0830105



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 9, 1996

Mr. George Lorenz Vice President Paddock Park Cleaners 3101 Southwest 34th Avenue Ocala, Florida 34474

Dear Mr. Lorenz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 1996.

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

cc: Mr. Louis Nichols, Central District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1	Ta-ility Owner/Common Name Olema of commercian account on in third all arresponds
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Paddock Park Cleaners
3.	Hazardous Waste Generator Identification Number:
	FLD 981 029 309
4.	FLD 981 029 309 Facility Location: Street Address: 3/01 Sw. 34th Ave
	City: Ocqla County: Man. on Zip Code: 34474
5.	Facility Identification Number (DEP Use):
	0830105
	Responsible Official
	·
6.	Name and Title of Responsible Official:
	George Losenz Vice Plesident Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: Paddock Park Cleaners Street Address: 3/01 SW 34th Ave.
	City: Zin Code:
	0cala $man.on$ $344/4$
8.	Responsible Official Telephone Number:
	Telephone: (352) 237 - 2522 Fax: () -
	Facility Contact (If different from Responsible Official)
	a demonstration and a composition of the compositio
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
	Zip couc.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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Bureau of Air Monitoring & Mobile Sources

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	8/22/46
	PADODOCK PARK CLEANERS
	TADOUCK PARK CLEANERS
	#3. Should be NEW SMALL
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Spoke Will Mr. Lorenz
	spoke with Mr. Lovens 8/22 @ 10:57 AM
	100

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	When mailing address
	order vocating vibrates
	please add to the address DBA Paddock & Park
	DBA Paddock CPark
	Cleaners Suite 104

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Service of the Augustine of the Service of the Serv

Facility Information

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

Type of Machine	ID		Date 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	.,					· · · · · · · · ·			
(1) w/ ref. condenser	#1	31-JAN-95	31-JAN-95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	1								
(4) w/ ref. condenser									
(5) w/ carbon adsorber			_						
(6) w/ no controls									
Dryer Unit		gently et							h lijhiri.
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit						***		1 4 1 1 2 2 2 2 2	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices a 2.(a) What was the total q [uanti gallo	equired to be ity of perchlo ins	installed [oerc)	_] purchased in				1

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(Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser [X] Already on machine
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
(e) Instrument calibration [] (f) Start-up, shutdown, malfunction plan []

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Surrender of Existing Air Permit(s)

Please	indicate with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
, Ç	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
thi. sta ma	the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in a notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the tements made in this notification are true, accurate and complete. Further, I agree to operate and intain the air pollutant emissions units and air pollution control equipment described above so as to apply with all terms and conditions of this general permit as set forth in Part II of this notification form.
	ill promptly notify the Department of any changes to the information contained in this notification. S-13-96 Date

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/. · ·	cz/	4 7 w 23.4 30 cm
,	PADDOCK PARK CLEANERS	W. S. DESTRICT
Ħ	3. Should be NEW SMAL	L Rus
	spoke with Mr. Lovens 8/22 @ 10:57 AM	
• :	8/22 8 /0:31 /10	· · · · · · · · · · · · · · · · · · ·
cor	rection made 12/10/96	34474 34474
• [C C C C C C C C C C C C C C C C C C C	
	E Mojostina S	
		p Code: 34474
Name and Title o	f Facility Contact (For example, plant manager):	
0. Facility Contact A	· · · · · · · · · · · · · · · · · · ·	
Street Address: City:	County:	Zip Code:
Facility Contact Telephone: () -

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AUG 1 9 1996

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Tobath Fiding The
2.	Site Name (For example, plant name or number):
	Paddock Park Cleaners
3.	Hazardous Waste Generator Identification Number:
	FLD 981 029 309
4.	FLD 981 029 309 Facility Location: Street Address: 3/01 Sw. 34/th Ave
•	
	City: Oca County: Maxion 21p Code: 39417
5.	Facility Identification Number (DEP Use):
	$\mathcal{O}(1000000000000000000000000000000000000$
	Responsible Official
	Name and Title of Bear angilla Officials
	Name and Title of Responsible Official:
	George Lorenz Vice Mesident
7.	George Lorenz Vice Plesident Responsible Official Mailing Address:
	Organization/Firm: Paddock Park Cleaners Street Address: 3/0/ Sw 34th Ave.
	Ocala Manion Zip Code: 34474
8.	Responsible Official Telephone Number: Telephone: (35) 737 - 273 Fax: () -
	Telephone: (352) 237 - 2522 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

AUG 1 9 1996

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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.

(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		Date		Date	Date		Date	Date
Example #1 Dry-to-Dry Unit (1) w/ ref. condenser (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	Machine	Control		Machine	Control		Machine	Control
Example #1 Dry-to-Dry Unit (1) w/ ref. condenser (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	Initially	Device		Initially	Device		Initially	Device
Dry-to-Dry Unit (1) w/ ref. condenser (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	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
(1) w/ ref. condenser (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	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
(1) w/ ref. condenser (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		**						
(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	1 31-JAN-95	31-TAN-95		1				· ·
(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	, ,3	-, <u>J.</u> , , _						
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber								
(5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber				•			<u>. </u>	
(6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber		-						
Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber		-						
(7) w/ ref. condenser (8) w/ carbon adsorber								
(8) w/ carbon adsorber	'	-						
					-			•
(0) /								
(9) w/ no controls		-						
Reclaimer Unit					*			
(10) w/ ref. condenser								
(11) w/carbon adsorber							•	
(12) w/ no controls								
(b) Control devices are reconstruction (c) No control devices are 2.(a) What was the total quar [required to be ntity of perchlo lons how many? [_	installed [] months	perc)	_] purchased ir				·
3. What is the facility's source (Indicate with an "X". Selection Existing small area selections.	ource	cation only.) [2] [2] [Ne	-/U- w sm		ce 💢		Part II?	2-14-96

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Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Pa (Indicate with an "X".)	art II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenser	
New small area source Refrigerated condenser [X] Already on machine	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units 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 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is j	ls of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Inform	ation
Check all logs which are required to be kept on-site in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases	(X)
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	ιX
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	<u></u> (Х)
(f) Start-up, shutdown, malfunction plan	ι <u>X</u> ı

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

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)
	•,
ιXι	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 cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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. 12-10-96 12

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISC	OVERY
FACILITY LOCATION: 3101 SW	MK CLEANERS	E OUT: 213/0
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		Æ
2. New facility notified DARM 30 days prior to	startup	
3. Facility failed to notify DARM to use general	l permit	
PART II: CLASSIFICATION		
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	OY XN	
If no, please check the appropriate classification		
	permit as number above	
facility exceeds above limits a	nd is not eligible for a general permit	
B. The total quantity of perchloroethylene (perchacility was a gallons.	c) purchased within the preceding 12 month	s by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly 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 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 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?

_		
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?	□Y □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N
	Is the temperature differential equal to or greater than 20° F?	□Y □N
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y □N □N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
=		
P	ART V: RECORDKEEPING REQUIREMENTS	
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	,
H (c	as the responsible official:	AY ON
H (c	as the responsible official: heck appropriate boxes)	NO YE
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	MA ON
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	AY ON
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	AY ON AY ON
H (c. 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	AY ON AY ON AY ON OY ON ON/A
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	/ \
H (c 1. 2. 3. 4. 5.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	OY ON ON/A
H (c. 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
H (c. 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON ON/A OY ON
H (c. 1. 2. 3. 5. 6. 7.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	OY ON ON/A OY ON MY ON
H (c 1. 2. 3. 4. 5. 6. 7.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?	OY ON ON/A OY ON OY ON OY ON
H (c 1. 2. 3. 4. 5. 6. 7.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON ON/A OY ON OY ON OY ON

2.	Which method of detection is used by t	he respo	nsible offici	ial?		
	Visual examination (condensed s	olvent o	n exterior su	ırfaces)	\nearrow	
	Physical detection (airflow felt through gaskets)				X	
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	tion (FI	D/PID/calor	rimetric tubes)		
	If using direct-reading instrume	entation	, is the equ	ipment:		
	a. Capable of detecting	perc vap	or concentr	ations in a range of 0-500 ppm?	$\Box Y$	□и
	b. Calibrated against a s (PID/FID only)?	standard	gas prior to	and after each use	ПY	□и
	c. Inspected for leaks ar	nd obvio	us signs of v	wear on a weekly basis?	$\Box Y$	□и
	d. Kept in a clean and s	ecure ar	ea when not	in use?	$\Box Y$	□N
	e. Verified for accuracy	by use o	of duplicate	samples (calorimetric only)?	\Box Y	□N
3.	Has the facility maintained a leak log?				XΥ	□N
4.	Does the responsible official check the	followin	ng areas for	leaks?	/ \	
	Hose connections, fittings, couplings, and valves	Y	□N	Muck cookers	ŻΥ	ПN
	Door gaskets and seating	XY	□N	Stills	X Y	ПИ
	Filter gaskets and seating	$\not \!$	ΠN	Exhaust dampers	ПY	ПИ
	Pumps	X_{Y}	□N	Diverter valves	YY	□и
	Solvent tanks and containers	YY	□и	Cartridge filter housings	XY	ПИ
	Water separators	YY	□N			
	GEORGE LORENZ					
	Name of Responsible Official	al				-
	LOUIS A. NICHOLS	_		12/10/96	,	
	Inspector's Name (Please Pri	nt)		Date of Inspe	ction	
	Your Muhols					
	Inspector's Signature			Approximate Date of	Next I	nspection

NO CARD

ADDITIONAL SITE INFORMATION:

- · REALSTAR RS 373
- · CONTAINMENT PAN INSTALLED WITH MACHINE
- · KEEPING UP WITH RECORDS
- · NEAT OPERATION

INSPECTION SUMMARY REPORT BEST AVAILABLE COPY. ANNUAL X RE-INSPECTION ? TYPE OF INSPECTION: COMPLAINT/DISCOVERY TIME IN: 10:45 TIME OUT: AIRS ID#: Druckanens TYPE OF FACILITY: DATE FACILITY NAME: FACILITY LOCATION: Burdi PHONE NUMBER: 352 - 237 - 2522 RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Fiorida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM COMMENTS: New machini, good record keeping, now voing calander In compliance The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) SAADH (L INSPECTION CONDUCTED BY (Please Print)

TITLE I MAKE QUILLIT OFFICE TE

Page___of__

INSPECTOR'S SIGNATURE

Revised 10/96

_рнопе number: <u>467-873 - 3333</u>

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0830105

PADDOCK PARK CLEANERS GEORGE LORENZ 3101 SW 34TH AVE SUITE 104 OCALA FL 34474

	Do <u>NOT</u> Remove Lab	eel
Annual Reporting Period:	19 <u>_97</u>	o <u>/2-31</u> 19 <u>97</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		<u> </u>
If NO, complete the following:		
#1. Term or condition of the general permit	t that has not been in continuous com	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:		<u>. </u>
#2. Term or condition of the general permit	t that has not been in continuous com	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:		
	Further, my annual consumption of perc	ter reasonable inquiry, that the statements made in this chloroethylene solvent, based upon purchase receipts, or for transfer or combination facilities.
RESPONSIBLE OFFICIAL: 6-EOR	me (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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

PART I: NOTIFICATION

(check appropriate box)

ANNUAL



COMPLAINT/DISCOVERY

e Alors

RE-INSPECTION

AIRS ID#: 0830105 DATE: 205/98 TIME IN: 10:45 TIME OUT: 11:15
FACILITY NAME: Paddock Park Cleaners
FACILITY LOCATION: 1301 SW 3445 AV. (# 104)
Ocela, Fr.
RESPONSIBLE OFFICIAL: Jo Burdine PHONE: 237-2522
CONTACT NAME: <u>George Lovenz</u> PHONE:

1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) □ No notification form □ Drop store/out of busine	ess/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 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 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 before $12/9/91$)	Byrs.dd ed Star 45#
5. This is a correct facility classification Y N Can not determine	
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by the facility was gallons.	nis dry cleaning

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? □Y						
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? Way	XY ON ON/A					
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	AV ON ON/A					
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>7</i> .					
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete ${f A}$ 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 refu (complete A and B below).	If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete $\bf A$ and $\bf B$ 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?	ÞÝ □N					
2. 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?	YY ON ON/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	YY ON					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	A/N ON ON/A					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	XX ON					

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?	ΠY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ПY	ΠИ	□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?	ПY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□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?	Πv	□Nī	□N/A
	or expansion, and downstream nomino order nace:	- 1	<u> </u>	UNA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	XIY □N				
2. Maintained rolling monthly total of perc consumption?	XY ON				
3. Maintained leak detection inspection and repair reports for the following:					
 a. documentation of leaks repaired w/in 24 hrs? or; 	Y 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?	AY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	oy on þ x√v/a				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XIN/A				
6. Maintained startup/shutdown/malfunction plan?	YY ON				
7. Maintained deviation reports?	XYY ON ON/A				
Problem corrected?	ANDS אם צם ב				
8. Maintained compliance plan, if applicable?	OY ON XON/A				

PART VI: LEAK DETECTION AND REPAIRS

1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				XY	□и
2.	Has the facility maintained a leak log?				X	□и
3.	Does the responsible official check the fol	lowing ar	eas for leaks?		/	
	Hose connections, fittings, couplings, and valves	ĎY □N	□N/A	Muck cookers	PΥ	□N □N/A
	Door gaskets and seating	אם צם	□N/A	Stills	by	□N □N/A
	Filter gaskets and seating	אם צם	□N/A	Exhaust dampers	by	□N □N/A
	Pumps	אם צם	□N/A	Diverter valves	ÞΥ	□N □N/A
	Solvent tanks and containers	אם צם	□N/A	Cartridge filter housings	ΠY	□N □N/A
	Water separators	DY ON	□N/A			
4.	Which method of detection is used by the	responsib	ole official?		_	
	Visual examination (condensed solv	ent on ex	terior surfaces)		Z	
Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)			,		
	Use of direct-reading instrumentation	on (FID/P	ID/calorimetric	tubes)		
	Halogen leak detector					
	If using direct-reading instrur	nentation	, is the equipm	ent:		'A
	a. Capable of detecting pe	rc vapor c	concentrations in	a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a sta (PID/FID only)?	ndard gas	prior to and aft	er each use	ПY	□N
c. Inspected for leaks and obvious signs of wear on a weekly basis?					ΠY	□N
d. Kept in a clean and secure area when not in use?						\square N
	e. Verified for accuracy by	use of di	iplicate samples	(calorimetric only)?	ΠY	\square N

Inspector's Name (Please Print)

Inspector's Signature

2[25]98 Date of Inspection

2199

Approximate Date of Next Inspection

pan? yes
epoxy? yes
New machine 3yrs ila
dean facility,

leaf Star
likes Calarder

good record keeping

[n compitance

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11'00	TIME OUT:	2:00	AIRS ID#: D9	330105
TYPE OF FACILITY:	Drudeaning	7		
FACILITY NAME:	Paddoue Pa	ark	<u></u> .	DATE: 2/16/99
FACILITY LOCATION:	3101 DW-	341	y Av. Ocala ti	
	#	404		- 1
RESPONSIBLE OFFICIAL:	Phydlis B	Burcle	PHONE NUMBER:	352-2372522
E	f the compliance requireme Rule 62-213.300, Florida		ited during this inspection, the facilitative Code (F.A.C.).	y is found to be in
Based on the results of discrepancies were no	•	ents evalua	ited during this inspection, the follow	ving compliance
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOW-UP ACTIO	N REQUIRED
				PEC
			Buj	MAR VED
			¢	Mobile Sources Ting
				· · · · · · · · · · · · · · · · · · ·
comments: good.clea	n facility.	Keep	rne god reene compliance	Lo —
Using c	alendar	1/1/	impliance	
The Annual Compliance Certif	ication form has been prop	erly certifi	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	ON:	2/01	D	
INSPECTION CONDUCTED	DBY: Sag	dia	proximate) Luce Sh.	
INSPECTOR'S SIGNATURE	E:	(17)	ease Print) (407) PHONE NUMBER:_	843-3333

Page___of__

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION:	COMPLAINT/DISCOVERY					
FACILITY NAME: Paddozk Responsible official: Phylis Econtact Name: George Love	V. 34th Av. St. \$2045 Z. 372) Burlini PHONE: 137075	ECEINED				
PART 1: NOTIFICATION						
(check appropriate box) 1. New facility notified DARM 30 days prior to su	аптир .					
2. Facility failed to notify DARM to use general po	•	۵				
		'\				
PART II: CLASSIFICATION						
PART II: CLASSIFICATION						
Facility indicated on notification form that it is: (check appropriate box) A.	☐ Drop store/out of business/petro	oleum				
Facility indicated on notification form that it is: (check appropriate box)		pleum				
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petro 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	pleum				
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 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 both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petrol 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	pleum				
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 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 both types, 140 \le x \le 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 general source.	Drop store/out of business/petrol 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 (constructed on or after 12/9/91) \[\textstyle \t	pleum				

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? pumped. 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/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:	7		
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?	QΥ	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	QY	ИП	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□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 yenting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	מם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring			
	perc concentrations is at least 8 duor diameters downstream of any bend, contraction,			
Ì	or expansion; is at least 2 duct diameters upstream from any bend, contraction,	ΠV		
	or expansion; and downstream from no other inlet?	UY.	UIV	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A
<u></u>				

PART V: RECORDKEEPING REQUIREMENTS	.]					
Has the responsible official:						
(check appropriate boxes)						
1. Maintained receipts for perc purchased?	Der On					
2. Maintained rolling monthly total of perc consumption?	DN DN					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	AND ND YE					
b. documentation of parts ordered to repair leak and leak repaired with 2 days	46 /					
and parts installed w/in 5 days of receipt?	M. DAY DN DNA					
4. Maintained calibration data? (for applicable direct recding instruments)	DY ON DWA					
5. Maintained exhaust duct monitoring data on perc concentrations?	אואס אם אם					
6. Maintained startup/shutdown/malfunction plan?	אם אק					
7. Maintained deviation reports?	AND NO YE					
Problem corrected?	DY DN DNIA					
8. Maintained compliance plan, if applicable?	AMAZ NO YO					

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AVAD AD ADIA couplings, and valves Muck cookers AVAD ND YA AIND ND YE Stills TAIND ND YE Door gaskets and seating AND ND YD DY ON ONA Filter gaskets and seating Exhaust dampers DY ON ON/A Diverter valves DY ON ON/A Pumps אואם אם צעם Solvent tanks and containers Cartridge filter housings DY ON ONA Water separators A/ND ND YD 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector

If using direct-reading instrumentation, is the equipment:

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

(PID/FID only)?

0 . 1		
Ladra Gureshi	2/16/99	
Inspector's Name (Please Print)	Date of Inspection	
Zhi:	2/00	
Inspector's Signature	Approximate Date of Next Inspection	on

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

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

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

□N/A

DY DN

DY DN

 \Box Y \Box N

DY DN

DY DN

ADDITIONAL SITE INFORMATION:

Realstar

pan in machini? yes

epoxy? yes

no perc on board

mcf= that waste

has burn & epoxy for har waste

conclusion water cooked of

in cooker.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

DATE 2-23-00

BY RC

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

1	$\frac{1}{2}$ TIME IN: $\frac{1100}{1}$ TIME OUT: $\frac{1}{2}$	0_
FACILITY NAME: Paddock Park	Cleaners	
FACILITY LOCATION: 3/01 SW 3	4th Au St. #104	
Deala Fl	34474	
06 U > 1	Builine PHONE: 352-237-252	
RESPONSIBLE OFFICIAL: TA 91113 E	PHONE: 351-207-251	<u></u>
CONTACT NAME:	PHONE:	
PART I: 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 C	-
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	□ No notification form	
(check appropriate box) A.	☐ Drop store/out of business/petrole	um
1. Existing small area source	2. New small area source	·
dry-to-dry only, x < 140 gal/ут transfer only, x < 200 gal/ут	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr	.
both types, $x < 140 \text{ gal/yr}$	both types, x < 140 gal/yr	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	7
3. Existing large area source □	4. New large area source □ ∞ 7	
dry-to-dry only, $140 \le x \le 2,100 \text{ gaVyr}$	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 $12/9/91$)	both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)	·> =
(constituted botolo 12/3/31)	both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$) Suppose the position of the pos	აიიი ▼
5. This is a correct facility classification	both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Monitorian Description:	5
If no, please check the appropriate classification	auon:	Q
facility qualified for a gen facility exceeds above lim	teral permit as number above its and is not eligible for a general permit	
		- 11

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 DINA DY DN DNA 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) AY DN 1. Equipped all machines with the appropriate vent controls? MY 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 AY 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?

AY ON ON/A

ND AD

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

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

verifying that the coolant had been completely charged?

condenser exceeded 45°F?

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY BK
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?	
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. Bouted 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?	oeiy □n
2. Maintained rolling monthly averages of perc consumption?	A DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	ava k ya
4. Maintained calibration data? (for applicable direct reading instruments)	AVAQ NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	AVA NO YO
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	AVA DU DA
Problem corrected?	AVAS NO YO
8. Maintained compliance plan, if applicable?	אוגם אם צם

	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?			ZY Y	ПN	
2.	Has the facility maintained a leak log?			ŹΥ	\Box N	
3.	Does the responsible official check the fo	llowing areas for leaks?				
	Hose connections, fittings, couplings, and valves	אוחם אם צם A	Muck cookers	d _Y	אומם מם	A
	Door gaskets and seating	DY ON ON/A	Stills	ф	מואם אם	A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	фу		A
	Pumps	DY ON ON/A	Diverter valves	by	□N □N/A	4
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ΠY	ON ON/A	A.
	Water separators	DY ON ON/A				
4.	Which method of detection is used by the	responsible official?				
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation	on (FID/PID/calorimetric	tubes)			
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			ΠN			
	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?			ПN		
	d. Kept in a clean and secure area when not in use?			\square N	1	
	e. Verified for accuracy by	use of duplicate samples	(calorimetric only)?	ΩY	ПN	

Kandall Conningham	2-23-00
Inspector's Name (Please Print)	Date of Inspection
AM TH	2-2001
Inspector's Signature	Approximate Date of Next Inspection

DITIONAL SITE		
	* ··	
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	1	

AIRS ID#: 0430105

Pro

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Paddock Park Cleantrs DATE:	
FACILITY LOCATION: 3101 5W, 34th Av. 57\$104 Ocala, FL 34474	
Annual Reporting Period: February 20 TO February	20_ <i>0</i> 6
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP 162-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	Rule NO
If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period s	tated above:
Exact period of non-compliance: from	
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 s	tated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance: Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, b purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transj combination facilities.	ased upon
RESPONSIBLE OFFICIAL: Phyli's J. Burd'pe Hulles O Burding Name (Please Print) Date	0 22500

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1100 TIME OUT: 1130	AIRS ID#: 6830105
TYPE OF FACILITY: Dry Clean	
FACILITY NAME: Paddock Park Cleaners	DATE: 2-23-00
FACILITY LOCATION: 3101 3W, 34th & Ave. 1st.	# 104)
0 cala, FL 34474	
RESPONSIBLE OFFICIAL: Phyliss Burdint	PHONE NUMBER: 352-237-2522
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 evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· .	
In Compliance	
The Annual Compliance Certification form has been properly certification form has been properly certification.	ied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY:	gham
INSPECTOR'S SIGNATURE:	ease Print) 407 -843-3335 PHONE NUMBER:

Revised 10/96



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

February 21, 1997

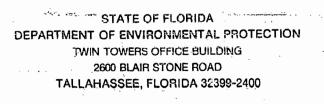
PADDOCK PARK CLEANERS 3101 S.W. 34TH AVE., STE. 104 OCALA, FL. 34474

Dear Sir:

Attached is Check No. 514, dated February 13, 1997, in the amount of \$50.00, which was received in our office on February 19, 1997. We are returning the check for the following reason:

_	X	Check is unsigned.	Please sign your	check.
· .·		_ Money amounts are (Numerical and V		se issue a new check in the correct amount.
		Other: Please prov Thank You.	ide more inform	ation so we can properly apply your check.
HAR -3 9	*****		IND	Sincerely,
- 24-	50	Konib	ww	Sleen Smilt Ann R. Sullivan
		7.9.	fer	Accounting Services Supervisor Receipts Section Bureau of Finance and Accounting

AS/dh Attachment



550301 MS5510

AIRS ID 0830105
JOBETH FUTURES INC
GEORGE LORENZ
3101 SW 34THAVE
OCALA FL 3474

on the reverse side?	SENDER: © Complete items 1 are or 2 for accurant as 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 se does not se number. d the date	i also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
N ADDRESS completed	3. Article Addressed to: AIRS ID#: 0830105 JOBETH FUTURES INC GEORGE LORENZ 3101 SW 34TH AVE OCALA FL 34474	4a. Article N	Type ed Certified Mail Insured ceipt for Merchandise COD	you for using Return Re
ls your <u>RETUR</u>	5. Received Bý: (Přint Name) 6. Signature: (Addressee or Agent)	8. Addresse and fee is		Thank
_	PS Form 3811 , December 1994		Domestic Return Receipt	

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 # 0830105

PADDOCK PARK CLEANERS GEORGE LORENZ 3101 SW 34TH AVE SUITE 104 OCALA FL 34474 DEC 15

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

26235 262350

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

RECEIVED RECEIVED RECEIVED MAIL ROOM TOTAL AMOUNT DUE: \$50.00 MAIL ROOM S50.00 MAR -3 97

Do NOT Remove Label

AIRS ID#830105
PADDOCK PARK CLEANERS
GEORGE LORENZ
3101 SW 34TH AVE SUITE 104
OCALA FL 34474

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1



302921

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 MAIL ROOM

FEB 18 98

Do NOT Remove Label

AIRS ID#0830105

PADDOCK PARK CLEANERS GEORGE LORENZ 3101 SW 34TH AVE SUITE 104 OCALA FL 34474 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1



This portion must be attached to remittance for proper handling 0357915

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 # 0830105

PADDOCK PARK CLEANERS GEORGE LORENZ 3101 SW 34TH AVE SUITE 104 OCALA FL 34474 MAIL ROOM
JAN 20 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

389249

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

MAIL ROOM
DEC-9 99

Do NOT Remove Label

AIRS ID # 0830105

PADDOCK PARK CLEANERS GEORGE LORENZ 3101 SW 34TH AVE SUITE 104 OCALA FL 34474

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

P 174 052 010

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AIRS ID#: 0830105

JOBETH FUTURES INC GEORGE LORENZ 3101 SW 34TH AVE OCALA FL 34474

		Ψ
	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 2/17	197

_	Fold at line over ton of envelope to		
on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit: Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. □ Addressee's Address 2. □ Restricted Delivery Consult postmaster for fee.
ted	3. Article Addressed to: AIRS ID 0830105	4a. Article N Z 333	
	PADDOCK PARK CLEANERS GEORGE LORENZ 3101 SW 34TH AVE SUITE 104 OCALA FL 34474	4b. Service ☐ ☐ Registere ☐ Express ☐ ☐ Return Re	Mail Certified Mail Copy Insured Copy
≅		7. Date of De	7-18-95
s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressed and fee is	e's Address (Only if requested paid)
<u>*</u>	PS Form 3811 , December 1994		Domestic Return Receipt

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID 0830105 PADDOCK PARK CLEANERS GEORGE LORENZ 3101 SW 34TH AVE SUITE 104 OCALA FL 34474 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
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: 0 AIRS ID # 0830105001AG BEORGE LORENZ PADDOCK PARK CLEANERS	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:				
3101 SW 34TH AVE SUITE 104 COALA FL 34474	3. Service Type Certified Mail				
2. Article Number (Copy from service label) 7000 0600 0016 4130 1829					
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789				

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