



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

April 23, 1997

Mr. Wallace Crane  
Morrow Cleaners  
101 West Crawford Street  
Quincy, Florida 32351

Re: Facility No. 0390035

Dear Mr. Crane:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 10, 1997.


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,

  
for Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

RECEIVED

MAR 10 1997

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

DEP, TALLAHASSEE  
BRANCH OFFICE

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Wallace Crane		
2. Site Name (For example, plant name or number):	Morrow Cleaners		
3. Hazardous Waste Generator Identification Number:	30-10-006616-49-2		
4. Facility Location: Morrow Cleaners Street Address: 101. W. Crawford St. City: Quincy, Fla. 32351, County: Gadsden	Zip Code: 32351		
5. Facility Identification Number (DEP Use):	592578167	0390035	

Responsible Official

6. Name and Title of Responsible Official:	Wallace Crane		
7. Responsible Official Mailing Address: Organization/Firm: Morrow Cleaners Street Address: 101. W. Crawford St. City: Quincy County: Gadsden	Zip Code: 32351		
8. Responsible Official Telephone Number: Telephone: (904) 875 - 4100	Fax: (904) 627 - 1429		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Wallace Crane		
10. Facility Contact Address: Same  Street Address: Same City: County: Zip Code:			
11. Facility Contact Telephone Number: Telephone: ( ) - Same Fax: ( ) - Same			

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MAR 11 1997

#0390035

Morrow Cleaners

p.13 6. add title - Owner (from 1.)

p.14 1.(a) dates need to be on  
correct line, either (1) w/  
ref. con. or (3) if he has no  
control equipment then 1.(b)  
1.(c) mark out "v" and initial  
3. should be new small area  
source

p.15 4. should be new small area  
source w/ refrig. con.

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MAR 10 1997

Facility Information

DEP, TALLAHASSEE  
BRANCH OFFICE

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	12-16-95	12-16-95						
(1) w/ ref. condenser	<input checked="" type="checkbox"/>								
(2) w/ carbon adsorber	<input type="checkbox"/>								
(3) w/ no controls	<input checked="" type="checkbox"/>								
Washer Unit									
(4) w/ ref. condenser	<input type="checkbox"/>								
(5) w/ carbon adsorber	<input type="checkbox"/>								
(6) w/ no controls	<input type="checkbox"/>								
Dryer Unit									
(7) w/ ref. condenser	<input type="checkbox"/>								
(8) w/ carbon adsorber	<input type="checkbox"/>								
(9) w/ no controls	<input type="checkbox"/>								
Reclaimer Unit									
(10) w/ ref. condenser	<input type="checkbox"/>								
(11) w/carbon adsorber	<input type="checkbox"/>								
(12) w/ no controls	<input type="checkbox"/>								

(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.)

NEW  
small  
perc

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

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MAR 10 1997

DEP, TALLAHASSEE  
BRANCH OFFICE

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.

RECEIVED

MAR 10 1997

DEP, TALLAHASSEE  
BRANCH OFFICE

**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.*

Wallace Crane  
Signature

3-7-97  
Date

RECEIVED

REVISED ORIGINAL

Perchloroethylene Dry Cleaning Facility Notification

MAR 10 1997

Facility Name and Location

DEP, TALLAHASSEE  
BRANCH OFFICE

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Wallace Crane <b>OWNER</b>
2. Site Name (For example, plant name or number):	Morrow Cleaners
3. Hazardous Waste Generator Identification Number:	30-10-006(a)(1)-49-2
4. Facility Location: Morrow Cleaners Street Address: 101 W. Crawford St. City: Quincy, Fla. 32351 County: Gadsden Zip Code: 32351	
5. Facility Identification Number (DEP Use):	<del>59-257-8-67</del> 0390035

Responsible Official

6. Name and Title of Responsible Official:	Wallace Crane
7. Responsible Official Mailing Address: Organization/Firm: Morrow Cleaners Street Address: 101 W. Crawford St. City: Quincy County: Gadsden Zip Code:	
8. Responsible Official Telephone Number: Telephone: ( ) - - 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

MAY 8 1997

RECEIVED

MAR 11 1997

DEP, TALLAHASSEE  
BRANCH OFFICE

MAR 10 1997

Facility Information

DEP, TALLAHASSEE  
BRANCH OFFICE

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	12-16-95	12-16-95						
(1) w/ ref. condenser	✓	12-16-95	12-16-95	nc					
(2) w/ carbon adsorber									
(3) w/ no controls	Xnc								
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?

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

MAY 8 1997



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  *WC*

New small area source

Refrigerated condenser  *WC*

New large area source

Refrigerated condenser

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MAR 10 1997

DEP, TALLAHASSEE  
 BRANCH OFFICE

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

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MAY 8 1997

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.

RECEIVED  
MAY 13 1997  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
AIR QUALITY CONTROL

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.*

*Wallace Crane*  
*Wallace Crane*  
\_\_\_\_\_  
Signature

*7/9/97*  
*3-7-97*  
\_\_\_\_\_  
Date

*ACE*

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

FACILITY NAME: MORROW CLEANERS DATE: July 9, 1997  
 FACILITY LOCATION: 101 WEST CRAWFORD ST  
QUINCY, FL 32351

Annual Reporting Period: SEPT 3 19 96 TO July 9 19 97

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:

Running calculation of perc usage improperly done  
 Exact period of non-compliance: from 9/3/96 to 7/9/97

Action(s) taken to achieve compliance: New form provided & entries made

Method used to demonstrate compliance: Proper form completed

#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: \_\_\_\_\_

*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: Wallace Crane Wallace Crane 7-9-97  
 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.

RECEIVED

JUL 15 1997

✓

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1:30 TIME OUT: 2:15 AIRS ID#: 0390035  
 TYPE OF FACILITY: NEW SMALL  
 FACILITY NAME: MORROW CLEANERS DATE: 7/9/97  
 FACILITY LOCATION: 101 WEST CRAWFORD ST  
QUINCY, FL 32351  
 RESPONSIBLE OFFICIAL: WALLACE CRANE PHONE NUMBER: 850-875-4100

- 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
<i>Running total - 12 mo - for perc usage not correctly calculated - corrected on the spot. Forms provided</i>	<i>None</i>

COMMENTS:

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

DATE OF NEXT INSPECTION: July / Aug 98  
(Approximate)

INSPECTION CONDUCTED BY: Ralph A. STAPLIN, NWD, TBO  
(Please Print)

INSPECTOR'S SIGNATURE: Ralph Staplin PHONE NUMBER: 850-488-3704

✓

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0390035 DATE: July 9, 1997 TIME IN: 1:30 TIME OUT: \_\_\_\_\_  
 FACILITY NAME: MORROW CLEANERS  
 FACILITY LOCATION: 101 West Crawford St  
Quincy Fl 32351

**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 Notified March 7, 1997

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)

A.

<p>① Existing small area source <input checked="" type="checkbox"/>                  dry-to-dry only, <math>x &lt; 140</math> gal/yr                  transfer only, <math>x &lt; 200</math> gal/yr                  both types, <math>x &lt; 140</math> gal/yr                  (constructed before 12/9/91)</p>	<p>2. New small area source <input checked="" type="checkbox"/> <u>RS</u>                  dry-to-dry only, <math>x &lt; 140</math> gal/yr                  transfer only, <math>x &lt; 200</math> gal/yr                  both types, <math>x &lt; 140</math> gal/yr                  (constructed on or after 12/9/91)</p>
<p>3. Existing large area source <input type="checkbox"/>                  dry-to-dry only, <math>140 &lt; x &lt; 2,100</math> gal/yr                  transfer only, <math>200 &lt; x &lt; 1,800</math> gal/yr                  both types, <math>140 &lt; x &lt; 1,800</math> gal/yr                  (constructed before 12/9/91)</p>	<p>4. New large area source <input type="checkbox"/>                  dry-to-dry only, <math>140 &lt; x &lt; 2,100</math> gal/yr                  transfer only, <math>200 &lt; x &lt; 1,800</math> gal/yr                  both types, <math>140 &lt; x &lt; 1,800</math> gal/yr                  (constructed on or after 12/9/91)</p>

This is a correct facility classification  Y  N Corrected on revised form

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons. as of end of June 97

**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? *ordered as needed, put in machine*  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? *usually for whole weekend*  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? *one on order thru Blue Ribbon*  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:**

*N/A - small*

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? *Avail on site / good shape*  Y  N
2. Maintained rolling monthly averages of perc consumption? *But was calculated + forms furnished*  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  N/A
4. Maintained calibration data? *(for direct reading instruments only)*  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N
6. Maintained startup/shutdown/malfunction plan? *O&S/MAINT MANUAL*  Y  N
7. Maintained deviation reports? *None req. yet*  Y  N  N/A  
 Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Do it every week  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 checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers                | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers             | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves <u>None</u> | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                             |  |

Wallace Crane

Name of Responsible Official

Ralph Staplin

Inspector's Name (Please Print)

Ralph Staplin

Inspector's Signature

9 July 97

Date of Inspection

July-Aug 98

Approximate Date of Next Inspection



**ADDITIONAL SITE INFORMATION:**

HAZ WASTE # \_\_\_\_\_

TYPE EQUIPMENT:

FORENTA MODEL D-355 (one machine only)

have an OPS/MAINT manual

Have "Zero Waste" equipment for reclamation

No running total of Perce Usage available, however, all records were on site, well kept, + the figure was easy to calculate

Copies of sample documents provided

Have diverter valve on order

Jeff Crane, owners son, handles paperwork

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>1000</u>	TIME OUT: <u>1030</u>	AIRS ID#: <u>0390035</u>
TYPE OF FACILITY: <u>NEW SMALL</u>		
FACILITY NAME: <u>MORROW CLEANERS</u>	DATE: <u>6/10/98</u>	
FACILITY LOCATION: <u>101 WEST CRAWFORD ST</u> <u>QUINCY, FL 32351</u>		
RESPONSIBLE OFFICIAL: <u>WALLACE CRANE</u>	PHONE NUMBER: <u>850-875-4100</u>	

- 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
<i>Jeff has created a nice neat Running Total form for perm records. Records are excellent. No noted problems</i>	<i>None required.</i>

**RECEIVED**  
 JUN 15 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: June - Aug 1999  
(Approximate)

INSPECTION CONDUCTED BY: Ralph Staplin  
(Please Print)

INSPECTOR'S SIGNATURE: Ralph Staplin PHONE NUMBER: 850-488-3704

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#:	<u>0390035</u>	DATE:	<u>10 Jun 98</u>	TIME IN:	<u>1000</u>	TIME OUT:	<u>1000</u>
FACILITY NAME:	<u>MORROW CLEANERS</u>						
FACILITY LOCATION:	<u>101 WEST CRAWFORD ST</u> <u>QUINCY, FL 32351</u>						
RESPONSIBLE OFFICIAL:	<u>Wallace Crane</u>	PHONE:	<u>850-875-1400</u>				
CONTACT NAME:	<u>Jeff Crane</u>	PHONE:	<u>same</u>				

RECEIVED  
JUN 15 1998  
Bureau of Air Monitoring  
& Mobile Sources

### 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

*OK - notification*

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)

No notification form  
 Drop store/out of business/petroleum

A.

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

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 106 gallons. *as of end of May*

**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  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 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  N/A
- 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/bi-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  N/A
- 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:

N/A

- |  |  |
|--|--|
| 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

- |  |   |
|--|---|
| 1. Maintained receipts for perc purchased?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Maintained rolling monthly averages of perc consumption? <i>Attached</i>  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 3. Maintained leak detection inspection and repair reports for the following:  |   |
| a. documentation of leaks repaired w/in 24 hrs? or;  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Maintained calibration data? <i>(for applicable direct reading instruments)</i>   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan? <i>Ops Manual</i>   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 7. Maintained deviation reports? <i>None req.</i>  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Problem corrected?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills <i>Zero Waste</i>  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  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

Ralph A. Staplin  
Inspector's Name (Please Print)

Ralph A. Staplin  
Inspector's Signature

10 June 98  
Date of Inspection

June - Aug 1999  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Phenix Supply Co. does hazardous waste pickup  
Have a Zero Waste machine

Same dry cleaning equipment as last year - no  
major equipment problems

Facility is neat and clean. Machine appears well  
maintained

Are considering addition of another machine - a  
petroleum user. Asked questions about impact  
on GP and source size. Discussed same  
with them.

**PCE PURCHASE LOG & RUNNING TOTAL**  
**STORE \_\_\_\_\_**

			1996		1997		1998			
	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total
January			0	60	5	95	5	75		
February			0	60	15	70	0	60		
March			0	40	5	75	38	93		
April			5	45	5	75	17	107		
May			0	65	20	95	19	106		
June			15	80	5	85				
July			0	80	0	85				
August			0	20	0	85				
September			0	20	0	85				
October			0	20	0	85				
November			10	30	0	75				
December			20	50	20	75				

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 0850 TIME OUT: 0930 AIRS ID#: 0390035  
 TYPE OF FACILITY: NEW LARGE  
 FACILITY NAME: MORROW CLEANERS DATE: 9 Feb 99  
 FACILITY LOCATION: 101 WEST CRAWFORD ST  
QUINCY, FL 32351  
 RESPONSIBLE OFFICIAL: WALLACE CRANE (JEFF CRANE) PHONE NUMBER: 850-875-4100

- 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
<i>No noted problems - upgrading to NEW LARGE due to volume.</i>	<i>None</i>

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COMMENTS: *Jeff stays on top of paperwork.*

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

DATE OF NEXT INSPECTION: FEB/MAR 99  
 (Approximate)

INSPECTION CONDUCTED BY: RALPH A. STAPLIN  
 (Please Print)

INSPECTOR'S SIGNATURE: *Ra Staplin* PHONE NUMBER: 850-488-3704

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:    ANNUAL                     COMPLAINT/DISCOVERY      
                                  RE-INSPECTION                   

AIRS ID#:	<u>0390035</u>	DATE:	<u>9 FEB 1999</u>	TIME IN:	<u>0850</u>	TIME OUT:	<u>0930</u>
FACILITY NAME:	<u>MORROW CLEANERS</u>						
FACILITY LOCATION:	<u>101 WEST CRAWFORD ST</u> <u>QUINCY FL 32351</u>						
RESPONSIBLE OFFICIAL:	<u>WALLACE CRANE</u>	PHONE:	<u>850-875-4100</u>				
CONTACT NAME:	<u>JEFF CRANE</u>	PHONE:	<u>SAME</u>				

### 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

*OK - NOTIFICATION -  
additional perc usage -  
now a "large" facility*

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

- No notification form  
 Drop store/out of business/petroleum

A.

- |  |  |
|--|--|
| <p>1. Existing small area source <input type="checkbox"/><br/>         dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>         transfer only, <math>x &lt; 200</math> gal/yr<br/>         both types, <math>x &lt; 140</math> gal/yr<br/>         (constructed before 12/9/91)</p>                                  | <p>2. New small area source <input type="checkbox"/><br/>         dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>         transfer only, <math>x &lt; 200</math> gal/yr<br/>         both types, <math>x &lt; 140</math> gal/yr<br/>         (constructed on or after 12/9/91)</p>                                  |
| <p>3. Existing large area source <input type="checkbox"/><br/>         dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>         transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>         both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>         (constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/><br/>         dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>         transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>         both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>         (constructed on or after 12/9/91)</p> |
5. This is a correct facility classification     Y     N     Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 176 gallons. *as of Feb 99*

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**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? *5 gal drums*  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 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  N/A
- 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/bi-weekly basis? *Started weekly on 8/JAN/99*  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? *No problems*  Y  N  N/A
- 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  N/A  
 Is the temperature differential equal to or greater than 20° F?  Y  N  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?  Y  N  N/A  
 Is the perc concentration equal to or less than 100 ppm?  Y  N  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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  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; *No leaks*  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? *Not needed*  Y  N  N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*  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? *None req.*  Y  N  N/A  
 Problem corrected? *" "*  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators <i>Zero Waste</i>                | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  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

RALPH A. STAPLIN

Inspector's Name (Please Print)

Ralph A. Staplin  
Inspector's Signature

9 FEB 1999

Date of Inspection

FEB/MAR 2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Forenta Model D-355 machine (same as previous)

DID NOT RECEIVE the 1999 DEP Dry Cleaner Compliance Calendar (I furnished one)

Additional volume has created need for increased perc usage. Facility contact (Jeff Crane) contacted me about what to do - changed frequency of temp monitoring to weekly. I expect they may fall back into the small category in time.

Records are neat and well kept. Facility is clean and well maintained.

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

Feb 99  
Had facility fill this  
out to indicate  
change of status -  
may not be required.  
RS

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>WALLACE CRANE</i>
2. Site Name (For example, plant name or number): <i>MORROW CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>30-10-006616-49-2</i>
4. Facility Location: Street Address: <i>101 WEST CRAWFORD ST</i> City: <i>QUINCY FL</i> County: <i>GADSDEN</i> Zip Code: <i>32351</i>
5. Facility Identification Number (DEP Use): <i>0390035</i> <i>0390035</i>

## Responsible Official

6. Name and Title of Responsible Official: <i>WALLACE CRANE</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>MORROW CLEANERS</i> Street Address: <i>101 WEST CRAWFORD ST</i> City: <i>QUINCY, FL</i> County: <i>GadSDen</i> Zip Code: <i>32351</i>
8. Responsible Official Telephone Number: Telephone: <i>(850) 875-4100</i> Fax: ( ) -

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>JEFF CRANE (MANAGER)</i>
10. Facility Contact Address: Street Address: <i>101 WEST CRAWFORD ST</i> City: <i>QUINCY FL</i> County: <i>GADSDEN</i> Zip Code: <i>32351</i>
11. Facility Contact Telephone Number: Telephone: <i>(850) 875-4100</i> Fax: ( ) -

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### Facility Information

I.(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	12-14-95	12-14-95						
(1) w/ ref. condenser	✓	12-14-95	12-14-95	✓					
(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?  
 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.*

*Anthony T. Ciccone*  
Signature \_\_\_\_\_  
*Wallace Ciccone*

*2-9-99*  
Date \_\_\_\_\_

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

RECEIVED  
 AUG 30 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

AIRS ID#: 0390035 DATE: 7-25-00 TIME IN: 12:20 TIME OUT: 3:30  
 FACILITY NAME: MORROW CLEANERS  
 FACILITY LOCATION: 101 West CRAWFORD St.  
Quincy, FL 32351  
 RESPONSIBLE OFFICIAL: JEFF CRANE PHONE: 850-875-4100  
 CONTACT NAME: JEFF CRANE PHONE: SAME

### PART I: NOTIFICATION

- (check appropriate box)
1. New facility notified DARM 30 days prior to startup
  2. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
 (check appropriate box)  No notification form  
 Drop store/out of business/petroleum

- A.
- |  |   |
|--|---|
| 1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)   | 2. New small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)  |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input checked="" type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) |
5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 155 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

- |   |   |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  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?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  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  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  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  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:
- 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

DANIEL BROWN  
Inspector's Name (Please Print)

25 July 2000  
Date of Inspection

[Signature]  
Inspector's Signature

Sun / July 2000  
Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 12:20 TIME OUT: 1:30 AIRS ID#: 0390035  
 TYPE OF FACILITY: New LADGE  
 FACILITY NAME: MORROW CLEANERS DATE: 25 July 00  
 FACILITY LOCATION: 101 West CRAWFORD St.  
Quincy, FL 32351  
 RESPONSIBLE OFFICIAL: JEFF CRANE PHONE NUMBER: 850-875-4100

- 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
<u>No problems noted</u>	<u>NONE</u>

COMMENTS:  
JEFF INFORMED ME THAT THEY SWITCHED FROM MCI TO SAFETY CLEAN FOR HAZ. MATERIAL PICK-UP.

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

DATE OF NEXT INSPECTION: \_\_\_\_\_

INSPECTION CONDUCTED BY: DANIELE BROWN (Approximate)  
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 850 488-3704

AIRS ID#: 0390035

Revised 01/18/00

Acc

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

FACILITY NAME: MORROW CLEANERS DATE: 25 July 00  
 FACILITY LOCATION: 101 West CRAWFORD St.  
QUINCY, FL 32351

Annual Reporting Period: March <sup>1999</sup>~~20~~ TO July 2000

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:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not 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: \_\_\_\_\_

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

RESPONSIBLE OFFICIAL: Jeffrey T. Crane Jeffrey T. Crane 7/25/00  
 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.



AIRS ID#: 0B90035

Revised 01/18/00

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

Ace

FACILITY NAME: MORROW CLEANERS DATE: 25 July 00  
 FACILITY LOCATION: 101 West (CRAWFORD) ST.  
QUINCY, FL 32351

Annual Reporting Period: March 1999 TO July 2000

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:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not 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: \_\_\_\_\_

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

RESPONSIBLE OFFICIAL: Jeffrey T. Crane Jeffrey T. Crane 7/25/00  
 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.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361516

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

RECEIVED  
MAIL ROOM  
FEB 23 99

MORROW CLEANERS  
WALLACE CRANE  
101 W CRAWFORD STREET  
QUINCY FL 32351

AIRS ID # 0390035

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0314519

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

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MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 22 98

Do NOT Remove Label

AIRS ID# 0390035  
MORROW CLEANERS  
WALLACE CRANE  
101 W CRAWFORD STREET  
QUINCY FL 32351

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APR 24 1998  
Bureau of Air Monitoring  
& Mobile Sources

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389550 ✓

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

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TOTAL AMOUNT DUE: \$50,000.00

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
MAIL ROOM  
DEC 15 99

Do **NOT** Remove Label

AIRS ID # 0390035

MORROW CLEANERS  
WALLACE CRANE  
101 W CRAWFORD STREET  
QUINCY FL 32351

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423257 FEB 20 2003

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#0390035  
MORROW CLEANERS  
WALLACE CRANE  
101 W CRAWFORD STREET  
QUINCY FL  
32351

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO 1  
Fund: 20-2-035001  
Obj.: 002273

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FEB 20 2003  
BUREAU OF INVESTIGATION  
& INSURANCE SERVICES



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411865 DEC 17 2001

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

2001

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0390035  
MORROW CLEANERS  
WALLACE CRANE  
101 W CRAWFORD STREET  
QUINCY FL  
32351

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400004

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**

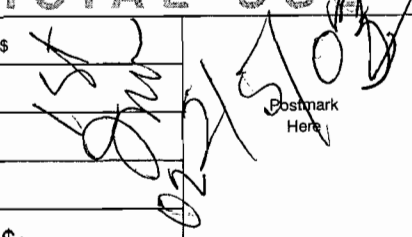
*12-15-00 Pd*

Do **NOT** Remove Label

MORROW CLEANERS WALLACE CRANE 101 W CRAWFORD STREET QUINCY FL 32351	AIRS ID # 0390035
--	-------------------

FOR GOVERNMENT USE ONLY Org.: 37550101000 EOC A1 Fund: 20-2-035001 Obj.: 002273
--

RECEIVED  
MAIL ROOM  
DEC 15 2000

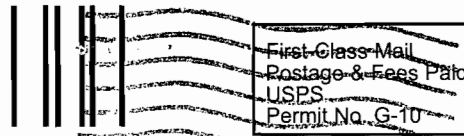
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
To	AIRS ID#0390035
Sen MORROW CLEANERS	
Street WALLACE CRANE	
or F 101 W CRAWFORD STREET	
City QUINCY FL	
32351	
PSI	Instructions

7001 0320 0001 7975 6356

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <i>Jeanette Smith</i> B. Date of Delivery <i>2-6-03</i></p> <p>C. Signature <i>Jeanette Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0390035</p> <p>MORROW CLEANERS WALLACE CRANE 101 W CRAWFORD STREET QUINCY FL 32351</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: right;">7001 0320 0001 7975 6356</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



UNITED STATES POSTAL SERVICE PM



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 07 2003

RECEIVED



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.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

AIRS ID # 0390035

MORROW CLEANERS  
WALLACE CRANE  
101 W CRAWFORD STREET  
QUINCY FL 32351

**4a. Article Number**

Z 333 660 521

**4b. Service Type**

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

**7. Date of Delivery**

2/12/99

**5. Received By: (Print Name)**

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

**6. Signature: (Addressee or Agent)**

X Ethel B. Crane

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 521

1999

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0390035

MORROW CLEANERS  
WALLACE CRANE  
101 W CRAWFORD STREET  
QUINCY FL 32351

PS Form 3800, April 1995

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	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) _____ B. Date of Delivery <b>2-2-02</b>
1. Article Addressed to:  10 AIRS ID # 0390035001AG WALLACE CRANE MORROW CLEANERS 101 W CRAWFORD STREET QUINCY FL 32351	C. Signature <b>X</b> <i>Jeffery Crane</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Copy from service label) <b>7000 2670 0000 7027 3933</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____  3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952	

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)											
<b>OFFICIAL USE</b>											
<table border="1"> <tr> <td>Postage</td> <td>\$ _____</td> </tr> <tr> <td>Certified Fee</td> <td>_____</td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td>_____</td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td>_____</td> </tr> <tr> <td><b>Total F</b></td> <td>_____</td> </tr> </table>	Postage	\$ _____	Certified Fee	_____	Return Receipt Fee (Endorsement Required)	_____	Restricted Delivery Fee (Endorsement Required)	_____	<b>Total F</b>	_____	Postmark <i>Receipt</i>
Postage	\$ _____										
Certified Fee	_____										
Return Receipt Fee (Endorsement Required)	_____										
Restricted Delivery Fee (Endorsement Required)	_____										
<b>Total F</b>	_____										
<table border="1"> <tr> <td><b>Sent To:</b></td> <td>10 AIRS ID # 0390035001AG</td> </tr> <tr> <td></td> <td>WALLACE CRANE</td> </tr> <tr> <td><b>Street:</b></td> <td>MORROW CLEANERS</td> </tr> <tr> <td></td> <td>101 W CRAWFORD STREET</td> </tr> <tr> <td><b>City, St:</b></td> <td>QUINCY FL 32351</td> </tr> </table>	<b>Sent To:</b>	10 AIRS ID # 0390035001AG		WALLACE CRANE	<b>Street:</b>	MORROW CLEANERS		101 W CRAWFORD STREET	<b>City, St:</b>	QUINCY FL 32351	
<b>Sent To:</b>	10 AIRS ID # 0390035001AG										
	WALLACE CRANE										
<b>Street:</b>	MORROW CLEANERS										
	101 W CRAWFORD STREET										
<b>City, St:</b>	QUINCY FL 32351										
PS Form 3800, May 2000 See Reverse for Instructions											

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.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MORROW CLEANERS  
 WALLACE CRANE  
 101 W CRAWFORD STREET  
 QUINCY FL 32351

AIRS ID # 0390035

4a. Article Number

P174 052 201

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X David Pittman

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

P 174 052 201

1999

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

AIRS ID # 0390035

MORROW CLEANERS  
 WALLACE CRANE  
 101 W CRAWFORD STREET  
 QUINCY FL 32351

PS Form 3800, April 1995

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	

Is your RETURN ADDRESS completed on the reverse side?

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- Complete items 3, 4a, and 4b.
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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 0390035

WALLACE CRANE  
WALLACE CRANE  
101 W CRAWFORD STREET  
QUINCY FL 32351

4a. Article Number

Z 333 612 830

4b. Service Type

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

7. Date of Delivery

2-13-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Wallace Crane*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 612 830

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID 0390035

WALLACE CRANE  
WALLACE CRANE  
101 W CRAWFORD STREET  
QUINCY FL 32351

PS Form 3800, April 1995

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

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.
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- 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:**

MORROW CLEANERS  
WALLACE CRANE  
101 W CRAWFORD STREET  
QUINCY FL 32351

AIRS ID# 0390035

**4a. Article Number**

2333613686

**4b. Service Type**

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

**7. Date of Delivery**

4-10-98

**5. Received By: (Print Name)**

**6. Signature: (Addressee or Agent)**

Ethel Brock

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

Thank you for using Return Receipt Service.

7 333 613 686

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

AIRS ID# 0390035

MORROW CLEANERS  
WALLACE CRANE  
101 W CRAWFORD STREET  
QUINCY FL 32351

PS Form 3800, April 1995

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