

Department of Environmental Protection

[17006/

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

Virginia B. Wetherell Secretary

August 23, 1996

Mr. John R. Garrett Vice President Trophy Cleaners Orlando, LTD. 445 W.S.R. 436 Suite 1017 Altamonte Springs, Florida 32714

Dear Mr. Garrett:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

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

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JIN 2 4 1998

Bureau of Air Monitoring

Bureau Mobile Sources

June 15, 1998

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

To Whom it May Concern:

This letter is to advise you of an update to the already existing Air Permit #1030300. On June 1, 1998 Trophy Cleaners Orlando LTD. closed its dry cleaning facility located at 445 W. State Road 436, Suite 1017, Altamente Springs, Florida and on June 16, 1998 will transfer its dry clean machine to the existing facility of Trophy Cleaners, Inc. at 2790 Gulf to Bay Blvd., Clearwater, Fl. (Pinellas Co.).

Ms. Sasdia J. Qureshi, Environmental Specialist, State of Fl. Dept. of Environmental Protection, Air Resource Management, Orlando, Fl. has been notified of the closing of the Altamonte Springs location and advised us she will make arrangements to have Air Permit# 1170061 made inactive.

Thank You,

John R. Garrett

Vice President, Trophy Cleaners, Inc.

cc: Gary Robbins, Environmental Program Manager Pinellas Co. Dept. Of Environmental Management Air Quality Division

Saadia J. Qureshi, Environmental Specialist
State of Florida Dept. of Environmental Protection
Air Resource Management

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):		
Trophy Cleaners Orlando, LTD.		
2. Site Name (For example, plant name or number):		
Orlando	i	
3. Hazardous Waste Generator Identification Number:		
*	•	
4. Facility Location: Street Address: 445 W.S.R. 436 Ste. 1017 SEMINOLE	.,	:
City: Altamonte Springs County: Simenole Zip Code:	32714	
5. Facility Identification Number (DEP. Use):		
*Applied for (New Escility)		

Responsible Official

6. Name and Title of Responsible Official: John R. Garrett, Vice President 7. Responsible Official Mailing Address: P. O. Box 1084 Organization/Firm: Trophy Cleaners Orlando, LTD.
Street Address: 225 South College Zip Code: 75710 City: Tyler, TX County: Smith 8. Responsible Official Telephone Number: Telephone: (903) 592 - 8509 Fax: (903) 592 - 2793

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Jon 4. Garber Donald Bojanek District Manager 11-18-96
10. Facility Contact Address:
Street Address: 445 W.S.R. 436 Ste. 1017 City: Altamonte Springs County: Seminole Zip Code: 32714
11. Facility Contact Telephone Number: Telephone: (407) 786 - 4117 Fax: (407) 786 - 4123

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

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Bureau of Air Monitoring & Mobile Sources

Applied for (New Facility)

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.

	7	Date	Date	1	Date	Date	7	Date	Date
		Machine	Control		Machine	Control]	Machine	Control
	1.	Initially	Device		Initially	Device		Initially	Device
Type of Machine	l ID	Purchased	installed	l ID	Purchased	Installed	ID	Purchased	Installed
Type of Machine	עון	rurchased	mstaneu	Lib	ruichased	Ilistaticu	שו	1 dichased	mstarted
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit		3 Sept Si	L 3 Sept	96				•.	:
(1) w/ ref. condenser	#1	3/09/96	3/09/96						
(2) w/ carbon adsorber	#1	3/09/96	3/09/96	94	11-18	-94			
(3) w/ no controls				0					
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls						-			
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			-					• • •	
(b) Control devices are (c) No control devices 2.(a) What was the total q [550] Estimated for (b) If less than 12 montrol Check why it is less	are ro juanti gallo or n hs, ho	equired to be ty of perchlo ns ew facili w many? [installed [roethylene (p] months	perc)] purchased in				
3. What is the facility's sou (Indicate with an "X". S Existing small are	Select	one classific	ation only.) Nev	v sma	all area sourc	e []) of F	art II?	
Existing large are	a sou	rce []	Nev	w larg	e area source	e [X]			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 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 [X]	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural 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 a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[_X_]
(b) Leak detection inspection and repair	[<u>X</u>]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration moni	toring X198 11-18-54
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[_X_]

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Surrender of Existing Air Permit(s)

Please 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)	
<u> </u>	No air permits currently exist for the operation of the facility indicated in this notification form.	; ·
	Responsible Official Certification	**************************************
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the fac cation. I hereby certify, based on information and belief formed after reasonabl is made in this notification are true, accurate and complete. Further, I agree to a the air pollutant emissions units and air pollution control equipment described a ith all terms and conditions of this general permit as set forth in Part II of this no	le inquiry, that the operate and above so as to
TROPHY BY: 1	mptly notify the Department of any changes to the information contained in this of CLEANERS ORLANDO, LTD. Fair Management, LC, its Sole General Partner, dba Fair Florida LC	notification.
(RA:	DA 8 0 13-96	
Signature	John R Carrett Viao Procident Date	

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	Trophy Cleaners Orlando, LTD				
2.	Site Name (For example, plant name or number):	_			-
	Orlando			i	
3.	Hazardous Waste Generator Identification Number:				
,	k			·	
4	Parille, Lossian				
4.	Facility Location: Street Address: 445 W.S.R. 436 Ste. 1017	,		••	
	City: Altamonte Springs County:	Simenole	Zip Code:	32714	
,5. ···	Facility Identification Number (DEP Use):				SKIP WAT
		0061			

*Applied for (New Facility)

Responsible Official

6. Name and Title of Responsible Official:

John R. Garrett, Vice President

7. Responsible Official Mailing Address: P. O. Box 1084
Organization/Firm: Trophy Cleaners Orlando, LTD.
Street Address: 225 South College
City: Tyler, TX

County: Smith

Zip Code: 75710

8. Responsible Official Telephone Number:
Telephone: (903) 592 - 8509

Fax: (903) 592 - 2793

· Facility Contact (If different from Responsible Official)

9. Name and Title of Facilit	ty Contact (For example, plant manager):
Donald Bojanek	District Manager
10. Facility Contact Address	:
Street Address: 445 City: Altamonte S	W.S.R. 436 Ste. 1017 prings County: Seminole Zip Code: 32714
11. Facility Contact Telephor Telephone: (407)	

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AUG 1 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.

		Date	Date	\Box	Date	Date		Date	Date
	ĺ	Machine	Control	ĺ	Machine	Control	İ	Machine	Control
		Initially	Device		Initially	Device		Initially ,	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased 1	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	•	#3	02-MAR-\$2	02-MAR-9
Dry-to-Dry Unit		3 Sept 5	6 3 Sept	36					
(1) w/ ref. condenser	#1	3/09/96		<u> </u>	_			T	
(2) w/ carbon adsorber	#1	3/09/96	3/09/96						
(3) w/ no controls									
Washer Unit						<u>'</u>			
(4) w/ ref. condenser									
(5) w/ carbon adsorber	i								
(6) w/ no controls									
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						_			
(b) Control devices are required, but not yet installed									
3. What is the facility's sou (Indicate with an "X". S				defin	itions found	in section (3)) of P	art II?	
Existing small are	a sou	rce []	Nev	v sm	all area sourc	e			
Existing large are	a soui	rce []	Nev	v larg	ge area source	e [X]			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required. (Indicate with an "X".) 	ired on machines	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	<u> </u>		, i
			• •
5. A facility which contains non-ex to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and		
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co.	l exclusively by na	tural gas except for period	ds of natural gas curtailment
All steam and hot water generating to No such units on-site	units exempt		
			,
Favirne		ad Dagardhaaning Inform	
•	_	nd Recordkeeping Inform	
Check all logs which are required to	•	accordance with the requ	
(a) Purchase receipts and solvent pur			<u> </u>
(b) Leak detection inspection and re	pair		<u> </u>
(c) Refrigerated condenser temperate	ure monitoring		
(d) Carbon adsorber exhaust perc co.	ncentration monit	oring	[X]
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	plan		<u> </u>

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

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:		
	I hereby surrender all existing air permits authorizing o facility indicated in this notification form; specifically,	•	
[<u>X</u>]	No air permits currently exist for the operation of the fithis notification form.	acility indicated in	
٠	Responsible Official Certificati	on	****
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part Infication. I hereby certify, based on information and belief just in this notification are true, accurate and complete the air pollution emissions units and air pollution controle with all terms and conditions of this general permit as set for	formed after reasonable le. Further, I agree to d equipment described a	e inquiry, that the operate and bove so as to
TROPH BY:	mptly notify the Department of any changes to the informa Y CLEANERS ORLANDO, LTD. Fair Management, LC, its Sole General Partner, dba Fair Flor		notification.
(BY;	Da E Due	8-13-96	
Signature	John R. Garrett, Vice President	Date	

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

Revised 09/15/97

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	ali III
FACILITY NAME: TROPHY (CLEANER ORLAND LID DATE: 12-4-97
FACILITY LOCATION: $\frac{945}{4}$	1. State Rd 436
AI+A	7monte Sprg5 +1 32714
Annual Reporting Period: 12 - (Dec.) 1996 TO 12 (DEC) 1997
	V general air permit, my facility has remained in compliance with DEP Rule 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	to
Action(s) taken to achieve compliance:	·
Method used to demonstrate compliance:	
#2. Term or condition of the general permit	t that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	JAN 6 1998
Method used to demonstrate compliance:	Rüreati of Air Monitoring
made in this notification are true, accurate a	based on information and belief formed after reasonable inquiry, that the statements and complete. Further, my annual consumption of perchloroethylene solvent, based 100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or

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



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
AIRS ID#: 1170061 DATE: 11/18/93 FACILITY NAME: TROPHY CLEANER	6 TIME IN. 2:10 PM TIME OUT: 1:30
<u>'</u>	
FACILITY LOCATION: 445 WEST SA	
HLTAMONTE S	PRINGS FC, 32714
PART I: NOTIFICATION	
(check appropriate box)	<i>y</i>
1. Existing facility notified DARM by 9/1/96	×
2. New facility notified DARM 30 days prior to sta	•
3. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
A.	
1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>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)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	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)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification	\Box Y \Box N
If no, please check the appropriate classification:	
facility qualified for a general per facility exceeds above limits and i	mit as number above is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was <u>550</u> gallons. ESTIMATED	urchased within the preceding 12 months by this dry cleaning ONLY IN PROBUCTION 2 MONTHS

205 GAL PUT IN MACHINE, NONE SINCE

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? NONE ON HAND 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? WILL DRAIN IN HOUSING 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? DELAY SWITCH 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 condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? NEW ON JOB 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	XY □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MAY DN
	Is the temperature differential equal to or greater than 20° F?	X □N
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON MOYA
	Is the perc concentration equal to or less than 100 ppm?	'אם צם
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?	חם אם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MANA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON XN/A
_		
	ART V: RECORDKEEPING REQUIREMENTS	
н	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
H (c	as the responsible official:	Ху □и
(c)	as the responsible official: heck appropriate boxes)	AY ON
H (c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	()
(c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	()
(c) 1. 2.	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:	()
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	A ON A
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?	AY ON AY ON
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)	MY ON MY MY ON MY MY ON M
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 AN/A OY ON
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
1. 2. 3. 5. 6. 7.	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?	

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

N D

2.	Which method of detection is used by the	e respor	nsible offici	al?		
	Visual examination (condensed solvent on exterior surfaces)				$oldsymbol{\mathbb{A}}'$	
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				Ò	
	If using direct-reading instrumen	itation,	is the equi	ipment:		
	a. Capable of detecting pe	erc vapo	or concentr	ations in a range of 0-500 ppm?	\Box Y	□N
	b. Calibrated against a statement (PID/FID only)?	andard ;	gas prior to	and after each use	ΩY	□N
	c. Inspected for leaks and	obviou	s signs of v	vear on a weekly basis?	\Box Y	□N
	d. Kept in a clean and sec	сиге аге	a when not	in use?	OY ON	
	e. Verified for accuracy b	y use of	duplicate	samples (calorimetric only)?	QY	□и
3.	Has the facility maintained a leak log?				¥Υ	□N
4.	Does the responsible official check the fo	ollowing	g areas for	leaks?	<i>/</i> \	
	Hose connections, fittings, couplings, and valves	μY	ПN	Muck cookers	χY	ПN
	Door gaskets and seating	χÍΥ	ПN	Stills	$\chi_{\rm Y}$	ПN
	Filter gaskets and seating	Άγ	ΠN	Exhaust dampers	X Y	□N
	Pumps	χY	□N	Diverter valves	X Y	ΩN
	Solvent tanks and containers	χY	□N	Cartridge filter housings	YY	□N
	Water separators	AY:	□N			
	,					

Name of Responsible Official

Louis A, Nichols

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

HAD NO CARD

1.19 .49

ADDITIONAL SITE INFORMATION:

- . UNION MOL L-80' (BO LB CARACITY)
 265 CAP, SOLVENT TANK.
- · ALL CARBON FILTER CARTRIDGE & SPW FILTER
- · SECONDARY PAN UNDER MACHINE PLUS CONTAINMENT DIKE & EXOXY FLOOR
- · EXPORY IN FRONT OF MACHINE.
- · FLORIDA REGIONAL MOR. LARRY STRED B13/797-5255
- SEPARATED WATER GOES TO CARBON FILTER AND IS MISTED OUT FILTERS CHANGED & PICKER UP BY SAFETY KLEEN
- · BOILED FIRED W/NATE GAS FLAKTON FB-030-A 90 AP · FREON 22 COOLING SYSTEM

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1170061

TROPHY CLEANERS INC JOHN R GARRETT 225 SOUTH COLLEGE **TYLER TX 75710**

Do NOT Remove Label

Bureau of Air Monitoring & Mobile Sources

Annual Reporting Period:	19) TO		19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	• • •	·	<u> </u>	EP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	t that has not been in contir	nuous compliance durin	g the reporting perio	od 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	t that has not been in contin	uous compliance durin	g the reporting perio	od stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:		•		
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	further, my annual consumpt	ion of perchloroethylene	solvent, based upon p	purchase receipts,
RESPONSIBLE OFFICIAL: John	R. GARRET	Signal	Three	1/15/98 Date

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

de

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TVDE	OF	INSPECTION:
7 7 T	O.F.	TIGE ECTION.

ANNUAL

RE-INSPECTION

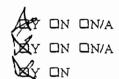
COMPLAINT/DISCOVERY

AIRS ID#: 1170061 DATE: 12/4/	97 TIME IN: 12:45 TIME OUT: 1:15
FACILITY NAME: Trophy Cle	2anevs
FACILITY LOCATION: 445	W. S.R436
Suite	107 Altamorte Spys, 52714
RESPONSIBLE OFFICIAL:	barber PHONE: 407-786-4117
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup
2. Facility failed to notify DARM to use general pe	ermit \square
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, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y ON OCan not determine
	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) perchloroethylene (pe	fourchased 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?
- 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?





OY ON KIVA

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?
- 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 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 condenser exceeded 45°F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?



MY ON ONIA

ON ON/A

Mr. D.

MY ON ON/A

MY ON

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?	X ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	AND WE VE
	Is the temperature differential equal to or greater than 20° F?	OY ON OXIA
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?	AVAC NO YO
	Is 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?	OY ON OYA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN DNA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON YOU'A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AT ON
2. Maintained rolling monthly averages of perc consumption?	AA ON
3. Maintained leak detection inspection and repair reports for the following:	<i>(</i>
a. documentation of leaks repaired w/in 24 hrs? or;	AY ON ONA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AVO NO Ý
4. Maintained calibration data? (for applicable direct reading instruments)	AND YOU
5. Maintained exhaust duct monitoring data on perc concentrations?	ANG NO YO
6. Maintained startup/shutdown/malfunction plan?	Ma da
7. Maintained deviation reports?	AND ND YA
Problem corrected?	A/א וֹאַל אם צם
8. Maintained compliance plan, if applicable?	AY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS

=							
ì.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			ØÅ □N			
2.	Has the facility maintained a leak log?		,	DA DN			
3.	Does the responsible official check the	following areas for leaks	5?				
	Hose connections, fittings, couplings, and valves	אואם אם צוף	Muck cookers	אואם אם אוא			
	Door gaskets and seating	DY DN DN/A	Súlls	אותם אם צף			
	Filter gaskets and seating	AVO NO YA	Exhaust dampers	אום אם צף			
	Pumps	DY ON ON/A	Diverter valves	אואם אם צם			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אואם אם צם			
	Water separators	באמם אם צם	·				
4.	Which method of detection is used by the	he responsible official?		41			
	Visual examination (condensed so	olvent on exterior surfac	es)	92			
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)			<u></u>			
	Use of direct-reading instrumenta	ation (FID/PID/calorimet	tric tubes)				
	Halogen leak detector						
	If using direct-reading instr	umentation, is the equi	pment:	□N/A			
	a. Capable of detecting	perc vapor concentration	is in a range of 0-500 ppm?	NO YO			
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON			
	c. Inspected for leaks and obvious signs of wear on a weekly basis?						
	d. Kept in a clean and s	ecure area when not in u	ise?	NO YO			
	e. Verified for accuracy	by use of duplicate samp	ples (calorimetric only)?	NO YO			

Inspector's Signature

Approximate Date of Next Inspection

4 of 5

Revised 8/11/97

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:45TIME OUT: 12:45	1:15 AIRS ID#: 1170061
TYPE OF FACILITY: Dryclean	·
FACILITY NAME: TROPHY Cleaners	DATE: 121417
FACILITY LOCATION: 445 W.S. 12. 436	245 FL-32714
Altanonte g	
RESPONSIBLE OFFICIAL:	PHONE NUMBER: 407-186 4119
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	ted during this inspection, the facility is found to be in trive Code (F.A.C.).
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
·	
	1
	·
COMMENTS:	
Good Record Keiping	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
date of next inspection: 12/98	. —
(Ap)	proximate)
INSPECTION CONDUCTED BY:	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407-894 155
Page	of Revised 10/9



DRY CLEANER AIR QUALITY GENERAL PERMIT OF ANNUAL COMPLIANCE CERTIFICATION FORM

ADRS 10#1170061

TROPHY CLEANERS INC JOHN R GARRETT 225 SOUTH COLLEGE TYLER TN 75716 FEBAL 1996
FEBAL 1996
Mobile Sources

					ĕ \$	
	Do NOT Remov	e Label				
annual Reporting Period: Jan / /9	197 <u>19</u>	_ то _	JAN	1	1598	_19_
lased on each term or condition of the Talle V	' general air nermit, my facili	ry has rema	tined in com	nliance w	ith DEP Rule	
2-213.300, Fiorida Administrative Code (F.A.	- • • •	_	-	YES	UNC	\
2 2 1 2 4 4 7 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the party of the	 •,	:9			7
YNO, complete the following:						
#1. Term or condition of the general permit th	nat has not been in continuou	s ರಾಗ್ಲಾಗಿತು	z during the	reporting	g period stated	above:
				•	•	
·					··· <u>·</u> ·····	
Exact period of non-compliance: from			to			
Action(s) taken to achieve compliance:	•					
-cessings) makes to acqueve confidence.				-		******
Method used to demonstrate compliance:						
#2. Term or condition of the general permit th	at has not been in common	s complian	ce during the	reportin	g period stated	above:
		\$ ###. \$#	<u>-</u>	· f · - · · · · ·		. •
				 		
Exact period of non-compliance: from		tr	·			.,,
Action(s) taken to achieve compliance:					,	
		· · · · · · · · · · · · · · · · · · ·	-			·
Method used to demonstrate compliance:						
						,
As the responsible official, I hereby certify, bused	on information and belief for	ved after re	wonable inqu	iry, taat ti	ic statements n	ode in th
tolification are true, accurate and complete. Fur loss not exceed 2,180 gallons per year for dry-to						песеции,
, , , , , ,			_		-	
RESPONSIBLE OFFICIAL: John A	P. Angest		L. Jan	<u></u>	1/10	122
	(Please Print)		Gierature			ite
			2/1/2	-	一 4/23	3/5/5
*This form is made available to you as an aid:	in order to meet your synus!	emnitare	. certification	⊸ Libbiliten	nents Trissri	rhe

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

11/06/97

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

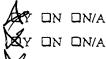
		COMPLIANCE INSI	PECTION C	HECKLIST		
TYPE OF INSPECTION:		ANNUAL RE-INSPECTION		COMPLAINT	/DISCOVERY	
	1120061	DATE 12/4/99		10'45	mr. cr. Oxim	1315

AIRS 1D#: 1170061 DATE: 12/4/0	77 TIME IN: 12:45 TIME OUT: 1:15
FACILITY NAME: Trophy Cle	anevs
FACILITY LOCATION: 445	W. S.R436
Suite	107 Altamente Spers 32714
a.Jon A	arber PHONE: 407-786-4117
RESPONSIBLE OFFICIAL:	PHONE: 407-709-1117
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	<u> </u>
(check appropriate box)	RECEIVED
1. New facility notified DARM 30 days prior to star	
2. Facility failed to notify DARM to use general per	DEC 1 / 1999
	Bureau of Air Monitoring
PART II: CLASSIFICATION	: خ <u>وز Wobile Sources</u>
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source	2. New small area source □
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yτ
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, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(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	ration:
facility qualified for a gen	
☐ facility exceeds above lim	nits and is not eligible for a general permit
	urchased within the preceding 12 months by this dry cleaning
facility was gallons.	from Start up)
480 (180)	MM Saxt up

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 beds according to the manufacturer's specifications?



□N □N/A

ON ON/A



PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

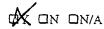
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

- A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)
- 1. Equipped all machines with the appropriate vent controls?
- 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 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 condenser exceeded 45°F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?









XY ON ON/A

В	Has the responsible official of an existing large or new large area source also:		
_ '	with the resilience of the surface o		
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?	XY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	AY AY	□N/A
	Is the temperature differential equal to or greater than 20° F?	DY ON	CA/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,		<u>.</u>
	if machines are equipped with a carbon adsorber?	DY DN	XI/A
	Is the perc concentration equal to or less than 100 ppm?	'אם צם 'אם צם	DX/A
			<i>/</i> `
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?	ОУ ОИ	□ X A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אם עם	AN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	'אם צם	N/A

PART V: RECORDKEEPING REQUIREMENTS

TAKE V. ACCORDED TO TO THE CONTROL OF THE CONTROL O				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	MY ON			
2. Maintained rolling monthly averages of perc consumption?	MA DN			
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 hrs? or;	XY 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?	X Y ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON XIN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	A A PA			
6. Maintained startup/shutdown/malfunction plan?	N□ Y X			
7. Maintained deviation reports?	YOY ON ON/A			
Problem corrected?	OY ON X N/A			
8. Maintained compliance plan, if applicable?	ANO NO YE			

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, AINO NO YO AMO NO YE Muck cookers couplings, and valves DY DN DN/A Stills DY DN DNA Door gaskets and seating Filter gaskets and seating OY □N □N/A DY DN DN/A Exhaust dampers A/MO MO YD Diverter valves DY ON ON/A Pumps DY DN DN/A Cartridge filter housings DY DN DN/A Solvent tanks and containers 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: 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)? NO YO 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? OY ON e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

4 of 5

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И	ANNITIONAL SITE INCODMATION.
I	ADDITIONAL SITE INFORMATION:

UNION (Igrola)
Safety Clear takes away hox.
Waste

5 of 5

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:45TIME OUT: 1200	115 AIRS ID#: 1770061
TYPE OF FACILITY: Dryclean	
FACILITY NAME: TROPHY Cleaners	DATE: 121477
FACILITY LOCATION: 445 W.S. 12. 436	DL & FL - 32714
THAMONE 2	
RESPONSIBLE OFFICIAL:	PHONE NUMBER: 407-7862 444
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 evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	i }
COMMENTS:	
Good lecord keeping	.*
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NO NO
DATE OF NEXT INSPECTION: 13/98	
INSPECTION CONDUCTED BY: APDIA	pproximate) VURESH1
(Pi	lease Print) 457-894 1555
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 707017 1333
Page	of Parised 10/06

ATRS 10#: 1170861

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: TROPHY (1EANE	R ORLANDO LTD DATE: 12-4-97
FACILITY LOCATION: 4/4/5 W. State	2 Rd 436
Altamont	E Sprg5 F1 32714
Annual Reporting Period: 12 - (Dec.)) 1996 TO 12 (DEC) 1997
	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. XYES UNO
If NO, complete the following:	
#1. Term or condition of the general permit that has not be	een in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not be	een 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:	
made in this notification are true, accurate and complete.	mation and belief formed after reasonable inquiry, that the statements Further, my annual consumption of perchloroethylene solvent, based year for dry-to dry facilities or 1,800 gallons per year for transfer or
RESPONSIBLE OFFICIAL: Jon L. G. Name (Please Prin	ARBER Jon Date 12/2/2018
11000 1100	

Page	of	

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^{*}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.

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 the card to you. Attach this form to the front of the mailpiece, or on the back if permit. Write 'Return Receipt Requested' on the mailpiece below the a "The Return Receipt will show to whom the article was delivered.	space does not article number.	I also wish to red following service extra fee): 1. Address 2. Restricts Consult postmas	s (for an ee's Address ed Delivery
our RETURN ADDRESS completed on	AIRS ID#: 1170061 TROPHY CLEANERS INC JOHN R GARRETT 225 SOUTH COLLEGE TYLER TX 75710 5. Received By: (Print Name) Auth Hodo 6. Signature: (Addressee or Agent)	7. Date of De	Type ad Mail ceipt for Merchandise elivery	Certified Insured COD
S	PS Form 3811 . December 1994	× 1	Domestic Ret	urn Receipt

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F	Recei	nce Cove	erage Pr	fied Ma ovided. I Mail <i>(See</i>	
JOI 225	HN R GA	LEANER ARRETT I COLLE	S INC	: 1170061	
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	Special D	elivery Fee		<u>-</u>	
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April	Return Rec Date, & Add	eipt Showing dressee's Add	to Whom, fress		
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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. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1?
Article Addressed to: .	If YES, enter delivery address below:
10 AIRS ID # 1170061001AG JOHN R GARRETT TROPHY CLEANERS	·
TROPHY CLEANERS. 225 SOUTH COLLEGE TYLER TX 75710	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) Z 2 10 662 914	
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789
ļ · · · · · · · · · · · · · · · · · ·	

Z 210 662 914

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Control
AIRS ID # 1170061001AG JOHN R GARRETT TROPHY CLEANERS
225 SOUTH COLLEGE TYLER TX 75710

		+
	Certified Fee	
	Special Delivery Fee	
ٳ	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
8 8	TOTAL Postage & Fees	\$
Ē	Postmark or Date	
PS Form 3800		

	• • • • • • • • • • • • • • • • • • • •					The second contract of the con	
Is your RETURN ADDRESS completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not need to be a serviced.				I also wish to following servi extra fee):	receive the ces (for an	
řě						1. 🗆 Addre	ssee's Address
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PS Form **3800**,

TOTAL Postage & Fees

Postmark or Date

\$

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302136

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 [ED -9 53

Do NOT Remove Label

AIRS ID#1170061

TROPHY CLEANERS INC JOHN R GARRETT 225 SOUTH COLLEGE TYLER TX 75710 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273