

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 19, 1996

Mr. Richard L. Eubanks President Rick's Dry Cleaners of Ocala 2211 East Silver Springs Boulevard Ocala, Florida 34470

Dear Ms. Eubanks:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 27, 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 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

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**

	F '11' O '6' N O	<u> </u>	. 1: :1	
1.	Facility Owner/Company Name (Na	me of corporation	, agency, or individ	ual owner):
9	Site Name (For example, plant name	F OCALA	LC	
2.	Site Name (For example, plant name	or number):		
	RIEK'S CLEAWERS			
3	Hazardous Waste Generator Identific	ation Number		
] /				•
/-	PACIFIED FOIZ Thru Facility Location:	MCF S	ySTEMS	
4.	Pacility Location:	- < DO	7	
	Street Address: 2211 E SIWE	County: F/	BLUD	Zin Coder Zuluna
	City: Olara	County: F1.		Zip Code: <b>34478</b>
5.	Facility Identification Number (DEP	Use):		
			000	20/08
	The state of the s		u =  u =  u =  u =  u =  u =  u =  u =	30108
		Responsible (	Official	
		Responsible	Jinciai	
6.	Name and Title of Responsible Office	ial:		
	DIF.	$\supset$ .		
	RICHARD L. EUBANKS	, TRES.		
7.	Responsible Official Mailing Address Organization/Firm: Rick's Degree Street Address: 2211 E SIWER City: OLALA	5: 2211 E SIL	NER SPRINGS B	ND
	Organization/Firm: Field 5 Peque	KARES OF E	S/ID	
	Cinu Os 4- 3	County F	י בוטי. בו	Zip Code: 34470
	City.CCFC4	County. 7	<i>(</i> -	Zip Code. P+478
8.	Responsible Official Telephone Num	ber:		
	Telephone: (352) 732 - 50		Fax: ( )	-
			-	
	Facility Conta	ct (II different fr	om Responsible O	fficial)
9.	Name and Title of Facility Contact (F	or example, plant	manager):	
	SAME			
10	· · · ·		-	
10.	Facility Contact Address:			
	Street Address:			
	City:	County:		Zip Code:
11.	Facility Contact Telephone Number:			
	Telephone: ( ) -		Fax: ( )	-

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'AUG 27 1996

#### **Facility Information**

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

-		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit	出	11.0							
(1) w/ ref. condenser	毕	12-JULY-96	12-54L4-96	ĺ					
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		i grafini	and the second		i ja a laga		:		High side
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	'		1			·		1	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of the control of the contr</li></ul>	are requant	equired to be ity of perchloons ow many? [	installed [_ proethylene (	perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	et one classifi	cation only.) Ne	ew sn	nitions found nall area sout rge area sour	rce [X		Part II?	
Existing large an	-u 3U		140	· ** 141	50 area 30ur		J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

<ol> <li>What control technology is required on machines pursuant (Indicate with an "X".)</li> </ol>	to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrige	rated condenser []
New small area source Refrigerated condenser  [X]	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shal to Rule 62-213.300, F.A.C. Verify that all steam and hot wat exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a to boiler HP or less), and (2) are fired exclusively by natural ga during which propane or fuel oil containing no more than on	s except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Reco	rdkeeping Information
Check all logs which are required to be kept on-site in accord	ance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[ <u>X</u> ]
(b) Leak detection inspection and repair	[ X ]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[X]

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Title V GENERAL PERMITINE Office Bureau of air Mondoung and Mobile Sources M6-5510 Department of Environmental Protection 2600 Blair Stone Road Fallaharsee, Fl. 32399-2400

## 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)
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in vation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the terms and conditions of this general permit as set forth in Part II of this notification form.
apen	and Civandan 8-20-96
'Signature	Date

## Perchloroethylene Dry Cleaning Facility Notification



#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation,	agency, or individual owner):								
Į	Site Name (For example, plant name or number):	LC								
2.										
	KIEK'S CLEANERS									
3.	Hazardous Waste Generator Identification Number:									
	1 7 100	•								
1-	PALIED FOIZ THRU MCF SI Facility Location:	1STEMS								
4.	Facility Location:  Street Address: 2211 E SILVER SPRIALS I	7/115								
	City: CeAza County: Fl.	Zip Code: 34478								
	County, 11	21p code: 07 p 10								
5.	Facility Identification Number (DEP Use):	·····································								
		0830/08								
	Responsible C	Official								
	Responsible Official									
6.	Name and Title of Responsible Official:									
	RICHARD L. EUBANKS, PRES.									
7.	Responsible Official Mailing Address: 2211 E SILL Organization/Firm: RICK'S DEVCEAURS OF OSTREET Address: 2211 E SILVER SPRINGS BECITY: OCALA County: FI	DED SOCIES BLID								
, ,	Organization/Firm: RICK'S DLYCEANERS OF C	CALA								
	Street Address: 2211 E SILVER SPRINGS B	10p.								
	City: CLAZA County: Fi	Zip Code: 34470								
Q	Responsible Official Telephone Number:									
ο.	Telephone: (352) 732 - 5050	Fax: ( ) -								
	(002,7)2 0030									
	Facility Contact (If different from	om Responsible Official)								
9.	Name and Title of Facility Contact (For example, plant	manager):								
	SAME									
10.	Facility Contact Address:									
	Street Address:									
	City: County:	Zip Code:								
11.	Facility Contact Telephone Number:									
	Telephone: ( ) -	Fax: ( ) -								

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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.

			_		T <sub>D</sub>	T			-
		Date	Date		Date	Date		Date	Date
•,	•	Machine	Control		Machine	Control		Machine	Control
Tura of Machina	ID	Initially Purchased	Device	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed
Type of Machine	ID	Furchased	Installed	עו	Furchased	mstaneu	ID	ruichased	mstatieu
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit	址								
(I) w/ ref. condenser	毕	12-JULY-94	12-July-94						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit						•			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls			1						
Dryer Unit		<u> </u>				•			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	,				•			•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 mont Check why it is less	are requant	equired to be ity of perchlo ons	installed [_ proethylene (	perc)	purchased in				
<ol> <li>What is the facility's so (Indicate with an "X".</li> <li>Existing small ar</li> <li>Existing large are</li> </ol>	Selec ea so	t one classifi	cation only.) No	ew sn	nitions found nall area sour	rce [X	]	Part II?	
=33					J	L	,		

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

	nat control technology is requindicate with an "X".)	lired on machines	pursuant to section (5) of l	Part II of this notification form?
	Existing large area source Carbon adsorber	<u> </u>	Refrigerated condenser	
	New small area source Refrigerated condenser	[X]		
	New large area source Refrigerated condenser			
to Rulexemp  All ste boiler during	le 62-213.300, F.A.C. Verify ption criteria or that no such eam and hot water generating	y that all steam an units exist on-site g units on-site (1) and exclusively by nontaining no more	d hot water generating unit: : have a total heat input of a contact and a contact a contact and a co	10 million BTU/hr or less (298 ds of natural gas curtailment
	Equipm	ent Monitoring	and Recordkeeping Infor	mation
Check	c all logs which are required	to be kept on-site	in accordance with the req	uirements of this general permit:
(a) Pu	irchase receipts and solvent p	ourchases		(X)
(b) Le	eak detection inspection and	repair		[X]
(c) Re	efrigerated condenser temper	ature monitoring		[X]
(d) Ca	arbon adsorber exhaust perc	concentration mor	nitoring	
(e) Ins	strument calibration			
(f) St	art-up, shutdown, malfunctio	on plan		[X]

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	Responsible Official Certification							
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I will pron	and Cufavian 8-20-96 Date							



## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
	46   TIME IN: 10:45   TIME OUT: 11:10
FACILITY LOCATION: 2211 E SK.	161 SPRINGS BLVO 24470
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	<b>X</b>
2. New facility notified DARM 30 days prior to sta	rtup
3. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></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=""></x<2,>
This is a correct facility classification	DY DN
If no, please check the appropriate classification:	
facility qualified for a general per facility exceeds above limits and	mit as number above is not eligible for a general permit
	urchased within the preceding 12 months by this dry cleaning

INSTACLATION VUL 96

## 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? NO STORAGE 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 OY ON DYN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? YY 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 □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?

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?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	DY DN
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
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?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
FART V. RECORDRECTING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
Has the responsible official:	Mar □n
Has the responsible official: (check appropriate boxes)	MA ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	MA ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	MA ON MO AND MO
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:	MA ON  MA ON  MA ON  MA ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  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	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MA DN
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)	MY ON MANA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DYN/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	MY ON MANA OY ON OY ON
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Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?  8. Maintained compliance plan, if applicable?	DY ON DN/A OY ON DY ON DY ON DY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  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?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	DY ON DN/A OY ON DY ON DY ON DY ON

2.	Which method of detection is used by t	the respon	nsible offic	cial?		
	Visual examination (condensed s	olvent or	exterior s	surfaces)		
	Physical detection (airflow felt th	rough ga	skets)	•	N.	
	Odor (noticeable perc odor)				À	
	Use of direct-reading instrumenta	ation (FII	D/PID/calc	orimetric tubes)	7	
	If using direct-reading instrum	entation,	, is the equ	uipment:		
	a. Capable of detecting	perc vape	or concent	rations in a range of 0-500 ppm?	$\square Y$	□N
	b. Calibrated against a (PID/FID only)?	standard	gas prior t	to and after each use	ΠY	□N
	c. Inspected for leaks ar	nd obviou	s signs of	wear on a weekly basis?	ПY	□N
	d. Kept in a clean and s	secure are	ea when no	ot in use?	ΠY	□N
	e. Verified for accuracy	by use of	f duplicate	samples (calorimetric only)?	QY	□N
3.	Has the facility maintained a leak log?				ΔÝΥ	□N
4.	Does the responsible official check the	followin	g areas for	leaks?	1	
	Hose connections, fittings, couplings, and valves	ÝÝ	□N	Muck cookers	ÞΥ	□N
	Door gaskets and seating	YY	□И	Stills	Y	□N
	Filter gaskets and seating	YY	□N	Exhaust dampers	ПY	□и
	Pumps	dy/Y	□N	Diverter valves	ΩY	□N
	Solvent tanks and containers	$\cancel{X}_{Y}$	□N	Cartridge filter housings	YY	□N
	Water separators	ΑY	□и			
	RICHARD L. EVBANK	2	-			
	Name of Responsible Offici	al				
_	LOUIS A. NICHOLS			12/0/4	76_	
	Inspector's Name (Please Pri	int)		Date of Inspe	ction	
	Normal Machal					

Rick Eubanks



Inspector's Signature

2211 E. Silver Springs Boulevard Ocala, Florida 34470 352-732-5050 Approximate Date of Next Inspection

## ADDITIONAL SITE INFORMATION:

- · AERO TECH ES 2000 40 LBS
- · CONTAINMENT PAN INSTALLED WITH MACHINE.
  · PAN EXTENDS BEYOND MACKINE FOR STORAGE

INSPECTION SUMMARY REPORT **Best Available Copy** ANNUAL D TYPE OF INSPECTION: COMPLAINT/DISCOVERY RE-INSPECTION. 2:05 TIME IN: AIRS ID#: TYPE OF FACILITY: FACILITY NAME: ver Spg 5 Blod FACILITY LOCATION: PHONE NUMBER 723 -8USD 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: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED à clean operation. Very organised, good record keiping COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Please Print) PHONE NUMBER: 407-293-3333 INSPECTOR'S SIGNATURE:

Page\_\_\_of\_\_

Revised 10/96

TITLE A WIN CONTILL OFFICIAL LEIGHT

302161

FEB 1 2 1998
Bureau of Air Monitoring & Mobile Sources

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0830108

RICK'S DRYCLEANERS OF OCALA INC RICHARD L EUBANKS 2211 E SILVER SPRINGS BLVD OCALA FL 34470

	,	Do NOT	Remove Label			
Annual Reporting Period:	Jan 1		19 <u>97</u> TO	Dec	31	1997
Based on each term or condition 62-213.300, Florida Administration	_		<del>-</del>		ompliance with	DEP Rule
If NO, complete the following:						
#1. Term or condition of the gen	eral permit that has r	not been in con	tinuous compli	iance during	the reporting p	period stated above:
Exact period of non-compliance:	from			to		
Action(s) taken to achieve compl	iance:				:	TO MAR
Method used to demonstrate com	pliance:					10 RE
#2. Term or condition of the gen	eral permit that has n	not been in con	tinuous compli	iance during t	he reporting p	eriod stated above:
Exact period of non-compliance:	from			_ to		
Action(s) taken to achieve comple	ance:		·	· 		
Method used to demonstrate com	pliance: <u> </u>		<del> </del>			
As the responsible official, I hereby notification are true, accurate and o does not exceed 2,100 gallons per yo	complete. Further, my	annual consum	ption of percht	oroethylene so	lvent, based up	on purchase receipts,

<sup>\*</sup>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:	ANNUAL RE-INSPECTIO	N D	COMPLAINT/DISC	COVERY	
AIRS ID#: 083 0108  FACILITY NAME:					
FACILITY LOCATION:	2211 2.5	Silver Sp	35, BVd		
RESPONSIBLE OFFICIAL		banks	_PHONE:	-5057	
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM	A 30 days prior to sta	rtup			
2. Facility failed to notify DA					
PART II: CLASSIFICATIO	N			.:	
Facility indicated on notification (check appropriate box)	tion form that it is:		☐ No notification for ☐ Drop store/out of		roleum
1. Existing small area sordry-to-dry only, x < 140 galystransfer only, x < 200 galyboth types, x < 140 galyyr (constructed before 12/9/9)	l/yr т	transfer only, a both types, x <	y, x < 140 gal/yr x < 200 gal/yr	D€ 184h	
3. Existing large area so dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$ , both types, $140 \le x \le 1,800$ (constructed before $12/9/9$	2,100 gal/ут 800 gal/ут 0 gal/уг	transfer only, a both types, 140	area source $y$ , $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ on or after $12/9/91$	yı	
5. This is a correct facility	classification	ØX □N	□Can not determin	ne	
If no please check th	e appropriate classifi	cation:			

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 150 gallons.

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

#### 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 contained

2. Examining the containers for leakage?

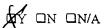
3. Closing and securing machine doors except during loading/unloading?

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?

ΠY	DIN	⊓N/A
ΠY	×Ν	□N/A





DY DN/A

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?

ØY □N

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

DY ON ON/A

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

YOY ON ON/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

ŊY □N

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

AY ON ON/A

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

M□ M

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	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	□и	□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	ПΝ	□N/A
	Is 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?	ΩY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	Dey □n				
2. Maintained rolling monthly total of perc consumption?	MG AM				
3. Maintained leak detection inspection and repair reports for the following:	, ,				
a. documentation of leaks repaired w/in 24 hrs? or;	^ <b>SO</b> Y □N □N/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	A/NO NO A/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XVIA				
5. Maintained exhaust duct monitoring data on perc concentrations?	Y ON ON/A				
6. Maintained startup/shutdown/malfunction plan?	XX □N				
7. Maintained deviation reports?	AY ON ON/A				
Problem corrected?	□Y □N ÞÓVA				
8. Maintained compliance plan, if applicable?	DY DU AUNA				

## 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		IN
2.	Has the facility maintained a leak log?				•	Y		M
3.	Does the responsible official check the fol	llowi	ng ar	eas for leaks?				
	Hose connections, fittings, couplings, and valves	фY	ПΝ	□N/A	Muck cookers	фY	□N	□N/A
	Door gaskets and seating	фY	ΠN	□N/A	Stills	dY	ПN	□N/A
	Filter gaskets and seating	d <sub>Y</sub>	ПΝ	□N/A	Exhaust dampers	Y	ПΝ	□N/A
	Pumps	þΥ	ПN	□N/A	Diverter valves	dY	ПΝ	□N/A
	Solvent tanks and containers	ÞΥ	ПN	□N/A	Cartridge filter housings	ďΥ	ПN	□N/A
	Water separators	ΠY	ΠN	□N/A				
4.	Which method of detection is used by the	resp	onsib	le official?				
	Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt through gaskets)							
Odor (noticeable perc odor)								
	Use of direct-reading instrumentation	on (F	ID/P	D/calorimetric	tubes)			
	Halogen leak detector							
	If using direct-reading instrum	nenta	ation	, is the equipme	ent:	□N/	Ά	
	a. Capable of detecting per	rc va	por c	oncentrations in	a range of 0-500 ppm?	ΠY	ПΝ	
	b. Calibrated against a statement of the control of the control of the calibrated against a statement of	ndaro	i gas	prior to and afte	er each use	ΩY	ΠN	
	c. Inspected for leaks and	obvio	ous si	gns of wear on a	a weekly basis?	ΠY	□и	
	d. Kept in a clean and seco	ure a	rea w	hen not in use?		ΠY	ПΝ	
	e. Verified for accuracy by	use	of du	plicate samples	(calorimetric only)?	ПY	ΠN	

Inspector's Name (Please Print)

Inspector's Signature

0105 [98

Date of Inspection

Approximate Date of Next Inspection

Aprotek - pan? Yes

eporg? yes

no perc on sporting board

mcf & waste pric

good record keeping i clean facility

In comptance

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

DATE_	7	-30
_	1.	9

TYPE OF INSPECTION:

ANNUAL

Ø 

COMPLAINT/DISCOVER

RE-INSPECTION

 _	- 4	Ø
 	 	$\overline{}$

8!00-9:00	P
AIRS ID#: <u>0830108</u> DATE: <u>7-29-99</u> TIME IN:	10:45 DIME OUT: 4:15
FACILITY NAME: Richs (leaner	E COLOR OF THE PROPERTY OF THE
FACILITY LOCATION: 2211 E. S. Juw Springs	RIND BY 3
Ocala, FL 34470	Sol Jos
RESPONSIBLE OFFICIAL: Rich Enbank P	PHONE: 732 5050
CONTACT NAME:P	PHONE:
	·

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

PART II: CLASSIFICATION			
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form☐ Drop store/out of business/petroleum		
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )		
5. This is a correct facility classification	Y ON OCan not determine		
	ation: neral permit as number above nits and is not eligible for a general permit		
B. The total quantity of perchloroethylene (perc) pu facility was _45 gallons.	rchased within the preceding 12 months by this dry cleaning		

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? Spumped DY EN 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? ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? AVKED NO YO 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:

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

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

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

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

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

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

(check appropriate boxes)

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

DY ON ONA

אומם מם אנם

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?	ΟY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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,		Dvi	
	if machines are equipped with a carbon adsorber?	ЦY	ПN	□N/A
	Is the perc concentration equal to or less than 190 ppm?	$\Box$ Y	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?	ΟY	NO	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ĀĀ	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	DŊ.	-QN/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: Y ON ONA a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN DXN/A and parts installed w/in 5 days of receipt? DY ON DANA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? GY ON 6. Maintained startup/shutdown/malfunction plan? COY ON ONA 7. Maintained deviation reports? DY DN ONA Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

## PART VI: LEAK DETECTION AND REPAIRS

1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			OX ON			
2.	Has the facility maintained a leak log?	?		CY ON			
3.	Does the responsible official check the						
	Hose connections, fittings, couplings, and valves	dy on on/a	Muck cookers	OY ON ON/A			
	Door gaskets and seating	DY ON ONA	Stills	OY ON ON/A			
	Filter gaskets and seating	אואם אם עם	Exhaust dampers	DY ON ON/A			
	Pumps	DY ON ON/A	Diverter valves	MY ON ON/A			
	Solvent tanks and containers	AINO NO YO	Cartridge filter housings	AN ON ONY			
	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 th						
	Odor (noticeable perc odor)		te				
	Use of direct-reading instrument	ation (FID/PID/calorimetri	c tubes)	α .			
	Halogen leak detector						
	If using direct-reading inst	rumentation, is the equip	ment:	□N/A			
	DY DN						
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	fter each use	מם עם			
	c. Inspected for leaks as	OY ON					
	d. Kept in a clean and s	?	מם צם				
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON			

Inspector's Signature

7-2000

Approximate Date of Next Inspection

•••	
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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL D	COMPLAINT/D	ISCOVERY	RE-INSPECTION
TIME IN: 10:45	TIME OUT: 1(!/	15	AIRS ID#: 0 S	(30108
TYPE OF FACILITY: $B_{ry}$	Geaning			
FACILITY NAME: R. 7	73 Cleanzis			DATE: 7-29-99
FACILITY LOCATION: 2	211 E. Silver Sp.	rings Blud	· · · · · · · · · · · · · · · · · · ·	
	cala, FL 34470	•		
RESPONSIBLE OFFICIAL:_	Rich Eubanks		PHONE NUMBER:	723-5050
<del></del>	of the compliance requirements Rule 62-213.300, Florida Adı			ity is found to be in
Based on the results of discrepancies were no	of the compliance requirements oted:	evaluated during t	his inspection, the follo	wing compliance
COMPLIANCE REC	QUIREMENT/PROBLE	M FO	LLOW-UP ACTIO	ON REQUIRED
				•
•				
	•			
COMMENTS:			· · · · · · · · · · · · · · · · · · ·	
In Comp	diance			
IN COMP	maner			
				<u> </u>
The Annual Compliance Certif		y certified and subr	nitted to the inspector.	YES NO
DATE OF NEXT INSPECTI	ION: 7-2000	(Approximate)		
INSPECTION CONDUCTE	DBY: Randall	(Approximate)	lam	
mai Le Hon Compoete.	n / M	(Please Print)	141.1,	1 6
INSPECTOR'S SIGNATUR	E: Rhall 7-	/	_PHONE NUMBER:_	(407) 893-3333
	<i>v</i> F	Page of		Revised 10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Ace

FACILITY NAME: RTOR'S	Cleaners	DATE: 7-29-99
FACILITY LOCATION: 22// 0 cala, 1	E. Silver Springs Blod EL 34470	
Annual Reporting Period: Jul	у 1998 то	July 1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	•	$\stackrel{\cdot}{\rightarrow}$
If NO, complete the following:		• •
#1. Term or condition of the general permit	that has not been in continuous compliance	during the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		·
#2. Term or condition of the general permit	that has not been in continuous compliance	during the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, made in this notification are true, accurate upon purchase receipts, does not exceed 2,1 combination facilities.  RESPONSIBLE OFFICIAL: PLACE Na	and complete. Further, my annual consump 100 gallons per year for dry-to dry facilities	ntion of perchloroethylene solvent, based

Page \_\_\_\_\_ of \_\_\_\_.

<sup>\*</sup>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

DATE 1-22-00

TYPE OF INSPECTION:

ANNUAL

1

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 1830/08 DATE: 2-22-00 TIME IN: 1:00 TIME OUT: 1! 3

FACILITY NAME: Right'S Cleaners

FACILITY LOCATION: 2211 E. Silver Springs Blud.

Ocala, FL 34470

RESPONSIBLE OFFICIAL: Rich Eubanti PHONE: 739-5050

CONTACT NAME: \_\_\_\_\_PHONE: \_\_\_\_

#### PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION

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

A.

- 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 (constructed before 12/9/91)
- 5. This is a correct facility classification

- $\square$  No notification form
- ☐ 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,  $140 \le x \le 2,100$  gally transfer only,  $200 \le x \le 1,800$  gallyr both types,  $140 \le x \le 1,800$  gallyr (constructed on or after 12/9/91)

MAR - 2 2000

Sureau of Air Monitoring.

Surces

□N □Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was facility was facility was

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ØNTA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN TONYA 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? DAY 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 AYNO NO XI 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 ANO NO YE 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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ØÝ	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩΥ	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,		<b>-</b>	
	if machines are equipped with a carbon adsorber?	ЦY	ЦN	
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	□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		□N/A
	of expansion, and downstream from no other finet:	uı	ПN	UN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩΥ	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
1. Maintained receipts for perc purchased?	MO YES	
2. Maintained rolling monthly averages of perc consumption?	AY ON	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	AVAC NC YES	
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 ANIA	
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON <del>ØN</del> ∕A	
5. Maintained exhaust duct monitoring data on perc concentrations?		
6. Maintained startup/shutdown/malfunction plan?		
7. Maintained deviation reports?	OY ON <b>A</b> VA	
Problem corrected?	AVA NO YO	
8. Maintained compliance plan, if applicable?	אונט אם צם	

PA	ART VI: LEAK DETECTION AND R	EPAIRS			_
1.	Does the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection a	nd repair	-
	inspection?		(	AY ON	
2.	Has the facility maintained a leak log?			XY ON	
3.	Does the responsible official check the f	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	אום אם ציף	A
	Door gaskets and seating	DY ON ON/A	Stills	אמם אם צם	Ą
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	אמם אם צם	A
	Pumps	Y ON ON/A	Diverter valves	עאם אם אם	Ą
	Solvent tanks and containers	אומם מם עם	Cartridge filter housings	אואם אם צם	Å.
	Water separators	DY ON ON/A	•	•	
4.	Which method of detection is used by th	e responsible official?			
Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt thr	ough gaskets)	•	Ø Ø	
Odor (noticeable perc odor)			Ø		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector				
	If using direct-reading instru	mentation, is the equipm	nent:	□N/A	
	a. Capable of detecting p	erc vapor concentrations i	n a range of 0-500 ppm?	DY DN	
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and af	ter each use	ОУ ОИ	

Randall Consingham	2-22-00
Inspector's Name (Please Print)	Date of Inspection
Robert CF	2-2001
Inspector's Signature	Approximate Date of Next Inspection

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

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

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

OY ON

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ADDITIONAL S	ITE INFORMATIO	ON:		
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AIRS ID#: 0430/08

the

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

FACILITY NAME: Rich Cleaners	DATE: 2-22-00
FACILITY LOCATION: 2211 E, 5: LVEV SPRINGS BIRLY Blvd,	
Ocala 1 FL 344700	
Annual Reporting Period: February 1999 TO February	20 00
Based on each term or condition of the Title V general air permit, my facility has remained in compliance	with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	es 🗖 no
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the report	ing period stated 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 report	ing period stated above:
Exact period of non-compliance: fromto	
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 inquin this notification are true, accurate and complete. Further, my annual consumption of perchloroethyler, purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature	ne solvent, based upon

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

Page	· of
Page	. 01

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TIME IN: 100 TIME OUT: 130 AIRS IDW: 0830108  TYPE OF FACILITY: 014 Llean  FACILITY NAME: Right's Cleaners DATE: 2-22-00  FACILITY LOCATION: 22 LF. SWCr Springs Blvd.  Ocala Ft. 34470  RESPONSIBLE OFFICIAL: Right Ev bank PHONE NUMBER: 732-5050  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  COMMENTS:  The Annual Compliance Certification form has been properly certified and submitted to the inspector. YEST NO DATE OF NEXT INSPECTION: 2-200 (Approximate)	TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION		
FACILITY NAME: Right 3 Cleaners  PACILITY LOCATION: 221 E. SNCC Springs Blvd  Dealy 1st 3 4470  RESPONSIBLE OFFICIAL: Right Eubach PHONE NUMBER: 732-5050  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  COMMENTS:  Longia and Compliance Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: 2-200		30AIRS ID#: 0830108		
FACILITY LOCATION:  Dealy if 34470  RESPONSIBLE OFFICIAL: Right Exhapt  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIRED  COMMENTS:  Longia and Compliance Certification form has been properly certified and submitted to the inspector.  YES NO	0' 10	DATE: 2-22-00		
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213,300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  COMMENTS:  COMMENTS:  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YEST NO DATE OF NEXT INSPECTION: 2-200 [				
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The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO DATE OF NEXT INSPECTION: 2-2001		M FOLLOW-UP ACTION REQUIRED		
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO DATE OF NEXT INSPECTION: 2-2001				
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO DATE OF NEXT INSPECTION: 2-2001		· ·		
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO DATE OF NEXT INSPECTION: 2-2001				
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO DATE OF NEXT INSPECTION: 2-2001				
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO DATE OF NEXT INSPECTION: 2-2001				
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO DATE OF NEXT INSPECTION: 2-2001				
DATE OF NEXT INSPECTION: 2-200 [		7C-C		
DATE OF NEXT INSPECTION: 2-200 [	The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO			
(Approximate)				
INSPECTION CONDUCTED BY: Kandal Luningham (Please Print)				
INSPECTOR'S SIGNATURE: 407-893-3333	INSPECTOR'S SIGNATURE: MANUELY	1 - (40 ) 700		

# FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 **DIVISION OF CORPORATIONS FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #**L9600000337 1a. Principal Place of Business Address RICK'S DRYCLEANERS OF OCALA, L.C. 2211 E SILVER SPRINGS BLVD 2211 E SILVER SPRINGS BLVD OCALA FL 34470. CALA FL 34470 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 03/21/1996  $\mathbf{F}$ L Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3368050 Not Applicable 6. Certificate of Status Desired Country Country S8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent EUBANKS, RICHARD L 2211 E STLVER SPRINGS BLVD Street Address (P.O. Box Number is Not Acceptable) DCALA FL 34470 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title **Business Street Address** City, State and Zip Code Managing Members/Managers MGRM EUBANKS, RICHARD L 1917 NE 9TH ST OCALA FI MGRM EUBANKS, PAMELA G 1917 NE 9TH ST **OCALA FL** 

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to xecyte this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

INHSE 10 R(12-96)

# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

- BLOCK 1. Block 1 is preprinted with the limited liability company's document number, name and mailing address as previously reported to our office. The name of the limited liability company cannot be changed by way of this annual report. The name may be changed by filing an amendment with our amendment section. Please call the amendment section for information on filing a name change at (904) 487-6050. If a name change has been filed with our office since this form was preprinted on January 17,1997, you may line through the old name and enter the new name of record.
- BLOCK 1a. Block 1a is preprinted with the limited liability company's name and principal place of business as previously reported to our office.
- BLOCK 2. If the preprinted principal place of business address in Block 1a is incorrect, line through the incorrect information and enter the current principal place of business address in Block 2. If there is no change, please enter "SAME."
- BLOCK 2a. If the preprinted mailing address in Block 1 is incorrect, line through the incorrect information and enter the current mailing address in Block 2a. (Please NOTE: All correspondence will be mailed to the mailing address of the limited liability company. A post office box is acceptable. Reports are not mailed to the registered office address.)
- BLOCK 3. If Block 3 is blank, enter the date organized or qualified with this office.
- BLOCK 3a. Please enter the state or country of formation if blank.
- BLOCK 4. If blank, enter your Federal Employer Identification (FEI) Number or check the appropriate box. If "APPLIED FOR" is preprinted in this space, you must now provide the FEI number or attach a photocopy of your application for the FEI number to this annual report or this report will be rejected. The Department of State does not issue FEI numbers. For assistance with obtaining FEI numbers, call the IRS at 1-800-829-1040.
- BLOCK 5. Enter the file date of the last annual report, if applicable.
- BLOCK 6. Your cancelled check will be your filing acknowledgment unless a certificate of status is requested in Block 6 and an additional \$8.75 is enclosed. Certificates of status will be mailed to the mailing address of the limited liability company only. If you desire to have a certificate mailed to a different address, please submit a separate written request along with the fee of \$8.75 to the Certification Section at P.O. Box 6327, Tallahassee, FL 32314, after the annual report has been filed by our office.
- BLOCK 7. Section 608.415 or 608.507, Florida Statutes, requires all limited liability companies to continuously maintain—a registered agent and registered office in this state. If the computer entry in Block 7 is incorrect, indicate the new registered agent and/or new address in Block 8.
- BLOCK 8. If the registered agent and/or registered office has changed, enter the correct information in Block 8. The business office of the registered agent must be the same as the registered office pursuant to section 608.415 and 608.507, Florida Statutes, and the registered office must be a Florida street address.
- BLOCK 9. The new registered agent must accept this appointment by completing and signing in Block 9. No signature is necessary if the same Registered Agent is retained.
- BLOCK 10. If the computer entries are incorrect, draw a line through the incorrect information and make corrections in the space directly below. If there are additional members or managers, enter the name, title and street address of each. Post office box numbers alone are NOT sufficient. Use the following abbreviations: MEM = Member; MGR = Manager; and MGRM = Managing Member. Attach additional sheets if necessary.
- BLOCK 11. Block 11 must be signed by a current managing member or manager listed in Block 10 or on an attachment. All signatures must be original and in ink. A photocopy or stamped signature is NOT acceptable. If the limited liability company is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 11 is unacceptable.

## Submit completed report and fees to:

Division of Corporations Annual Reports Section P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

**Courier Service Address** 

(Overnight Delivery)

(904) 487-6056

0392230

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

Do NOT Remove Label

AIRS ID # 0830108

RICK'S CLEANERS
RICHARD L EUBANKS
2211 E SILVER SPRINGS BLVD
OCALA FL 34470

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 0360864

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

# **TOTAL AMOUNT DUE: \$50.00**

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AIRS ID # 0830108

RICK'S CLEANERS RICHARD L EUBANKS 2211 E SILVER SPRINGS BLVD OCALA FL 34470 FOR GOVERNMENT USE WALY -Org.: 37550101000 EO: B1

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#0830108

RICK'S DRYCLEANERS OF OCALA INC RICHARD L EUBANKS 2211 E SILVER SPRINGS BLVD OCALA FL 34470 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273 RICK'S DRY CLEANERS OF OCALA

Department of Environmental Protection
01/11/98

Bill #1998

2/7/98

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AIRS ID#0830108

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RICK'S DRY CLEANERS OF OCALA

Department of Environmental Protection 01/25/97 Bill #1997

2/26/97

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AIRS ID#0830108

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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.

RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

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Do NOT Remove Label

AIRS ID# 0830108
RICK'S DRYCLEANERS OF OCALA INC
RICHARD L EUBANKS
2211 E SILVER SPRINGS BLVD
OCALA FL 34470

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 (cut here)

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0830108

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Fund: 20-2-035001

Obj.: 002273

Department of Environmental Protection 2/22/01 4409 12/11/00 Bill #2001 50.00

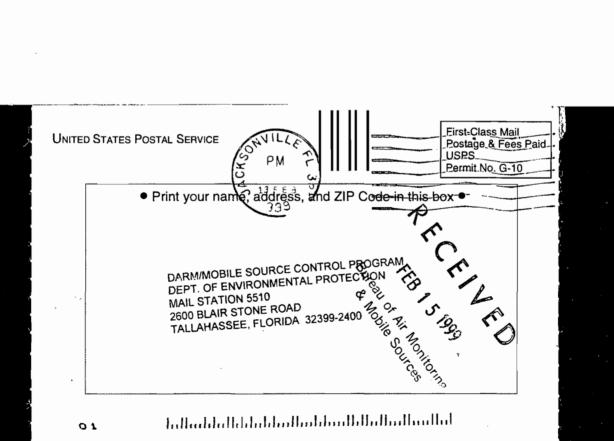
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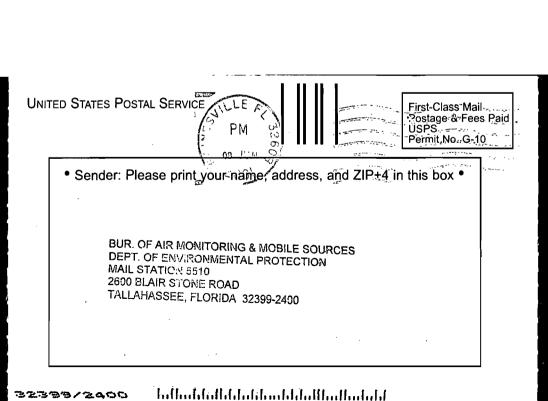
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ADDRESS completed	3. Article Addressed to:  AIRS ID # 0310372  DIXIE CLEANERS  BHARAT B PATEL  5711-14 BOWDEN AVE  JACKSONVILLE FL 32216	4a. Article N 7 333 4b. Service  Registere Express I Return Rec 7. Date of De	Type ed	for using
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811. December 1994	8. Addressee and fee is	paid)  Domestic Beturn Beceipt	Thank you



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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Pelivery  Agent  Addressee  D. s delivery address different flory item 1?  Yes  YES. High delivery address below:
10 AIRS ID # 0830108001AG RICHARD L EUBANKS RICK'S CLEANERS	Bureau of Air Monitoring & Mobile Sources
2211 E SILVER SPRINGS BLVD OCALA FL 34470	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 0600 0036 4130 2799	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789



on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the artice.  The Return Receipt will show to whom the article was delivered and delivered.	e does not le number.	I also wish to receive to following services (for extra fee):  1.  Addressee's A  2.  Restricted Del Consult postmaster for	an Address S
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rse side	■ 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.	e can return this	I also wish to reconstruction following services extra fee):		ei
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IRN ADDRESS completed	AIRS ID 0830108 RICK'S DRYCLEANERS OF OCALA INC RICHARD L EUBANKS 2211 E SILVER SPRINGS BLVD OCALA FL 34470	7. Date of De	Type  ad  Mail  Delivery  1 - 14 - 9 &		Thank you for using Return Rec
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# US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID 0830108 RICK'S DRYCLEANERS OF OCALA INC RICHARD L EUBANKS 2211 E SILVER SPRINGS BLVD OCALA FL 34470 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

on the reverse side?	<ul> <li>Print your name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write 'Return Receipt Requested' on the mailpiece below the article</li> <li>The Return Receipt will show to whom the article was delivered and delivered.</li> </ul>	e can return this be does not le number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:         <ul> <li>AIRS ID # 0830108</li> <li>RICK'S CLEANERS</li> <li>RICHARD L EUBANKS</li> <li>2211 E SILVER SPRINGS BLVD</li> <li>OCALA FL 34470</li> </ul> </li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery 2 - 9 - 0/  C. Signature  X Agent Addressee  D. Is delivery address different from item?				
2. Article Number (Copy from service label) 7000 0600 0026 2825 5877					
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RI E 22	CK'S CLEANERS CHARD L EUBANKS 111 E SILVER SPRINC CALA FL 34470	AIRS ID # 08301 GS BLVD	08  iller)  See Reverse for Instructions

US Postal Service
Receipt for Certified Mail AIRS ID # 0830108

RICK'S CLEANERS RICHARD L EUBANKS 2211 E SILVER SPRINGS BLVD OCALA FL 34470

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	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	\$
Form 3800, April 1995	Postmark or Date	

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.	
AIRS ID # 0830108 RICK'S CLEANERS RICHARD L EUBANKS 2211 E SILVER SPRINGS BLVD OCALA FL 34470	4a. Article N  4b. Service  Registere Express Return Re  7. Date of D	Type  od	
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