1090 SE LETHA CIRCLE #8

STUART FL 34994

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

259063

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

JAN 27 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0830109

GATOR ONE HOUR CLEANERS BETTY GROGAN 737 NE 36TH AVE OCALA FL 34482 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

0364102

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

MAR 15 99

Do NOT Remove Label

AIRS ID # 0830109

GATOR ONE HOUR CLEANERS BETTY GROGAN 737 NE 36TH AVE OCALA FL 34482 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

•

### GATOR'S ONE HOUR CLEANERS, INC. D/B/A GATOR'S ONE HOUR CLEANERS

Vendor ID: EPA Vendor name: Florida Department of 16540

Net Check Amount 50.00



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

Bureau of Air Monitoring

Do NOT Remove Label

AIRS ID # 0830109

GATOR ONE HOUR CLEANERS BETTY GROGAN 737 NE 36TH AVE OCALA FL 34482

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

GATOR'S ONE HOUR CLEANERS, INC. D/B/A GATOR'S ONE HOUR CLEANERS

017777

Vendor ID: DEPARTMENT

Vendor name: DEPARTMENT OF

17777

Invoice No.	Inv Date	Inv Amt	Amt Paid	Disc Taken	Cred Taken	Net Amt
=======================================	=======	=========	========	========		=========
120199.1	12/09/99	50.00	50.00	0.00	0.00	50.00
				Net Ch	neck Amount	50.00





102028

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 # 0830109

GATOR ONE HOUR CLEANERS BETTY GROGAN 737 NE 36TH AVE OCALA FL 34482 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

GATOR'S ONE HOUR CLEANERS, INC. D/B/A GATOR'S ONE HOUR CLEANERS

019554

Vendor ID: EPA

Vendor name: Florida Department of

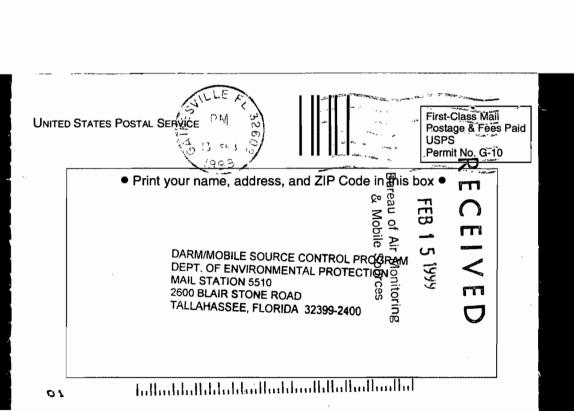
Invoice No.	Inv Date	Inv Amt	Amt Paid	Disc Taken	Cred Taken	Net Amt
=========	=======	~========	========	========	========	========
0830109-12	01/04/01	50.00	50.00	0.00	0.00	50.00
·						

Net Check Amount 50.00



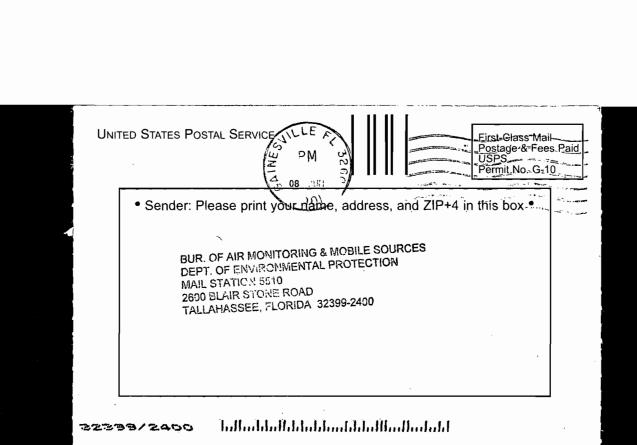
	·Z 333 £	.13	425	1999	
	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internatio	Providenal Ma	ed.		
GA	TOR ONE HOUR CL			7830109	
	TTY GROGAN	D. 11 12	,,,,		
737	NE 36TH AVE				
OC	ALA FL 34482				
	Certified Fee				
	Special Delivery Fee				
ıo	Restricted Delivery Fee				
199	Return Receipt Showing to Whom & Date Delivered				
PS Form <b>3800</b> , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address				
800	TOTAL Postage & Fees	\$			
<b>9</b>	Postmark or Date				
Fon					
PS					
					_

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article  The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to recifollowing services extra fee):  1.  Address: 2.  Restricte Consult postmas	s (for an ee's Address ed Delivery	celpt Service.
N ADDRESS completed o	3. Article Addressed to:  AIRS ID #:0830109 GATOR ONE HOUR CLEANERS BETTY GROGAN 737 NE 36TH AVE OCALA FL 34482	4b. Service 1  Registere Express I	36/3420 Type ad Mail Delpt for Merchandise	Certified Insured COD	you for using Return Reco
Is your <u>RETUR</u>	5. Received By: (Print Name)  6 Sigthature: (Addressee or Agent)  PS Form 3811, December 1994	8. Addressee and fee is	o's Address (Only in paid)  Domestic Reti		Thank )



2782	U.S. Postal S CERTIFIED (Domestic Wall)	ervice MAIL RECE	EIPT overage Provided)	
4130	Postage	\$		
7	Certified Fee		Postmark	
25	Return Receipt Fee (Endorsement Required)		Here	
9200	Restricted Delivery Fee (Endorsement Required)			
	Total Total	h		
0600	Re 10 BETTY GROO	AIRS ID # 0830109	0001AG ——	
_		HOUR CLEANERS		
7000	737 NE 36TH			
7	City OCALA FL 34	402	or Instru	ictions
	RSI		No. 11311	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent Addressee  O is delivery address different from item 1?  Yes  LYES—enter delivery address below:
10 AIRS ID # 0830109001AG BETTY GROGAN GATOR ONE HOUR CLEANERS	JUN 1 1 21
737 NE 36TH AVE OCALA FL 34482	3. Se®ideEtpate of Air Monitorin  ACertifledWathile Sexpress Mail  □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label). 7000 0600 0626 4130 27	82111   1   1   111   111   11
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789



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 w card to you.  Attach this form to the front of the mailpiece, or on the back if sparpermit.  Write Return Receipt Requested* on the mailpiece below the article was delivered and delivered.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery
3. Article Addressed to:  AIRS ID # 0830109  GATOR ONE HOUR CLEANERS BETTY GROGAN 737 NE 36TH AVE OCALA FL 34482	4a-Article Number 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid)  Domestic Return Receipt

	US Pos <b>Rece</b> No Insi	174 stal Service ipt fo urance Co use for In	e r <b>Cert</b> i	ified I	Mail See revers		
AIRS ID # 0830109 BETTY GROGAN 737 NE 36TH AVE OCALA FL 34482							
	Special	Delivery Fe	e				
	Restrict	ed Delivery	Fee				
199		Receipt Sho L Date Deliv					
, April		eceipt Showin ddressee's Ac					
800	TOTAL	Postage &	Fees	\$			
PS Form <b>3800</b> , April 1995	Postma	rk or Date			مورد تحديث		