

## Department of Environmental Protection

Lawton Chiles

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

Virginia B. Wetherell Secretary

January 29, 1997

Mr. Peter D. Rogers Rogers Rain Barrel Laundries, Inc. 4444 SR 40 West Ocala, Florida 34482

Re: Facility No. 0830120

Dear Mr. Rodriguez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 21, 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, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

#### INTEROFFICE MEMORANDUM

Date:

18-May-2000 09:31am

From:

Margaret Cangro TPA 813/744-61

CANGRO'M@a1.deptpa.dep.state.fl.us

Dept: Tel No:

To:

Sandy Bowman TAL 850/921-9583

( BOWMAN S@A1 )

Subject: Re: Al and Rain Barrel

Both should still be available. Rain Barrel was always mostly a #0830/20 laundromat with very little dry cleaning - he's still there. Peter Rogers is the owner, and a reasonably nice guy. He probably just doesn't understand that it's for operating LAST year. He's usually at the facility around 11am. (His staff isn't the most knowledgeable/helpful, so only deal with him.)

Al is the same ownership/RO as Brown's Cleaners (0810186), and is at the same mailing address. That one is Marc Eiseman - and he's always been somewhat a problem to work with. (His old facility in Sarasota - Marc's Cleaners - is now an EPA cleanup site.) Even though Marc is the RO, he's not the owner. Gary Majer is the President of the Wilton Co. and had been more responsive in past dealings (we had an enforcement case with them a year ago), but is often difficult to reach 'live'. (941)360-9889

The other 2 I have on the list are both open and operating.

Snow White (1050311) is a failing business, and he's trying to sell it, but he's still around. It's operated by the owner, and when he's not on site it's usually his sister working there. (His sister and her husband have Unique Cleaners - 1050313.)

I talked with Mike Keen at Ray's Laundry (1050317), and he said he'd call you for the info - address, etc. I know his business has really grown, and he's one of the busier guys around, so it could be that his wife or mother or someone is handling the mail and they just haven't gotten it paid. (Or it could be one of the 101 other excuses that we routinely hear.)

Hope this helps. Maggie

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION
in Store 10:30-1:00
AIRS ID#: $0830120$ Date: $3/7/00$ Time in: $9.75$ Time out: $9.25$
FACILITY NAME: Rogers Rain Barrel
FACILITY LOCATION: 4444 SR 40 W
Ocala, Fr. 34482
RESPONSIBLE OFFICIAL: Peler Rogers PHONE: 352/351.9914
CONTACT NAME:PHONE: $\frac{352}{239-2254}$
Cell.
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
L
PART II: CLASSIFICATION
Facility indicated on notification form that it is:
(check appropriate box)  A.  □ Drop store/out of business/petroleum
1. Existing small area source 2. New small area source $\Box$ $\Box$
dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
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 both types, x < 140 gal/yr constructed before 12/9/91) (constructed before 12/9/91)
transfer only, x < 200 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) (constructed on or after 12/9/91)
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, 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, x < 140 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ 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) (constructed on or after 12/9/91)  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2,100$ gal/yr
3. Existing large area source ☐ 4. New large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
3. Existing large area source $\Box$ 4. New large area source $\Box$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr $\Box$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr $\Box$ transfer only, $200 \le x \le 1,800$ gal/yr $\Box$ both types, $140 \le x \le 1,800$ gal/yr $\Box$ both types, $140 \le x \le 1,800$ gal/yr
3. Existing large area source ☐ 4. New large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
3. Existing large area source $\Box$ 4. New large area source $\Box$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr $\Box$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr $\Box$ transfer only, $200 \le x \le 1,800$ gal/yr $\Box$ both types, $140 \le x \le 1,800$ gal/yr $\Box$ both types, $140 \le x \le 1,800$ gal/yr
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 $12/9/91$ )
3. Existing large area source

Facility no longer performing on-site Eleaning Equipment removed.

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN WYA 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? DY DN 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 yent controls? DY DN DY DN DN/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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? 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

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?		ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F2	ΩY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПN	□N/A
ì	Is the perc concentration equal to or less than 100 ppm?	ΩY	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?	' · □Y	ΩN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	QY ON					
2. Maintained rolling monthly total 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;	DY DN XXV/A					
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	DY DN <b>g</b> N/A					
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN <b>A</b> NVA					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN KOVA					
6. Maintained startup/shutdown/malfunction plan?	GY DN					
7. Maintained deviation reports?	אומים אם אם אם					
Problem corrected?	DY DN DN/A					
8. Maintained compliance plan, if applicable?	DY DN BN/A					

<u></u>	·								
PART VI: LEAK DETECTION AND REPAIRS									
1. Doe	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
insp	pection?			<b>©</b> Y □N					
2. Has	the facility maintained a leak log?			QLA CIN					
3. Doe	Does the responsible official check the following areas for leaks?								
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	AY ON ON/A					
	Door gaskets and seating	AND ND YA	Stills	DY DN ORVA					
	Filter gaskets and seating	TY ON ON/A	Exhaust dampers	DY DN XN/A					
	Pumps	ØY □N □N/A	Diverter valves	DY DN XXVA					
	Solvent tanks and containers	AY ON ON/A	Cartridge filter housings	AVIO NO Y					
	Water separators	AND ND YE	, .						
4. Wh	ich method of detection is used by t	the responsible official?							
Visual examination (condensed solvent on exterior surfaces)									
	Physical detection (airflow felt th	rough gaskets)		ø <u>∠</u>					
	Odor (noticeable perc odor)			X					
	Use of direct-reading instrumenta	ation (FID/PID/calorimetric	tubes)						
	Halogen leak detector								
	If using direct-reading instr	umentation, is the equipme	ent:	DAYLA					
	a. Capable of detecting	perc vapor concentrations in	a range of 0-500 ppm?	OY ON					
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?									
	c. Inspected for leaks as	nd obvious signs of wear on	a weekly basis?	OY ON					
	d. Kept in a clean and s	ecure area when not in use?	•	OY ON					
	e. Verified for accuracy	by use of duplicate samples	s (calorimetric only)?	UY UN					

MARGARET CANGRO	2/7/00
Inspector's Name (Please Print)	Date of Inspection
Margaret Canano Inspector's Signature	Approximate Date of Next Inspection

0830120

11-4-96 Spoke to busines, Peter Rogers is the Owner.

P.13 6. add +: He

RECEI'

NOV 2 1 1:

#### Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Mo. & Mobile Sour

#### **Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

ROGERS Rain Barrel Laurdnes Dre							
2. Site Name (For example, plant name or number):							
Same As above  3. Hazardous Waste Generator Identification Number:							
FACILITY ID# 152731865 (Generator# 87-0846)							
Street Address: 4444 SR UD WAST							
City: Ocala County: Marion Zip Code: 34482							
5. Facility Identification Number (DEP Use):							
0830120							
Responsible Official							
6. Name and Title of Responsible Official:							
l'ETER D. KOGERS							
7. Responsible Official Mailing Address: Organization/Firm:							
Street Address: 4444 SR 40 West							
City: Ocala County: Marion Zip Code: 3448;	_						
8. Responsible Official Telephone Number:							
Telephone: (352)351 - 9914 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 Telephone Number:							
Telephone: ( ) - Fax: ( ) -							

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

#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91	motaned	#3	02-MAR-92	1
Dry-to-Dry Unit	17.	Tall the first of the		ji.	in the second	Symmetry.		te de la Maria	
(1) w/ ref. condenser	1/	10001986						T	T
(2) w/ carbon adsorber		14001120							
(3) w/ no controls									
Washer Unit		Traffe Yaliyar	l Transference						
(4) w/ ref. condenser				<u> </u>	Ī				
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		CHAMBARA						Little Mign	The same of the same
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	.ejiin	ie autoaje (	Mary Service				y		
(10) w/ ref. condenser									
(11) w/carbon adsorber							1		
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X".  Existing small are Existing large are	Selec ea so	urce []	cation only.) Ne	w sn	nitions found nall area sour rge area sourc	ce []	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
(e) Instrument calibration  (f) Start-up, shutdown, malfunction plan

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

#### Surrender of Existing Air Permit(s)

Please 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)							
No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification							
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.								
I will promptly notify the Department of any changes to the information contained in this notification.								
Signature	11/1/96 Date							

11-4-96  Spore to been Peter Rugers is  Facility Owne Owner  ROGERS P.13  Site Name (F. 6. add + 1 He  Hazardous)  Facility Lo  Street Adi  City: C	~ · ·	Bureau of Air Monito & Mobile Sources
Facility Losses  Sporte to bee Peter Rugers is  Facility Owne  Corner  Rogers  P. 13  Site Name (F 6. add + ; 4/e  Hazardous)  Facility Losses	D.E.P.  JAN 0 3 1997	& Mobile Sources
Site Name (F 6 add + 1 +/e  Hazardous Facility Lo	D.E.P. JAN 0 3 1997	
Site Name (F 6 add + 1 +/e  Hazardous Facility Lo	D.E.P. JAN 0 3 1997	34485
Site Name (F 6 add + 1 +/e  Hazardous Facility Lo	D.E.P. JAN 0 3 1997	34485
Site Name (F 6 add + 5 4/e  Hazardous)  Facility Lo	JAN 0 3 1997	S4485
Facility Lo	JAN 0 3 1997	6) 34485
Facility Lo	JAN 0 3 1997	34482
Facility Lo	SUUTHWEST DISTORT	34485
Street Add	SOUTHWEST DISTRICT	384482
Facility		Part Street Company
		Ma0 - 1
Name an	,	
Responsible Official Mailing Address.	-	<u> </u>
Organization/Firm:	<i>.</i>	
Street Address: 4444 SR 40 Wes City: Ocala County: Max		Code: 34482
Responsible Official Telephone Number:	,	
Telephone: (3S2)3S1 - 9914 Fa	x: ( ) -	
Facility Contact (If different from Re	esponsible Official)	
Name and Title of Facility Contact (For example, plant mana	ager):	·
. Facility Contact Address:		
Street Address:	Zip Code	
City: County:	Zip Code	•
. Facility Contact Telephone Number:  Telephone: ( ) - Facility Contact Telephone Facility Contact Telephone Facility Contact Telephone Facility Contact Telephone Number:	x: ( ) -	
!		
		1

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

(sign and data)

RECEIVED

NOV 2 1 1996

#### Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring & Mobile Sources

#### Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
2	2. Site Name (For example, plant name or number):							
2.								
	Same as above							
3.	Hazardous Waste Generator Identification Number:							
A	FACILITY ID# 152731865 Generator# 87-0846) Facility Location: Street Address: 4444 5R 40 West							
4.	Street Address: 4444 SR UD West							
	City: Ocala County: Marion Zip Code: 34482							
5.	Facility Identification Number (DEP Use):							
	$U_{301}$							
30 PM								
	Responsible Official							
6.	Name and Title of Responsible Official:							
	PETER D. ROSERS, OWNER							
7.	Responsible Official Mailing Address:							
	Organization/Firm: Street Address: 4441 < R 40 West							
	Street Address: 4444 SR 40 West. City: Ocala County: McUron Zip Code: 34482							
0								
8.	Responsible Official Telephone Number:  Telephone: (352)351 - 9914 Fax: ( ) -							
	7-mp.no.no. (3327331 9919 )							
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
10.	Facility Contact Address:							
o≨ .	Street Address:							
	City: Zip Code:							
11.	Facility Contact Telephone Number:							
	Telephone: ( ) - Fax: ( ) -							

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

#### **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 GM - 1 :		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device	I.D.	Date Machine Initially	Date Control Device
Type of Machine  Example	ID #1	Purchased 03-OCT-93	Installed 12-NOV-93	#2	Purchased 08-DEC-91	Installed	ID #3	Purchased 02-MAR-92	Installed 02-MAR-92
Dry-to-Dry Unit	1.2				•		_	·.	
(1) w/ ref. condenser	<b>'</b>	12001486			1		Τ		· ,
(2) w/ carbon adsorber	ļ <u> </u>	14001486		<u> </u>			-		
(3) w/ no controls	<del>                                     </del>								
Washer Unit	<b></b>					_			<u> </u>
(4) w/ ref. condenser					1				
(5) w/ carbon adsorber							1		
(6) w/ no controls				_					
Dryer Unit				٠.			<u> </u>		:
(7) w/ ref. condenser			_						
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				٠	1				
(10) w/ ref. condenser			•				<u> </u>		<u> </u>
(11) w/carbon adsorber								·	
(12) w/ no controls	<b></b>						T		
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control devices  (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchlo ons ow many? [_	installed [_ roethylene ( ] months	perc)					
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	t one classifi urce	cation only.) Ne	ew sm	nall area sour	ce [	3) of ]	Part II?	
Existing large are	ea sou	ırce []	Nε	w lar	ge 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 (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

#### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:					
	l hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notific statement maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.				
I will proi	mptly notify the Department of any changes to the information contained in this notification.				
Signature	11/1/96 Date 16/6/97				
	7/7/11				

AIRS ID#: 0830120

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

FACILITY NAME: Rogers Rain Barrel Laundries DATE: 4/9/97
FACILITY LOCATION: 4444 SR 40 W
Ocala, FL 34482
Annual Reporting Period: Sept. 1 1996 TO March 31, 1997
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.
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 rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Date

<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-INSPECTION	, Z	COMPLAINT/DISC	351-99	- 14
AIRS ID#: <u>08 301 2 0</u> FACILITY NAME: <u>Roge</u> FACILITY LOCATION:	es RAIN B		W		
D. D. D. M.					
PART I: NOTIFICATION					
(check appropriate box)	200				
1. Existing facility notified DAI	-		11	21 96	
2. New facility notified DARM		-		1 '	
3. Facility failed to notify DARI	M to use general pern				
PART II: CLASSIFICATION					
A.  1. Existing small area sourd 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)	cc 🗷	transfer only, a both types, x< (constructed of	y, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91)		
dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" before="" both="" classific<="" correct="" facility="" g="" gal="" is="" only,="" td="" this="" transfer="" types,=""><td>O gal/yr ogal/yr t</td><td>transfer only, 2 both types, 140</td><td>area source y, 140<x<2, 0<x<1,800="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" n="" or="" td="" yr=""><td></td><td></td></x<2,></td></x<2,>	O gal/yr ogal/yr t	transfer only, 2 both types, 140	area source y, 140 <x<2, 0<x<1,800="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" n="" or="" td="" yr=""><td></td><td></td></x<2,>		
If no, please check the appropria	ate classification:				
facility exceeds  B. The total quantity of perchlor	ed for a general perming above limits and is recordingly	not eligible for	a general permit	s by this dry c	leaning
facility was 140 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?	ØÝ □N
2. Examining the containers for leakage?	XY DN
3. Closing and securing machine doors except during loading/unloading?	ХД, ПИ
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	<b>A</b> A □N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON XN/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 refri (complete A below).	gerated condenser .
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
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?	OY ON
2. Equipped dry-to-dry machines with a closed loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	חם אם אם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ОУ ОИ
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם צם

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
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?	OY ON
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?	□Y □N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
TAKT V. RECORDIEDITIO REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	MY ON
Has the responsible official: (check appropriate boxes)	py on
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	py on
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	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:	MY 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	MY ON  MY  MY ON  MY  MY ON  M
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?	ATY 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)	ATY ON ATN/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?	ATY ON  ATY ON ATN/A  OY ON ATA
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?	ATY ON  ATY ON ATN/A  OY ON ATA-  ATY 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?	ATY ON ATN/A OY ON ATA-
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?	ATY ON  ATY ON  OY ON ATN/A  OY ON  ATY ON  OY  OY  OY  OY  OY  OY  OY  OY  OY
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?	ATY ON  ATY ON  OY ON ATN/A  OY ON  ATY ON  OY  OY  OY  OY  OY  OY  OY  OY  OY

2.	Whi	ch metho	d o	detection is used by the	ne respon	sible official?			
		Visual o	exai	mination (condensed so	lvent on	exterior surfaces)		M	
		Physica	l de	tection (airflow felt thr	ough gas	kets)		<b>X</b>	
		Odor (n	otic	eable perc odor)				渱	
		Use of o	lire	ct-reading instrumenta	tion (FID	/PID/calorimetric	tubes)		
		If using	di	rect-reading instrume	ntation, i	is the equipment:	e ·		
			a.	Capable of detecting p	erc vapor	concentrations in	a range of 0-500 ppm?	ПY	□и
			b.	Calibrated against a st	andard g	as prior to and aft	er each use		
, .	٠.,	٠.	٠.	(PID/FID only)?	, <i>B</i>		10	$\Box Y$	□N
			c.	Inspected for leaks and	d obvious	signs of wear on	a weekly basis?	$\Box$ Y	□N
			d.	Kept in a clean and se	cure area	when not in use?		$\Box$ Y	□и
			e.	Verified for accuracy l	by use of	duplicate samples	(calorimetric only)?	ПY	□N
3. Has the facility maintained a leak log?					MY	□и .			
			•	ible official check the f	ollowing	areas for leaks?			4
		•							
				ctions, fittings, and valves	ΔY	□N	Muck cookers	ÞΥ	□N
		Door ga	ske	ts and seating	ØΥ	ПN	Stills	<b>Z</b> Y	ПN
		•			este e	DV	71.	mos r	Ov
		Filter ga	iske	ts and seating	PY:	□N	Exhaust dampers	<b>D</b> Y	ПΝ
		Pumps			ØΥ	□N	Diverter valves	<b>Ø</b> Y	ПN
		Solvent	tan	ks and containers	<b>∆</b> Y	□и	Cartridge filter housings	<b>X</b> (Y	ПΝ
		Water se	epa	rators	ŻΥ	ПИ	1		
,			_				·		

Name of Responsible Official

MARGARET CANGRO

Inspector's Name (Please Print)

Marguet Cangro

Inspector's Signature

Date of Inspection

AKCH 98

Approximate Date of Next Inspection

The Dexter Co Model CC9A81MR Serial # 723374 AIRS 1D#: 0830120

acc

Revised 10/10/96

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

						P	100
FACILITY NAME: ROGER'S	Rain Ba	rrel			DATE:	3/8	198
FACILITY LOCATION: 444	4 SR 4	to W			·		TING
Ocala	- 2.1.10	52			<u>.</u> _		
Annual Reporting Period:	49-		7 то		3-1	8	19 <u>78</u>
Based on each term or condition of the Ti 62-213.300, Florida Administrative Code		=	-	\		P Rule NO	
If NO, complete the following:				`			
#1. Term or condition of the general per	mit that has not been	in continuo	us compliance duri	ng the report	ing period	d stated	above:
Exact period of non-compliance: from	-		to				
Action(s) taken to achieve compliance:	•••						
Method used to demonstrate compliance:							
#2. Term or condition of the general perm	mit that has not been	in continuo	us compliance duri	ng the report	ing perio	d stated	above:
Exact period of non-compliance: from			to				
Action(s) taken to achieve compliance:							
Method used to demonstrate compliance:	<del></del>						
As the responsible official, I hereby certing made in this notification are true, accurate upon rolling averages of purchase receipnyear for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	te and complete. Furts, does not exceed 2, s.	rther, my an	nual consumption	of perchloroe ary facilitie	thylene s	olvent, l	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: ANNUA	L COI	MPLAINT/DISCOVERY	RE-INSPECTION [.]
TIME IN:TI	ME OUT:	AIRS ID#:	0830120
	DAIN BARRY SR A FL 3	EL 10 W 14482	DATE: 4/9/97
RESPONSIBLE OFFICIAL: PETER	ROGERS	<del></del>	r: <u>352-351-9914</u>
Based on the results of the compliance with DEP Rule 62-213	300, Florida Administr	rative Code (F.A.C.).	
Based on the results of the complia discrepancies were noted:	nce requirements evalu	ated during this inspection, the f	ollowing compliance
COMPLIANCE REQUIREME	NT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
			· 
. ·		•	
			·
		,	
COMMENTS:			
The Annual Compliance Certification form h	$\sim$	ied and submitted to the inspecto	or. YES NO
INSPECTION'S SIGNATURE: Mara	, ,	proximate)  ANCR()  case Print)  PHONE NUMBER	2: 813-744-6100
·	Page	of .	x/25 Revised 10/96

	AIRS ID#0830120 ROGERS RAIN BARREL LAUNDRIES INC PETERS D ROGERS 4444 SR 40 WEST OCALA FL 34482	FEB 1 9 1998 Bureau of Air Monitoring 8. Mobile Sources
	Do <u>NOT</u> Remove Label	
Annual Reporting Period:	JANLUNY 1 1997 TO	JANUary 1 1998
62-213.300, Florida Administrative Code	tle V general air permit, my facility has remaine (F.A.C.), during the period covered by this state	<u>-</u>
If NO, complete the following:		
#1. Term or condition of the general perr	nit that has not been in continuous compliance of	luring the reporting period stated above:
Exact period of non-compliance: from	to_	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		<u> </u>
#2. Term or condition of the general perr	nit that has not been in continuous compliance of	luring the reporting period stated above:
Exact period of non-compliance: from	to	:
Action(s) taken to achieve compliance:		·
		•

RESPONSIBLE OFFICIAL:

Name (Please Print)

Signature

2/10/98

Date

<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

	COMPLIANCE	INSPECTION (	CHECKLIST	Sure Ap 3
TYPE OF INSPECTION:	ANNUAL	Æ.	CHECKLIST COMPLAINT/DISCOVER	Surgar OF D
	RE-INSPECTIO	, ,		Bile M
<u></u>		· · · · · · · · · · · · · · · · · · ·	<u></u>	Oile Sources III
AIRS 10#: (7830120	•	• •	in: <u>  'S ()</u> time ou	JT: 2:05
FACILITY NAME:	MKain (ba	irrell		·
FACILITY LOCATION:	1444 SR	40 W		
_(	) cala, Fi	3448	2	
RESPONSIBLE OFFICIAL :	^		_PHONE: 352/351	-9914
CONTACT NAME:			_ PHONE:	·
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	l 30 days prior to sta	ırtup		
2. Facility failed to notify DAR	M to use general pe	ermit		
PART II: CLASSIFICATION	N			
Facility indicated on notificat	ion form that it is:		☐ No notification form	
(check appropriate box) A.			☐ Drop store/out of busine	:ss/petroteum
1. Existing small area sout		2. New small		
dry-to-dry only, $x < 140$ gall transfer only, $x < 200$ gal/yr		transfer only, x	, x < 140 gal/ут < 200 gal/ут	
both types, x < 140 gal/yr		both types, x <	140 gal/ут	·
(constructed before 12/9/91)		(constructed on	or after 12/9/91)	
3. Existing large area sour		4. New large a		·
dry-to-dry only, $140 \le x \le 2$			$140 \le x \le 2{,}100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1.80$ both types, $140 \le x \le 1.800$			00 ≤ x ≤ 1,800 gal/ут ≤ x ≤ 1,800 gal/ут	
(constructed before $12/9/91$ )			or after $12/9/91$ )	
5. This is a correct facility c	lassification	MO AX	☐Can not determine	
If no, please check the	appropriate classific	cation:		
☐ facili	ity qualified for a ger	neral permit as n		
│ □ facili	ity exceeds above lin	nits and is not eli-	gible for a general permit	

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 125 gallons.

#### PART'III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN **M**N/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) DY DN 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 DNA 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? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

DY DN

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?	DYEN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN DN/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?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PA	ART VI: LEAK DETECTION AND I	REPAIRS					
1.	Does the responsible official conduct a	weekly (for	small sources, l	bi-weekly) leak detection a	nd rep	air	
	inspection?				YOY		N
2.	Has the facility maintained a leak log?				XY	C	ЭN
3.	Does the responsible official check the	following a	reas for leaks?		-		
	Hose connections, fittings, couplings, and valves	XY ON	□N/A	Muck cookers	Y	ΩΝ	□N/A
	Door gaskets and seating	XY DN	□N/A	Stills	XX	ПИ	□N/A
	Filter gaskets and seating	מם ציק	□N/A	Exhaust dampers	Ю́У	DИ	□N/A
	Pumps	par on	□N/A	Diverter valves	ΠY	DN,	to N/A
	Solvent tanks and containers	MY ON	□N/A	Cartridge filter housings	XY	ПN	□N/A
	Water separators	MO AM	□N/A				
4.	Which method of detection is used by t	he responsib	ole official?				
İ	Visual examination (condensed s	olvent on ex	terior surfaces)		X		
	Physical detection (airflow felt th	rough gaske	ts)	•	X		
	Odor (noticeable perc odor)				R		
	Use of direct-reading instrumenta	tion (FID/P	ID/calorimetric	tubes)			
	Halogen leak detector						
	If using direct-reading instr	umentation	, is the equipm	ent:	MN/	Ά	
	a. Capable of detecting	perc vapor c	oncentrations is	n a range of 0-500 ppm?	ΩY	ΠN	
	b. Calibrated against a s (PID/FID only)?	standard gas	prior to and aft	er each use	ΩY	ПΝ	
	c. Inspected for leaks an	ıd obvious si	gns of wear on	a weekly basis?	ΠY	ΩN	•
	d. Kept in a clean and s	ecure area w	hen not in use?	,	ΠY	ΠN	
	e. Verified for accuracy	by use of du	plicate samples	(calorimetric only)?	ΟY	ПΝ	
<u></u>		<del></del>					
	Margaret Cangro Inspector's Name (Please Prin			3/18/98			
ſ	Inspector's Name (Please Pri	11)		Date of Inspe	ction		
1	Marguet Cangro			March 99			
	Inspector's Signature		_	Approximate Date of	Next I	nspect	ion

AIRS ID#: 0830120

# DRY CLEANER AIR QUALITY GENERAL PERMIT Ureau of Air Monitoring & Mobile Source Certification Form

				Sour Sour
FACILITY NAME: ROOKS	Rain Ba	rel		DATE: 3/23/99
FACILITY LOCATION: 4444	SR 4	) W		
Orala	FL 344	87		<del></del>
- Cher	10 599	0 2		
Annual Reporting Period:	3-19-	_19 <u>98</u> то		3-23- 19 <u>99</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (			''لــــَ	
If NO, complete the following:			·	
#1. Term or condition of the general permi	it that has not been in	continuous complia	ance during the rep	porting 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 permi	it that has not been in	continuous complia	ance during the rep	porting 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 rolling averages of purchase receipts year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	e and complete. Furth does not exceed 2,10 Raevs	er, my annyal- <del>eons</del>	for dry-to dry faci	proethylene solvent, based
Na Na	ame (Please Print)		Signature	Date

<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

R

**RE-INSPECTION** 

.0

RECEIVED

RY CLEANERS

MIT
HECKLIST

Bureau Of Air Monitoring

COMPLAINT/DISCOVER Sources

AIRS ID#: 0630120 DATE: 3/23/0	79 TIME IN: 11:10 TIME OUT: 11:50
FACILITY NAME: ROGERS Rain	Barrel
FACILITY LOCATION: 4444 SPC	40 W
Marion C	eala 34482
RESPONSIBLE OFFICIAL: Peter Roox	M PHONE: 352-351-9914
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. 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.	☐ 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 DN DCan not determine
ı	cation: neral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) per facility was 122 gallons.	urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN XVIA
2. Examining the containers for leakage?	OY ON DENIA
3. Closing and securing machine doors except during loading/unloading?	MY □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON XN/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>7</i> .
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mi prior to September 22, 1993	a refrigerated ust have been installed
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	s:
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the	

Revised 9/15/97

OY ON ON/A

DY DN DN/A

DY DN

□Y □N

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

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

	Surce 14A	<u>ٍ و</u> م		Æ.
	Has the responsible official of an existing large or new large area source also of	15	99	0
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?	No./10/161	, N 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?	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, if machines are equipped with a carbon adsorber?	ΟY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	ΩY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

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

			<del></del>	_ <del></del> _		
PART	VI: LEAK DETECTION AND	REPAIRS	<u> </u>			
l. Do	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
ins	pection?			Mo N		
2. Ha:	s the facility maintained a leak log?	,		XX ON		
3. Do	es the responsible official check the	e following areas for leaks	?	`		
	Hose connections, fittings, couplings, and valves	AVO NO YE	Muck cookers	AY ON ONIA		
	Door gaskets and seating	AVNO NO YX	Stills	Y ON ON/A		
	Filter gaskets and seating	DAY ON ONIA	Exhaust dampers	₹ □N □N/A		
٠	Pumps	XX ON ONVA	Diverter valves	DY DN DYVA		
	Solvent tanks and containers	A/N UN UN/A	Cartridge filter housings	XY ON ON/A		
	Water separators	XY DN DN/A				
4. Wł	nich method of detection is used by	the responsible official?				
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt t	<b>@</b>				
	Odor (noticeable perc odor)			鱼		
	Use of direct-reading instrument	tation (FID/PID/calorimetr	ric tubes)			
	Halogen leak detector					
	If using direct-reading inst	rumentation, is the equip	oment:	₩N/A		
	a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a	standard gas prior to and a	after each use			
	(PID/FID only)?	,		OY ON		
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and	secure area when not in us	e?	DY DN		
	e. Verified for accurac	y by use of duplicate samp	oles (calorimetric only)?	□Ÿ □N		

MARGARET CANGRO	3/23/99
Inspector's Name (Please Print)	Date of Inspection
Marquet Caraco Inspector's Signature	March ZOOO Approximate Date of Next Inspection

### INTEROFFICE MEMORANDUM

Date:

17-May-2000 08:59am

From:

Margaret Cangro TPA 813/744-61

CANGRO\_M@a1.deptpa.dep.state.fl.us

Dept: Tel No:

To:

Sandy Bowman TAL

( BOWMAN\_S@A1 )

CC: Rick Butler TAL

( BUTLER\_R@A1 )

Subject: Delinquent dry cleaners

0810185 Al Business closed 9/99. 0830120 Rogers Rain Barrel Pulled machine late last year, no longer

doing any dry cleaning.

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
5257					
75	Postage	\$			
937	Certified Feø		N Postmark		
0020	Return Receipt Fee (Endorsement Required)		Here		
	Restricted Delivery Fee (Endorsement Required)	<u> </u>			
品	Total 7.	AIRS ID # 0830	120001AG		
0.56	Recip PETERS D I	ROGERS	ler)		
1	ROGERS R	AIN BARREL LAU	NDRIES INC		
3	Street, 4450 SR 40				
7000	City, St. OCALA FL	34482			
	PS Form 3800, Februa	ary 2000	See Reverse for Instructions		

ICKER AT TOP OF ENVELOPE  NOILOS SIHL STARMOD BENDESS	S 30 Y 1d 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:  PETERS D ROGERS  PETERS D ROGERS	A. Beceived by (Please Print Clearly)  B. Date of Delivery  C. Squature  X  Agent  Addressee  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
ROGERS RAIN BARREL LAUNDRIES INC 4450 SR 40 WEST COVID TO THE STATE OCALA FL 34482 COVID TO THE STATE OCALA FL 34482 COVID TO THE STATE OF THE STAT	3. Service Type  Certified Mail
Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic Ret	urn Receipt 102595-00-M-0952

Z 333 667 045

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

AIRS ID # 0830120

ROGERS RAIN BARREL LAUNDRIES INC PETERS D ROGERS

4450 SR 40 WEST OCALA FL 34482

	· · · · · · · · · · · · · · · · · · ·	
	Certified Fee	
	Special Delivery Fee	
10	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
ш3	Postmark or Date	
PS Form 3800		

<i>;</i> —					
	•	Z 210 L US Postal Service	63 158 <i>h</i>		
		Receipt for Cer	tified Mail /ŋ		
	RO	OGERS RAIN BARRE	AIRS ID # 0830	0120	
		TENS D KOGERS	L LAUNDRIES IN		
	00	50 SR 40 WEST CALA FL 34482	.4	•	
		•			
		Postage	<b>s</b>	1 .	
		Certified Fee	Ψ	-	
	ŀ			-	
	-	Special Delivery Fee		_	
	22	Restricted Delivery Fee		_	
	il 1995	Return Receipt Showing to Whom & Date Delivered			
	, April	Return Receipt Showing to Whom, Date, & Addressee's Address			
	Form <b>3800</b> ,	TOTAL Postage & Fees	\$		
	<u>ه</u>	Postmark or Date			
	δ.				
	S.	<u> </u>			
]		s retųrn address			
SENDER: COMPLETI		top of envelope to	revo enil ts blo-	ON DELIVERY	,
Complete items 1, 2, an item 4 if Restricted Deliv	id 3. verv i	Also complete is desired.	A. Received by (Pleas	se Print Clearly) B. Date of Delive	75V
Print your name and ad- so that we can return th	dress	s on the reverse	C. Signature	- 1/3/3	—
Attach this card to the b	ack	of the mailpiece,	x Wit	Agent Address	ee .
or on the front if space	perm	<u> </u>	D. Is delivery address	different from item 1?	<u> </u>
- Article Addressed to.			If YES, enter delive	ery address below:   No	
,-		AIRS ID # 0830120			
ROGERS'RAIN BARF PETERS D ROGERS	ŒL I	LAUNDRIES INC	M :	1	
4450 SR 40 WEST			3. Service Type		<u> </u>
OCALA FL 34482			Certified Mail	☐ Express Mail	
event has			<ul><li>☐ Registered</li><li>☐ Insured Mail</li></ul>	☐ Return Receipt for Merchandi ☐ C.O.D.	se
2210 663	/5	3	4. Restricted Delivery	? (Extra Fee)	
2. Article Number (Copy from	servic	ce label)	<del>-</del>		

Domestic Return Receipt

102595-99-M-1789

PS Form 3811, July 1999

United States Postal Service



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

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE. FLORIDA 32399-2400



	Z 570 E	. L 2	384			
US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to						
AIRS ID # 0830120 ROGERS RAIN BARREL LAUNDRIES INC PETERS D ROGERS 4450 SR 40 WEST OCALA FL 34482						
	Special Delivery Fee					
	Restricted Delivery Fee					
1995	Return Receipt Showing to Whom & Date Delivered					
April	Return Receipt Showing to Whor Date, & Addressee's Address	n,				
800	TOTAL Postage & Fees	\$				
PS Form <b>3800</b> , April 1995	Postmark or Date					
Salpha mutar adt to tabir adt						

SENDEB: C of some of each to some of some some of some of the return address	IN 18 BIOH			
SENDER: C  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.  AIRS ID # 0830120  ROGERS RAIN BARREL LAUNDRIES INC PETERS D ROGERS  4450 SR 40 WEST  OCALA FU 34482	A. Received by (Please Print Clearly)  B. Pate of Celivery  Signature  Addressee  D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:   No  3. Service Type  Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.  4. Restricted Delivery? (Extra Fee)   Yes			
2. Article Number (Copy from service label) PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789			

.

P 174 052 008 US Postal Service Receipt for Certified Mail AIRS ID#: 0830120 **ROGERS RAIN BARREL LAUNDRIES INC** PETERS D ROGERS 4444 SR 40 WEST **OCALA FL 34482** \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date 2/17/97

s your RETURN ADDRESS completed on the reverse side	SENDER Of adolarda to dof Jaron auril 12  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 article. The Return Receipt will show to whom the article was delivered and delivered.	also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	
	AIRS ID#: 0830120 ROGERS RAIN BARREL LAUNDRIES INC PETERS D ROGERS 4444 SR 40 WEST OCALA FL 34482  5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	4b. Service Type  Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid)	
<u>"</u>	PS Form <b>3811</b> , December 1994	-	Domestic Return Receipt



#### 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.

RECEIVED

MAIL ROOM

FEB 19 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0830120 ROGERS RAIN BARREL LAUNDRIES INC. PETERS D ROGERS 4444 SR 40 WEST **OCALA FL 34482** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

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

0357008

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 # 0830120

ROGERS RAIN BARREL LAUNDRIES INC

PETERS D ROGERS

4444 SR 40 WEST

OCALA FL 34482

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: BG Fund: 20-2-035001

Obj.: 002273



(cut nere)

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

RECEIVED

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

FEB 17 98

**TOTAL AMOUNT DUE: \$50.00** 

302850

Do NOT Remove Label

AIRS ID#0830120 ROGERS RAIN BARREL LAUNDRIES INC

PETERS D ROGERS 4444 SR 40 WEST **OCALA FL 34482** 

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

#### Z 333 613 627

US Postal Service

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

AIRS ID 0830120 ROGERS RAIN BARREL LAUNDRIES INC PETERS D ROGERS 4444 SR 40 WEST OCALA FL 34482

	Cermied i de	
	Special Delivery Fee	
	Restricted Delivery Fee	·
199	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	
PS F		