

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

July 28, 1997

Mr. Harvey Carroll, Jr.
Carroll's Dry Cleaning
10898 Highway 129 South
Live Oak, Florida 32060

Re: Facility No.: 1210020

Dear Mr. Carroll:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

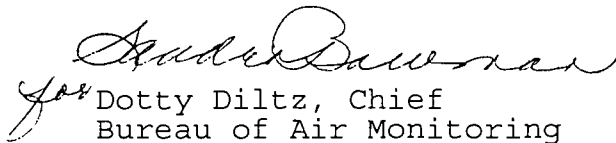
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

Printed on recycled paper.



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 27, 1996

Mr. Harvey Carroll, Jr.
Carroll's Dry Cleaning
617 ~~South~~ Ohio Avenue
Live Oak, Florida 32060

Re: Facility I.D. No. 1210020

Dear Mr. Carroll:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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 is subject to the requirements of the Title V general permit.

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Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Rick Banks, Northeast District

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



Department of Environmental Protection

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JUL - 6 1998

Bureau of Air Monitoring & Mobile Sources
Virginia B. Williams
Secretary

Lawton Chiles
Governor

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

LETTER OF NONCOMPLIANCE

\$ 50.00

TO: AIRS ID# 1210020
CARROLL'S DRY CLEANING
HARVEY CARROLL JR
10898 HWY 129 SOUTH
LIVE OAK FL 32060

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- () 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- () 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- () 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either **Sandra Bowman at 850/921-9583** or **Rick Butler at 850/921-9586**.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

HARVEY CARROLL JR. [Signature]
Name (please print) Signature

6-29-98

Date

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

Facility Owner or Operator
Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sandra Bowman".

Sandra Bowman
Title V Air General Permit Program

/SB

cc: District/Local program

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

FEB 10 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	HARVEY CARROLL JR		
2. Site Name (For example, plant name or number):	CARROLL'S DRY CLEANING		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	617 SOUTH OHIO AVE		
City:	County:	Zip Code:	
LIVE OAK	SUWANNEE	32060	
5. Facility Identification Number (DEP Use):	1210020		

Responsible Official

6. Name and Title of Responsible Official:	HARVEY CARROLL JR, OWNER		
7. Responsible Official Mailing Address:			
Organization/Firm:	CARROLL'S DRY CLEANING		
Street Address:	10898 HWY 12950		
City:	County:	Zip Code:	
LIVE OAK	SUWANNEE	32060	
8. Responsible Official Telephone Number:			
Telephone:	Fax:		
(904) 362-5743	() -		

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:		
() -	() -		

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	1-JUN-84	1-JUN-84						
(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									
(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

(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?

140 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Harvey Campbell Jr.

Signature

1-7-97

Date

#1210020

P.13

6. add title - owner

P.14

3. existing small area
source

P.15

4. should not be marked

(c) is not required to
be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Harvey CARROLL JR</i>
2. Site Name (For example, plant name or number): <i>CARROLL'S Dry Cleaning</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>617 So Ohio Ave</i> City: <i>Live Oak</i> County: <i>SUWANNEE</i> Zip Code: <i>32060</i>
5. Facility Identification Number (DEP Use): <i>1210020</i>

Responsible Official

6. Name and Title of Responsible Official: <i>Harvey Carroll Jr</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Carroll's Dry Cleaning</i> Street Address: <i>617 So Ohio Ave</i> <i>10898 Hwy 12950</i> City: <i>Live Oak</i> County: <i>SUWANNEE</i> Zip Code: <i>32060</i>
8. Responsible Official Telephone Number: Telephone: <i>(904) 362-5743</i> 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: () -

RECEIVED

SEP 3 1996

Bureau of Air Monitoring
& Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	1984							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
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(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

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

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All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

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Please indicate with an "X" the appropriate selection:

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I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Harvey Carroll Jr.
Signature

8-28-96
Date

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:00 PM TIME OUT: 2:45 PM AIRS ID#: 1210020
 TYPE OF FACILITY: DRY CLEANER
 FACILITY NAME: CARROLL'S DRY CLEANING DATE: 1/7/97
 FACILITY LOCATION: 617 SOUTH OHIO AVE.
LIVE OAK, SUWANNEE, FL 32060
 RESPONSIBLE OFFICIAL: HARVEY CARROLL, JR PHONE NUMBER: 904-362-5743

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
ROLLING AVERAGE PERC CONSUMPTION NOT KEPT	MAINTAIN RECORDS
WEEKLY LEAK INSPECTIONS NOT CONDUCTED	CONDUCT INSPECTIONS MAINTAIN RECORDS

COMMENTS:

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

DATE OF NEXT INSPECTION: 1/98
(Approximate)

INSPECTION CONDUCTED BY: R. D. BANKS
(Please Print)

INSPECTOR'S SIGNATURE: *R. D. Banks* PHONE NUMBER: 904-448-4310



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1210020 DATE: 1/7/97 TIME IN: 2:00 TIME OUT: 2:45
 FACILITY NAME: CARROLL'S DRY CLEANING
 FACILITY LOCATION: 617 SOUTH OHIO AVE.
LIVE OAK, FL 32060

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96
 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) <input type="checkbox"/>	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) <input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91) <input checked="" type="checkbox"/>	4. New large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

This is a correct facility classification Y N

If no, please check the appropriate classification:

facility qualified for a general permit as number 1 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 142 gallons. (139)

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N
- 2. Examining the containers for leakage? Y N
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N
Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

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

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

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

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y <input type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N
Door gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N	Stills	<input type="checkbox"/> Y <input type="checkbox"/> N
Filter gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N
Pumps	<input type="checkbox"/> Y <input type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N
Solvent tanks and containers	<input type="checkbox"/> Y <input type="checkbox"/> N	Cartridge filter housings	<input type="checkbox"/> Y <input type="checkbox"/> N
Water separators	<input type="checkbox"/> Y <input type="checkbox"/> N		

HARVEY CARROLL
Name of Responsible Official

R. A. BANKS
Inspector's Name (Please Print)

R. A. Banks
Inspector's Signature

1/17/97
Date of Inspection

1/98
Approximate Date of Next Inspection



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 27, 1996

Mr. Harvey Carroll, Jr.
Carroll's Dry Cleaning
617 South Ohio Avenue
Live Oak, Florida 32060

Re: Facility I.D. No. 1210020

Dear Mr. Carroll:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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 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. Rick Banks, Northeast District

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

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CARROLL'S DRY CLEANING DATE: 1/7/97
 FACILITY LOCATION: 617 SOUTH OHIO AVE.
LIVE OAK, SUWANNEE, FL 32060

Annual Reporting Period: SEPT 3 1996 TO JAN 7 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

NO ROLLING TOTAL OF PERC MAINTAINED
 Exact period of non-compliance: from SEPT 96 to JAN 97
 Action(s) taken to achieve compliance: MAINTAIN RECORDS
 Method used to demonstrate compliance: CHECK ON NEXT INSPECTION

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

WEEKLY INSPECTIONS NOT CONDUCTED
 Exact period of non-compliance: from SEPT 96 to JAN 97
 Action(s) taken to achieve compliance: DO INSPECTIONS - MAINTAIN RECORDS
 Method used to demonstrate compliance: CHECK ON NEXT INSPECTION

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: HARVEY CARROLL JR. Harvey Carroll Jr 1-7-97
 Name (Please Print) Signature Date

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

Z 333 613 564

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID# 1210020

CARROLL'S DRY CLEANING
 HARVEY CARROLL JR
 10898 HWY 129 SOUTH
 LIVE OAK FL 32060

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 1210020
 CARROLL'S DRY CLEANING
 HARVEY CARROLL JR
 10898 HWY 129 SOUTH
 LIVE OAK FL 32060

4a. Article Number

Z 333 613 564

4b. Service Type

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

7. Date of Delivery

JUN 25 1995

5. Received By: (Print Name)

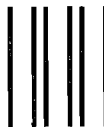
6. Signature: (Addressee or Agent)

X HARVEY CARROLL JR

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

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code in this box •

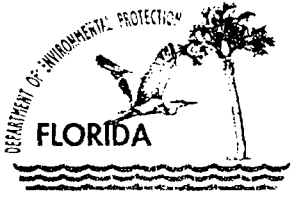
DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

JUN 29 1990

RECEIVED





Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either **Sandra Bowman at 850/921-9583** or **Rick Butler at 850/921-9586**.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)

Signature

Date

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

Facility Owner or Operator
Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

A handwritten signature in cursive script that reads "Sandra Bowman".

Sandra Bowman
Title V Air General Permit Program

/SB

cc: District/Local program

RECEIVED

FEB 23 1998

Bureau of Air Monitoring
& Mobile Sources

Harvey Carroll Jr
10898 Hwy. 129 S
Live Oak, FL 32060
AIRS ID1210020

Department of Environmental Protection
Dotty Diltz, Chief
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399

February 16, 1998

Dear Ms. Doltz:

In response to your letter dated February 12, 1998. Yes, I did receive notice of Emissions Fee. I also responded to that notice. Here is another response.

Due to the strict regulations placed on dry-cleaning plants with full funding from the State of Florida and the EPA to enforce such rules and regulations, and the high tax placed on chemicals, I thought about all these factors and gave them careful consideration and after all that I decided that I made it this far in life with no partners in business and felt like the simplest way to keep EPA and the State of Florida from being my partners in the Dry Cleaning business since I had 100% ownership and 100% of the finance was to close the business, lay off the employees, and let EPA and the State of Florida in their great wisdom, figure where these employees could get a job. My Dry Cleaning business was closed permanently effective August of 1997, therefore I do not need a permit.

If I can be of any further assistance, please let me know.

Sincerely,



Harvey Carroll Jr

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

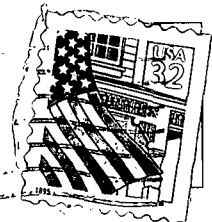
HARVEY CARROLL JR
HARVEY CARROLL JR
10898 HWY 129 SOUTH
LIVE OAK FL 32060

AIRS ID 1210020

CANCEL

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

 **Harvey Carroll Jr**
10898 Hwy 129 S
Live Oak, FL 32060-6789



Oetty Willy
3 Bureau of Air Monitoring
TITLE V - General Permit
Receipts: 2600 Blair Stone Rd
Post Office Box 3070
Tallahassee, FL ~~32315-3070~~
32399

32399/2400





(cut along)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261430

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

RECEIVED
MAIL ROOM

FEB 25 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1210020
CARROLL'S DRY CLEANING
HARVEY CARROLL JR
10898 HWY 129 SOUTH
LIVE OAK FL 32060

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: <div style="text-align: right; margin-right: 20px;">AIRS ID 1210020</div> HARVEY CARROLL JR HARVEY CARROLL JR 10898 HWY 129 SOUTH LIVE OAK FL 32060	4a. Article Number <div style="text-align: center; font-size: 1.5em; font-weight: bold;">Z 333 613 257</div> 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	7. Date of Delivery
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X Harvey Carroll Jr.</i>		

Thank you for using Return Receipt Service.

Z 333 613 257

US Postal Service
Receipt for Certified Mail
Postage Provided

AIRS ID 1210020

HARVEY CARROLL JR
 HARVEY CARROLL JR
 10898 HWY 129 SOUTH
 LIVE OAK FL 32060

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
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Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

10 AIRS ID # 1210020001AG
 HARVEY CARROLL JR
 CARROLL'S DRY CLEANING
 10898 HWY 129 SOUTH
 LIVE OAK FL 32060

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

6/9/01

C. Signature

X *Harvey Carroll Jr*

- Agent
- Addressee

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

2 210 662 919

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

2 210 662 919

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.

10 AIRS ID # 1210020001AG
 HARVEY CARROLL JR
 CARROLL'S DRY CLEANING
 10898 HWY 129 SOUTH
 LIVE OAK FL 32060

PS Form 3800, April 1995

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Postmark or Date	