

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 27, 1997

Ms. Mary Jacobs Ashland Chemical 2004 West S. S. Boulevard Ocala, Florida 34475

Re: Facility I.D. No. 0830118

Dear Ms. Jacobs:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 2, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

	#0830118	
	Mary's Dry Cleaner	_
	-spoke with Mary Jacobs-10/30/96	
·	p. 14 1. (a) change "new" to "1-5-96", mark out "2-9-96", and	_
	mark out "X's" on lines (4),(7),+(0)	
	3. Should be new small area Source	
	Source .	1
		1
		-
	,	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
Tharu's (Seaner)					
2. Size Name (For example, plant name of number):					
3. Hazardous Waste Generator Identification Number:					
4. Facility Location: 2004 W, S.S. BIVY					
4. Facility Location: 2004 W, S.S. Blvd Street Address: 0					
Street Address: City: Ocala, Fla, County: Marion Zip Code: 34475					
5. Facility Identification Number (DEP Use):					
0830118					
Responsible Official					
6. Name and Title of Responsible Official:					
Mary (Lacobs - Dunes)					
7. Responsible Official Mailing Address: Organization/Firm:					
Street Address: 2004/11, 5.5, B/VC					
City. Cala, Fla county. Warion Zip code: 372/15					
8. Responsible Official Telephone Number: Telephone: (352) 351 - 4248 Fax: () -					
1010piloliti. 052551 7278					
Facility Contact (If different from Responsible Official)					
9. Name and Title of Facility Contact (For example, plant manager):					
10. Facility Contact Address:					
Street Address:					
City: County: Zip Code:					
11. Facility Contact Telephone Number:					
Telephone: () - Fax: () -					

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OCT 2 1996

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (15) w/ carbon adsorber (16) w/ no controls (17) w/ ref. condenser (18) w/ carbon adsorber (19) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ no controls (14) w/ ref. condenser (15) w/ no controls (1	Hero-TecH	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
(2) 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 (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (c) No control devices are required to be installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [10] gallons (b) If less than 12 months, how many? months Check why it is less than 12 months: New owner: New store: Did not keep records: 3) What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	Type of Machine Example						installed			1
(2) 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 (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (c) No control devices are required to be installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [10] gallons (b) If less than 12 months, how many? months Check why it is less than 12 months: New owner: New store: Did not keep records: 3) What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	Dry-to-Dry Unit	:		. The graph of the state of the						
(2) w/ carbon adsorber /			1-5-9/	New		2-9-96		T .		Ť
(3) w/ no controls	1.1.1	1	1 5 14	1		12 / 18				
Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (9) w/ no controls (11) w/ carbon adsorber (12) w/ no controls (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ controls (14) w/ carbon adsorber (15) w/ carbon adsorber (16) w/ ref. condenser (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ controls (19) w/ controls (19) w/ controls (10) w/ controls (10) w/ controls (10) w/ control devices are required to be installed (10) w/ control devices are required to be installed (10) w/ control devices are required to be installed (10) w/ control devices are required to be installed (10) w/ control devices are required to be installed (11) w/ control devices are required to be installed (12) w/ no control devices are required to be installed (13) w/ control devices are required to be installed (14) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devices are required to be installed (15) w/ control devic								-		
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(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (2) w/ no control devices are required to be installed (2) w/ no control devices are required to be installed (3) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? (b) If less than 12 months, how many? months Check why it is less than 12 months: New owner: New store: Did not keep records: What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	` '		Naturijana						1.50	Trans.
(9) w/ no controls		X	<u> </u>	1		T			T	
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Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (c) No control devices are required to be installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [(9) w/ no controls									
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [Reclaimer Unit			11, 114		The Alberta				Land Bright
(b) Control devices are required, but not yet installed	(10) w/ ref. condenser	V	1	1		T	1	T		<u> </u>
(b) Control devices are required, but not yet installed	` ,	_				-				
(b) Control devices are required, but not yet installed	` ,				 					1
(Indicate with an "X". Select one classification only.)	(c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont	are re quanti gallo	equired to be ity of perchlons ons	installed [_ proethylene (] months	perc)) purchased in				[]
New small area source [] Existing small area source [] New large area source []	(Indicate with an "X".	Selec ea so	t one classifi	cation only.) Ne	ew sn	nall area sour	rce [(3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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Page 15 of 16

Brand New Machine

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)
Ų	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 cation. 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 he air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prom	nptly notify the Department of any changes to the information contained in this notification.

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

#0830118

BEST AVAILABLE COPY

	Marys Dry Cleaner	-
	- spoke with Mary Jacobs-10/30/96	
2. Sire	P.14 1.a) change "new" to "1-5-96", mark out "2-9-96", and	J Pocob
3. Haz	mark out "Xs" on lines (4),(7),410,	<u>y 7</u>
4. Faci Stre City		4475
5. Faci	Corrections made 12/17/96	8
	Lanihols	-
6. Nam		
7. Resp Orga Stree City:		2////
8. Resp Telep		34475
9. Name	e and Title of Facility Contact (For example, plant manager):	
	ty Contact Address:	
Street City:	Address: County: Zip Code:	
l I. Facili Telep	ty Contact Telephone Number: hone: () - Fax: () -	

RECEIVED

007, 2 1996

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Pacifity Owner/Company Name (Name of corporation, agency, or individual owner):
1/lary's Vry (leaner)
2. Six Name (For example, plant name of number): Mory Vocob
3. Hazardous Waste Generator Identification Number:
Ashland Chemical
4. Facility Location: 2004 W, S.S. BIV &
Street Address: City: Ocala / Fla, County: Marion Zip Code: 34475
5. Facility Identification Number (DEP Use): 0830118
Responsible Official
6. Name and Title of Responsible Official:
Mary (Lacobs) - Duner
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 2004/W, 5.5, B/Vd
City. Cala Fla County. Warion Zip Code. 3427.65
8. Responsible Official Telephone Number: Telephone: (352) 251 - 4 249 Fax: () -
Telephone: (352)351 - 4248 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Tolombone Number
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

RECEIVED

007 2 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.

Aero-TecH		Date Machine	Date		Date	Date		Date Machine	Date
110.0			Control		Machine	Control		1	Control
Cuma af Mashina	ID	Initially Purchased	Device	ID	Initially Purchased	Device Installed	ID.	Initially Purchased	Device Installed
Type of Machine	LID	Furchased	Installed	מו	Purchased	mstaned	עו	Purchased	Illistatieu
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
					1				
Dry-to-Dry Unit			1-5-9	16	m, ℓ	12-17	-4	6	
(1) w/ ref. condenser	X	1-5-90	-New		2496	1			
(2) w/ carbon adsorber	/				,				
(3) w/ no controls									
Vasher Unit		10		α					
(4) w/ ref. condenser	죃	111111	12-17-1	WD					
(5) w/ carbon adsorber	334	У.	•						
(6) w/ no controls									
Dryer Unit		, n	· · · · · · · · · · · · · · · · · · ·						
(7) w/ ref. condenser	45	11/19	12-17-	96					
(8) w/ carbon adsorber		77							
(9) w/ no controls									
Reclaimer Unit	1.11								
(10) w/ ref. condenser	M	11.11.	12-17-4	2/	_				
(11) w/carbon adsorber	1235	7,74		-	_				
(12) w/ no controls					<u> </u>				-
(b) Control devices are(c) No control devices						J. 16	?-,	17-96	,
(a) What was the total (quanti gallo		oroethylene (perc)	purchased in	n the <u>J</u> atest 12	! moi	nths?	
(b) If less than 12 mont Check why it is less					_] New store	: [] Did	not k	eep records:	
					•				
. What is the facility's so (Indicate with an "X".					initions found				
Existing small ar	ea so	urce [_🍎]	Ne	ew sn	nall area sour	ce [۱ ،	M.J. 1	2-17-
M. Existing large are	ea soı	ırce []	Ne	ew la	rge area sour	ce [,	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

Brand New Machine

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
نگ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
Signature	Vary Jacob 12-17-96 Nary bush 9-26-96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ON COMPLAINT/DISCOVERY ON							
AIRS ID#: <u>0830/18</u> DATE: 12/17/ FACILITY NAME: <u>MARY'S</u> DRY	96 TIME IN: 9:30 TIME OUT: 10:10							
FACILITY LOCATION: 2004 W., SILVER SPRINGS BLVD OCALA FZ. 34475								
PART I: NOTIFICATION								
(check appropriate box)								
1. Existing facility notified DARM by 9/1/96	10/2/01							
2. New facility notified DARM 30 days prior to st	,							
3. Facility failed to notify DARM to use general p	ermit							
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 both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""></x<2,>								
both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)<="" before="" gal="" td="" yr=""><td>(constructed on or after 12/9/91)</td></x<1,800>	(constructed on or after 12/9/91)							
This is a correct facility classification	DA XV							
If no, please check the appropriate classification: NEW SMALL AREA								
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 90 gallons. PURCHASED TO FILL MACHINE								

NONE SINGE

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? IN MACHINE 45 NELDED 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 installed 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? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/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? EXPLAINED 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	OY ON .				
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?	OY ON				
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				
PA	ART V: RECORDKEEPING REQUIREMENTS					
	as the responsible official: heck appropriate boxes)					
1.	Maintained receipts for perc purchased?	□Y □N				
2.	Maintained rolling monthly averages of perc consumption?	□Y XN				
3.	Maintained leak detection inspection and repair reports for the following:					
	a. documentation of leaks repaired w/in 24 hrs? or;	DA X N				
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	□Y X N				
4.	Maintained calibration data? (for direct reading instruments only)	AVAK NO YO				
5.	Maintained exhaust duct monitoring data on perc concentrations?	OY ON				
6.	Maintained startup/shutdown/malfunction plan?	ATY ON				
7.	Maintained deviation reports?	□Y X N				
	Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON				
8.	Maintained compliance plan, if applicable?	A/M NO YO				
	PART VI: LEAK DETECTION AND REPAIRS					
l m	ADT VI. I PAR DETECTION AND DEDATE					

2.	Which method of detection is used by the	ne respon	nsible offic	cial?		
	Visual examination (condensed so	olvent on	exterior s	urfaces)	Ä,	
	Physical detection (airflow felt the	rough ga	skets)	•	À	
	Odor (noticeable perc odor)				A	
١.	Use of direct-reading instrumenta	tion (FII	D/PID/calo	rimetric tubes)		
	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting p	perc vapo	or concent	rations in a range of 0-500 ppm?	□Y	חם
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				□Y (חר
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				\square Y \square N	
	d. Kept in a clean and secure area when not in use?					חר
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					ПY	□N
3.	Has the facility maintained a leak log?				□Y)	⊉ N
4.	Does the responsible official check the	following	g areas for	leaks?	,	`
	Hose connections, fittings, couplings, and valves	×Υ	□N	Muck cookers	χÝΥ	□N
	Door gaskets and seating	Y	□N	Stills	Y Y	□N
	Filter gaskets and seating	\bigwedge^{Y}	□N	Exhaust dampers	ΠY	□N
	Pumps	βY	□N	Diverter valves	ΠY	□N
	Solvent tanks and containers	ÞΥ	\Box N	Cartridge filter housings	YY	□N
	Water separators	βY	□N			

MARY ACOBS

Name of Responsible Official

Louis A. Nichois
Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

Tailoring • Alterations • Repairs

Mary's Dry Cleaners

Same Day Service Available

Mon. - Thurs. 7 AM - 6 PM Friday 7 AM - 7 PM

8 AM - 2 PM Saturday Sunday CLOSED

2004 ₩ Silver Spgs Blvd. Ocala, FL 34475 (904) 351-4248

ADDITIONAL SITE INFORMATION:

- · MCI PICKS UP WASTE
- · AERO TECH 280 C \$30,000 35 LB.
- · HAS CONTAINMENT PAN
- · LEFT COPIES OF LAAK COGS, TRMP, & PURCHASE RECORDS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	
AIRS ID#: 0830/18 DATE: 12/17/ FACILITY NAME: MARY'S DRY	96 TIME IN: 9:30 TIME OUT: 10:10	2_
FACILITY LOCATION: 2004 W, S. OCALA Fz.	ILVER SPRINGS BLUD	
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		
2. New facility notified DARM 30 days prior to sta	rtup 10/2/96	
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=""><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	DY XN	
If no, please check the appropriate classification:	NEW SMALL AREA	
facility qualified for a general per facility exceeds above limits and i	mit as number above s not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) profacility was 90 gallons. PURCIHASA	urchased within the preceding 12 months by this dry cleani	ng

NONE SINGE

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? IN MACHINE 45 NELDED 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? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY AN condenser on a weekly basis? EXRAINED 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? OY ON 6. Conducted all temperature monitoring after an appropriate cooldown period and after □Y □N verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	□У □И
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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN
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?	ОУ ОИ
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
_		
$\ \mathbf{P}_{\lambda}\ $	ART V: RECORDKEEPING REQUIREMENTS	· ·
ె	THE T. THE COLUMN AT THE CHARLES TO THE COLUMN AT THE COLU	
	as the responsible official: heck appropriate boxes)	
(c	as the responsible official:	N
(c	as the responsible official: heck appropriate boxes)	N
(c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	,
(c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	,
(c 1. 2.	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:	DY XN
(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	ON KIN
(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? Maintained calibration data? for direct reading instruments only)	OA KAN
(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? Maintained calibration data? for direct reading instruments only)	OY ON MANA
(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)	OY ON MANA
(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)	OY ON OY ON OY ON OY ON OY ON OY ON
(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? **Gor direct reading instruments only**) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	
(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?	
(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?	

2.	Which method of detection is used by t	he respon	isible offic	cial?			
	Visual examination (condensed s	olvent on	exterior s	urfaces)	×		
	Physical detection (airflow felt th	rough ga	skets)		À		
	Odor (noticeable perc odor)				斌		
	Use of direct-reading instruments	ation (FII	D/PID/calo	rimetric tubes)			
	If using direct-reading instrum	entation,	is the equ	ipment:			
	a. Capable of detecting	perc vapo	or concent	rations in a range of 0-500 ppm?	ΩY	ΠN	
	b. Calibrated against a (PID/FID only)?	standard g	gas prior t	o and after each use	ΠY	ПИ	
	c. Inspected for leaks ar	nd obviou	s signs of	wear on a weekly basis?	\Box Y	ΠN	
	d. Kept in a clean and s	ecure are	a when no	t in use?	$\Box Y$	\square N	
	e. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	ΩY	□N	
3.	Has the facility maintained a leak log?				ΩY	N.	
4.	Does the responsible official check the	following	g areas for	leaks?	,	, ,	
	Hose connections, fittings, couplings, and valves	ΆY	ΩN	Muck cookers	χY	ПN	
	Door gaskets and seating	XΥ	ПΝ	Stills	M Y	ПИ	:
	Filter gaskets and seating	ÆΥ	ΠN	Exhaust dampers	ΠY	ΠN	
	Pumps	ÞΥ	ПИ	Diverter valves	ΠY	□N	
	Solvent tanks and containers	ÞΥ	ΠN	Cartridge filter housings	YY	□N	
	Water separators	þΥ	ΠN				
	MARY ACOBS Name of Responsible Offici	al					

Louis A. Nicitois
Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

Tailoring • Alterations • Repairs

Mary's Dry Cleaners

Same Day Service Available

Mon. - Thurs. 7 AM - 6 PM Fridoy Saturday 7 AM - 7 PM

8 AM - 2 PM CLOSED Sunday

1607 W. Silver Spgs Blvd. Ocala, FL 34475 (904) 351-4248

ADDITIONAL SITE INFORMATION:

- · MCI PICKS UP WASTE
- · ARROTECH 280 C \$30,000 35 LB.
- · HAS CONTAINMENT PAN
- " LEFT COPIES OF LAAK COGS, TEMP, + PURCHASE RECORDS
 EXPLAINED THEIR USE

BEST AVAILABLE COPY		UMMARY REPORT	
Type of inspection:	ANNUAL X	OMPLAINT/DISCOVERY	RE-INSPECTION .
TIME IN: 2:45 TYPE OF FACILITY: D	TIME OUT: 3:1	0 0AIRS ID#:	EX30118
FACILITY NAME: MO	010	spys, FL Oca	DATE: 31348 Oa, FL 34471
RESPONSIBLE OFFICIAL:	Mary Jacobs	PHONE NUMBE	R: 352-351-4248
compliance with DEP R	tule 62-213.300, Florida Admin	aluated during this inspection, the uistrative Code (F.A.C.). aluated during this inspection, the	
discrepancies were note	di Caranta	1	
COMPLIANCE REQU	UTREMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED -
			<u> </u>
	· .		REC
			PR 7
			Monitoring Sources
		1	•
COMMENTS: ACVORER V	nachine 2 year	ars old -nop	roblems
		•	IN Comprisence
The Annual Compliance Certif	21011	certified and submitted to the inspe	ector. YES NOW
DATE OF NEXT INSPECTI	0N:	(Approximate)	
INSPECTION CONDUCTED	DBY: AADIA	Please Print)	
INSPECTOR'S SIGNATUR	E:	PHONE NUME	BER: 407-893-3333

Revised 10/96

BEST AVAILABLE COPY

s#: 0830/18

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

As the responsible official, I hereb made in this notification are true, upon purchase receipts, does not e combination facilities. RESPONSIBLE OFFICIAL:	accurate and complete. Further,	, my annual consumption of	perchloroethylene s	olvent, based
Method used to demonstrate compl		•		
Mathed and to demanded assemble	liance:			·
Action(s) taken to achieve complia	nce:		·	
Exact period of non-compliance: f	rom	to		
#2. Term or condition of the gener	ral permit that has not been in co	ontinuous compliance during	g the reporting period	l stated above:
Method used to demonstrate compl	iance:			
Action(s) taken to achieve compliant	nce:			
Exact period of non-compliance: fi	rom	to	-	
If NO, complete the following: #1. Term or condition of the gener	al permit that has not been in co	ontinuous compliance during	g the reporting period	I stated above:
If NO, complete the following:			/	7 199 Air Mo Aile Sol
Annual Reporting Period: /// Based on each term or condition of 62-213.300, Florida Administrative	the Title V general air permit, re Code (F.A.C.), during the period	ny facility has remained in o	compliance with DEI	RANGE PR
Annual Reporting Period:	arch	1997 TO Ma	rch	19_98
_ CX way	Fla	34475		<u> </u>
() A as la.				<u> </u>
FACILITY LOCATION: 2	574 1015	S. Rhy		

*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	
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V CLEANED AID OUALITY CEN

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Mabile Sources AIRS ID 0830118 MARY'S DRY CLEANER MARY JACOBS 2004 W. S. S. BLVD OCALA FL 34475 Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DE 62-213,300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 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 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 Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. Name (Please Print) Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT Bureau of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM & Mobile Sources

AIRS ID 0830118 MARY'S DRY CLEANER MARY JACOBS 2004 W. S. S. BLVD OCALA FL 34475

Do NOT Remove Label

	19TO	19
Based on each term or condition of the Title V gene 62-213.300, Florida Administrative Code (F.A.C.),		_
If NO, complete the following:		
#1. Term or condition of the general permit that ha	as not been in continuous compliance during the rep	orting period stated above:
Exact period of non-compliance: from	to	FEB
Action(s) taken to achieve compliance:		DEIV L RG 20
Method used to demonstrate compliance:		98 98
#2. Term or condition of the general permit that have been been been been been been been be		
Exact period of non-comphance. Iform	to	
	·	
Action(s) taken to achieve compliance:	, 	
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·	

^{*}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

	COMPLIANCE I	NSPECTION	CHECKLIST		
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	A	COMPLAINT	DISCOVERY OF SE	
AIRS ID#:	langs Dr 2004 W. Si Cala F	y cléas Tver Spg Te. 20 Tobs	UM SBIVD. 34471 PHONE:?		AZ48
PART I: NOTIFICATION					
(check appropriate box)			•		
1. New facility notified DARM					
2. Facility failed to notify DAR	M to use general per	mit			_ 🗆 📗
PART II: CLASSIFICATION	<u> </u>				
Facility indicated on notificat	ion form that it is:		☐ No notifica		rolaum
(check appropriate box)			d Diop store	out of business/petr	oleum
1. Existing small area sou			all area source	×	ı
dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr			nly, x < 140 gal/yr y, x < 200 gal/yr	1.	
both types, x < 140 gal/yr			x < 140 gal/yr	Aevo	ek
(constructed before 12/9/91))	(constructed	l on or after 12/9/91	2y	√ S.
3. Existing large area sou	rce 🗆	4. New lar	ge area source	a O	
dry-to-dry only, $140 \le x \le 2$,100 gal/yr		nly, $140 \le x \le 2,10$		
transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$			y, $200 \le x \le 1,800$ g $140 \le x \le 1,800$ gal		
(constructed before $12/9/91$)			I on or after $12/9/91$		
5. This is a correct facility of	classification	QY Q1	N □Can not de	termine	
	appropriate classific lity qualified for a gen lity exceeds above lin	neral permit a			

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

PART III: GENERAL CONTROL REQUIREMENTS

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers?
- 2. Examining the containers for leakage?
- 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?

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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?

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AND NO DN/A

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В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΩΝ	□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	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΩΝ	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS

_						_
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			YΩY	ПN	
2.	2. Has the facility maintained a leak log?			PΥ	ПN	
3.	3. Does the responsible official check the following	areas for leaks?	/	•		
	Hose connections, fittings, couplings, and valves	N □N/A	Muck cookers	PΥ	□N □N/A	7
	Door gaskets and seating	N □N/A	Stills	PY		ł
	Filter gaskets and seating	N □N/A	Exhaust dampers	$\phi_{\rm A}$	ON ON/A	1
	Pumps OY O	N □N/A	Diverter valves	=	ON ON/A	1
	Solvent tanks and containers	N □N/A	Cartridge filter housings	□∤		4
	Water separators	N □N/A				
4.	 Which method of detection is used by the response 	sible official?				
	Visual examination (condensed solvent on	exterior surfaces)		\d		
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	on, is the equipme	ent:	□N/	A	
	a. Capable of detecting perc vapor	r concentrations in	a range of 0-500 ppm?	ΩY	□N	
	b. Calibrated against a standard g (PID/FID only)?	gas prior to and aft	er each use	ΟY	□и	
	c. Inspected for leaks and obvious	signs of wear on	a weekly basis?	ΩY	□N	
	d. Kept in a clean and secure area when not in use?			ΩY	ПN	
	e. Verified for accuracy by use of	duplicate samples	(calorimetric only)?	ΩY	ПN	

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

5199 Approximate Date of Next Inspection pan?yes epoxyzyes

MCF à hazardoush weste New Machine, no problems Aentek 1996. Good record keeping IN compliane

PERCHLOROETHYLENE DRY CLEANERS

🖟 TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	TNCD	FCT	$I \cap N$
	OT.	111731		IUII

ANNUAL

X

COMPLAINT/DISCOVER

RE-INSPECTION

AIRS ID#: 0830119 DATE: 7-29-99 TIME IN: 12:45 FIRE O FACILITY NAME: Mary's Dry Cleaning FACILITY LOCATION: 2004 W. Silver Spgs Blvd RESPONSIBLE OFFICIAL: Mary Jacobs PHONE: 352-351 CONTACT NAME: _____ _____PHONE: __

	-
PART I: NOTIFICATION	
(check appropriate box)	
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, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)		
5. This is a correct facility classification	OY 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 20 gallons.	irchased 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? DY DN DN/A AVA ON OY 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 AND NO VA 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? DY DN CLW/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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DAK DN DNIA 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ONA 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? DAY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the A/MO MO YA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MC DM verifying that the coolant had been completely charged?

B.	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
2.	Measured and fesorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΟY	ΠN	□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?	\Box Y	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ND	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩΥ	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	MO YM			
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;	AV X NO YO			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON EXTA			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ANA			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?				
Problem corrected?	OY ON Ò√ VA			
8. Maintained compliance plan, if applicable?	OY ON OXIA			

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΠN inspection? 2. Has the facility maintained a leak log? ΠN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, TOY ON ON/A MY DN DN/A Muck cookers couplings, and valves DEY ON ON/A Y ON ONA Stills Door gaskets and seating CAY DN DN/A Y ON ONA Filter gaskets and seating Exhaust dampers AYOU NO YO ON ON/A Diverter valves Pumps DY DN DNA Y ON ONA Solvent tanks and containers Cartridge filter housings DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector □N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN

Inspector's Signature

7-29-99

Date of Inspection
7-2000

NO YO

DY DN

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?

ADDITIONAL SITE	INFORMATION:
	4-1

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Mary 15 Dry Cleaners	DATE: 7-24-44
FACILITY LOCATION: 2004 W. Silver Springs Blud, Ocala, FL 3447	
Annual Reporting Period: July 1998 TO July	1944
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES	
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 inquimade in this notification are true, accurate and complete. Further, my annual consumption of perchloroupon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	ethylene solvent, based

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPL	AINT/DISCOVERY	RE-INSPECTION
TIME IN: 12:45 m TIME OUT:	1:15 pm	AIRS ID#: <u>()</u>	130118
TYPE OF FACILITY: Dry Cleaner			
FACILITY NAME: Mary's Dry Clea	aners		DATE: 7-29-99
FACILITY LOCATION: 2014 WI SILVER	5995	· · · · · · · · · · · · · · · · · · ·	
Ocala, FL 34	1471		
RESPONSIBLE OFFICIAL: MARY Jack	obs	PHONE NUMBER:	357-351-4248
Based on the results of the compliance requirer compliance with DEP Rule 62-213.300, Florida		-	ity is found to be in
Based on the results of the compliance requirer discrepancies were noted:	ments evaluated	during this inspection, the follo	owing compliance
COMPLIANCE REQUIREMENT/PROP	BLEM	FOLLOW-UP ACTION	ON REQUIRED
		N.	
·			•
<u> </u>			_
		· · · · · · · · · · · · · · · · · · ·	
•			
COMMENTS:			· ·
In Compliance	7		
The Annual Compliance Certification form has been pro-	operly certified	and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION: 7-200			
INSPECTION CONDUCTED BY: Randa	Il Cun	nximate) Print)	
INSPECTOR'S SIGNATURE: RANGE TO	Licasi Control	PHONE NUMBER:	407-843-3333
	Page o	f <u> </u>	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED DATE 2-25-00

TYPE OF INSPECTION:

ANNUAL

NE

COMPLAINT/DISCOVERYY.

RY___RE

RE-INSPECTION

, , , , , , , , , , , , , , , , , , ,		
	-00 TIME IN: 11:30 TIME OUT: 12:00	
FACILITY NAME: <u>Raly's Dry</u>	Cleaning	_
FACILITY LOCATION: 2004 W.S	ilver springs Blud,	_
Ocala, Fa		_
RESPONSIBLE OFFICIAL: Mary	Valobs PHONE: 352-351-4248	_
CONTACT NAME:	PHONE:]
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	urtup	
2. Facility failed to notify DARM to use general pe	ermit	
PART II: CLASSIFICATION		
PART II: CLASSIFICATION		
المراجع والمراجع المراجع		
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum	
(check appropriate box) A.	☐ Drop store/out of business/petroleum	
(check appropriate box) A. 1. Existing small area source □	Drop store/out of business/petroleum 2. New small area source	7
(check appropriate box) A. 1. Existing small area source □ dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr	
(check appropriate box) A. 1. Existing small area source □	2. New small area source dry-to-dry only, x < 140 gal/yr	(
(check appropriate box) A. 1. Existing small area source □ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	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)	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	(
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	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)	(
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	LCLIV
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	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)	LCLIV
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 1^40$ 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 both types, $140 \le x \le 1,800$ gal/yr	LCLIV
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) $\square Y \qquad \square N \qquad \square Can not determine$ cation:	LCLIV
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a ge	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ 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 $12/9/91$) $\square Y$ $\square N$ $\square Can$ not determine	LCLIV

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ZNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN AZY/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 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? QY ON ON/A 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? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an ex	cisting large or new large area source also:			
Measured and recorded the exhaust to on dry-to-dry, reclaimer, and dryer m	emperature on the outlet side of the condenser located achines on a weekly basis?		ПN	
Measured and recorded the washer ex inlet and outlet weekly?	chaust temperature at the condenser	ΩY	ПИ	□N/A
Is the temperature differential e	qual to or greater than 20° F2	ΠY	ПΝ	□N/A
Measured and recorded the perc conc at the end of the final drying cycle wh	entration in the exhaust stream weekly uile the machine is venting to the adsorber,	•		·
if machines are equipped with a carbo		ΠY	ПN	□N/A
Is the perc concentration equal t	o or less than 100 ppm?	ΩY	ΠN	□N/A
	carbon adsorber exhaust for measuring liameters downstream of any bend, contraction, ers upstream from any bend, contraction,			
or expansion; and downstream from r		ΩY	ПN	□N/A
5. Equipped transfer machines (dryers, r condenser coils?	eclaimers, and washers) with individual	ΟY	ПΝ	□N/A
6. Routed airflow to the carbon adsorber	(if used) at all times?	ΟY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	A DN				
2. Maintained rolling monthly averages of perc consumption?	MY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON M NA				
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	אר בע מם עם A				
4. Maintained calibration data? (for applicable direct reading instruments)	אואבן אם צם				
5. Maintained exhaust duct monitoring data on perc concentrations?	אואפן אם אם				
6. Maintained startup/shutdown/malfunction plan?	NO Y				
7. Maintained deviation reports?	AVA S NO YO				
Problem corrected?	אואפן אם צם				
8. Maintained compliance plan, if applicable?	איאים אם אם אים				

					===		
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				ZY	(אכ
2.	Has the facility maintained a leak log?			:	Y	٠ (מכ
3.	Does the responsible official check the fo	llowing	g areas for leaks?				
	Hose connections, fittings, couplings, and valves	4 c	IN □N/A	Muck cookers		ПN	□N/A
	Door gaskets and seating	dy D	N/A N/A	Stills	dY	ΠN	□N/A
	Filter gaskets and seating	dy o	N □N/A	Exhaust dampers	фY	ПΝ	□N/A
	Pumps	by a	N □N/A	Diverter valves	ф	ПN	□N/A
	Solvent tanks and containers	by o	N □N/A	Cartridge filter housings	фу	ПΝ	□N/A
	Water separators	ם צם	IN DN/A	·	,		ļ
4.	Which method of detection is used by the	respon	sible official?				
	Visual examination (condensed solv	vent on	exterior surfaces)		Ø		
	Physical detection (airflow felt thro	ugh gas	kets)		Ø		
	Odor (noticeable perc odor)				Ø		
	Use of direct-reading instrumentation	on (FID	/PID/calorimetric t	rubes)			
	Halogen leak detector				🛚		
	If using direct-reading instruc	nentati	on, is the equipme	ent:	NN	Α	
	a. Capable of detecting pe	rc vapo	r concentrations in	a range of 0-500 ppm?	ΩY	ПN	,
	b. Calibrated against a sta (PID/FID only)?	ndard g	as prior to and afte	er each use	ΩY	ПN	
	c. Inspected for leaks and	obvious	s signs of wear on a	weekly basis?	ΩY	ΠN	
	d. Kept in a clean and seco			- 1	ΩY	ΠN	1
	e. Verified for accuracy by	use of	duplicate samples	(calorimetric only)?	ΩY	ПΝ	:
			-				

Randall Cunningham Inspector's Name (Please Print)	2-25-00
Inspector's Name (Please Print)	Date of Inspection
efall T	2-2001
Inchector's Signature	Approximate Date of Next Inspe

ADDITIONAL SITE INFORMATI	ON:
. •••	
	•

Re	besive	01	/1	የ/በበ

AIRS ID#: 0830118

Ball

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Mary's Dry Clan	DATE: <u>2^25'00</u>
FACILITY LOCATION: 2004 W. 5; /v er Springs Blvd,	
Ocala, FL 34471	
,	
Annual Reporting Period: Frbruary 209 TO Febr	ruary 20 00
Based on each term or condition of the Title V general air permit, my facility has remained in cor	mpliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	YES ONO
If NO, complete the following:	/
#1. Term or condition of the general permit that has not been in continuous compliance during the	ne reporting 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	ne reporting 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 reasona in this notification are true, accurate and complete. Further, my annual consumption of perchlor purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallon combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	roethylene 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL Z	COMPLAINT/	DISCOVERY [RE-INSPI	ECTION [
TIME IN: 11:30am	тіме оит: 12:0	Upm	AIRS ID#:	830118	.:
TYPE OF FACILITY: Dry CI	tan				
FACILITY NAME: Mary'S				DATE: 2 -	25-00
FACILITY LOCATION: 2000	1 WISSIVETSPI	ings Blv	df		-
004	14,FL 34471				
RESPONSIBLE OFFICIAL:	Mary Jacobs		PHONE NUMBE	r: <u>`352</u> -38	51-4248
Based on the results of the compliance with DEP Rul	e compliance requirements e e 62-213.300, Florida Admir	valuated during	this inspection, the fa	icility is found to	be in
Based on the results of the discrepancies were noted:	compliance requirements ev	aluated during	this inspection, the fo	ollowing complian	nce
COMPLIANCE REQUI	REMENT/PROBLEM	FC FC	OLLOW-UP ACT	TION REQUI	RED
					· <u>.</u>
					<u> </u>
COMMENTS:			······································		
In Comp	oliance		٠.		
The Annual Compliance Certification	on form has been properly c	ertified and sub	omitted to the inspecto	or. YES	NO
DATE OF NEXT INSPECTION:	2-2001				
INSPECTION CONDUCTED BY	O	(Approximate Lun (Please Print)	ninghai	n	
INSPECTOR'S SIGNATURE:	Wall to		PHONE NUMBER	R: 407-89	3-3333
	Pag	eof			Revised 10/96

3755

W. Academical	3860 MARY'S DRY CLEANERS
Thursday In the Paris	PH. 352-351-4248 2004 W. SILVER SPRINGS BLVD. OCALA, FL 34475 DATE 11-3-0
DELUXE ROF	TO THE ORDER OF SO, OD DOLLARS D DOLLARS D DOLLARS D
The state of the s	The Huntington National Bank Orlando, Florida 32812 FOR TO HOS 30/18 Marks Marks
and the second	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING



(cut here)

411006 NOV 62001

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0830118

MARY'S DRY CLEANER MARY JACOBS 2004 W. S. S. BLVD OCALA FL 34475 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

1	U.S. Postal S CERTIFIED (Domestic Mail Or	ervice MAIL RECI nly; No Insurance C	EIPT Coverage Provided)
5754			
7825	Postage Certified Fee	\$	Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
<u>.</u>		AIRS ID	# 0830118
0190	MARY'S DRY COMMARY JACOBS		
7000	OCALA FL 3447	5	
	PS Form 3800, February	2000	See Reverse for Instructions

CE STICKER AT TOP OF ENVELOPE THE RIGHT OF RETURN ADDRESS.	OL ∀Td SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Rēstricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0830118 MARY'S DRY CLEANER MARY JACOBS 2004 W. S. S. BLVD	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature 7 X Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q
OCALA FL 34475	3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0830118 MARY'S DRY:CLEANER MARY JACOBS 2004 W. S. S. BLVD 	A. Received by (Please Print Clearly) Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
OCALA FL 34475	3. Service Type Certified Mail
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PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

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MARY'S DRY CLEANER MARY JACOBS 2004 W. S. S. BLVD OCALA FL 34475	3. Service Type Certified Mail Registered Insured Mail C.O.D.
10000600000000000000000000000000000000	4. Restricted Delivery? (Extra Fee) ☐ Yes
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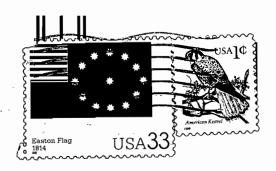
MARY'S DRY CLEANER MARY JACOBS 2004 W. S. S. BLVD OCALA FL 34475

AIRS ID # 0830118

FOR GOVERNOIS T USEONLY Org.: 37550101000 EO: A1 Fund: 20-2-035000 Obj.: 002273







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

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MARY'S DRY CLEANER MARY JACOBS 2004 W. S. S. BLVD OCALA FL 34475 MAIL ROOM

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Fund: 20-2-035001 Obj.: 002273

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US Pòstal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)
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Certified Fee
Special Delivery Fee
Restricted Delivery Fee
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Print your name card to you. Attach this form permit. Write *Peturn Receivered. Article Address IARY'S DRY CLEA ARY JACOBS 104 W. S. S. BLVD CALA FL 34475	and/or 2 for additional services. 3, 4a, and 4b. and address on the reverse of this form so to the front of the mailpiece, or on the back ceipt Requested* on the mailpiece below the lipt will show to whom the article was deliveressed to:	that we can return this if space does not se article number. ered and the date 4a Article N 4b. Service Registere Express	to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Number Type ed Certified Mail Insured ceipt for Merchandise COD	you for using Return Receipt Service.
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6. Signature:	Addressee of Agent) My Octob			
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M 20	US Postal Service Receipt for No Insurance Cove Do not use for Intel ARY'S DRY CLE ARY JACOBS 004 W. S. S. BLVI CALA FL 34475	rage Provi rnational M CANER	ded. ail <i>(See.re</i>	
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on the reverse side?	SENDER: Complete items 1 and/or 2 for Complete items 3, 4a, and 4b. Print your name and address card to you. Attach this form to the front of permit. Write "Return Receipt Request" The Return Receipt will show to delivered.	on the rether the mai	everse of this form so that we ilpiece, or on the back if space the mailpiece below the article	e does not e number.	followin extra fe 1. 2.	g service e): Address Restrict	ceive the es (for an see's Address ed Delivery ster for fee.	Receipt Service.
ADDRESS completed	3. Article Addressed to: MARY'S DRY CLEAT MARY JACOBS 2004 W. S. S. BLVD OCALA FL 34475	NER	AIRS ID # 0830118	4b. Service Registere Express Return Rec	J 6/ Type ed Mail ceipt for M	3 4(1) erchandis	Certified Insured	you for using Return
Is your RETURN	Received By: (Print National Section 1) Received By: (Print National Section 1) Signature: (Addressee of X	or Age	MAKA	8. Addressed and fee is	paid)		rif requested turn Receipt	Thank

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DEPT. OF ENVIRONMENTAL PROTECTION
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FG. 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.

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RECEIVED

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MARY'S DRY CLEANER

MARY JACOBS

OCALA FL 34475

2004 W. S. S. BLVD

AIRS ID # 0830118

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RECEIVED MAIL ROOM

Bureau of Air Monitoring & Mobile Sources

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

Z 333 613 645

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AIRS ID 0830118

MARY'S DRY CLEANER MARY JACOBS 2004 W. S. S. BLVD OCALA FL 34475

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-	Special Delivery Fee	
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April 1990	Return Receipt Showing to Whom & Date Delivered	
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PS rom 3000	TOTAL Postage & Fees	\$
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on the reverse 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 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.		ceipt Service.
Is your RETURN ADDRESS completed	3. Article Addressed to: AIRS ID 0830118 MARY'S DRY CLEANER MARY JACOBS 2004 W. S. S. BLVD OCALA FL 34475	4b. Service Registere Express I	33613-645 vice Type istered X Certifie		for using Return Re
			ddressee's Address (Only if requested and fee is paid)		Thank you
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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.

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AIRS ID 0830118

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

Оыј.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 259260

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RECEIVED MAIL ROOM

JAN 29 97

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0830118

MARY'S DRY CLEANER MARY JACOBS 2004 W. S. S. BLVD **OCALA FL 34475**

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Org.: 37550101000 EO: B1

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