

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

May 9, 1997

Mr. Greg Johnson, President Quality Cleaners V of Gainesville, Inc. 11 Northeast 23 Avenue Gainesville, Florida 32609

Facility No.: 0010104 Re:

Dear Mr. Johnson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 26, 1997.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title $\mbox{\tt V}$ 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"



RECEIVED

MAR 2 6 1997

Bureau of Air Monitoring & Mobile Sources

March 25, 1997

Ms. Lorraine Clark
Division of Air Resources
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Dear Ms. Clark:

I have included the application for our new central plant which replaces

our 2 previous plants located at:

4116 NW 16th Blvd (AIRS ID # 0010090)

Gainesville, FL 32605

1240 NW 76th Blvd (AIRS ID # 0010089)

Gainesville, FL 32606

If you should have any questions please feel free to give me a call at (352) 379-5600.

Thank you for your help!

Best regards,

Greg Johnson President

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MAR 26 1997

BUREAU OF AIR REGULATION

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): | |
|------|---|------------|
| | QUALITY CLEANERS I OF GAINESVILLE, INC | • |
| 2. | Site Name (For example, plant name or number): | |
| | | |
| 3. | Hazardous Waste Generator Identification Number: | |
| | FLD 984249680 SITE# 17459 | |
| 4. | Facility Location: Street Address: 11 NE 23RD AVE. | |
| | City: GAINESVILLE County: ALACHUA Zip Code: 32609 | |
| 5.5 | Sp. 41. Mar. Co. At. At. Co. Approximately 2000. | _ |
| がある。 | DOIOLOH | 5 |
| | Responsible Official | |
| | R F C F I N | |
| 6. | Name and Time of Responsible Official. | K= |
| | GREG JOHNSON, PRESIDENT MAR 2619 | ∮ 7 |
| 7. | Responsible Official Mailing Address: Organization/Firm: SAME AS ABOVE Bureau of Air Mon | itorina |
| | Street Address: & Mobile Sour | ces |
| | City: County: Zip Code: | |
| 8. | Responsible Official Telephone Number: | 1 |
| | Telephone: (352) 379 - 5600 Fax: (352) 379 - 5550 | |
| | Facility Contact (If different from Responsible Official) | • |
| 9. | Name and Title of Facility Contact (For example, plant manager): | 1 |
|) J. | SAME | |
| 10 | | |
| 10. | Facility Contact Address: | |
| | Street Address: | |
| | City: County: Zip Code: | |
| 11. | Facility Contact Telephone Number: | 1 |
| | Telephone: () - Fax: () - | |
| L | | j |

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

Page 13 of 16

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 | T | Date | Date | | Date | Date |
|--|---------------------------|--|-------------------------------|-------|---------------|-----------|-------|-----------------------|-----------|
| | | Machine | Control | | Machine | Control | | Machine | Control |
| | | Initially | Device | | Initially | Device | | Initially | Device |
| Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed |
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MÁR-92 | 02-MAR- |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | 1 | 01 DEC 80 | OI DEC 80 | 62 | 01JAN96 | OIJAN9 | ζ | | [|
| (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 (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less | are re luanti gallo | equired to be ity of perchlo ons ow many? [| installed [_ proethylene (| perc) | | | | nths? eep records: | |
| 3. What is the facility's son (Indicate with an "X". | Selec | t one classifi | cation only.) |) | nitions found | · | 3) of | Part II? | |
| (1986) Existing large are | | | | | ge area sourc | <u></u> | | | |

DEP Form No. 62-213.900(2)

| 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 | | | | | | |
| · | | | | | | |
| | | | | | | |
| DEP Form No. 62-213.900(2) Page 15 of 16 Effective: 6-25-96 | | | | | | |

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 |
| this notific statements maintain ti | rsigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to that terms and conditions of this general permit as set forth in Part II of this notification form. |
| I will prom | apply notify the Department of any changes to the information contained in this notification. 3-25-97 CREG JOHNSON, PRES. Date |

General Permit Scanning Submission Form

Case File ID: 00/0/04

| √ . | The following sections are included: | Document Date | Page Count |
|--------|--|---------------|---------------|
| V | Acknowledgement Letter | 5/9/1997 | · } |
| 1/ | / Registration | 3/26/1997 | 20 |
| | Fee Acknowledgement Multiple | See back) | |
| | Correspondence | 4/20/1997 | 1 |
| / | 10 | 3/26/1997 | |
| / | , • | 5-14-1999 | Y |
| V | i t | F-7-2000 | 1 2 |
| | • (| 2-2-1998 | 1 |
| / | 1' | 2-4-2002 | 1 |
| usto | mer Verification: | 2-9-2001 | . / |
| he ab | ove checked sections are included in this ca | ase file: | |
| Suctor | ner Signature: DRH and | DEC 30 2008 | |

| | The following sections were scanned: | |
|---|--------------------------------------|-------------|
| | Acknowledgement Letter | |
| | Registration | JUN 26 2009 |
| | Fee Acknowledgement | |
| _ | Correspondence(s) | |

Fee Acknigmnt 1-27-98 1-27-98 1 12-28-1998 1 12-9-99 2

.

#0010104

| Quality Cleaners I of Gainesville | |
|-------------------------------------|----------|
| P.14 1.(c) mark out "V" and initial | _ _ |
| | <u> </u> |
| | _ _ |
| | _ |
| | |
| | |

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|---------------|---|
| | QUALITY CLEANERS OF GAINESVILLE I, INC |
| 2. | Site Name (For example, plant name or number): |
| | |
| 3. | Hazardous Waste Generator Identification Number: |
| | FLD 98424 9680 |
| 4. | Facility Location: Street Address: 11 N.E. 23 RD AVE |
| | Street Address: // /Y, Z, & S / // // // // Six Code 27/66 74/67 |
| | City: GAINESVILLE County: ALACHUA Zip Code: 32609-3642 |
| ; 5 .∹ | Facility Identification Number (DEP Use): |
| | 0010104 |
| | Responsible Official |
| | Nesponsible Citiena. |
| 6. | Name and Title of Responsible Official: |
| | GREG JOHNSON, PRESIDENT |
| 7. | Responsible Official Mailing Address: |
| | Organization/Firm: |
| | Street Address: SAME City: County: Zip Code: |
| | City: County: Zip Code: |
| 8. | Responsible Official Telephone Number: |
| | Telephone: (352) 379-5600 Fax: (352) 379-5550 |
| , | · |
| | Facility Contact (If different from Responsible Official) |
| 9. | Name and Title of Facility Contact (For example, plant manager): |
| | DANNY THOMAS, PLANT MANAGER |
| 10. | Facility Contact Address: |
| | Ame |
| | Street Address: SAME |
| | City: Zip Code: |
| 11. | Facility Contact Telephone Number: |
| • | Telephone: (352) 379 - 5600 Fax: (352) 379 - 5550 |
| | |
| | |

DEP Form No. 62-213.900(2)

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 | | Date | Date | | Date | Date |
|---|---------------|-----------------------------|------------------------|----------|----------------|-----------------|-------|--------------|-------------|
| | | Machine | Control | | Machine | Control | | Machine | Control |
| | | Initially | Device | | Initially | Device | | Initially | Device |
| Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed |
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-9 |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | 7 | 0/ 05/20/2 | OI DECE | 2 | 01 JAN94 | DITAN96 | | | |
| (2) w/ carbon adsorber | Ť | 7 1147 50 | or pace | | J 7 7472 | DI VIN ID | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | 1 | | ı | 1 | | , | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | l | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | : | <u> </u> | | | | | ٠ |
| (7) w/ ref. condenser | | | | | | | | İ | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | - | | | | | |
| Reclaimer Unit | | ** | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | 1 |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | - | | | | | | | |
| (b) Control devices are (c) No control devices 2.(a) What was the total of | are r | equired to be | installed [_ | | J | n the latest 12 | ! mor | nths? | |
| (b) If less than 12 mont Check why it is less | hs, h than | ow many? [_ 1 12 months: |] months New owner: | | _] New store | : Did | not k | eep records: | |
| 3. What is the facility's so (Indicate with an "X". | | | | | nitions found | d in section (3 | 3) of | Part II? | |
| Existing small ar | ea so | urce [] | Ne | w sn | nall area sour | -ce [|) | | |
| Existing large are | ea so | urce [] | Ne | w laı | ge area sour | ce [| | | |

DEP Form No. 62-213.900(2)

| 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 | | | | | |

DEP Form No. 62-213.900(2)

Surrender of Existing Air Permit(s)

| Please indicate | e 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 |
| this notific statements maintain i | ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. |
| I will prov | mptly notify the Department of any changes to the information contained in this notification. 4-17-97 |
| Signature | Date |

AIRS ID#: <u>6010104</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: QUALITY CLEANERS DATE: 4/17/97 |
|--|
| FACILITY LOCATION: 11 N.E. 23 RD |
| GAINES VILLE, FL |
| |
| Annual Reporting Period: 1 TAN 1997 TO 17 AFR 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 |
| 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: |
| NOT MAINTAINING PERC TEMP LOG |
| Exact period of non-compliance: from J JAN 1997 to to 1997 |
| Action(s) taken to achieve compliance: MANNTAIN TRUP LOGS |
| Method used to demonstrate compliance: ANNUAL INSPICTION |
| #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: NO TEMPERATORIE PROBE ON MACHINE # [|
| Exact period of non-compliance: from |
| Action(s) taken to achieve compliance: |
| Method used to demonstrate compliance: ANNUAL LINSPECTION |
| 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: Name (Please Print) Name (Please Print) Signature Date |

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL COM | MPLAINT/DISCOVERY RE-INSPECTION |
|--|--|
| TIME IN: 9:45 AM TIME OUT: 1811 | 42 AM AIRS ID#: 00/0/04 |
| TYPE OF FACILITY: DRY CLEANER FACILITY NAME: QUALITY CLEANE FACILITY LOCATION: II N.E. 23 | TRS DATE: 4/17/97 RD AVE |
| GAINESVILLE | , ; — — — — — — — — — — — — — — — — — — |
| RESPONSIBLE OFFICIAL: GREE JOHNSON | n/phone number: 352 - 376-7662 |
| Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration | - · · · · · · · · · · · · · · · · · · · |
| Based on the results of the compliance requirements evaludiscrepancies were noted: | uated during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| NOT PRESENTLY RELORDING TEMP IN A LOG | MAINTAIN TEMP LOGS |
| NOT ABLE TO CHECK PERC TEMP ON OLDER MACHINE | INSTALL PROBE FOR TEMPERATURE MONITORING |
| | · . |
| | |
| | |
| | |
| COMMENTS: | |
| | |
| The Annual Compliance Certification form has been properly cert DATE OF NEXT INSPECTION: 4/98 | ified and submitted to the inspector. YES NO |
| | pproximate) BANKS |
| | PHONE NUMBER: 44-448-4340 |

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: ANNUAL RE-INSPECTION | COMPLAINT/DISC | OVERY | |
|--|--|---------------|--|
| FACILITY NAME: QUALITY FACILITY LOCATION: | | 10:42 | 2 AU1 |
| PART I: NOTIFICATION | | | |
| (check appropriate box) | | | |
| 1. Existing facility notified DARM by 9/1/96 | | | |
| 2. New facility notified DARM 30 days prior to sta | rtup | | |
| 3. Facility failed to notify DARM to use general pe | rmit | | |
| 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=""><td></td><td>A STATE OF THE STA</td></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=""><td></td><td>A STATE OF THE STA</td></x<2,> | | A STATE OF THE STA |
| This is a correct facility classification | DY DX | | |
| If no, please check the appropriate classification: | | | |
| facility qualified for a general period facility exceeds above limits and in | mit as number above s not eligible for a general permit | | |
| B. The total quantity of perchloroethylene (perc) pufacility was gallons. | urchased within the preceding 12 months | s by this dry | cleaning |

1 of 4

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

PART III: GENERAL CONTROL REQUIREMENTS

| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΠY | ПN | MNA |
|----|---|----|----|-------|
| | Is the temperature differential equal to or greater than 20° F? | ΠY | ΠN | |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ΠY | □N | 19N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΠY | ПИ | |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, | | | |
| | or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | ΠY | □N | M N/ |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΠY | ПΝ | DAN/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | ПN | Ľ⊒N√A |

| PART V: RECORDKEEPING REQUIREMENTS | |
|--|----------------|
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | DAY ON |
| 2. Maintained rolling monthly averages of perc consumption? | oy u n√ |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | DY ON |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | ey on |
| 4. Maintained calibration data? (for direct reading instruments only) | OY ON CON/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | |
| 6. Maintained startup/shutdown/malfunction plan? | DA CIN |
| 7. Maintained deviation reports? | MO KO |
| Problem corrected? | ON ON |
| 8. Maintained compliance plan, if applicable? | OY ON ØN/A |

| PART VI: LEAK DETECTION AND REPAIRS | _ |
|---|-------|
| 1. Does the responsible official conduct a weekly leak detection and repair inspection? | DY ON |
| 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) | 2 |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | |

| If using | If using direct-reading instrumentation, is the equipment: | | | | | |
|---------------------|---|-------------|-------------------|---------------------------|----------------|----------|
| | a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | | | | OY O | N |
| | b. Calibrated against a standard gas prior to and after each use (PfD/FID.only)? | | | | OY ON | |
| | c. Inspected for leaks and | d obvious | signs of wear on | a weekly basis? | OY ON | |
| | d. Kept in a clean and se | cure area | when not in use? | • | OY ON | |
| | e. Verified for accuracy by use of duplicate samples (calorimetric only)? | | | | OY O | N |
| 3. Has the facility | y maintained a leak log? | | | | DN ON | |
| 4. The following | areas should be checked f | for leaks l | by the inspector: | | | |
| J | | Leak De | | | Leak D | etected? |
| | nections, fittings, gs, and valves | | ПИ | Muck cookers | GY | □и |
| Door gas | kets and seating | DY , | ΩΝ | Stills | 6m | □N |
| Filter ga | skets and seating | 61 | □И . | Exhaust dampers | GY | DИ |
| Pumps | | by | □и | Diverter valves | Øy | _N: |
| Solvent t | anks and containers | 64 | □и . | Cartridge filter housings | Q Y | □N. |
| | | 64 | □N | | | |

4 of 4

Inspector's Signature

4/98
Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | ANNUAL 🔀 COM | IPLAINT/DISCOVERY | RE-INSPECTION |
|--|---|--|------------------------|
| TIME IN:_/2:00 | TIME OUT: /2:35 | AIRS ID#: OO | 10104 |
| TYPE OF FACILITY: DRY C | LEANER | | |
| FACILITY NAME: QUALITY | • | | DATE: Q 5/7/98 |
| FACILITY LOCATION: 11 | NE 23th AVE | | |
| | DESVILLE, FL 3260 | | |
| RESPONSIBLE OFFICIAL: G | REG JOHUSON | PHONE NUMBER: | 52-379-5600 |
| | ne compliance requirements evaluale 62-213.300, Florida Administr | ated during this inspection, the faci rative Code (F.A.C.). | lity is found to be in |
| Based on the results of the discrepancies were noted | | ated during this inspection, the follo | owing compliance |
| COMPLIANCE REQU | IREMENT/PROBLEM | FOLLOW-UP ACTIO | ON REQUIRED |
| | · | | |
| | | P | <u>^</u> |
| | | Burgar of S | E/2 |
| | | Die Source | \$ G |
| | | ~ ~ | • |
| | | | |
| COMMENTS: | | | |
| ·· | | · | |
| The Annual Compliance Certification | tion form has been properly certif | fied and submitted to the inspector. | YES NO |
| DATE OF NEXT INSPECTION | T: <u>5/99</u> (Ad | proximate) | |
| INSPECTION CONDUCTED E | IX: Christopher L. | | |
| INSPECTOR'S SIGNATURE:_ | Afthel. N | | 904-448- 4310 |

Page___of__

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

73.

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: ANNUAL RE-INSPECT | COMPLAINT/DISCOVERY |
|--|--|
| | 98 TIME IN: 12:00 TIME OUT:12:35 |
| | ers of GAINESU.lle |
| FACILITY LOCATION: // N.E. 2 | |
| GAINEU. 11e | FL 32609 |
| RESPONSIBLE OFFICIAL: Greg John | 500 PHONE: 352-379-5600 |
| CONTACT NAME: | PHONE: |
| PART I: NOTIFICATION | |
| (check appropriate box) | |
| 1. New facility notified DARM 30 days prior to | startup |
| 2. Facility failed to notify DARM to use general | permit |
| | |
| PART II: CLASSIFICATION | |
| Facility indicated on notification form that it is (check appropriate box) A. | s: No notification form Drop store/out of business/petroleum |
| 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 | □N □Can not determine |
| | ification: general permit as number above limits and is not eligible for a general permit |
| B. The total quantity of perchloroethylene (perc) facility was 63 / gallons. | purchased within the preceding 12 months by this dry cleaning |

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) OY ON **X**DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MANA 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? DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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? DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? □N □N/A 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? ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? QY \Box N

| B. Has the responsible official of an existing large or new large area source a | also: |
|--|---|
| Measured and recorded the exhaust temperature on the outlet side of the conde on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | enser located ½ Y 🗆N |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ₽ Y □N □N/A |
| ls the temperature differential equal to or greater than 20° F? | A/N UN DN/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 adsorbe if machines are equipped with a carbon adsorber? | אַעם אם ע עני |
| ls the perc concentration equal to or less than 100 ppm? | DY 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, control or expansion; is at least 2 duct diameters upstream from any bend, contraction or expansion; and downstream from no other inlet? | |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | Ф У ОN ОМ/У |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | √D Y □N □N/A |
| | · · · · · · · · · · · · · · · · · · · |
| | \$ |
| PART V: RECORDKEEPING REQUIREMENTS | |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) | |
| Has the responsible official: | 7 87 CIN |
| Has the responsible official: (check appropriate boxes) | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? | V ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? | V ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: | PAY ON ON/A |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 | P days |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 and parts installed w/in 5 days of receipt? | PAY ON ON/A days days |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) | DAY ON PAY ON ON/A A days OY ON ON/A OY ON PA/A |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? | DAY ON PAY ON ON/A days DY ON ON/A OY ON PAR/A DY ON ON/A |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? | DAY ON ON/A DAY ON ON/A DAY ON ON/A OY ON PAR/A DAY ON ON/A DAY ON ON/A DAY ON ON/A |

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

| Christopher C. Scott Inspector's Name (Please Print) | <u>95/7/98</u> |
|---|-------------------------------------|
| Inspector's Name (Please Print) | Date of Inspection |
| Aff l. let | 4/99 |
| Inspector's Signature | Approximate Date of Next Inspection |
| · · | |

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

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

DY DN

DY DN

ADDITIONAL SITE INFORMATION:

MULTIMATIC Shop Stan

> Mira Clean LAVA 50

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

| RE-INSPECTIO | |
|--|--|
| AIRS ID#: <u>00/0/04</u> DATE: 4/12 | 2 /49 TIME IN: 11:30 TIME OUT: 12:05 |
| FACILITY NAME: QUALITY | CLEANERS |
| FACILITY LOCATION: 11 NE | |
| | |
| RESPONSIBLE OFFICIAL: GAEL V | 12LE FL 32609 10HNSON PHONE: (352) 379-5720 |
| CONTACT NAME: | PHONE: |
| | RECEIVED- |
| PART I: NOTIFICATION | /\ E C E ! \ E D |
| (check appropriate box) | MAY 1 4 1999 |
| New facility notified DARM 30 days prior to state Facility failed to notify DARM to use general per | Bureau of Air Monitoring |
| 2. 1 4011() 144-04 (0 1104) 2. 144-1 (0 1104) 2010/14 (0 | & Mobile Sources |
| PART II: CLASSIFICATION | |
| Facility indicated on notification form that it is: | ☐ No notification form |
| (check appropriate box) | ☐ Drop store/out of business/petroleum |
| A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) | 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) | 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) |
| 5. This is a correct facility classification | Y DN DCan not determine |
| | ation: neral permit as number above nits and is not eligible for a general permit |
| B. The total quantity of perchloroethylene (perc) per facility was 685 gallons. | archased 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 scaled 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 scaled 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?

| DY AY | ロ N ロ N ロ N ロ N | DON/A |
|----------|-----------------|-------|
| Y | □и | □N/A |
| X | ΠN | □N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

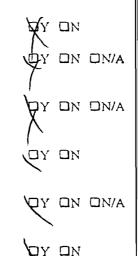
If classification 1 has been checked, no controls are required. Proceed to Part V.

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?
- 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?



AIRS ID#: <u>0010104</u>

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: QUALIT FACILITY LOCATION: // // | y cl | EANORS | | DATE: _ | 4/12/99 |
|--|--------------------------------|---------------------|------------------------|----------------|-----------------|
| FACILITY LOCATION: // // | 1E 23 | 3 ra Ave | | | · · |
| | | E PL | | | |
| | 23 47 200 | . , _ | 52601 | | |
| Annual Reporting Period: | pri/ | 19 <i>98</i> T | · April | , | 1999 |
| Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F. | - | • • | \ <u>-</u> _ | | , ио В ио |
| If NO, complete the following: | | | | | |
| #1. Term or condition of the general permit | that has not been | n in continuous com | npliance during the re | porting period | stated above: |
| Exact period of non-compliance: from | | | το | | |
| Action(s) taken to achieve compliance: | | | | · | |
| Method used to demonstrate compliance: . | _ | | | | |
| #2. Term or condition of the general permit | that has not been | n in continuous com | ipliance during the re | porting period | stated above: |
| Exact period of non-compliance: from | | | to | | · <u>.</u> |
| Action(s) taken to achieve compliance: | | | | | |
| Method used to demonstrate compliance: | | | | | · . |
| As the responsible official, I hereby certify, I made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities. | and complete. Fi | urther, my annual c | consumption of perchl | oroethylene so | olvent, based |
| RESPONSIBLE OFFICIAL: CREC | JOHNS Dry ne (Please Print) | <u> </u> | Signature | Mora | 4/12/99 Date |

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

| B. Has the responsible official of an existing large or new large area source also: | |
|--|------------------------------|
| 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? | DY DN |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | אוחם מם עצל |
| Is the temperature differential equal to or greater than 20° F? | אאם אם אא |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? | איטם אם אלא איט אם איט איט א |
| 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? | אואם אם צקל A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | QY ON ON/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | DY ON ONA |

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? NO YÇ 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; AND NO YO b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? AINO NO YE 4. Maintained calibration data? (for applicable direct reading instruments) ANAQ NO YO 5. Maintained exhaust duct menitoring data on perc concentrations? אותם אם צכ ИП YÇ 6. Maintained startup/shutdown/malfunction plan? QY ON ON/A 7. Maintained deviation reports? אומם מם עם Problem corrected? DY ON ONA 8. Maintained compliance plan, if applicable?

| P. | PART VI: LEAK DETECTION AND REPAIRS | | | | | | |
|----|---|----------------------------|---------------------------------|-------------|--|--|--|
| 1. | Does the responsible official conduct | weekly (for small source | es, bi-weckly) leak detection a | nd repair | | | |
| | inspection? | | | "BAX ON | | | |
| 2. | Has the facility maintained a leak log' | ? | | אם אָע | | | |
| 3. | Does the responsible official check the | following areas for leaks | s? | · | | | |
| | Hose connections, fittings, couplings, and valves | אואם אם צים | Muck cookers | אואם אם צע | | | |
| | Door gaskets and scatting | by on oniv | Stills | אואם אם אוא | | | |
| | Filter gaskets and seating | אואם אם אוא | Exhaust dampers | אואם אם אלא | | | |
| | Pumps | אואם אם אפ | Diverter valves | DY DN DN/A | | | |
| | Solvent tanks and containers | אואם אם אוא | Cartridge filter housings | QY ON ON/A | | | |
| | | | | | | | |
| 4. | Which method of detection is used by | the responsible official? | | | | | |
| | Visual examination (condensed | solvent on exterior surfac | es) | Ą | | | |
| | Physical detection (airflow felt the | hrough gaskets) | | B) | | | |
| | Odor (noticeable perc odor) | | | Ø | | | |
| | Use of direct-reading instrument | ation (FID/PID/calorime | tric tubes) | | | | |
| | Halogen leak detector | | | | | | |
| | ZN/A | | | | | | |
| | אם עם | | | | | | |
| | b. Calibrated against a (PID/FID only)? | after each use | מם עם | | | | |
| | c. Inspected for leaks a | nd obvious signs of wear | on a weekly basis? | OY ON | | | |
| | d. Kept in a clean and | אָם עם | | | | | |
| | מם עם | | | | | | |
| | | | • | | | | |
| | | | | | | | |
| | | | | | | | |
| | Ered A | lvarez | 4/12 | 199 | | | |
| - | Inspector's Name (Please Pr | | Date of Inspe | ction | | | |

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

| | ADDITIONAL SITE INFORMATION: | - All states of the states and the states are the states and the states are the s | |
|---|------------------------------|--|--|
| I | | | |

MULTIMATIC SHOP STAR

MINACUSAN LAVA 50

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | annual 🔀 | COMPLA | INT/DISCOVERY | RE-INSPECTION |
|--|-------------------------|-------------------|--|--|
| TIME IN: 2:20 | TIME OUT: | 2:55 | AIRS ID#: | 0010104 |
| TYPE OF FACILITY: | Y WGAT | VER | | |
| FACILITY NAME: QUI | ALITY C | · CGAMI | ors y | DATE: 5/12/00 |
| FACILITY LOCATION: // | NEZ | -3 AV | 22/56 | |
| G | 'VILVE | Fl | 32609 | (0 |
| RESPONSIBLE OFFICIAL: | REG JOHA | ISON | PHONE NUMBE | (352) 3/9-5600 |
| Based on the results of the compliance with DEP R | | | during this inspection, the Code (F.A.C.). | facility is found to be in |
| Based on the results of the discrepancies were noted | | ents evaluated o | during this inspection, the | following compliance |
| COMPLIANCE REQU | IREMENT/PROB | LEM | FOLLOW-UP AC | TION REQUIRED |
| · | | | | |
| | | | | |
| | | | | |
| | • | | | • |
| | | | | W . |
| | | | Bu | |
| | | | eau of Am | |
| | | | Source | Monitoring C |
| | | | | · · |
| | | | | • |
| COMMENTS: | | | | |
| | | | | |
| The Annual Compliance Certific | ation form has been pro | perly certified a | nd submitted to the inspe | ctor. YES NO |
| DATE OF NEXT INSPECTION | N: | Mri/ | 2001 | |
| | | (Approx | • | |
| INSPECTION CONDUCTED I | BY: PRO | (Please) | VAREZ Print) | ((12) 12) (2-12) |
| INSPECTOR'S SIGNATURE: | | | PHONE NUMBI | $\frac{(704)}{44} \frac{44}{8} \frac{75}{1}$ $\frac{7}{2} \frac{7}{4}$ |
| | | Page of | / | Revised 10/96 |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

| Clerob |
|--------|
|--------|

| TYPE OF INSPECTION: ANNUAL RE-INSPECTION AIRS ID#: \(\frac{\(\mathcal{O}\) \(\text{IO}\) \(\text{IT} \) \(\text{DU} \) TIME IN: \(\frac{2}{2} \) \(\text{ITME OUT: } \) \(\text{ITME OUT: } \(\frac{2}{2} \) \(\text{ITME OUT: } \) \(\text{ITME OUT: } \(\frac{2}{2} \) \(\text{ITME OUT: } \) \(\ |
|--|
| RE-INSPECTION AIRS ID#: \(\frac{\mathcal{O}}{\mathcal{O}} \) O / O / O / D DATE: \(\frac{\fra |
| FACILITY NAME: QUALITY CLEARY CR 5 TZ FACILITY LOCATION: 1/ XE 23 days GUILLE FL 32609 RESPONSIBLE OFFICIAL: GREG- JOHNSON PHONE: (352) 379-5600 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup |
| FACILITY NAME: QUALITY CLEARY CR 5 TZ FACILITY LOCATION: 11 XE 23 TA AVE GUILLE FL 32609 RESPONSIBLE OFFICIAL: GREG- JOHNSON PHONE: (352) 379-5600 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup |
| RESPONSIBLE OFFICIAL: GACG JOHNSON PHONE: (352) 379-5600 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup |
| RESPONSIBLE OFFICIAL: GACG JOHNSON PHONE: (352) 379-5600 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup |
| RESPONSIBLE OFFICIAL: GACG JOHNSON PHONE: (352) 379-5600 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup |
| RESPONSIBLE OFFICIAL: GALG JOHNSON PHONE: (352) 379-5600 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup |
| CONTACT NAME:PHONE: |
| PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup |
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| (check appropriate box) 1. New facility notified DARM 30 days prior to startup |
| 1. New facility notified DARM 30 days prior to startup |
| |
| 2. Facility failed to notify DARM to use general permit |
| |
| |
| PART II: CLASSIFICATION |
| Facility indicated on notification form that it is: |
| (check appropriate box) □ 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/yr |
| |
| transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr |
| transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr |
| transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr |
| transfer only, $x < 200 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before 12/9/91) (constructed on or after 12/9/91) |
| 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 $12/9/91$) |
| transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ |
| transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ |
| transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ |
| transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ |
| transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$) |
| transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$) 5. This is a correct facility classification If no, please check the appropriate classification: Gaility qualified for a general permit as number above |
| transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$) 5. This is a correct facility classification If no, please check the appropriate classification: |

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | ANNUAL X | COMPL | AINT/DISCOVERY | RE-INSPECTION |
|---|---|-------------------|---|--------------------------|
| TIME IN: //:30 | TIME OUT:_ | 12:0 | AIRS ID#: | 010104 |
| TYPE OF FACILITY: DA | 24 CLEAN | NGK | | |
| FACILITY NAME: QL | IALITY | CLEAN | vers | DATE: 4/12/99 |
| FACILITY LOCATION:/ | INE 2 | 2310 4 | LYE | |
| | GAINES | | PC 3260 | |
| RESPONSIBLE OFFICIAL: | per JO | NSON | PHONE NUMBER(| 352) 379-500 |
| Based on the results of compliance with DEP F | | | during this inspection, the face code (F.A.C.). | cility is found to be in |
| Based on the results of discrepancies were note | | ements evaluated | during this inspection, the fol | lowing compliance |
| COMPLIANCE REQU | UIREMENT/PRO | BLEM | FOLLOW-UP ACTI | ON REQUIRED |
| | | | | |
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| COMMENTS: | | | | |
| | | | • | · |
| | • | · . | | |
| The Annual Compliance Certific | cation form has been p | roperly certified | and submitted to the inspector | YES NO |
| DATE OF NEXT INSPECTIO | N: | April | 2000 | |
| INSPECTION CONDUCTED | BY: Fred | Alva | ximate) OZ Print) 4/4 | 16-4317 |
| INSPECTOR'S SIGNATURE: | 1.11 | | PHONE NUMBER: | X/240 |
| | | Page Jof | 1 | Revised 10/96 |
| | | Page Inf | 1 | Kevisea 10/96 |

DOIOIO Y DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: MALITY COCATION: NE 3 | <u>-</u> | | | | | | · · · · · · · · · · · · · · · · · · · |
|--|--|--|--|--------------------------------------|---------------------------------------|--------------|---------------------------------------|
| Annual Reporting Period: Annual Reporting Period: April 19 9 7 TO 49 | FACILITY NAME: | QUALITY | CIG | an CRS | I | _DATE: | 5/12/00 |
| Annual Reporting Period: Annual Reporting Period: April 19 9 7 TO April 19 9 7 TO 19 9 7 TO 19 9 7 TO 19 9 7 TO 19 9 9 TO 19 9 TO 1 | FACILITY LOCATION: | 11 NE | 23 rd | AVE | | | |
| Annual Reporting Period: | | _ | EL | 32609 | , | | |
| 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 about to demonstrate compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to demonstrate compliance: Method used to demonstrate compliance: | | | | | | | |
| 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to demonstrate compliance: #3. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to demonstrate compliance: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to demonstrate compliance: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to demonstrate compliance: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to demonstrate compliance: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to demonstrate compliance: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to demonstrate compliance: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to demonstrate compliance: #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to demonstrate compliance: #4. Term or condition of the general permit that has not been in continuous co | Annual Reporting Period: | Apr | 19 <u>9 '</u> | ́7 то | 1p/ | | 2.000 19 |
| #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the period of non-compliance: Exact period of non-compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to achieve compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about to achieve compliance: #3. Action(s) taken to achieve compliance: Method used to demonstrate compliance: | Based on each term or condi | ition of the Title V general a | ir permit, my facili | ty has remained | in complianc | e with DEP | Rule |
| #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the compliance: Exact period of non-compliance: from | 62-213.300, Florida Admini | strative Code (F.A.C.), during | ng the period cover | ed by this statem | ent. YE | es [| Ои⊑ |
| #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the compliance: Exact period of non-compliance: from | If NO, complete the following | ng: | | | / . | | |
| Action(s) taken to achieve compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated abo Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statemen made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, base 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. | #1. Term or condition of the | e general permit that has not | t been in continuou | s compliance du | ring the repo | rting period | stated above: |
| Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated abo Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statemen made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, base 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. | Exact period of non-complia | ance: from | | to | · · · · · · · · · · · · · · · · · · · | _ | |
| #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated abo Exact period of non-compliance: from | Action(s) taken to achieve c | ompliance: | | | | | |
| Exact period of non-compliance: from | Method used to demonstrate | compliance: | | | | | |
| Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statemen made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, base 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. | #2. Term or condition of th | e general permit that has no | t been in continuou | s compliance du | ring the repo | rting period | stated above: |
| Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statemen made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, base 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. | Exact period of non-complia | ance: from | · · · · · · · · · · · · · · · · · · · | to | | | |
| Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statemen made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, base 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. | Action(s) taken to achieve c | ompliance: | | | | | |
| made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, base 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: GREG JOHNSON Jo Man 5/12/ Name (Please Print) for Signature Date | made in this notification are upon rolling averages of pu year for transfer or combine | e true, accurate and complet rchase receipts, does not exc ation facilities. | e. Further, my anr ceed 2,100 gallons | nual consumption per year for dry | of perchlor to dry facilit | oethylene so | lvent, based gallons per |

^{*}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.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? ON ON/A 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? ON ON/A 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? 2. Equipped dry-to-dry machines with a closed-loop vapor enting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ON ON/A condenser upon opening the door?

PART III: GENERAL CONTROL REQUIREMENTS

NO YE

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

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

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

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

condenser exceeded 45°F?

| 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? | ^ 5 9 Y € | אב | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser | 1 | | |
| | inlet and outlet weekly? | ZA | ו אב | ⊃N/A |
| | Is the temperature differential equal to or greater than 20° F? | . ββ α | ו אב | ⊃N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly | • | | • |
| | at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | βY | אב | ⊐N/A |
| | Is the perc concentration equal to or less than 100 ppm? | 6, c | ו אב | ⊒N/A |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, | • | | |
| | or expansion; and downstream from no other inlet? | A C | ו אב | ⊃N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | φ _Y τ | ו אב | ⊃N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | Jay c | ו אב | ⊃N/A |

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? MD AC 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; A/MD MD YQ b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY ON ON/A and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON 6. Maintained startup/shutdown/malfunction plan? DY DN PIÑ/A 7. Maintained deviation reports? □Y □N ÆÑ/A Problem corrected? DY DN/DN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

| 1. | Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | |
|--|---|----------------------------|---------------------------|------------|
| | inspection? | | | DY □N |
| 2. | Has the facility maintained a leak log? | | | ZIY ON |
| 3. | Does the responsible official check the following areas for leaks? | | | |
| | Hose connections, fittings, couplings, and valves | MY ON ON/A | Muck cookers | PY ON ON/A |
| | Door gaskets and seating | DY ON ON/A | Stills | PY ON ON/A |
| | Filter gaskets and seating | DY ON ON/A | Exhaust dampers | ZY ON ON/A |
| | Pumps | DY ON ON/A | Diverter valves | MY ON ON/A |
| | Solvent tanks and containers | MY ON ON/A | Cartridge filter housings | AY ON ON/A |
| | Water separators | PY ON ON/A | | |
| 4. | Which method of detection is used by t | he responsible official? | | |
| | Visual examination (condensed solvent on exterior surfaces) | | | <i>p</i> - |
| | Physical detection (airflow felt through gaskets) | | | 9 |
| | Odor (noticeable perc odor) | | | 9⁄ ø |
| | Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | | | C) |
| Halogen leak detector | | | | |
| If using direct-reading instrumentation, is the equipment: | | | M/A | |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | | | OY ON | |
| | b. Calibrated against a s (PID/FID only)? | tandard gas prior to and a | after each use | OY ON |
| 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? | | | OY ON | |
| | e. Verified for accuracy by use of duplicate samples (calorimetric only)? | | | OY ON |
| | • | | | |

Inspector's Name (Please Print)

Inspector's Signature

5/12/10

Date of Inspection

Approximate Date of Next Inspection

MULTIMATIL
SHOP STAR
45#



Department of Environmental Protection

00/0/04

Lawton Chiles
Governor

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

Virginia B. Wetherell Secretary

April 20, 1997

Quality Cleaners of Gainesville II 4116 Northwest 16 Boulevard Gainesville, Florida 32605

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez Administrator

Mobile Source Control Section Bureau of Air Monitoring and

Mobile Sources

HE\sb

Enclosure

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

All 301229

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORMEC

| | QUALITY CLEANERS OF GA GREG JOHNSON 11 NE 23RD AVENUE GAINESVILLE FL 32609 | AIRS ID#0010104 AINESVILLE V | EB 2 1998 Bureau of Air Monitoring & Mobile Sources | |
|--|---|---------------------------------|---|--|
| | Do <u>NOT</u> Rem | ove Label | | |
| Annual Reporting Period: | an 1 199 | 7 to | Dec. 31 1997 | |
| Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F | | • | npliance with DEP Rule YES NO | |
| If NO, complete the following: | | | | |
| #1. Term or condition of the general permit | that has not been in continuo | ous compliance during th | ne reporting period stated above: | |
| Exact period of non-compliance: from | | to | | |
| Action(s) taken to achieve compliance: | , | | REG 7AH JAN | |
| Method used to demonstrate compliance: | | | - ROC 5 | |
| #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: | | | | |
| Exact period of non-compliance: from | | to | | |
| Action(s) taken to achieve compliance: | | · | | |
| Method used to demonstrate compliance: | <u>: </u> | | | |
| | | | | |
| As the responsible official, I hereby certify, base notification are true, accurate and complete. For does not exceed 2,100 gallons per year for dry-to- | urther, my annual consumption | of perchloroethylene solv | vent, based upon purchase receipts, | |
| Nan | ne (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.

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 7027 Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) AIRS ID # 0010104001AG 10 Sen GREG JOHNSON QUALITY CLEANERS OF GAINESVILLE V Stree 11 NE 23RD AVENUE **GAINESVILLE FL 32609** UNITED STATES POSTAL SERVICE Permit No. G-10 Sender: Please print yourmame, address, and ZIP+4 in this box DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 hallandahallahandahadl) adlandahallad 239912400 COMPLETE THIS SECTION ON DELIVERY 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. ☐ Agent Attach this card to the back of the mailpiece, □ Addressee or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: AIRS ID # 0010104001 AG GREG JOHNSON QUALITY CLEANERS OF GAINESVILLE V Service Type 11 NE 23RD AVENUE Certified Mail ☐ Express Mail **GAINESVILLE FL 32609** Registered ☐ Return Receipt for Merchandise

PS Form 3811, July 1999

Domestic Return Receipt

Insured Mail

4. Restricted Delivery? (Extra Fee)

□ C.O.D.

102595-00-M-0952

☐ Yes

| | BEST AVAILABLE COPY | |
|---|---|-----------|
| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | |
| 4 6 5 7 | | |
| 4 1. E 7 | Postage Continue Span | |
| 9200 | Restricted Delivery Fee | j |
| 0090 0002 | QUALITY CLEANERS OF GAINESVILLE V Reci GREG JOHNSON 11 NE 23RD AVENUE Sirei GAINESVILLE FL 32609 | |
| | PS Form 3800, February 2000 See Reverse for Instructions | · . |
| UNITED STATE | First Class Mail Postage & Fees USPS Permit No. G-10 | |
| • Send | der: Please print your name, address, and ZIP+4 in this box | e grandan |
| | EUR. OF ALL MONITORING & MOBILE SOURCES DEFT. OF FRANCISMESTAL PROTECTION MAIL STATIONS 610 A 2600 TANK AND FECAD TALLAS ASSUE, ALCHEA 32299-2400 | |

| 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. 1. Article Addressed to: | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X |
| AIRS ID # 0010104 QUALITY CLEANERS OF GAINESVILLE V GREG JOHNSON 11 NE 23RD AVENUE GAINESVILLE FL 32609 2. Article Number (Copy from service label) | 3. Service Type Certified Mail |
| PS Form 3811, July 1999 Domestic Rel | turn Receipt 102595-99-M-1789 |

QUALITY CLEANERS OF GAINESVILLE V, INC.

Department of Environmental Protection
895 Taxes & Licenses Customer ID #

1/27/98

2046

50.00

SouthTrust Bank

50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301229

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0010104
QUALITY CLEANERS OF GAINESVILLE V
GREG JOHNSON
11 NE 23RD AVENUE
GAINESVILLE FL 32609

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

12/15/98

Department of Environmental Protection
895 Taxes & Licenses Customer ID #

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TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring & Mobile Sources

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AIRS ID # 0010104
QUALITY CLEANERS OF GAINESVILLE V
GREG JOHNSON
11 NE 23RD AVENUE
GAINESVILLE FL 32609

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



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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0010104
QUALITY CLEANERS OF GAINESVILLE V
GREG JOHNSON
11 NE 23RD AVENUE
GAINESVILLE FL
32609

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

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GREG JOHNSON
11 NE 23RD AVENUE
GAINESVILLE FL 32609

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

Obj.: 002273

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QUALITY CLEANERS OF GAINESVILLE V. INC.

PH. 352-379-5600 FAX 352-379-5550 11 N.E. 23RD AVENUE GAINESVILLE FL. 32609 SouthTrust Bank 8

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PAY TO THE ORDER OF _

Department of Environmental Protection

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QUALITY CLEANERS OF GAINESVILLE V. INC.

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Department of Environmental Protection 895 Taxes & Licenses Customer ID # 12/6/1999

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Bureau of Air Monitor r & Mobile Sources

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AIRS ID # 0010104 QUALITY CLEANERS OF GAINESVILLE V GREG JOHNSON 11 NE 23RD AVENUE **GAINESVILLE FL 32609**

FOR GOVERNMENT USE ONLY

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

Оы.: 002273

PB 8 6 21 TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

2/13/2001

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Do NOT Remove Label

AIRS ID # 0010104 QUALITY CLEANERS OF GAINESVILLE V GREG JOHNSON 11 NE 23RD AVENUE **GAINESVILLE FL 32609**

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO:-A1

Fund: 20-2-035001 Obj.: 002273

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

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QUALITY CLEANERS OF GAINESVILLE V

GREG JOHNSON 11 NE 23RD AVENUE GAINESVILLE FL 32609 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

QUALITY CLEANERS OF GAINESVILLE V, INC.

 1/27/98

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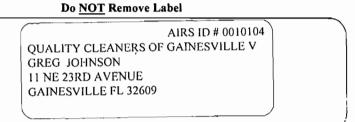
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R Plase facilide your ADRS ID# on your check or money order. This number can be found below on your mailing label.

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TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring & Mobile Sources



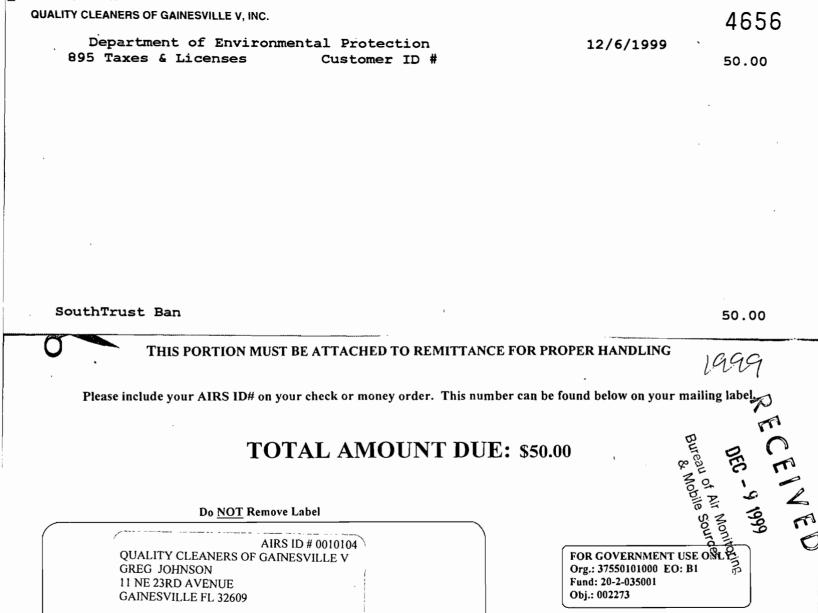
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Org.: 37550101000 EO: BISS
Fund: 20-2-035001
Obj.: 002273

QUALITY CLEANERS OF GAINESVILLE V, INC.

Department of Environmental Protection
895 Taxes & Licenses Customer ID #

12/15/98 50.00

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



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

Department of Environmental Protection 895 Taxes & Licenses Customer ID # 2/13/2001 --- ---

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TOTAL AMOUNT DUE: \$50.00

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Org.: 37550101000 EO: A1

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 405422 FEB152001

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

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Of Mobile Courses

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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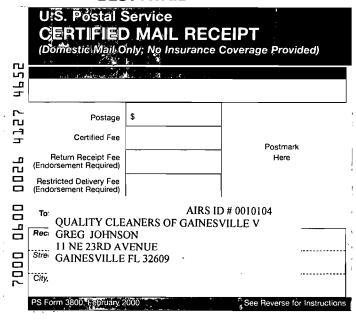
CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 94 Postage 7027 Certified Fee Return Receipt Fee dorsement Required) Restricted Delivery Fee (Endorsement Required) AIRS 1D # 0010104001AG Sen GREG JOHNSON QUALITY CLEANERS OF GAINESVILLE V Stree 11 NE 23RD AVENUE **GAINESVILLE FL 32609** UNITED STATES POSTAL SERVICE Permit No. G-10 Sender: Please print your@ame, address, and ZIP+4 in this box DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 հոքիայինայիլիփոնվումների Միուքիումյեւներիում 2399+2400 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete Received by (Please Print Clearly) item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece, ☐ Addressee or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: AIRS ID # 0010104001AG GREG JOHNSON QUALITY CLEANERS OF GAINESVILLE V 3. Service Type 11 NE 23RD AVENUE Certified Mail ☐ Express Mail GAINESVILLE FL 32609 Registered ☐ Return Receipt for Merchandise ☐ Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes Article Number (Copy from service label) 200 2870 0000

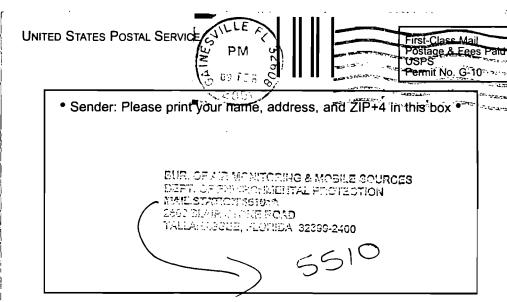
PS Form 3811, July 1999

U.S. Postal Service

Domestic Return Receipt 102595-00-M-0952

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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| GREG JOHNSON II NE 23RD AVENUE GAINESVILLE FL 32609 | 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. |
| 20000000000000000000000000000000000000 | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Copy from service label) | |

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789