

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 30, 1996

Mr. Gary L. Nelson Nelson's Cleaners 1203 G. West Highway 50 Clermont, Florida 34711

Re: Facility I.D. No. 0694817

Dear Mr. Nelson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 13, 1996.

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

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

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

L Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

| | A CONTRACTOR OF THE PROPERTY O | | | 777 | |
|-----|--|---------------------|-----------|-----------|--|
| 9. | Name and Title of Facility Contact | (For example, plant | manager): | | |
| | S/A | | | | |
| 10. | Facility Contact Address: | | | | |
| | | | | | |
| | Street Address: | | | | |
| | City: | County: | | Zip Code: | |
| | | | | | |
| 11. | Facility Contact Telephone Number | r: | | | |
| | Telephone: () | | Fax: () | - | |

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SEP 1 3 1996

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

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | | | | | | | |
|---------|---|---------------------|--|--|--|--|--|--|
| | CARY L. NELSON 2. Site Name (For example, plant name or number): | | | | | | | |
| 2. | | | | | | | | |
| | MELSON'S CEANERS Hazardous Waste Generator Identification Number: | | | | | | | |
| 3. | Hazardous Waste Generator Identification Number: | | | | | | | |
| | | · | | | | | | |
| 4. | 984-239-517 Facility Location: 1203 G. West | HWY 50 | | | | | | |
| | Street Address: | Zip Code: | | | | | | |
| | City: ClermonT County: LAKE | 34711 | | | | | | |
| 5.5 | Facility Identification Number (DEP-Use): | | | | | | | |
| | | 0694817 | | | | | | |
| - Marie | | | | | | | | |
| | Responsible Officia | 1 | | | | | | |
| 6. | Name and Title of Responsible Official: (GARY L. NELSON: Responsible Official Mailing Address: Organization/Firm: NELSON'S CleanerS Street Address: 1203 G. W. Hwy 50. City: County: Charter Responsible Official Telephone Number: Telephone: (352) 394-6060 Fax | 11-20-76 20 | | | | | | |
| | C_{1} | Course | | | | | | |
| 7. | Responsible Official Mailing Address: | (UWNER) | | | | | | |
| / ′ | Organization/Firm: NELSON'S CLEANERS | • | | | | | | |
| | Street Address: 1203 G. W. Hwy 50. | | | | | | | |
| | City: County: | Zip Code: | | | | | | |
| 8. | Responsible Official Telephone Number: | 34711 | | | | | | |
| 0. | Responsible Official Telephone Number: Telephone: (352) 394-6060 Fax | :: () - | | | | | | |
| | . (35,311,806) | ` , | | | | | | |
| | Facility Contact (If different from Re | sponsible Official) | | | | | | |
| | • | | | | | | | |
| 9. | Name and Title of Facility Contact (For example, plant manage | ger): | | | | | | |
| | S/A | | | | | | | |
| 10. | S/A D. Facylity Contact Address: | | | | | | | |
| | Street Address: | | | | | | | |
| | City: County: | Zip Code: | | | | | | |
| 11. | . Facility Contact Telephone Number: | | | | | | | |
| | | :: () - | | | | | | |
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SEP 1 3 1995

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

| | | | | | | 1 | | 1_ | |
|---|-------------|---|---------------|---------|----------------|-----------------|-------|-----------|-----------|
| | | Date | Date | | Date | Date | | Date | Date |
| | | Machine | Control | | Machine | Control | | Machine | Control |
| | | Initially | Device | l | Initially | Device | ٠,, | Initially | Device |
| Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed |
| Example | #] | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-9 |
| Dry-to-Dry Unit | | | 11-26-1 | 76 JA | | | | | |
| (1) w/ ref. condenser | 7 | MAT. 94 | | 94 | | | | | |
| (2) w/ carbon adsorber | | | 1 | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | - | | | • | | | | |
| (4) w/ ref. condenser | | | | l | | | | | |
| (5) w/ carbon adsorber | | | | | _ | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | <u></u> | | <u> </u> | | | |
| (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 [/20] (b) If less than 12 mont Check why it is less | are requant | equired to be ity of perchlo ons ow many? [_ | installed [| (perc) | purchased in | n the latest 12 | | | · [] |
| 3. What is the facility's so (Indicate with an "X". Existing small ar | Selec | et one classifi | cation only.) |) | initions found | ì | 3) of | Part II? | |
| Existing large are | ea sor | urce [] | No | ew la | rge area sour | ce [|] | | |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

| (Indicate with an "X".) | on (3) of Part II of this notification form: |
|---|---|
| Existing large area source Carbon adsorber [] Refrigerated co | ondenser III 112d96 |
| New small area source Refrigerated condenser New large area source Refrigerated condenser | |
| New large area source Refrigerated condenser [] | • |
| | |
| 5. A facility which contains non-exempt emissions units shall not be to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units exist on-site: All steam and hot water generating units on-site (1) have a total head | rating units on-site meet the following t input of 10 million BTU/hr or less (298 |
| boiler HP or less), and (2) are fired exclusively by natural gas except during which propane or fuel oil containing no more than one percen | |
| All steam and hot water generating units exempt No such units on-site | |
| | |
| | |
| Equipment Monitoring and Recordkeep | ing Information |
| Check all logs which are required to be kept on-site in accordance wi | th the requirements of this general permit: |
| (a) Purchase receipts and solvent purchases | $\Box \chi$ |
| (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 | [] 11/20/9b |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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) |
| ι <u>X</u> | 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 smade 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 pron | nptly notify the Department of any changes to the information contained in this notification. |
| Signature | Juy 2 Juser 9-3-96 Jacy 2 Jesser 11/20/96 |

#0694817

| | Nelson's Cleaners |
|-------------|--|
| p./3 | le. add title-from #1-Owner |
| P.14 | 1.1a) add date control device installed |
| | 1.(c) mark out "V" and initial 3. Should be new small area |
| | amina |
| <i>P.15</i> | 4 Should be new small area source w/refrig. con. 5.4) required |
| | 5.4) required |
| | |
| | |
| | |
| | |
| | |

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | • |
|-----|--|
| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
| | GARY 1. NELSON |
| 2. | Site Name (For example, plant name or number): |
| | NELSON'S CLEANERS |
| 3. | Hazardous Waste Generator Identification Number: |
| | 984-239-517 Facility Location: 1203 G. West Hwy 50 |
| 4. | Facility Location: 1203 G, West Hwy 50 Street Address: |
| | City: ClermonT County: LAKE Zip Code: 34711 |
| 5. | Facility Identification Number (DEP Use): |
| | DL9HBIN |
| | |
| | Responsible Official |
| 6.) | Name and Title of Responsible Official: |
| | GARY L. NELSON. |
| 7. | Responsible Official Mailing Address: Organization/Firm: NELSON'S Cleaners. Street Address: 1203 G. W. Hwy 50' City: County: Zip Code: Responsible Official Telephone Number: Responsible Official Telephone Number: |
| | Street Address: 1203 G. W. Hwy 50. |
| | City: County: Zip Code: Clermont, LAKE. 34711 |
| 8. | Responsible Official Telephone Number: |
| | Telephone: (352) 394-6060 Fax: () - |
| | |
| | Facility Contact (If different from Responsible Official) |
| 9. | Name and Title of Facility Contact (For example, plant manager): |
| | S/Δ |
| 10. | Facility Contact Address: |
| | Street Address: |
| | City: County: Zip Code: |
| | |
| 11. | Facility Contact Telephone Number: Telephone: () - Fax: () - |
| | receptione. () - |
| | |

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|---|--------|---|-------------------------------|-------|---|-------------------------------|-----|---|-------------------------------|
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-9. |
| Dry-to-Dry Unit | | | ati a | | | | | | |
| (1) w/ ref. condenser | 7 | MAT. 94 | ĺ | | | | | 1 | |
| (2) w/ carbon adsorber | - | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | 1.55 | | | 2 12 | 3.1 | · | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | *: : | | . And Area | | | | | Podrojeno sejesa | i jadi i ki |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | 1 | 4.7.1 | vi vija i is | 7.7 | | | | | |
| (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 [/20] (b) If less than 12 mont Check why it is less | are ro | equired to be ity of perchlo ons ow many? [_ | installed [oroethylene (| perc) | purchased in | | | | r 1 |
| | | | | | _ | | | eep records. | |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

| 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) Effective: 6-25-96

Surrender of Existing Air Permit(s)

| | carrender of Existing III Terminas |
|--------------------------------------|---|
| Please indicat | 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) |
| ι <u>X</u> j | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| this notifi statement maintain | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. |
| I will pro | mptly notify the Department of any changes to the information contained in this notification. |
| Signature | Juy Desser 9-3-96 |

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



Department of Environmental Protection

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

David B. Struhs
Secretary

August 29, 2001

Mr. Gary L. Nelson Nelson's Cleaners 1203 (G) West Highway 50 Clermont, Florida 34711

Dear Mr. Nelson:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on August 27.

In reviewing your submittal, it was noted that Nelson's Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0694817). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/jw Enclosure

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.



Gary Nelson

1203 G. West Hwy. 50 • Clermont, Florida 34711 (352) 394-6060



PERCHLOROETHYLENE DRY CLEANERS

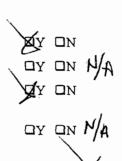
TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| | COMPLIANCE I | | | | |
|--|---|--|--|-------------------|---------------|
| TYPE OF INSPECTION: | ANNUAL | × | COMPLAINT/DIS | COVERY | |
| | RE-INSPECTIO | N \Box | | | |
| | | | | | |
| AIRS 1D#: 0694817 | DATE: 11/2/90 | TIME | | ME OUT: / | 0.45 |
| i e | | | 11. 70.00 | ,nr 001. <u>~</u> | |
| FACILITY NAME: | | | | | |
| FACILITY LOCATION: | 1203 G | W. Hwy: | රව | | |
| · | Clasmont | FIO | 34711 | | |
| | <u></u> | , , | <u> </u> | - | |
| | | | | | |
| PART I: NOTIFICATION | | | | | |
| (check appropriate box) | | <i>,</i> - | | | |
| 1. Existing facility notified DA | RM by 9/1/96 🛚 🗛 | plication | dated 9/3/96 | | |
| 2. New facility notified DARM | 30 days prior to star | tup | | | |
| 3. Facility failed to notify DAR | M to use general per | mit | | | |
| | | | | | |
| | | | | | |
| PART II: CLASSIFICATION | 1 | | | | |
| PART II: CLASSIFICATION Facility indicated on notificati | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| Facility indicated on notificati | | | | \ | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour | ion form that it is: | 2. New small | | > | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x<140 gal/y | ion form that it is: | dry-to-dry only | , x<140 gal/ут | × | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour | ion form that it is: | | , x<140 gal/ут <200 gal/ут | > | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr | on form that it is: | dry-to-dry only transfer only, x both types, x<1 | , x<140 gal/ут <200 gal/ут | X | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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) | ion form that it is: | dry-to-dry only transfer only, x both types, x<1 (constructed or | , x<140 gal/yr <200 gal/yr 40 gal/yr ı or after 12/9/91) | > | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 <x<2, 16<="" td=""><td>rce \Boxed</td><td>dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only</td><td>, x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source , 140<x<2, 100="" gal="" td="" yr<=""><td>></td><td></td></x<2,></td></x<2,> | rce \Boxed | dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only | , x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source , 140 <x<2, 100="" gal="" td="" yr<=""><td>></td><td></td></x<2,> | > | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 <x<2, 16="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr<=""><td>rce \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} </td><td>dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only transfer only, 2</td><td>, x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<2,></td></x<2,> | rce \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} \text{CC} | dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only transfer only, 2 | , x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<2,> | | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 <x<2, 10="" 140<x<1,800="" 200<x<1,800="" both="" gal="" gal<="" only,="" td="" transfer="" types,=""><td>ce \Quad \qu</td><td>dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140</td><td>, x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source 1, 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td>></td><td></td></x<1,800></x<1,800></x<2,></td></x<2,> | ce \Quad \qu | dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 | , x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source 1, 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td>></td><td></td></x<1,800></x<1,800></x<2,> | > | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,=""><td>ce</td><td>dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or</td><td>, x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" td="" yr<=""><td>></td><td></td></x<1,800></x<2,></td></x<2,> | ce | dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or | , x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" td="" yr<=""><td>></td><td></td></x<1,800></x<2,> | > | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 <x<2, 10="" 140<x<1,800="" 200<x<1,800="" both="" gal="" gal<="" only,="" td="" transfer="" types,=""><td>ce</td><td>dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140</td><td>, x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source 1, 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<1,800></x<2,></td></x<2,> | ce | dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 | , x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source 1, 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<1,800></x<2,> | | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 200<x<1,800="" 9="" 91)<="" before="" gal="" only,="" td="" transfer=""><td>rce Too gal/yr gal/yr l/yr</td><td>dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or</td><td>, x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source 1, 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td>X</td><td></td></x<1,800></x<1,800></x<2,></td></x<2,> | rce Too gal/yr gal/yr l/yr | dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or | , x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source 1, 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td>X</td><td></td></x<1,800></x<1,800></x<2,> | X | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" appropriate="" before="" both="" check="" classiful="" correct="" facility="" gal="" if="" is="" no,="" only,="" please="" qualification.<="" td="" the="" this="" transfer="" types,=""><td>ion form that it is: The ce</td><td>dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or TY IN</td><td>, x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source , 140<x<2, 00<x<1,800="" 1="" 100="" 12="" 9="" 91)<="" <x<1,800="" after="" gal="" or="" td="" yr=""><td></td><td></td></x<2,></td></x<2,> | ion form that it is: The ce | dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or TY IN | , x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source , 140 <x<2, 00<x<1,800="" 1="" 100="" 12="" 9="" 91)<="" <x<1,800="" after="" gal="" or="" td="" yr=""><td></td><td></td></x<2,> | | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" appropriate="" before="" both="" check="" classiful="" correct="" facility="" gal="" if="" is="" no,="" only,="" please="" qualification.<="" td="" the="" this="" transfer="" types,=""><td>rce</td><td>dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or TY IN</td><td>, x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source , 140<x<2, 00<x<1,800="" 1="" 100="" 12="" 9="" 91)<="" <x<1,800="" after="" gal="" or="" td="" yr=""><td>X</td><td></td></x<2,></td></x<2,> | rce | dry-to-dry only transfer only, x both types, x<1 (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or TY IN | , x<140 gal/yr <200 gal/yr 40 gal/yr 1 or after 12/9/91) area source , 140 <x<2, 00<x<1,800="" 1="" 100="" 12="" 9="" 91)<="" <x<1,800="" after="" gal="" or="" td="" yr=""><td>X</td><td></td></x<2,> | X | |

PART III: GENERAL CONTROL REQUIREMENTS

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

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



PART IV: PROCESS VENT CONTROLS

In Part II-A:

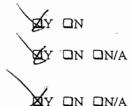
If classification 1 has been checked, no controls are required. Proceed to Part V.

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 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?







AY ON

| 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 loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | | ПИ | |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΟY | □N | |
| Is the temperature differential equal to or greater than 20° F? | ΠY | □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? | ΟY | □n □n/a | |
| Is the perc concentration equal to or less than 100 ppm? | ΠY | □N | |
| 4. Assured that the sampling port on the earbon adsorber exhaust for measuring perc concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | ΟY | ПИ | |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΩΥ | □N □N/A | |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | ΟY | □N □N/A | |
| | | | . |
| PART V: RECORDKEEPING REQUIREMENTS | | | |
| Has the responsible official: (check appropriate boxes) | | | |
| Maintained receipts for perc purchased? | XY | □N | |
| 2. Maintained rolling monthly averages of perc consumption? | XX | □N | |
| 3. Maintained leak detection inspection and repair reports for the following: | _ | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | XY | □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? | ΠY | □N∖ | |
| 4. Maintained calibration data? (for direct reading instruments only) | \Box Y | □N DN/A | , |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | ΩY | ON WAG | closed Lo |
| 6. Maintained startup/shutdown/malfunction plan? | | □N | |
| 7. Maintained deviation reports? | SET | □N | |
| Problem corrected? | ΠY | □N | |
| 8. Maintained compliance plan, if applicable? | A Y | □N □N/A | |

3 of 4

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

PART VI: LEAK DETECTION AND REPAIRS

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| 2. | Which method of detection is used by | the respo | nsible offic | cial? | | |
|----|---|------------|--------------|----------------------------------|--------------|----|
| | Visual examination (condensed | solvent o | n exterior s | surfaces) | × | |
| | Physical detection (airflow felt t | hrough ga | askets) | | \Z | |
| | Odor (noticeable perc odor) | | | | Ø | |
| | Use of direct-reading instrumen | tation (FI | D/PID/calc | orimetric tubes) | | |
| | If using direct-reading instrum | nentation | , is the equ | ipment: | | |
| | a. Capable of detecting | g perc vap | or concent | rations in a range of 0-500 ppm? | \Box Y | ПN |
| | b. Calibrated against a (PID/FID only)? | standard | gas prior t | o and after each use | ΠY | □N |
| | c. Inspected for leaks a | ınd obvioı | us signs of | wear on a weekly basis? | \Box Y | □N |
| | d. Kept in a clean and | secure are | ea when no | ot in use? | ПY | □N |
| | e. Verified for accurac | y by use o | of duplicate | samples (calorimetric only)? | QY | □N |
| 3. | Has the facility maintained a leak log | ? | | | Y | □N |
| 4. | Does the responsible official check the | e followin | g areas for | leaks? | | |
| | Hose connections, fittings, couplings, and valves | A. | ПN | Muck cookers | W. | □N |
| | Door gaskets and seating | YZY | ПN | s Stills | AA | □N |
| | Filter gaskets and seating | DK. | ΠN | Exhaust dampers | Y | ПИ |
| | Pumps | X | □N | Diverter valves | DY | ПИ |
| | Solvent tanks and containers | XY | □N | Cartridge filter housing | s O Y | ПN |
| | Water separators | Y | ПИ | | | |
| | Day & Hers | n . | | | | |
| | Name of Responsible Office | al | | | | |
| _ | Dheila Jehneider | | | 11/20/96 | | |
| | Inspector's Name (Please Pr | nnt) | | ✓ Date of Insp. | pection | |

Revised 10/28/96

Approximate Date of Next Inspection

Inspector's Signature

| ADDITIONAL SITI | E INFORMATION: | | | |
|-----------------|----------------|---|--|--|
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DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0694817

GARY L NELSON
GARY L NELSON
1203 G WEST HWY 50
CLERMONT FL 34711

Bureau of Air Monitoring & Mobile Sources

2 (00a

Do NOT Remove Label

| Annual Reporting Period: | 1/1 | 19 | <u>98</u> то | /// | 1999 |
|--|----------------------|--------------------|-----------------|----------------------|------------------------------|
| Based on each term or condition of 62-213.300, Florida Administrativ | | • | - | _ | |
| If NO, complete the following: | | | | | |
| #1. Term or condition of the gener | al permit that has r | not been in contir | uous compliai | nce during the repo | orting period stated above: |
| Exact period of non-compliance: f | rom | | | _ to | |
| Action(s) taken to achieve complia | nce: | • | · | | |
| Method used to demonstrate compl | iance: | | | | <u> </u> |
| #2. Term or condition of the gener | al permit that has r | not been in contin | uous compliar | nce during the repo | orting period stated above: |
| Exact period of non-compliance: f | rom | | 1 | to | |
| Action(s) taken to achieve complia | nce: | | • | | · |
| Method used to demonstrate compl | iance: | | | | |
| As the responsible official, I hereby c notification are true, accurate and co does not exceed 2,100 gallons per yea | mplete. Further, my | annual consumpt | ion of perchlor | oethylene solvent, b | ased upon purchase receipts, |
| RESPONSIBLE OFFICIAL: _(| Name (Please | NE/SO | V | Signature | Jesu 1/26/11 |

^{*}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.

Well the

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0694817

GARY L NELSON GARY L NELSON 1203 G WEST HWY 50 CLERMONT FL 34711 Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

| | Do Mon Remove Ender | | |
|--|---------------------------------------|------------------------------|-------------------|
| Annual Reporting Period:// | 19 97 | /// | 70 19 <u>98</u> |
| Based on each term or condition of the Title V gener 62-213.300, Florida Administrative Code (F.A.C.), o | | - 6 S | |
| If NO, complete the following: #1. Term or condition of the general permit that has | | ` # <u>-</u> | MED |
| #1. Term or condition of the general permit that has | s not been in continuous compliance | during the reporting prior | d 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 perio | d 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 info notification are true, accurate and complete. Further, m does not exceed 2,100 gallons per year for dry-to dry fact | ny annual consumption of perchloroeti | hylene solvent, based upon p | urchase receipts, |
| RESPONSIBLE OFFICIAL: GARY L., Name (Riege | Se Print) | Signature Just | 1/26/18 Date |
| *This form is made available to you as an iid in orde | | ertification requirements | It is at the |

*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.

| | - | N SUMMARY RE | PORT | Villagens 3 |
|---|---|--|----------------------------------|---|
| TYPE OF INSPECTION: | ANNUAL | COMPLAINT/DISC | COVERY | RE-INSPECTION 1 |
| TIME IN: 11'.00 | TIME OUT: | 11:30 | _airs id#: 2ϵ | 948187 |
| type of facility: $\underline{\mathcal{D}}$ | nc caners | | | |
| FACILITY NAME: N | relson's Dryd. | caner | | DATE: 3/18/98 |
| FACILITY LOCATION: | 1203 6. W | 1. thry 50 | | |
| | acrment, & | 1 347 11 | | |
| RESPONSIBLE OFFICIAL: | MR. NOLSON | F | HONE NUMBER:_ | 352-394-606 |
| Based on the results of compliance with DEP | f the compliance requiremen Rule 62-213.300, Florida A | us evaluated during thi dministrative Code (F., | s inspection, the faci A.C.). | lity is found to be in |
| Based on the results of discrepancies were no | f the compliance requiremented: | its evaluated during thi | s inspection, the follo | owing compliance |
| - | UIREMENT/PROBL | EM FOLI | LOW-UP ACTION | ON REQUIRED |
| | | | | |
| | | | · | 4 |
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| | | | | APF Bureau & |
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| | | | | 7 1991 Air Nio |
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| COMMENTS: | | ! | | |
| COMMUNICATION. | | | | |
| | | | | |
| | | | | |
| The Annual Compliance Cer | | erly certified and subm | uitted to the inspecto | YES X NO |
| DATE OF NEXT INSPECT | \sim | AAAQ | 3199 | <u></u> , |
| DATE OF MEXI INSPECT | тот: | (Approximate) | | |
| INSPECTION CONDUCTE | ED BY: Saadu | à Genesh | <u>i</u> | |
| | C/12 | (Please Print) | | 161 002 222 |
| INSPECTOR'S SIGNATUR | RE: Y | | PHONE NUMBER | :_407-893 <i>-33</i> 3 |

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

| | | | 1 " | , | | |
|---|---|---|---|-----------------------|----------------|----|
| ** • | | | | , / | In ARU | Lo |
| ~ | HLOROETHY TITLE V GE COMPLIANCE INS | NERAL PERI | MIT | s V | SIM PSQ | 7 |
| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | | COMPLAINT/DISC | COVERY & | MA COLLEGE | 1 |
| AIRS ID#: <u>26948107</u> D FACILITY NAME: FACILITY LOCATION: | Nelsais | TIME II Drycled W. thy | ine | ME OUT: <u> '</u> | 30 Controlling | |
| RESPONSIBLE OFFICIAL : | Clermon | 4 FL | 9471 phone: 352 | 394- 6 060 |)) | |
| CONTACT NAME: | | | | | | |
| | | | | | | |
| PART I: NOTIFICATION | | | | | | |
| (check appropriate box) | | | | , | _ | |
| 1. New facility notified DARM | | | | | | |
| 2. Facility failed to notify DARM | vi to use general perm | | | | | |
| D. D. C. L. C. T. C. L. | | | | | | |
| PART II: CLASSIFICATION | | | | | | |
| Facility indicated on notification (check appropriate box) | on form that it is: | | ☐ No notification f ☐ Drop store/out o | | eum | |
| A. 1. Existing small area sour 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) | yr d t | . New small a lry-to-dry only, ransfer only, x both types, x < constructed on | rea source x < 140 gal/yr < 200 gal/yr | is 3yrs | | |
| 3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) | 100 gal/yr d 0 gal/yr t gal/yr t | ransfer only, 2000th types, 140 | rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) | | | |
| 5. This is a correct facility of | lassification | ¥y □N | □Can not determi | ne | | |
| | appropriate classificative qualified for a gene | ral permit as n | | ove | | |

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

facility was 120 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? 5 purposed DY DN/A

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? Spundsle

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?

Equipped dry-to-dry machines with a closed-loop vapor venting system?

XY On On/a

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? No prodem yet

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

| в. н | as the responsible official of an existing large or new large area source also: | | | |
|------|--|------|----|------|
| | leasured and recorded the exhaust temperature on the outlet side of the condenser located a dry-to-dry, reclaimer, and dryer machines on a weekly basis? | QY (| N | |
| | leasured and recorded the washer exhaust temperature at the condenser | | | |
| in | let and outlet weekly? | QΥ | ИΠ | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | QY (| ИΠ | □N/A |
| | leasured and recorded the perc concentration in the exhaust stream weekly the end of the final drying cycle while the machine is venting to the adsorber, | | | |
| | machines are equipped with a carbon adsorber? | ΠY | ПΝ | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΩY | ИП | □N/A |
| p | ssured that the sampling port on the carbon adsorber exhaust for measuring erc concentrations is at least 8 duct diameters downstream of any bend, contraction, r expansion; is at least 2 duct diameters upstream from any bend, contraction, | | | |
| | r expansion; and downstream from no other inlet? | ΩY | ND | □N/A |
| | quipped transfer machines (dryers, reclaimers, and washers) with individual ondenser coils? | QΥ | NΩ | □N/A |
| 6. R | outed airflow to the carbon adsorber (if used) at all times? | ΠY | ПИ | □N/A |

| PART V: RECORDKEEPING REQUIREMENTS | | | | | | |
|---|--------------------|--|--|--|--|--|
| Has the responsible official: (check appropriate boxes) | | | | | | |
| 1. Maintained receipts for perc purchased? | | | | | | |
| 2. Maintained rolling monthly total of perc consumption? | XX □N | | | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | | | | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | YY ON ON/A | | | | | |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | OY ON X N/A | | | | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | OY ON XVIA | | | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | AND NO YO | | | | | |
| 6. Maintained startup/shutdown/malfunction plan? | XY DN | | | | | |
| 7. Maintained deviation reports? | AND NO TAK | | | | | |
| Problem corrected? | אומלם אם צם | | | | | |
| 8. Maintained compliance plan, if applicable? | Xay on on/a | | | | | |

PART VI: LEAK DETECTION AND REPAIRS

| 1. | Does the responsible official conduct a w | eekly (for | r small sources, b | i-weekly) leak detection an | d repa | air | |
|--|---|------------|--------------------|-----------------------------|----------|-----|------|
| | inspection? | | | 4 | X | | מו |
| 2. | Has the facility maintained a leak log? | | | , | A)Y | | מו |
| 3. | Does the responsible official check the fo | llowing a | areas for leaks? | | | | |
| | Hose connections, fittings, | . | _ | | | | |
| | couplings, and valves | LA UV | I □N/A | Muck cookers | PA | ΠИ | □N/A |
| | Door gaskets and seating | φλ σν | I □N/A | Stills | φY | ПΝ | □N/A |
| | Filter gaskets and seating | אם אם | N/A | Exhaust dampers | φY | ИП | □N/A |
| | Pumps | מם צם | N/A | Diverter valves | φY | ПΝ | □N/A |
| | Solvent tanks and containers | OY OM | N/A | Cartridge filter housings | φĀ | И□ | □N/A |
| | Water separators | OY OM | N/A | | | | |
| 4. | Which method of detection is used by the | respons | ible official? | | _ | _ | |
| | Visual examination (condensed sol | vent on e | exterior surfaces) | | 4 | | |
| | Physical detection (airflow felt thro | ugh gask | cets) | • | | _ | |
| | Odor (noticeable perc odor) | | | | | | |
| | Use of direct-reading instrumentati | on (FID/ | PID/calorimetric | tubes) | | | |
| | Halogen leak detector | | | | | | |
| If using direct-reading instrumentation, is the equipment: | | | | | | 'A | |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | | | | | | ПΝ | |
| | b. Calibrated against a statement (PID/FID only)? | andard ga | as prior to and af | ter each use | ΩY | ΩΝ | |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | | | | | | ΩΝ | |
| | d. Kept in a clean and sec | cure area | when not in use? | · · | QΥ | Ωи | |
| | e. Verified for accuracy b | y use of a | duplicate samples | s (calorimetric only)? | ΩY | ΩИ | |
| | | | | • | | | |

Inspector's Name (Please Print)

Inspector's Signature

2)64

318/98 Date of Inspection

Approximate Date of Next Inspection

epony? yes pan? yes mud clean / Vapor Klean 353

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| | TYPE | OF | INSPE | CTION |
|--|------|----|-------|-------|
|--|------|----|-------|-------|

ANNUAL

Ø

COMPLAINT/DISCOVERY

RE-INSPECTION

| <u></u> | <u> </u> |
|--|--|
| AIRS ID#: 0694814 DATE: 12/28/ | 26 TIME IN: 1/.' 3 TIME OUT! 30 |
| FACILITY NAME: Nelson's Cla | aners |
| FACILITY LOCATION: 1203 C | 5 W. Hwg 50 |
| Gearmon | |
| | PHONE: 352 - 394-6060 |
| CONTACT NAME: | PHONE: |
| | |
| PART 1: NOTIFICATION | |
| (check appropriate box) | |
| 1. New facility notified DARM 30 days prior to star | tup |
| 2. Facility failed to notify DARM to use general per | mit \square |
| | |
| PART II: CLASSIFICATION | |
| Facility indicated on notification form that it is: | ☐ No notification form |
| (check appropriate box) A. | ☐ 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, $140 \le x \le 2,100 \text{ gal/yr}$ 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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) |
| 5. This is a correct facility classification | ☐Y ☐N ☐Can not determine |
| ☐ facility exceeds above lin B. The total quantity of perchloroethylene (perc) pu | ation: heral permit as number above hits and is not eligible for a general permit archased within the preceding 12 months by this dry cleaning |
| facility was 120 gallons. | |

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 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 spin disk least 24 hours prior to disposal? DY DN DNIA 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 venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AA ON ONIA 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 DY DN DN/A condenser exceeded 45° F? noproblems. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON verifying that the coolant had been completely charged?

| 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? | מצ מא |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | OY ON ON/A |
| Is the temperature differential equal to or greater than 20° F? | OY ON ON/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? | OY ON ON/A |
| ls the perc concentration equal to or less than 100 ppm? | OY ON ON/A |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, | |
| or expansion; and downstream from no other inlet? | OY ON ON/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON ON/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | OY ON ON/A |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|----------------|
| Has the responsible official: (check appropriate boxes) | |
| I. Maintained receipts for perc purchased? | M□ AX |
| 2. Maintained rolling monthly total of perc consumption? | × □ν |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | AYM ON ON/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | AAA ON ON/V |
| 4. Maintained calibration data? (for applicable direct reading instruments) | DY DN DWA |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | אואלק אם צם |
| 6. Maintained startup/shutdown/malfunction plan? | Dry On |
| 7. Maintained deviation reports? | DY DN DAVA |
| Problem corrected? | DY DN DXVA |
| 8. Maintained compliance plan, if applicable? | אועקע אם אם אם |

| PART VI: LEAK DETECTION AND REPAIRS | | | | |
|--|-------------------------------|---------------------------|--------------------|--|
| 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | |
| inspection? 2. Has the facility maintained a leak log? | Gusing Calendar | | APY □N . XOY □N | |
| 3. Does the responsible official check the following areas for leaks? | | | | |
| Hose connections, fittings, couplings, and valves | אים אם אָאם אָל | Muck cookers | DY ON ON/A | |
| Door gaskets and seating | DY ON ON/A | Stills | DY ON ON/A | |
| Filter gaskets and seating | DY ON ON/A | Exhaust dampers | DY DN DN/A | |
| Pumps | אוחם אם אם | Diverter valves | DY ON ON/A | |
| Solvent tanks and containers | DY ON ON/A | Cartridge filter housings | אואם אם צם | |
| Water separators | dy on ona | | i | |
| 4. Which method of detection is used by t | he responsible official? | | | |
| Visual examination (condensed se | olvent on exterior surfaces) | | | |
| Physical detection (airflow felt th | rough gaskets) | (| Z | |
| Odor (noticeable perc odor) | | , | Ø | |
| Use of direct-reading instruments | tion (FID/PID/calorimetric | tubes) | | |
| Halogen leak detector | | | | |
| If using direct-reading instr | umentation, is the equipme | ent: | □N/A | |
| a. Capable of detecting | perc vapor concentrations ir | a range of 0-500 ppm? | OY ON | |
| b. Calibrated against a s (PID/FID only)? | tandard gas prior to and afte | er each use | מם צם | |
| c. Inspected for leaks ar | nd obvious signs of wear on | a weekly basis? | □Y □N | |
| d. Kept in a clean and s | ecure area when not in use? | | OY ON | |
| e. Verified for accuracy | by use of duplicate samples | s (calorimetric only)? | OY ON | |
| | | | | |
| | | | | |
| | | | | |

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

MCF - hazardors-raite epoky => yes around spotting board & conday contain ment -> yes. no perc on spotting board.

vas condensate valer receives appris appris per se per per leakt par leakt per leakt .

TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL COM | MPLAINT/DISCOVERY RE-INSPECTION |
|--|---|
| TIME IN: 11:30 TIME OUT: 12:50 | AIRS ID#: 069481 3 |
| TYPE OF FACILITY: Dry Cleaning | |
| FACILITY NAME: Nelson's Cleaners | DATE: 12/28/78 |
| FACILITY LOCATION: 12036. WHA | 1450. Clermon+Fr 34711 |
| | |
| RESPONSIBLE OFFICIAL: Gay Welson | PHONE NUMBER: 352-394-6060 |
| Based on the results of the compliance requirements evalu- compliance with DEP Rule 62-213.300, Florida Administr | - , |
| Based on the results of the compliance requirements evaluation discrepancies were noted: | ated during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| | |
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| <u> </u> | · |
| COMMENTS: | |
| IN compliance. | • |
| The Annual Compliance Certification form has been properly certification | ned and submitted to the inspector. |
| DATE OF NEXT INSPECTION: 12/9 | |
| INSPECTION CONDUCTED BY: again (| pproximate) weshi |
| INSPECTOR'S SIGNATURE: | PHONE NUMBER: 407-893-3333 |

Page___of___.

Revised 10/96

pce

Revised 09/15/97

0694877 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| ACILITY LOCATION: 1203 (C | a) We | ST H | NY 50 | | | 7 |
|---|-------------------|---------------|-----------------|---------------|-----------------|------------|
| Olermo | | • | | | | |
| nnual Reporting Period: Dec. | 97 | 19 | то <u>De</u> | <u>c</u> . | 98 | 19 |
| used on each term or condition of the Title V -213.300, Fiorida Administrative Code (F., | | | | | | |
| NO, complete the following: | | | | • | | |
| 1. Term or condition of the general permit | that has not been | in continuous | compliance duri | ig the report | ing period sta | ted above: |
| xact period of non-compliance: from | · | | to | | | |
| action(s) taken to achieve compliance: | · | | | | | |
| Method used to demonstrate compliance: | | | | | | |
| • | | | | | ring period et | |
| #2. Term or condition of the general permit | that has not been | in continuous | compliance dur | ng the repor | Title heriog an | ated above |
| | that has not been | in continuous | compliance dur | ng the repor | | ated above |
| Exact period of non-compliance: from | that has not been | in continuous | | ng the repor | mig period sa | ated above |
| #2. Term or condition of the general permit Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: | that has not been | in continuous | | ng the repor | | ated above |

*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.

Page of .

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

| ARMS | UPDATES |
|------|---------|
| DATE | 11-W-89 |
| BY X | |

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOV

RE-INSPECTION

| AIRS ID#: 06949/67 DATE: 11~10 | -9C TIME IN: 9!/5 TIME OUT: 9!45 |
|--|--|
| FACILITY NAME: Nelson's Clean | e/5. |
| FACILITY LOCATION: 1203 6 W. | Hwy 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| Clermont, FC | 347/1 |
| RESPONSIBLE OFFICIAL: Gary Ne | 1sun PHONE: 352-344-6060 |
| CONTACT NAME: | PHONE: |
| PART I: NOTIFICATION | |
| (check appropriate box) | |
| 1. New facility notified DARM 30 days prior to sta | artup 🗆 . |
| 2. Facility failed to notify DARM to use general pe | ermit D |
| PART II: CLASSIFICATION | · |
| Facility indicated on notification form that it is: (check appropriate box) A. | ☐ 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, $140 \le x \le 2,100$ 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 | YAY ON OCan not determine |
| | cation: neral permit as number above nits and is not eligible for a general permit |
| B. The total quantity of perchloroethylene (perc) profacility was 137 gallons. | urchased 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) DY DN MYA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? AY ON 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? OY ON **SX**VA Spin disk 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY ON DANA 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) AY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AVAD ND YA 3. Equipped the condenser with a diverter valve so airflow will be directed away from the YOY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 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 DY DN verifying that the coolant had been completely charged?

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

| PART V: RECORDKEEPING REQUIREMENTS | |
|--|---------------------|
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | DEY ON |
| 2. Maintained rolling monthly averages of perc consumption? | AA DN |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | ANG DOM YAC |
| b. documentation of parts ordered to repair leak and leak repaired win 2 days and parts installed win 5 days of receipt? | oy on za va |
| 4. Maintained calibration data? (for applicable direct reading instruments) | OY ON X N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | OY ON DENA |
| 6. Maintained startup/shutdown/malfunction plan? | MAY ON |
| 7. Maintained deviation reports? | A'M)א אם עם |
| Problem corrected? | A/VZS NO YO |
| 8. Maintained compliance plan, if applicable? | DY DN DNIA |

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? Not decomenting will do now **M**N 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, XY ON ON/A Muck cookers couplings, and valves AYNO NO PA AVA ON ON/A Stills A'YO NO YA Door gaskets and seating AYNO NO YA Filter gaskets and seating Exhaust dampers AVA UN UNIA XY ON ON/A Diverter valves XY ON ON/A Pumps RY ON ON/A Solvent tanks and containers Cartridge filter housings Sty ON ON/A AVAD ND YZ Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) X Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: DN/A DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)?

| Kandall Conningham | 11-10-91 |
|---------------------------------|-------------------------------------|
| Inspector's Name (Please Print) | Date of Inspection |
| Redall Til | 11-2000 |
| Inspector's Signature | Approximate Date of Next Inspection |

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

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

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

OY ON

DY DN

| ADDITIONAL SITE INFORMATION: | | | |
|------------------------------|---|-----|--|
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Revised 09/15/97

Ade

DRY CLEANER AIR QUALITY GENERAL PERMIT

| FACILITY NAME: NO SON'S CLEANE | 15 | DATE: | 11-10-99 |
|---|------------------------|------------------------------|------------------|
| FACILITY LOCATION: 12036 W. Hwy | 50 | | |
| Clermont, FL 34 | 7/1 | | |
| | | | · <u>·</u> |
| Annual Reporting Period: November | 19_ 19% TO | November | 1999 |
| Based on each term or condition of the Title V general air permissed on each term or condition of the Title V general air permissed on each term or condition of the Title V general air permissed on each term or condition of the Title V general air permissed on each term or condition of the Title V general air permissed on each term or condition of the Title V general air permissed on each term or condition of the Title V general air permissed on each term or condition of the Title V general air permissed on each term or condition of the Title V general air permissed on each term or condition of the Title V general air permissed on each term or condition of the Title V general air permissed on the Title V | - | | FP Rule |
| f NO, complete the following: | | | |
| 1. Term or condition of the general permit that has not been in | a continuous complianc | e during the reporting perio | ed stated above: |
| Exact period of non-compliance: from | t |) | |
| Action(s) taken to achieve compliance: | | | · |
| Method used to demonstrate compliance: | | | |
| #2. Term or condition of the general permit that has not been in | | e during the reporting perio | d 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 made in this notification are true, accurate and complete. Furthupon purchase receipts, does not exceed 2,100 gallons per year combination facilities. | her, my annual consum | ption of perchloroethylene | solvent, based |
| RESPONSIBLE OFFICIAL: ARY Name (Please Print) | isan | Signature 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 | COMPLAINT/DISCOVERY RE-INSPECTION | | | |
|--|--|--|--|--|
| | 45AIRS ID#: 069481\$07 | | | |
| TYPE OF FACILITY: Ply Clean | | | | |
| FACILITY NAME: Nelson's Cleaners | DATE: 1 -10-49 | | | |
| FACILITY LOCATION: 1203 G W. Hyvy 50 Clermont, FL 34 | | | | |
| RESPONSIBLE OFFICIAL: Gary Nelson | PHONE NUMBER: 352-394-6060 | | | |
| Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adr | evaluated during this inspection, the facility is found to be in ministrative Code (F.A.C.). | | | |
| Based on the results of the compliance requirements discrepancies were noted: | evaluated during this inspection, the following compliance | | | |
| COMPLIANCE REQUIREMENT/PROBLE | M FOLLOW-UP ACTION REQUIRED | | | |
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| COMMENTS: | | | | |
| _ | member to document leak Checks) | | | |
| The Annual Compliance Certification form has been properly | / | | | |
| DATE OF NEXT INSPECTION: 11-2000 | (Approximate) | | | |
| INSPECTION CONDUCTED BY: Randall Cunningham (Please Print) | | | | |
| INSPECTOR'S SIGNATURE: Dell'T | PHONE NUMBER: (407) 893-3333 | | | |

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| ORY CLEANERS ERMIT | ANN SO |
|--------------------|--------|
| CHECKLIST | 09 |
| | • |

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

| | ··· | |
|--|---|----------|
| AIRS ID#: 069481\$ DATE: 12/28/ | 75 TIME IN: 1/.: 3 TIME OUT? 30 | |
| FACILITY NAME: Nelson's Cla | | |
| FACILITY LOCATION: 1203 C | 5 W. Hwa50 | |
| | F-FC 34711 | |
| | | _ |
| RESPONSIBLE OFFICIAL: <u>Gary IV</u> | lelson phone: 352-374-606 | <u> </u> |
| CONTACT NAME: | PHONE: | |
| | | |
| PART 1: NOTIFICATION | | |
| (check appropriate box) | | |
| 1. New facility notified DARM 30 days prior to star | rtup . 🗆 | Į) |
| 2. Facility failed to notify DARM to use general per | rmit \square | |
| | | |
| PART II: CLASSIFICATION | <u> </u> | j |
| Facility indicated on notification form that it is: | ☐ No notification form | |
| (check appropriate box) | ☐ Drop store/out of business/petroleum | 1 |
| 1. Existing small area source | 2. New small area source | |
| dry-to-dry only, $x < 140 \text{ gal/yr}$ | dry-to-dry only, x < 140 gal/yr | |
| transfer only, x < 200 gal/yr | transfer only, x < 200 gal/yr 5 years | > |
| both types, x < 140 gal/yr | both types, x < 140 gallyr | ļ |
| (constructed before 12/9/91) | (constructed on or after 12/9/91) | ļ |
| 3. Existing large area source | 4. New large area source | |
| dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr | dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ | 70 |
| transfer only, $200 \le x \le 1,800$ gal/yr | | FT] |
| both types. $140 \le x \le 1,800 \text{ gal/yr}$ | both types, 140 ≤ x ≤ 1,800 gal/yr | _ |
| (constructed before 12/9/91) | (constructed on or after 12/9/91) | |
| 5. This is a correct facility classification | 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 $12/9/91$) The station: The station is not eligible for a general permit as number | EIVEI |
| If no, please check the appropriate classific | ation: | |
| a facility qualified for a ger | neral permit as number above 🙎 📆 | M |
| ☐ facility exceeds above lim | nits and is not eligible for a general permit | |
| | archased within the preceding 12 months by this dry cleani | ng |
| facility was $[20]$ 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? DY DN XXNA 2. Examining the containers for leakage? Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at spin disk least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? □N □N/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/A cendenser 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 noproblems. □Y □N □N/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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? | d OY ON |
| 2. | Measured and recorded the washer exhaust temperature at the condenser | |
| H | inlet and outlet weekly? | DY DN DN/A |
| | Is the temperature differential equal to or greater than 20° F? | DY DN DN/A |
| 3. | Meas: red 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, | |
| ľ | if machines are equipped with a carbon adsorber? | DY DN DN/A |
| | Is the perc concentration equal to or less than 100 ppm? | OY ON ON/A |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, | |
| | or expansion; and downstream from no other inlet? | OY ON ON/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON QN/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | OY ON ON/A |

| PART V: RECORDKEEPING REQUIREMENTS | | | |
|---|-------------|--|--|
| Has the responsible official: (check appropriate boxes) | | | |
| 1. Maintained receipts for perc purchased? | MA □N | | |
| 2. Maintained rolling monthly total of perc consumption? | × □ν | | |
| 3. Maintained leak detection inspection and repair reports for the following: | · | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | AND ND YA | | |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | AY ON ON/A | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | OY ON PAVA | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | OY ON PANA | | |
| 6. Maintained startup/shutdown/malfunction plan? | NO ADO | | |
| 7. Maintained deviation reports? | DY DN XXV/A | | |
| Problem corrected? | DY DN \$XYA | | |
| 8. Maintained compliance plan, if applicable? | DY DN XXN/A | | |

| PART | PART VI: LEAK DETECTION AND REPAIRS | | | |
|--|--|------------------------------|------------------------------|------------|
| 1. Doe | s the responsible official conduct a | weekly (for small sources, b | oi-weekly) leak detection ar | nd repair |
| insp | ection? | Gusing Calenda | es . | ANY ON |
| 2. Has | the facility maintained a leak log? | Tusting Cause | | XQA ON |
| 3. Doe | s the responsible official check the | following areas for leaks? | | |
| | Hose connections, fittings, couplings, and valves | DA DN DNA | Muck cookers | אורם אם עם |
| | Door gaskets and seating | DY ON ON/A | Stills | DY ON ON/A |
| | Filter gaskets and seating | DY ON ON/A | Exhaust dampers | DY ON ON/A |
| | Pumps | DY ON ON/A | Diverter valves | DY ON ON/A |
| | Solvent tanks and containers | DY ON ON/A | Cartridge filter housings | אואם אם צם |
| | Water separators | DY DN DN/A | | |
| 4. Whi | ch method of detection is used by the | ne 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? \Box Y \Box N | | | |
| | b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | | | |
| | c. Inspected for leaks and obvious signs of wear on a weekly basis? | | | אם עם |
| | d. Kept in a clean and secure area when not in use? | | | DY DN |
| | e. Verified for accuracy by use of duplicate samples (calorimetric only)? | | | מם עם |
| | | | | |
| - | | | | |
| | | | | |
| | \circ | | | |

| JAADIA GUEESTO | 12 har 198 |
|---------------------------------|-------------------------------------|
| Inspector's Name (Please Print) | Date of Inspection |
| | |
| | 19/99 |
| Inspector's Signature | Approximate Date of Next Inspection |

MCF - hazardors-haite:

epoxy => yes around spotting board

scondary containment->yes.

no perc on spotting board.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| ACILITY NAME: NEISON | s Clean | ERS | DATE: 12 | 28/98 |
|---|-----------------------------|---------------------------|----------------------|-------------|
| ACILITY LOCATION: 1203 (G |) WEST / | LNY 50 | | |
| Mermon | T, FL 3 | 34711 | | |
| | | | | |
| Annual Reporting Period: De C. 9 | 19 | TO Dec. | 98 | 19 |
| Pased on each term or condition of the Title V (2-213,300, Fiorida Administrative Code (F.A. | | <u> </u> | | 40 1e |
| f NO, complete the following: | | | | |
| ‡1. Term or condition of the general permit th | at has not been in continuo | ous compliance during the | reporting period sta | ted 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 th | nat has not been in continu | ous compliance during the | reporting period sta | ited 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, be made in this notification are true, accurate as upon purchase receipts, does not exceed 2,10 combination facilities. RESPONSIBLE OFFICIAL: A | nd complete. Further, my | annual consumption of per | rchloroe:hyiene solv | ent, based |

*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.

Page _____ of ____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL COM | APLAINT/DISCOVERY RE-INSPECTION | | |
|---|---|--|--|
| TIME IN: 16:30 TIME OUT: 12:50 | AIRS ID#: 0694816 | | |
| TYPE OF FACILITY: Drucleaning | | | |
| FACILITY NAME: Nelson's Cleaners | DATE: 12/28/78 | | |
| FACILITY LOCATION: 12036. Wth | 1450. Clermon+Fi 34711 | | |
| | | | |
| RESPONSIBLE OFFICIAL: Gay Welson | PHONE NUMBER: 352-394-6060 | | |
| Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administr | | | |
| Based on the results of the compliance requirements evaluation discrepancies were noted: | ated during this inspection, the following compliance | | |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED | | |
| | • | | |
| | | | |
| • | | | |
| | | | |
| - | | | |
| | | | |
| | | | |
| · | | | |
| COMMENTS: | | | |
| IN compliance. | | | |
| The Annual Compliance Certification form has been properly certif | Tied and submitted to the inspector. YES NO | | |
| DATE OF NEXT INSPECTION: 12/9 | proximate) | | |
| INSPECTION CONDUCTED BY: adda Cueshi (Please Print) | | | |
| INSPECTOR'S SIGNATURE: | PHONE NUMBER: 407-893-3333 | | |

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

COMPLIANCE INSPECTION CHECKLIST

| ARMS | PDATED |
|-------|----------|
| DATE_ | 10-14-00 |
| BY | RC |

ANNUAL (INS1, INS2) 💢

COMPLAINT/DISCOVERY (CI)

RE-INSPECTION (FUI)

| AIRS ID#: 0694817 DATE: [0/14 THE FACILITY NAME: Nelson's lean of 5 FACILITY LOCATION: 1203 G W. H. | | | | _ |
|---|--|--|--------------|--------------|
| | IME IN: $\frac{l_1^200}{l_1^2}$ TIME (| о ит : <u>Д</u> | 30 | ن. ق |
| FACILITY LOCATION: 1203 G W. Hm | | | | _ |
| | vy, 50 | | | - |
| · Clermont, FL | 34711 | | | _ |
| RESPONSIBLE OFFICIAL: Galy Nelso | <u>м</u> phone: <u>3</u> 52 | -394 | -60 | 60 |
| CONTACT NAME: | PHONE: | | | - |
| | | | | |
| PART I: NOTIFICATION | | | | |
| (check appropriate box) | Facility Compliance Status: | IN | ,0 | |
| New facility notified DARM 30 days prior to startup | (ARMS Data) | MNC | | . |
| 2. Facility failed to notify DARM to use general permit | | SNC | | |
| | | • | | |
| PART II: CLASSIFICATION | | | | |
| Facility indicated on notification form that it is: (check appropriate box) | ☐ No notification form☐ Drop store/out of bus | iness/netro | oleum | |
| A. | a proposition, out or our | iness, peux | · | |
| · · · · · · · · · · · · · · · · · · · | mall area source | | | |
| | | | | |
| | | ta | | |
| | ted on or after 12/9/91) | & Sure | _ | |
| 3 Existing large area source | arge area source | au o Mo | 20 | |
| | | f A | ~ | |
| drv-to- drv only $140 < x < 2.100$ gal/ vr drv -to- drv | · • · · - · | ~~~ | -1 | 6 759 |
| | s, $140 \le x \le 1,800 \text{ gal/yr}$ | Mor. | 2 | |
| transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer or | ted on or after 12/9/91) | ces : | 8 | |
| transfer only, $200 \le x \le 1,800$ gal/yr transfer or both types, $140 \le x \le 1,800$ gal/yr both types | | <u></u> . | | 1 |
| transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer or both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types (constructed before $12/9/91$) (construct | □N □Can not determine | ng | | j |
| transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer or both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types (constructed before $12/9/91$) (construct | □N □Can not determine | ng · | | Ċ |
| transfer only, $200 \le x \le 1,800$ gal/yr transfer or both types, $140 \le x \le 1,800$ gal/yr both types (constructed before $12/9/91$) (construct | | ng . | | Ç |
| transfer only, $200 \le x \le 1,800$ gal/yr transfer or both types, $140 \le x \le 1,800$ gal/yr both types (constructed before $12/9/91$) (constructed before $12/9/91$) 5. This is a correct facility classification If no, please check the appropriate classification: | t as number above | ng . | | |
| transfer only, $200 \le x \le 1,800$ gal/yr transfer of both types, $140 \le x \le 1,800$ gal/yr both types (constructed before $12/9/91$) (constructed before $12/9/91$) 5. This is a correct facility classification If no, please check the appropriate classification: Gacility qualified for a general permit | t as number above not eligible for a general permit | • | eaning | |
| transfer only, $x < 200$ gal/yr transfer of both types, $x < 140$ gal/yr both types (constructed before 12/9/91) (constructed before 3. Existing large area source \Box 4. New la | arge area source y only, $140 \le x \le 2,100 \text{ gal/yr}$ nly, $200 \le x \le 1,800 \text{ gal/yr}$ s, $140 \le x \le 1,800 \text{ gal/yr}$ | Bureau of Air Monitoring & Mobile Sources | OCT 2 7 2000 | |

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ZNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 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? Spin dist DY ON ZN/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? ZY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45° F? 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? | Y | ПN | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΠY | ΩN | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | ΠY | ПΝ | □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? | ΠY | ПN | □n/a |
| | Is the perc concentration equal to or less than 100 ppm? | ΩY | ΩN | □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? | ПΥ | ПИ | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΟY | □N | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΩY | ΩN | □N/A |

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

| | | · | | |
|---|-------------------------------------|-----------------------------|-----------------------|--|
| PART VI: LEAK DETECTION A | AND REPAIRS | | | |
| 1. Does the responsible official con- | duct a weekly (for small sources, l | bi-weekly) leak detection a | nd repair | |
| inspection? | | | erý on | |
| 2. Has the facility maintained a leak | log2 | | ey on | |
| 3. Does the responsible official chec | k the following areas for leaks? | | | |
| Hose connections, fittings, couplings, and valves | PY ON ON/A | Muck cookers | dy on on/A | |
| Door gaskets and seating | DY ON ON/A | Stills | Y ON ON/A | |
| Filter gaskets and seating | DY ON ON/A | Exhaust dampers | DY ON ON/A | |
| Pumps | DY DN DN/A | Diverter valves | OY ON ON/A | |
| Solvent tanks and container | s OY ON ON/A | Cartridge filter housings | OY ON ON/A | |
| Water separators | DY ON ON/A | | | |
| 4. Which method of detection is used by the responsible official? | | | | |
| Visual examination (conder | / | | | |
| Physical detection (airflow | Ø Ø | | | |
| Odor (noticeable perc odor) | | | | |
| Use of direct-reading instru | | | | |
| Halogen leak detector | | | | |
| If using direct-reading | instrumentation, is the equipme | ent: | Æ N/A | |
| a. Capable of dete | cting 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)? | | | | |
| c. Inspected for lea | aks and obvious signs of wear on a | a weekly basis? | UY UN | |
| d. Kept in a clean | and secure area when not in use? | , | □Y □N | |
| e. Verified for acc | uracy by use of duplicate samples | (calorimetric only)? | $\square Y \square N$ | |
| | · | | | |

| Randall Cinningham | 10-18-00 |
|---------------------------------|-------------------------------------|
| Inspector's Name (Please Print) | Date of Inspection |
| RANK CI | 10-2001 |
| Inspector's Signature | Approximate Date of Next Inspection |



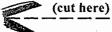
DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: Nelson's Cleaners | DATE: 10-18-00 |
|--|---|
| FACILITY LOCATION: 1203 G W. Hwy | , 50 |
| Clermont, FL 34 | |
| | |
| Annual Reporting Period: OCTOBER | 20 TO <u>Uctober</u> 2000 |
| Based on each term or condition of the Title V general air permi 62-213.300, Florida Administrative Code (F.A.C.), during the pe | 3 / |
| 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: | |
| | |
| in this notification are true, accurate and complete. Further, my purchase receipts, does not exceed 2,100 gallons per year for dry combination facilities. RESPONSIBLE OFFICIAL: | y-to dry facilities or 1,800 gallons per year for transfer or |
| 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 🔀 CO | MPLAINT/DISCOVERY | RE-INSPECTION | |
|---|---|---|------------------|--|
| TIME IN: 1:00 | TIME OUT: / .′ 3 δ | AIRS ID#: <i>0</i> 6 | 94817 | |
| TYPE OF FACILITY: Dry | | | | |
| | in's cleaners | | DATE: W-18-00 | |
| FACILITY LOCATION: 12 | | | | |
| | rmunt, FL 34711 | P. () () () () () () () | 262-244-6060 | |
| RESPONSIBLE OFFICIAL: | Gary Nelson | PHONE NUMBER: | 352-394-6060 | |
| compliance with DEP I | Rule 62-213.300, Florida Adminis | | | |
| Based on the results of discrepancies were note | • | uated during this inspection, the follo | owing compliance | |
| COMPLIANCE REQ | UIREMENT/PROBLEM | FOLLOW-UP ACTI | ON REQUIRED | |
| | | | | |
| | • | 1 . | | |
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| : : | · | | | |
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| | | | | |
| COMMENTS: | | | | |
| In Comp | liance | · . | | |
| The Annual Compliance Certific | cation form has been properly cert | ified and submitted to the inspector. | YES NO | |
| DATE OF NEXT INSPECTION: \$200 | | | | |
| | INSPECTION CONDUCTED BY: Randall (VAN In gham | | | |
| INSPECTOR'S SIGNATURE | | Please Print) PHONE NUMBER: | 407-493-3333 | |
| | Page_ | (of (| Revised 10/96 | |



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

05930 FEB22 2881 4

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 # 0694817

NELSON'S CLEANERS GARY L NELSON 1203 G WEST HWY 50 CLERMONT FL 34711 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

| SENDER: COMPLETE THIS SECTION |
|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: AIRS ID # 0694817 NELSON'S CLEANERS GARY L NELSON 1203 G WEST HWY 50 CLERMONT FL 34711 |

| | U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | |
|------|---|--------------|-----------------|
| 5990 | | | |
| L) | Postage | \$ | |
| 4 | Certified Fee | | Postmark |
| _0 | Return Receipt Fee (Endorsement Required) | | Here |
| 005 | Restricted Delivery Fee (Endorsement Required) | | |
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| 06 | Recipie NELSON'S (| | |
| | Street, 7 1203 G WES | ST HWY 50 | |
| 700 | City, Sta | ΓFL 34711 | |
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| : | | ce IAIL RECEIPT Only; No Insuranc | e Coverage Pro | vided |
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| | | | | A. Carrier |
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| | S NELSON'S CLEANERS 1 1203 G WEST HWY 50 | | ; | |
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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
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| ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0694817001AG GARY L NELSON NELSON'S CLEANERS | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X | |
| 1203 G WEST HWY 50 CLERMONT FL 34711 | 3. Service Type Certified Mail | |
| 2. Article Number (Copy from service label) 2000 0520 0020 9372 6940 | | |

| TETOP OF ENVELOPE TO THE RIGHT | |
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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? |
| Article Addressed to: | If YES, enter delivery address below: |
| :AIRS ID # 0694817 NELSON'S CLEANERS GARY L NELSON 1203 G WEST HWY 50 CLERMONT FL | |
| 34711 | 3. Service Type Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 7001 0320 0001 7976 0131 | * (12) |
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| 7976 | Postage Certified Fee | \$ | | Postmark | |
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| Se Str | nt To GARY | L NELS WEST I | EANERS ON HWY 50 L | D # 0694817 | |

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US Postal Serviçe

Receipt for Certified Mail

AIRS ID # 0694817

NELSON'S CLEANERS GARY L NELSON 1203 G WEST HWY 50 CLERMONT FL 34711

| | Postage | \$ |
|--------------------------|--|----|
| | Certified Fee | |
| | Special Delivery Fee | |
| | Restricted Delivery Fee | |
| 1995 | Return Receipt Showing to Whom & Date Delivered | |
| April | Return Receipt Showing to Whom, Date, & Addressee's Address | |
| 800 | TOTAL Postage & Fees | \$ |
| PS Form 3800, April 1995 | Postmark or Date | |

the righ Fold at line over top of envelope to SENDER: COMPLETE THIS SECTION ! DELIVERY Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Received by (Please Print Clearly) B. Date of Delivery Print your name and address on the reverse C. Signature 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 # 0694817 NELSON'S CLEANERS GARY L NELSON 1203 G WEST EWY 50 Service Type CLERMONT FL:34711 Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D. ☐ Insured Mail 2 333667 399 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

| US Postal Service Receipt for Cer Meleson's CLEANERS ARY L NELSON 203 G WEST HWY 50 CLERMONT.FL 34711 | AIRS ID # 00 | 594817 | | |
|---|--------------|--------|---|--|
| Postage | \$ | 7 . | | |
| Certified Fee | | | | |
| Special Delivery Fee | | \neg | , | |
| Restricted Delivery Fee | | | - | |
| Return Receipt Showing to Whom & Date Delivered | | 7 | | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | | 7 | | |
| TOTAL Postage & Fees | \$ | | | |
| Postmark or Date | | | | |

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| 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: AIRS ID # 0694817 NELSON'S CLEANERS GARY L NELSON | A. Received by (Please Print Clearly) B. Date of Delivery 2-/2 C. Signature X Successful Successful Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No | | | |
| 1203 G WEST HWY 50 CLERMONT FL 34711 | 3. Service Type Certified Mail | | | |
| Z 333664030 | 4. Restricted Delivery? (Extra Fee) ☐ Yes | | | |
| 2. Article Number (Copy from service label) | P | | | |
| PS Form 3811, July 1999 Domestic Ret | urn Receipt 102595-99-M-1789 | | | |

UNITED STATES POSTAL SERVICE



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

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• Sender: Please print your name, 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 DARM/MOBILE SOURCE CONTROL PROGRAMMOBILE SOURCE CONTROL PROGRAMMOBILE STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261940 /

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

RECEIVED MAIL ROOM

FEB 28 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0694817

NELSON'S CLEANERS GARY L NELSON 1203 G WEST HWY 50 CLERMONT FL 34711 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

P 265 302 186

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

AIRS ID#: 0694817 GARY L NELSON GARY L NELSON 1203 G WEST HWY 50 CLERMONT FL 34711

| I | гизице | |
|----------------------------------|---|----|
| | Certified Fee | |
| | Special Delivery Fee | |
| | Restricted Delivery Fee | |
| 1995 | Return Receipt Showing to Whom & Date Delivered | |
| April | Return Receipt Showing to Whorn, Date, & Addressee's Address | |
| 800, | TOTAL Postage & Fees | \$ |
| E | Postmark or Date | |
| PS Form 3800 , April 1995 | 2/14/ | 97 |

| 1 | eximple (the return address | | | , |
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| on the reverse side? | SENDER: Ot adojanua to dot land autilities Complete items 1 and of 2 for adomicinal services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. | e can return this e does not e number. | also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. | ceipt Service. |
| Is your RETURN ADDRESS completed o | AIRS ID#: 0694817 GARY L NELSON GARY L NELSON 1203 G WEST HWY 50 CLERMONT FL 34711 5 Received By: (Print Name) 6. Signature: (Addressee or Agent) X | 4b. Service ☐ Registere ☐ Express ☐ Return Rec 7. Date of De | Type ed Certified Mail Insured ceipt for Merchandise COD elivery 186 e's Address (Only if requested paid) | Thank you for using Return Re |
| | PS Form 3811 , December 1994 | | Domestic Return Receipt | |



301307

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 29 98

Do NOT Remove Label

GARY L NELSON GARY L NELSON 1203 G WEST HWY 50 CLERMONT FL 34711 AIRS ID#0694817

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оыј.: 002273

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

AIRS ID # 0694817

MELSON'S CLEANERS
GARY L NELSON
1203 G WEST HWY 50
CLERMONT FL 34711

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

| Ol adolanua to dol Jano auli te SENDER: Complete items 1 ant/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that card to you. Attach this form to the front of the mailpiece, or on the back if sp permit. Write 'Return Receipt Requested' on the mailpiece below the anti- The Return Receipt will show to whom the article was delivered delivered. | we can return this ace does not icle number. | I also wish to refollowing service extra fee): 1. Address 2. Restrict Consult postma: | es (for an see's Address ed Delivery |
|--|---|--|--|
| 3. Article Addressed to: AIRS ID # 0694817 NEL'SON'S CLEANERS GARY L NELSON 1203 G WEST HWY 50 CLERMONT FL 34711 | 4a Article N 4b. Service Registers Express Retum Re 7. Date of D | Type ed Mail ceipt for Merchandis | Certified Insured |
| 5. Received By: (Print Name) 6. 5 | 8. Addresse | e's Address (Only : naid) | if requested Receipt |



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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

Do NOT Remove Label

AIRS ID # 0694817

NELSON'S CLEANERS GARY L NELSON 1203 G WEST HWY 50 CLERMONT FL 34711 FOR GOVERNMENT USE ON Org.: 37550101000 EO: 507

Fund: 20-2-035001 Obj.: 002273

·Z 33,3 613 416 **US Postal Service** Receipt for Certified Mail
No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0694817 NELSON'S CLEANERS GARY L NELSON 1203 G, WEST HWY 50 CLERMONT FL 34711 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, \$ TOTAL Postage & Fees Postmark or Date

| on the reverse side? | SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spapermit. Write "Return Receipt Requested" on the mailpiece below the artise The Return Receipt will show to whom the article was delivered adelivered. | ce does not | I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. |
|-----------------------|--|--|--|
| ADDRESS completed | 3. Article Addressed to: AIRS ID # 0694817 NELSON'S CLEANERS GARY L NELSON 1203 G WEST HWY 50 CLERMONT FL 34711 | 4a. Article Number 2 3336/3 4/6 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery | |
| ls your <u>RETURN</u> | Received By: (Print Name) Signatute: (Addressee or Agent) X | 8. Addressee and fee is | 2-73-99 e's Address (Only if requested of paid) |

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

Do NOT Remove Label

NELSON'S CLEANERS GARY L NELSON 1203 G WEST HWY 50 CLERMONT FL 34711

AIRS ID # 0694817

TOTAL AMOUNT DUE: \$50.00 & Mobile St. N ROB GOVERNMENT USE ONLY Bree 3755001000 EO: B1