

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 12, 1998

Mr. K. C. Johnson Modern Cleaners 624 South Orange Street Madison, Florida 32340

Re: Facility No.: 0790019

Dear Mr. Johnson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 30, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Rick Banks, Northeast District

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

RECEIVED

DEC 3 0 1997

Perchloroethylene Dry Cleaning Facility Notification Bureau of Air Monitoring & Mobile Sources

l.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
**	MODERN CLEANERS				
2.					
	Was Committee Seed Name				
3.	Hazardous Waste Generator Identification Number:				
4.	Facility Location:				
	Street Address: 624 S. ORANGE SI				
	Street Address: 624 S. ORANGE ST City: MADISON County: MADISON				
5.	Facility Identification Number (DEP Use):				
	0170019				
	Responsible Official				
	·				
6.	Name and Title of Responsible Official:				
	K.C. FIDA JOHNSON - DWWERS				
7.	Responsible Official Mailing Address:				
	Organization/Firm: 624 S. ORMA/6EST. Street Address:				
	p () v = v /				
8.	Responsible Official Telephone Number:				
	Telephone: \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				
	Facility Contact (If different from Responsible Official)				
9.	Name and Title of Facility Contact (For example, plant manager):				
10	Facility Contact Address:				
10.	1 acting Contact Address.				
	Street Address:				
	City: County: Zip Code:				
11	Facility Contact Telephone Number:				
11.	Telephone: () - Fax: () -				
	, w. ()				

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

Page 13 of 16

p/3 6.	For a partnership, The responsible official should be one partner. Choose one as responsible official
· · · · · · · · · · · · · · · · · · ·	official should be one partner.
	Choose one as responsible official
	, , , , ,
·	
P16	Responsible Official sign and date for shonges.
,	changes.
	<i>'</i>
	<u> </u>
1/12/98	Spoke to Ida Johnson and she stated that X. C. Johnson is the primary contact and Responsible Official.
'/ /-!-	that X. C. Johnson is the primary
	contact and Responsible Official.
	·
<u> </u>	

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.

T CM-shire	10	Date Machine Initially	Date Control Device	ID	Date Machine Initially	Date Control Device Installed	, ID.	Date Machine Initially Purchased	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	mstaneu	ID	Furchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit			_						
(1) w/ ref. condenser	1	01-JUN-93	01-5011-95						
(2) w/ carbon adsorber			-						
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser						-			
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber		,			_				
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [
3. What is the facility's son (Indicate with an "X". ! Existing small are Existing large are	Selec ea soi	t one classific	cation only.) Ne	w sm	nitions found hall area sour rge area sour	ce [3) of 3	Part II?	
255 14 50 410			, 10	. , , , , ,	55 4. 54 3041				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)				
Existing large area source Carbon adsorber Refrigerated condenser				
New small area source Refrigerated condenser				
New large area source Refrigerated condenser []				
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:				
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.				
All steam and hot water generating units exempt No such units on-site				
Equipment Monitoring and Recordkeeping Information				
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:				
(a) Purchase receipts and solvent purchases				
(b) Leak detection inspection and repair				
(c) Refrigerated condenser temperature monitoring				
(d) Carbon adsorber exhaust perc concentration monitoring				
(e) Instrument calibration				
(f) Start-up, shutdown, malfunction plan				

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

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
كك	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sits 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	omptly notify the Department of any changes to the information contained in this notification.						
Signature	Belle Johnson 17/19/97 Date						

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

			J.			
TYPE OF INSPECTION:	ANNUAL	9 0	COMPLAINT/DISC	OWERY OF D		
				Total Su		
	RE-INSPECTION		COMPLAINT/DISE	AND		
				70 Y		
AIRS.ID#: 0790019	DATE: 7/22/98	TIME IN	N: 11:00 TIM	ie out: "II 🕏 🗆		
FACILITY NAME: <u>Mode</u>	en <u>Meaners</u>					
FACILITY LOCATION:(624 S. Orangi	p 5+.				
·!	Madison, FL.	32340				
RESPONSIBLE OFFICIAL :	K.C. Johnson		PHONE: 350-9	73-3541		
CONTACT NAME:			PHONE:			
				_		
PART I: NOTIFICATION	_					
(check appropriate box)			-	ų		
1. New facility notified DARM	1 30 days prior to startup)		ם		
2. Facility failed to notify DAR	2. Facility failed to notify DARM to use general permit					
		2. I definity families to mounty by families going and position				
DADTH CLASSIFICATION		· _				
PART II: CLASSIFICATION		<u>. </u>	<u> </u>			
Facility indicated on notificat		· .	□ No notification fo			
		<u> </u>	☐ No notification fo☐ Drop store/out of			
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour	ion form that it is:	. New small ar	☐ Drop store/out of			
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gala	ion form that it is: ree	ry-to-dry only, :	☐ Drop store/out of rea source x < 140 gal/yr			
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 galatransfer only, x < 200 gal/yr	ion form that it is: ree	ry-to-dry only, : ansfer only, x <	Drop store/out of ca source x < 140 gal/yr 200 gal/yr			
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gala	rce 2. /yr dr	ry-to-dry only, $x < 0$ oth types, $x < 1$	Drop store/out of ca source x < 140 gal/yr 200 gal/yr			
Facility indicated on notificat (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)	ion form that it is: ree	ry-to-dry only, $x < 0$ ansfer only, $x < 0$ th types, $x < 1$ constructed on $x < 0$	Drop store/out of ca source x < 140 gal/yr 200 gal/yr 40 gal/yr or after 12/9/91)	business/petroleum		
Facility indicated on notificat (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour	ion form that it is: ree	ry-to-dry only, ansfer only, $x < 0$ oth types, $x < 1$ constructed on $x < 0$. New large ar	Drop store/out of ca source x < 140 gal/yr 200 gal/yr 40 gal/yr or after 12/9/91) ca source	business/petroleum		
Facility indicated on notificat (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2	ion form that it is: ree	ry-to-dry only, ansfer only, x < oth types, x < 1 constructed on constructed on constructed on constructed only,	☐ Drop store/out of rea source x < 140 gal/yr 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr	business/petroleum		
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	ion form that it is: ree	ry-to-dry only, ansfer only, x < oth types, x < 1 constructed on constructed on constructed only, where the constructed only, ansfer only, 20	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ or after $12/9/91$) rea source $x < 140 \le x \le 2,100 \text{ gal/yr}$ $x < 2 \le 1,800 \text{ gal/yr}$	business/petroleum		
Facility indicated on notificat (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2	ion form that it is: rce	ry-to-dry only, ansfer only, x < oth types, x < 1 constructed on constructed on constructed on constructed only, ansfer only, 20 oth types, 140 < oth types, 14	☐ Drop store/out of rea source x < 140 gal/yr 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr	business/petroleum		
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	ion form that it is: rec	ry-to-dry only, ansfer only, x < oth types, x < 1 constructed on constructed on constructed on constructed only, ansfer only, 20 oth types, 140 < oth types, 14	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	business/petroleum		
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of	ion form that it is: ree	ry-to-dry only, ansfer only, x < oth types, x < 1 constructed on constructed on constructed on constructed only, 20 oth types, 140 < oth types	Drop store/out of rea source $x < 140 \text{ gal/yr}$ (200 gal/yr 40 gal/yr or after 12/9/91) ca source $140 \le x \le 2,100 \text{ gal/yr}$ ($x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	business/petroleum		
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the second constructed before 12/9/91)	ion form that it is: rec	ry-to-dry only, ansfer only, x < oth types, x < 1 constructed on c	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$ or after $12/9/91$ rea source $140 \le x \le 2,100 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ Can not determine	business/petroleum		
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91	ion form that it is: rce	ry-to-dry only, ansfer only, x < oth types, x < 1 constructed on c	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	business/petroleum		
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Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91	ion form that it is: ree	ry-to-dry only, ansfer only, x < oth types, x < 1 constructed on c	□ Drop store/out of rea source x < 140 gal/yr 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine mber above the for a general perm	business/petroleum		

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN MN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN **M**N/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 DY DN M/N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber VY ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part Il-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 Y 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? ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after dy □n 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	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	ls the temperature differential equal to or greater than 20° F?	$\Box Y$	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?	□Y	ПN	□N/A
	ls the perc concentration equal to or less than 100 ppm?	$\Box Y$	ПΝ	□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	מם	□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?	ПΥ	ПN	□N/A
				· / /

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; MY ON ON/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days MY DN DN/A and parts installed w/in 5 days of receipt? DY DN ANA 4. Maintained calibration data? (for applicable direct reading instruments) Y ON ON/A 5. Maintained exhaust duct menitoring data on perc concentrations? Y**ZO**Y □N 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? MY ON ON/A ∇V Problem corrected? VANO NO YVA 8. Maintained compliance plan, if applicable?

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct	a weekly (for	small sour	ces, bi-weekly) leak detection as	nd repair		
	inspection?				$N \square Y$		
2.	Has the facility maintained a leak log	; ?			∀ Y □N		
3.	Does the responsible official check th	e following a	reas for lea	ks?			
	Hose connections, fittings, couplings, and valves	26 0. □И	□N/A	Muck cookers	Y ON ON/A		
	Door gaskets and scating	ARY ON	□N/A	Stills	Y ON ON/A		
	Filter gaskets and seating	YBY ON	□N/A	Exhaust dampers	DY ON ON/A		
	Pumps	YeV □N	□N/A	Diverter valves	₩ Y □N □N/A		
	Solvent tanks and containers	ADS. DN	□N/A	Cartridge filter housings	AVA UN TA		
	Water separators	$ \sqrt{6}$ Y \square N	□N/A				
4.	Which method of detection is used by	the responsib	ole official?				
	Visual examination (condensed	solvent on ex	terior surfa	aces)	Ø		
	Physical detection (airflow felt	through gaske	ets)		Æ Æn		
	Odor (noticeable perc odor)				角		
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector							
	□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)?				□Y □N			
	c. Inspected for leaks	and obvious s	igns of wea	r on a weekly basis?	□Y □N		
	d. Kept in a clean and	secure area v	vhen not in	use?	□Y □N		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				□Y □N			
`	,						
(Characterist Scott						
	Inspector's Name (Please Print) Date of Inspection						
_	Chill LA			7/99			
	Inspector's Signature			Approximate Date of I	Next Inspection		

ADDITIONAL SITE INFORMATION:

Western Automation Neuada 35

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🗹 COM	PLAINT/DISCOVERY RE-INSPECTION			
·	5AIRS ID#: 0790019			
TYPE OF FACILITY: Dry Cleaner	 _			
FACILITY NAME: Modern Cleaners	DATE: 7/22/98			
FACILITY LOCATION: 624 5. Orange St	<u> </u>			
Madison, FL. 32340				
RESPONSIBLE OFFICIAL: K.C. Johnson	PHONE NUMBER: 850-973-3541			
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration				
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
	Pro			
·	Mobilian Issa D			
	Sureau 20 1844 D Mobile Solitoring			
	Co To			
	· · · · · · · · · · · · · · · · · · ·			
· .				
COMMENTS:	· · · · · · · · · · · · · · · · · · ·			
•				
•				
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NO			
DATE OF NEXT INSPECTION: 7/99	·			
	proximate)			
	o tt			
INSPECTOR'S SIGNATURE:				

Page___of___.

Revised 10/96

ACC

ARS ID#: 0790019

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Modern Cleaners	DATE: 7/22/98
FACILITY LOCATION: 624 South Orange St.	
Madison, FC. 32340	
Annual Reporting Period: July 97 19 TO	Jy98 19_
Based on each term or condition of the Title V general air permit, my facility has 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by the code (F.A.C.)	K
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous comp	pliance during the reporting period stated above:
Exact period of non-compliance: from	ν <u>δε</u> <u>γ</u> <u>γ</u>
Action(s) taken to achieve compliance:	4 10 2 1
Method used to demonstrate compliance:	Oli Marie
#2. Term or condition of the general permit that has not been in continuous comp	pliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief form made in this notification are true, accurate and complete. Further, my annual co upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: K.C. Johnson	nsumption of perchloroethylene solvent, based
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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM.

The second secon		. "	VED
FACILITY NAME: Modern Cleaners		JUN 10	ATE: 10/4/99
FACILITY LOCATION: 624 5.019	nge St	Bure	
Madison, F		Bureau of Air Mo & Mobile Sou	^{Onit} oring
	C 26310		rces
Annual Reporting Period:	1998 то	June	1999
Based on each term or condition of the Title V general 62-213.300, Florida Administrative Code (F.A.C.), du	•	<u> </u>	th DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that has r	not been in continuous complia	ance during the reporting	period stated above:
<u> </u>			
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 a	not been in continuous complia	ance during the reporting	g period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, based on made in this notification are true, accurate and compupon rolling averages of purchase receipts, does not expear for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please	lete. Further, my annual const exceed 2,100 gallons per year	umption of perchloroeth	ylene solvent, 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL \(\sum \) COI	MPLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 11:00 TIME OUT: 11:25	AIRS ID# 017 80019			
TYPE OF FACILITY: Dry Cleaner	KECEIVE			
FACILITY NAME: Modern Cleaners	HIN 1 0 1969 DATE: 6/4/99			
FACILITY LOCATION: 624 5, Orange 5				
Madison, FL 32	3 40 Bureau of Air Monitoring & Mobile Sources			
RESPONSIBLE OFFICIAL: K.C. Johnson	PHONE NUMBER: <u>850-973-354/</u>			
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Adminis				
Based on the results of the compliance requirements evaludiscrepancies were noted:	uated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
	-			
· · · · · · · · · · · · · · · · · · ·				
<u> </u>				
COMMENTS:				
COMMENTS.				
	<u> </u>			
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO				
	pproximate)			
INSPECTION CONDUCTED BY: Christopher L.	Scott			
	(Flease Frint)			
INSPECTOR'S SIGNATURE: PHONE NUMBER: 904 448- 43/0 x 255				

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	
AIRS ID#: <u>079<i>0</i>019</u> I	DATE: <u>6/4/99</u>	TIME IN: //:00 TIME OUT: _//:25	_]
FACILITY NAME:	odern Cleaners		_
FACILITY LOCATION:	624 S. Orang	GP ST.	-
	Madison, FL 3	32.340	
RESPONSIBLE OFFICIAL:	K.C. Johnson	PHONE: 850-973-3541	-
CONTACT NAME:		PHONE:	
PART I: NOTIFICATION	•		_
(check appropriate box)			
1. New facility notified DARM	30 days prior to startup		
2. Facility failed to notify DAR	M to use general permit	t	
			_
PART II: CLASSIFICATION		<u></u>	
Facility indicated on notification (check appropriate box)	on form that it is:	☐ No notification form☐ Drop store/out of business/petroleum	
III A		Drop store out or ousiness penoteum	
A. 1. Existing small area sourd 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)	vt drj tra bo	New small area source y-to-dry only, x < 140 gal/yr ansfer only, x < 200 gal/yr oth types, x < 140 gal/yr onstructed on or after 12/9/91)	
1. Existing small area sourdry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	tra tra bo (cc cc	New small area source y-to-dry only, $x < 140$ gal/yr ansfer only, $x < 200$ gal/yr oth types, $x < 140$ gal/yr	
 Existing small area sourd 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) Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 g 	tra bo (cc cc	New small area source y -to-dry only, $x < 140$ gal/yr ansfer only, $x < 200$ gal/yr oth types, $x < 140$ gal/yr onstructed on or after $12/9/91$) New large area source y -to-dry only, $140 \le x \le 2,100$ gal/yr ansfer only, $200 \le x \le 1,800$ gal/yr oth types, $140 \le x \le 1,800$ gal/yr onstructed on or after $12/9/91$)	
 Existing small area sourd 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) Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) This is a correct facility of facility of facility 	tra tra bo (cc cc	New small area source y -to-dry only, $x < 140$ gal/yr ansfer only, $x < 200$ gal/yr oth types, $x < 140$ gal/yr onstructed on or after $12/9/91$) New large area source y -to-dry only, $140 \le x \le 2,100$ gal/yr ansfer only, $200 \le x \le 1,800$ gal/yr oth types, $140 \le x \le 1,800$ gal/yr onstructed on or after $12/9/91$) Y $\square N$ \square Can not determine	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in 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 exis	sting large area	sources:
(ch	eck appropriate boxes)		

	·			
1.	Equipped all machines with the appropriate vent controls?	ŻY	ΠN	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	E Y	N	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	郊入	ΠN	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	色八	NO	•
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΟY	מם	X N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	\$	אם	

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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY 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
	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 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)				
1. Maintained receipts for perc purchased?	AN DN			
2. Maintained rolling monthly averages of perc consumption?	NO KE			
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 lirs? or;	AM S NO YO			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON BONA			
4. Maintained calibration data? (for applicable direct reading instruments)	ANGE NO YO			
5. Maintained exhaust duct menitoring data on perc concentrations?	ANAE NO YO			
6. Maintained startup/shutdown/inalfunction plan?	DY DN			
7. Maintained deviation reports?	אואפל אם צם			
Problem corrected?	ANA DI NO YO			
8. Maintained compliance plan, if applicable?	DY DY PRN/A			

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				D Y	DИ
2.	Has the facility maintained a leak log?				S Y	ПN
3.	Does the responsible official check the f	ollowing:	arcas for leaks?		,	
	Hose connections, fittings, couplings, and valves	ADT. DV	N □N/A	Muck cookers	Ye	□N □N/A
	Door gaskets and scating	ZY O	N/A	Stills	TE Y	□N □N/A
	Filter gaskets and seating	AD VE	A/M P	Exhaust dampers	Y	□N □N/A
	Pumps	10 VEF	N DN/A	Diverter valves	S Y	□N □N/A
	Solvent tanks and containers	Dy or	A/ND N	Cartridge filter housings	D Y	□N □N/A
	Water separators	ID YEL	N DN/A			
4.	Which method of detection is used by the	ie respons	ible official?			
	Visual examination (condensed so	lvent on e	exterior surfaces)		20	
	Physical detection (airflow felt thr	ough gask	cets)		A A	
	Odor (noticeable perc odor)				£€.	
	Use of direct-reading instrumental	tion (FID/	PID/calorimetric	tubes)		
	Halogen leak detector					
	If using direct-reading instru	umentatio	on, is the equipm	ent:	מאם	'A
	a. Capable of detecting p	erc vapor	concentrations in	n a range of 0-500 ppm?	ΩY	ПN
	b. Calibrated against a st (PID/FID only)?	tandard ga	as prior to and af	er each use	ΟY	ПN
	c. Inspected for leaks and	d obvious	signs of wear on	a weekly basis?	ΠY	□и
l	d. Kept in a clean and so	cure area	when not in use?	,	ΠY	□N
	e. Verified for accuracy l	by use of o	iuplicate samples	(calorimetric only)?	ΩY	אם
						

Christopher L. Scott	6/4/99
Inspector's Name (Please Print)	Date of Inspection
Att 1. It	July 2000
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE	INFORMATION:
·	
	·

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

TYPE OF INSPECTION:

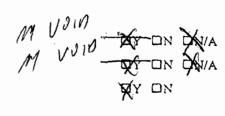
COMPLAINT/DISCOVERY

RE-INSPECTION				
AIRS ID#: 0790019 DATE: 2/8	100 TIME IN: 12:50 TIME OUT: 1.15			
FACILITY NAME:	L'EANGES			
FACILITY LOCATION: 624 S. OR	ANGÉ ST			
M ADIS ON	FL 32340			
RESPONSIBLE OFFICIAL: K.C. JUH.	PHONE: 850) 973-354/			
CONTACT NAME:	PHONE:			
PART I: NOTIFICATION				
(check appropriate box)				
New facility notified DARM 30 days prior to star Facility failed to notify DARM to use general per	•			
2. I definy famed to floury Dridge to use general per				
PART D: CLASSIFICATION				
Facility indicated on notification form that it is:	☐ No notification form			
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum			
(check appropriate box) A. 1. Existing small area source	Drop store/out of business/petroleum 2. New small area source			
(check appropriate box) A. 1. Existing small area source □ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 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			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 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) 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			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a ge	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) DY □N □Can not determine			

PART III: GENERAL CONTROL REQUIREMENTS

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

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



אואם אם אא

בואבל אם צם

PART IV: PROCESS VENT CONTROLS

In Part Il-A:

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

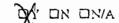
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

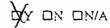
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

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

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

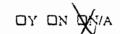














B.	Has the responsible official of an existing large or new large area source also:			-
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	מם	□N/A
ı	ls the temperature differential equal to or greater than 20° F?	\Box Y	ПЙ	□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	ПÄ	-DN/A
	Is the pere concentration equal to or less than 100 ppm?	ПY	ПN	□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	DК	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	מם	□N/A
_				

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	Òxy □N		
2. Maintained rolling monthly averages of perc consumption?	DY DN		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	מ/אַלָּס אם צם		
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 XXI/A		
4. Maintained calibration data? (for applicable direct reading instruments)	איא אַם אַם אַם		
5. Maintained exhaust duct menitoring data on perc concentrations?	оу ои ф∕иа		
6. Maintained startup/shutdown/malfunction plan?	AV DX		
7. Maintained deviation reports?	באם אם צם		
Problem corrected?	ם אם אם ארם אם		
8. Maintained compliance plan, if applicable?	A/אם אם עם		

2/	ART VI: LEAK DETECTION AND	REPAIRS			
l .	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			NO YD	
<u>}</u> .	Has the facility maintained a leak log	;?		NO YD	
8.	Does the responsible official check th	e following areas for leaks	?	•	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A	
	Door gaskets and scating	MY ON ON/A	Stills	AVO NO YO	
	Filter gaskets and scatting	אואם אם צוב	Exhaust dampers	MY ON ON/A	
	Pumps	DY ON ONA	Divener valves	אוחם אם צם	
	Solvent tanks and containers	אואם אם צום	Cartridge filter housings	AND NO YE	
	Water separators	DY ON ON/A			
4.	Which method of detection is used by	the responsible official?		•	
	Visual examination (condensed	solvent on exterior surfac	es)		
	Physical detection (airflow felt	through gaskets)		Ø	
	Odor (noticeable perc odor)			9	
	Use of direct-reading instrumer	ntation (FID/PID/calorime	tric tubes)	ĹП.	
	Halogen leak detector		•		
	If using direct-reading ins	trumentation, is the equi	pment:	₽Ñ/A	
	a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	DY DN	
	b. Calibrated against (PID/FID only)?	a standard gas prior to and	after each use	DY DN	
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	DY DN	
	d. Kept in a clean and	l secure area when not in t	ise?	מם צם	
	c. Verified for accura	cy by use of duplicate sam	ples (calorimetric only)?	אם עם	

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

DITIONAL SITE INFORMA	HON:	
	WESTERIU	AUTUMATION.
•		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12.50 TIME OUT:	1:15 AIRS ID#: 079 0019
TYPE OF FACILITY: DRY CLEANE	SR
FACILITY NAME: MODERN CL	CANCAS DATE: 2/8/00
FACILITY LOCATION: 624 S. ORAN	NGE ST
MADISON F	FL 32340
RESPONSIBLE OFFICIAL: K.C. JOHN	PHONE NUMBER: (850) 973-3541
Based on the results of the compliance requireme compliance with DEP Rule 62-213 300, Florida A	nents evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.).
Based on the results of the compliance requireme discrepancies were noted:	ents evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBL	LEM FOLLOW-UP ACTION REQUIRED
·	
•	Bu
•	Bureau & M
	<u>ਜ਼</u> ੇ ਹੁ ਹੈ <u>"</u>
	Air Mo
<u> </u>	
	es es
COMMENTS:	
	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been prop	perly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: ////	(Approximate)
INSPECTION CONDUCTED BY: Frequency	1 Alvarez
	2 (Ricasa Points) (404) 448-4310
INSPECTOR'S SIGNATURE:	PHONE NUMBER: VT 254
	Paragod 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V CO	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 7:30 A.M. TIME OUT:	AIRS ID#: 07300 85
TYPE OF FACILITY:	
<u> </u>	ANCES DATE: 2/29/2000
FACILITY LOCATION: 1940-77 N. MONROE	
TAUANAGE FL 323	203
RESPONSIBLE OFFICIAL:	PHONE NUMBER: 850 224-2044
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	
Based on the results of the compliance requirements eval discrepancies were noted:	·
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO PROPHENS	
	70
	Bure 8
	(1)
	R-7200 Mobile Sources
	e Si V
	Monitorir Sources
•	es es
	<u> </u>
COMMENTS:	water separator bucket,
~	·
AND label bucket hazar	loous waste
<u> </u>	
The Annual Compliance Certification form has been properly cert	tified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
	Approximate)
INSPECTION CONDUCTED BY: ANICULE	Beaun
	Please Print)
INSPECTOR'S SIGNATURE: "JUNE 187	DY PHONE NUMBER: 468 5104
Page	of . Revised 10/96

AIRS ID#: 0790019

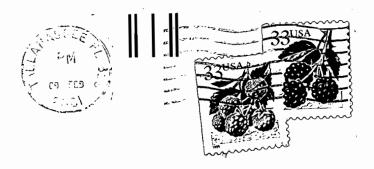


DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	MODERN	CLER	IN CAS			_date: _	2/8/00
FACILITY LOCATION:	624 5.	ORAN	CE S	7			
	MADISON		3239				
	1						
Annual Reporting Period: _	July	1999	19	то	Feb	20	<u>90 Q</u> 9_
Based on each term or cond.	ition of the Title V g	eneral air permi	t, my facilit	y has remair	ned in complianc	≈ with DEP :	Rule
62-213.300, Florida Admini	strative Code (F.A. (C.), during the p	eriod covere	d by this sta	tement YE	es C	Диό
If NO, complete the following	ıg:						·
#1. Term or condition of th	e general permit tha	t has not been ir	continuous	complian≎	during the repo	rting period :	stated above:
Exact period of non-complia	ince: from		-	to			
Action(s) taken to achieve c	omplianœ:						
Method used to demonstrate	compliance:					·.	
#2. Term or condition of th	e general permit tha	t has not been ir	ı continuous	compliance	during the repo	rting period	stated zbove:
Exact period of non-complia	nce: from			to			
Action(s) taken to achieve c	ompliance:	·					
Method used to demonstrate	compliance:						
As the responsible official, I made in this notification are upon rolling averages of pu- year for transfer or combine RESPONSIBLE OFFICIA	true, accurate and rchase receipts, does to facilities.	complete. Furti	her, my anni 00 gallons p	ial consump	otion of perchlor	oethylene so tigs or 1,800	lvent, based.
	Name (Please Print)			Signature		Date
<u> </u>							

^{*}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.

modern Clanes K.C. Johnson 624 S. Oranje Freet madison, Fr 32340



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



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 # 0790019

MODERN CLEANERS K C JOHNSON 624 S ORANGE ST MADISON FL 32340

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

0362712

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

RECEIVED AIL ROOM AR - 1 99

Do NOT Remove Label

AIRS ID # 0790019

MODERN CLEANERS K C JOHNSON 624 S ORANGE ST MADISON FL 32340

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



414034 FEB12 2002

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 # 0790019

MODERN CLEANERS K C JOHNSON 624 S ORANGE ST MADISON FL 32340

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



423161 FEB192003

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

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MODERN CLEANERS K C JOHNSON 624 S ORANGE ST MADISON FL 32340

FOR GOVERNMENT ESE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0790019

MODERN CLEANERS K C JOHNSON 624 S ORANGE ST MADISON FL 32340 FOR GOVERNMENT USE OF LY

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

Obj.: 002273

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 # 0790019001AG	PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.	ETE THIS SECTION ON DELIVERY
2. Article Number (Copy from service label)	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:	C. Stignature Agent Addressee Addre
2. Article Number (Copy from service label)	624 S ORANGE ST MADISON FL 32340	Return Receipt for Merchandise
	70000 50000209372 734	4. Restricted Delivery? (Extra Fee)
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952	Article Number (Copy from service label)	
	PS Form 3811, July 1999 Domestic R	leturn Receipt 102595-00-M-0952

	U.S. Postal Service CERTIFIED I (Domestic Mail	rice MAIL RECEIPT Only: No Insuranc	ce Coverage Provi	ded)
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<u></u>	PS Form 3800 Febru	ary 2000	See Reverse for Instr	uctions 3

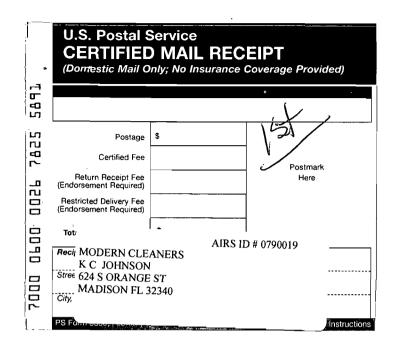
 Print your name and address on the card to you. Attach this form to the front of the m permit. Write 'Return Receipt Requested' or The Return Receipt will show to who delivered. 	ailpiece, or on the back if spa the mailpiece below the arti	ce does not cle number.	extra fee): 1.	
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Received By: (Print Name) Signature: (Addressee or Age)	ent)	8. Addresse and fee is	e's Address (Only paid)	if requested

	ž 333 (160 316 AQQ
	US Postal Service Receipt for Cer	tified Mail AIRS ID # 0790019
k	MODERN CLEANERS	S
_	24 S ORANGE ST 1ADISON FL 32340	
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	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
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800,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

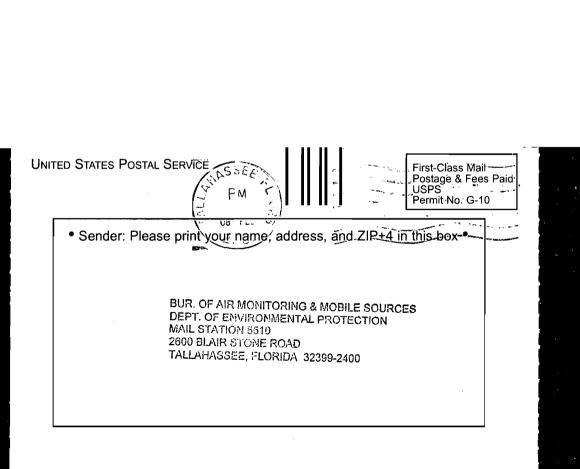
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the reverse side?	O) adojanua jo dot jano auli to plodicional services. Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spacemit. Write "Return Receipt Requested" on the mailpiece below the artic. The Return Receipt will show to whom the article was delivered articles.	se does not		t Service.
o p	3. Article Addressed to:	4a. Article N	Consult postmaster for fee.	eceipt
DRESS completed	AIRS ID # 0790019 AIRS ID # 0790019 C JOHNSON 624 S ORANGE ST MADISON FL 32340	4b. Service Registere Express Return Retu	Type ed Certified Mail Insured ceipt for Merchandise □ COD	Tor using Heturn H
TURN A	5. Received By: (Print Name)		2.4	I nank you
ls your RE	6. Signature: (Addressee or Agent) X PS Form 3811. December 1994	2595-97-B-0179	Domestic Return Receipt	L

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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) Labele Johnson C. Signature Addressee D. Is delivery address different from item 12 Yes
1. Article Addressed to: AIRS JD# 0790009 MODERN CLEANERS K C JOHNSON	D. Is delivery address diffelent from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
K C JOHNSON 624 S ORANGE ST MADISON FL 32340 K C JOHNSON 624 S ORANGE ST MADISON FL 32340	3. Service Type Certified Mail Express Mail Begistered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) 7000 0600 0026 7825	5 589/
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789



7430	U.S.Postal S CERTIFIED (Damestic Mail or	MAIL REC	EIPT Coverage Provided)
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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 # 0790019 MODERN CLEANERS K C JOHNSON 624 S ORANGE ST MADISON FL 32340 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0600 0026 4108	7430
PS Form 3811, July 1999 Domestic F	Return Receipt 102595-99-M-1789

United States Postal Service

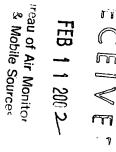


First-Class Mail Postáge & Fees Paid USPS Permit No. G-10

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





PLACE STICKER AT TOP OF ENVELOPE	
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. Signature X A A Addressee B. Received by (Printed Name) C. Date of Delivery 2-6-03
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
AIRS ID#0790019 MODERN CLEANERS K C JOHNSON	
624 S ORANGE'ST MADISON FL 32340	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7000 1670 08	113 3108 6823
PS Form 3811, August 2001 Domestic Ret	turn Receipt 102595-02-M-1035

