

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 9, 1997

Mr. Frank H. Briercheck Dunnellon Cleaners & Formal Wear 11884 North Williams Street Dunnellon, Florida 34432

Re: Facility No. 0830125

Dear Mr. Briercheck:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 27, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

3755 2273



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

AIRS ID#0830125 CITRUS DRY CLEANING INC FRANK H BRIERCHECK 11884 N WILLIAMS STREET DUNNELLON FL 34432

MAIL ROOM
MAY 16 98

Do NOT Remove Label

Annual Reporting Period:		19	то	19
Based on each term or condition of the T 62-213.300, Florida Administrative Code	_	-		
If NO, complete the following:	e (F.A.C.), during the peri	od covere	u by this statement.	
#1. Term or condition of the general per	mit that has not been in co	ontinuous	compliance during the rep	orting 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 per	mit that has not been in co		-	orting period stated above:
Exact period of non-compliance: from			BUTEST OF THE SOURCES	
Action(s) taken to achieve compliance:		٠	AY NOW NA NO NA NO NA NO NA	
Method used to demonstrate compliance:	<u> </u>	9	CE 1998	
As the responsible official, I hereby certify, notification are true, accurate and complete does not exceed 2,100 gallons per year for d	. Further, my annual consu	imption of	perchloroethylene solvent, b	based upon purchase receipts,

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

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	CITRUS DRY CLEWING, INC
2.	Site Name (For example, plant name or number):
	DUNNELLON CLEANERS & FORMAL WEAR
3.	Hazardous Waste Generator Identification Number:
	FLD CESQG GAD 981269095
4.	Facility Location: Street Address: 11884 N. WILLIAMS ST
	City: DUNNELLON County: MARION Zip Code: 34432
5.	Facility Identification Number (DEP Use):
	0830125
00.000000000000000000000000000000000000	Desposable Official
	Responsible Official
6.	Name and Title of Responsible Official:
	FRANK H. BRIERCHECK, OWNER
7.	Responsible Official Mailing Address:
	Organization/Firm: DUNNELLON CLEANERS & FORMAL WEAR
	Street Address: 11884 N. WICLAMS ST City: Zip Code: 3/1/122
	City: NUNNELLON MARION Zip Code: 34432
8.	Responsible Official Telephone Number:
	Telephone: (352) 465-0082 Fax: ( ) -
	Facility Contact (If different from Responsible Official) ECEIVED
9.	Name and Title of Facility Contact (For example, plant manager):
	MAR 2 4 1997
10.	Facility Contact Address:  Bureau of Air Monitoring  Mobile Source
	& Mobile Sources
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) Fax: ( ) -

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

#### 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	Machine Initially Purchased	Control Device Installed	ID	Machine Initially Purchased	Control Device Installed	ID	Machine Initially Purchased	Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	T.		Υ.	1.2		1-911			
(1) w/ ref. condenser	#1	DEC 96	DEC 96	#2	JUNEGO	A JUNE 90			
(2) w/ carbon adsorber				Ī				-	
(3) w/ no controls									
Washer Unit				-	8 July 1	#1,7 x 1			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit						· · ·		4. 5.4	
(7) w/ ref. condenser									
(8) w/ carbon adsorber				<u></u>					
(9) w/ no controls									
Reclaimer Unit					· · ·	<u> </u>			
(10) w/ ref. condenser					,			J	
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the second of the secon	are ro	equired to be ity of perchloons ow many? [_	installed [	perc)	_] purchased i		٠		
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	t one classifi	cation only.) Ne	ew sm	iall area sou	rce 🔀		Part II?	
Existing large are	ea soi	urce []	Ne	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 pursuan 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)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to
	with all terms and conditions of this general permit as set forth in Part II of this notification form.

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISC	OVERY	<b>1</b>
	RE-INSPECTION	DN 🗆			
AIRS 1D#: <u>0830/25</u> 1	DATE: 3/26	a7 time	IN: TIM	IE OUT:	
FACILITY NAME: Du	nnellon	Cleane	rs		· _
FACILITY LOCATION:					
_ ~	Dunne llo			<del>.</del>	
	zarnie jeo	, ( )	- F ( <u>)                                 </u>		
PART I: NOTIFICATION					
(check appropriate box)	3.61 0.006			_	
1. Existing facility notified DAR	_				
2. New facility notified DARM	• •	•		· h	$\sim$
3. Facility failed to notify DARN	1 to use general pe	rmit		<u></u>	\
D. D. D. CA. A COLDINA A MYON					
PART II: CLASSIFICATION	. 6 41 -4 14 1-				
Facility indicated on notification (check appropriate box)	n iorm that it is:				
<b>A.</b>	•				
1. Existing small area sourc	e . 🚨	2. New small		×	
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr		dry-to-dry only transfer only, x			
both types, x<140 gal/yr		both types, x<1	<b>.</b> .		
(constructed before 12/9/91)		(constructed on	or after 12/9/91)		
3. Existing large area sourc	e 🛚	4. New large	area source		
dry-to-dry only, 140 <x<2, 100<="" td=""><td>0 ,</td><td></td><td>, 140<x<2, 100="" gal="" td="" yr<=""><td></td><td>I</td></x<2,></td></x<2,>	0 ,		, 140 <x<2, 100="" gal="" td="" yr<=""><td></td><td>I</td></x<2,>		I
transfer only, 200 <x<1,800 140<x<1,800="" gaboth="" gal="" td="" types,="" y<=""><td></td><td></td><td>00<x<1,800 gal="" ут<br=""><x<1,800 gal="" td="" ут<=""><td></td><td></td></x<1,800></x<1,800></td></x<1,800>			00 <x<1,800 gal="" ут<br=""><x<1,800 gal="" td="" ут<=""><td></td><td></td></x<1,800></x<1,800>		
(constructed before 12/9/91)	<b>'1</b>		or after 12/9/91)		
This is a correct facility classific	ation	ØY □N	·		
If no, please check the appropria	te classification:	•			
facility qualified	i for a general peri	nit as number	above		
	above limits and i				
B. The total quantity of perchlore facility was 3 gallons.	oethylene (perc) pu	rchased within t	he preceding 12 months	by this dry clea	ning

#### 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 AN DN least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DXN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY 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 basis? 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 OY ON VA verifying that the coolant had been completely charged?

Model 550 11/96 Serial # 15547 AeroTech 2014

B. Has the responsible official of an existing large or new large area source also:	: (
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	NO YO
2. 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?	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?	מם עם
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?	A/NO NO YO
ll	
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	МА ПИ
Has the responsible official: (check appropriate boxes)	N DA A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	DA MA N DA DN
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	DY DKI
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:	
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	□Y Ø
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?	OY 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)	OY DAN OY DAN OY ON DAN/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?	OY DAY OY DAY OY ON DAY OY ON NA
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?	OY DAY
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?	
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?	
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?	

				<u> </u>	· ·, _			
2.	Which method of detection is used by	the respo	nsible official?			1		
	Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)				<b>X</b>			
	Use of direct-reading instrumen	tation (FII	D/PID/calorimetr	ic tubes)		;		
	•							
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?							
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?							
	c. Inspected for leaks	and obviou	s signs of wear o	n a weekly basis?	ΟY	□и		
	d. Kept in a clean and	secure are	a when not in use	e?	ПА ПО			
	OY ON							
e. Verified for accuracy by use of duplicate samples (calorimetric only)?  3. Has the facility maintained a leak log?						□Y <b>⊠</b> N		
4. I	Does the responsible official check th	e following	g areas for leaks?		,	<i>'</i> \		
	Hose connections, fittings, couplings, and valves	QOY	□N	Muck cookers	<b>D</b> YY	_N		
	Door gaskets and seating	QY	ПN	Stills	ØÝ	□N.		
	Filter gaskets and seating	<b>Q</b> Y	□и	Exhaust dampers	<b>A</b> Y	ПN		
	Pumps	XX	ПИ	Diverter valves	<b>E</b> Y	□N		
	Solvent tanks and containers	ÆΥ	ПN	Cartridge filter housings	XY	□N		
	Water separators	χY	ПИ .					
	Frank Brierch	eck		<del></del>				

Frank Briercheck	
Name of Responsible Official	-
	$\frac{1}{2} \frac{1}{1} \frac{1}{2} \frac{1}$
Margaret Langro	3/20/97 AMA 1
Inspector's Name (Please Print)	Date of Inspection
Margaret Carand	_ March '98 .
/ Inspector's Signature	Approximate Date of Next Inspection

TITLE V. AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	CON	APLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:		AIRS ID#:	330125
TYPE OF FACILITY:	DC			· · · · · · · · · · · · · · · · · · ·
FACILITY NAME:	innellon Cl	ear	ess	DATE: 3 20/97
FACILITY LOCATION:	1884 N Wr	llia	ms	
	Sunnellon		•	•
RESPONSIBLE OFFICIAL:_	Frank Brie	rche	PHONE NUMBER 3	52-465-0082
LJ	f the compliance requirement Rule 62-213.300, Florida A		ated during this inspection, the faciliative Code (F.A.C.).	ity is found to be in
Based on the results of discrepancies were no	-	ts evalua	ated during this inspection, the follo	wing compliance
COMPLIANCE REC	UIREMENT/PROBL	EM	FOLLOW-UP ACTIO	ON REQUIRED
			Weekly leak Weekly refrie	Check-
Record Reepin	9		Weekly refrie	, and temp
·	<b>)</b>		Check	l (f
			Perc purchas	PA:-
			12 2 22 22 22 22 22 22 22 22 22 22 22 22	
•			·	
				<del></del>
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				<u></u> .
,				
				<del> </del>
COMMENTS:			<del>-</del>	
Par Da	els in Sile	_	5 10010	
1,00000	n sou		s gara	
_			<u> </u>	
The Annual Compliance Certifi	cation form has been proper	ly certifi	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	DN:	Na	rch '98	
	haraa		proximate)	
INSPECTION CONDUCTED	BY: IVIARGAI		CANGRO	
INSPECTOR'S SIGNATURE	Margaret (	(Ple	ase Print) You PHONE NUMBER: 8	13/744-6100
	<del>J</del>	Page [	0	X (5 S) Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL  RE-INSPECTION		MPLAINT/DISCOVERY	
AIRS 10#: <u>0830125</u>				11:32
FACILITY NAME: DUI				70
FACILITY LOCATION:		· ·		
	Dunnellon,	FL 3443	2 8	
RESPONSIBLE OFFICIAL	: Frank Bri	ercheckph	ONE: 352/465-6	272
CONTACT NAME:		PH	ONE:	Monito
-				W Cing
PART I: NOTIFICATION			,	
(check appropriate box)				
<ol> <li>New facility notified DARN</li> </ol>	1/4 30 days prior to startup			
2. Facility failed to notify DA	RM to use general permit			
PART II: CLASSIFICATIO	N			
Facility indicated on notifica	tion form that it is:		No notification form	atmoleum.
(check appropriate box)  A.		ر ت	Orop store/out of business/p	enoienin
1. Existing small area sou dry-to-dry only, x < 140 ga		New small area sy-to-dry only, $x \le 1$		
transfer only, $x < 200$ gal/y	•	insfer only, $x < 200$		
both types, x < 140 gal/yr		th types, $x < 140 g$		
(constructed before 12/9/91	) (cc	onstructed on or aft	er 12/9/91)	:
3. Existing large area sou		New large area s		
dry-to-dry only, $140 \le x \le 3$	2,100 gal/yr dr	y-to-dry only, 140	$\leq x \leq 2,100 \text{ gal/yr}$	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,8$	2,100 gal/yr dr 300 gal/yr tra	y-to-dry only, 140 grantsfer only, 200 $\leq x$	≤ x ≤ 2,100 gal/yr c ≤ 1,800 gal/yr	
dry-to-dry only, $140 \le x \le 3$	2,100 gal/yr dr 300 gal/yr tra 0 gal/yr bo	y-to-dry only, 140	≤ x ≤ 2,100 gal/yτ : ≤ 1,800 gal/yτ 1,800 gal/yτ	
dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$	2,100 gal/yr dr 300 gal/yr tra 9 gal/yr bo ) (cc	y-to-dry only, 140 : insfer only, 200 $\leq x$ th types, 140 $\leq x \leq$ onstructed on or aff	≤ x ≤ 2,100 gal/yτ : ≤ 1,800 gal/yτ 1,800 gal/yτ	
dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$ , 8 both types, $140 \le x \le 1$ , 800 (constructed before 12/9/91) 5. This is a correct facility	2,100 gal/yr dry 300 gal/yr tra 0 gal/yr bo ) (cc classification	y-to-dry only, 140 garden for only, 200 $\leq x$ th types, 140 $\leq x \leq x$ constructed on or affix	$\leq$ x $\leq$ 2,100 gal/yr $\leq$ 1,800 gal/yr 1,800 gal/yr er 12/9/91) Can not determine	
dry-to-dry only, $140 \le x \le 1$ , transfer only, $200 \le x \le 1$ , 8 both types, $140 \le x \le 1$ ,80 (constructed before $12/9/91$ )  5. This is a correct facility  If no, please check the	2,100 gal/yr dry 300 gal/yr tra 0 gal/yr bo (cc classification	y-to-dry only, 140 gransfer only, $200 \le x$ th types, $140 \le x \le x$ constructed on or after $y = x \le x$ .  I permit as number	$\leq$ x $\leq$ 2,100 gal/yr $\leq$ 1,800 gal/yr 1,800 gal/yr er 12/9/91) Can not determine	
dry-to-dry only, $140 \le x \le 1$ , transfer only, $200 \le x \le 1$ , 8 both types, $140 \le x \le 1$ ,80 (constructed before $12/9/91$ )  5. This is a correct facility  If no, please check the	2,100 gal/yr dry 300 gal/yr tra 9 gal/yr bo 1 (co	y-to-dry only, 140 gensfer only, 200 $\leq x$ th types, 140 $\leq x \leq x$ constructed on or after $Y = \Box N$	$\leq$ x $\leq$ 2,100 gal/yr $\leq$ 1,800 gal/yr 1,800 gal/yr $\leq$ 12/9/91) Can not determine above for a general permit	ry cleaning

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DYNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DYN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DAY DIN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/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?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ΠN	
2.	Measured and recorded 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?	ΠY	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?	ПY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	□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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩΥ	N	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	NO YŒ			
2. Maintained rolling monthly averages of perc consumption?	OY X			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	AVNO N <b>X</b> 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?	DY ON XN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN KINA			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ÞÝ/A			
6. Maintained startup/shutdown/malfunction plan?	DY ON			
7. Maintained deviation reports?	OY ON ÁM/A			
Problem corrected?	OY ON MYA			
S. Maintained compliance plan, if applicable?	OY ON BRIVA			

ADT VI.	TEAK	DETE	CTION	AND	REPAIRS
AKI VI:	LLAN	DLIL	CHUN	MILL	KERAIKS

. <u>=</u> . 1	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
1.	inspection?			אם אא	
,	Has the facility maintained a leak log?	,			
l	Does the responsible official check the	•	s?		
١٠.	•		**		
	Hose connections, fittings, couplings, and valves	AND NO YA	Muck cookers	אואם אום אוא	
	Door gaskets and seating	MY ON ONIA	Stills	AND UD AND	
	Filter gaskets and seating	אומם מם ציקל	Exhaust dampers	AY ON ON/A	
	Pumps	AND NO YES	Diverter valves	AVU UU YA	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	AVO NO YA	
	Water separators	Y ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfac	es)	De la company de	
	Physical detection (airflow felt the	rough gaskets)		DE .	
	Odor (noticeable perc odor)			×	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector				
	If using direct-reading instrumentation, is the equipment:			ÒTN/A	
	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)?			DY DN	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			DY DN	
	d. Kept in a clean and	secure area when not in u	se?	UY UN	
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	DY ON	
_					

Margaret Canaro	6/15/98
Inspector's Name (Please Print)	Date of Inspection
Margaret Cango	June 1999
Inspector's Signature	Approximate Date of Next Inspection



#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

F7 51.35

NFC 14 1998

BUREAU OF

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
AIRS 1D#: 0830/25 DATE: 13/1/9	78 TIME IN: 11.75 TIME OUT: 11.35
FACILITY NAME: Dunnellon (	Cleaners N' Williams
FACILITY LOCATION: 1884 /	N. Williams
Sunnel	COX FC 34432
RESPONSIBLE OFFICIAL: Frank B	rierchock PHONE: 352-465-0012
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	tartup
2. Facility failed to notify DARM to use general po	permit $\square$
PART II: CLASSIFICATION  Facility indicated on notification form that it is: (check appropriate box)	□ No notification form □ Drop store/out of business/petroleum
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, $140 \le x \le 2,100$ 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	DEC 1 5 1998
	Bureau of Air Monitori  deneral permit as number above described above described as not eligible for a general permit.
1 2 11	purchased within the preceding 12 months by this dry cleaning  Wat awailal 4

#### 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 ANA DY ON DXVA 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 MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN WNA 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) KIY DN 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 5. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON MA verifying that the coolant had been completely charged?

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	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		$mTH(S_{\mathcal{H}})$ (5)

	· · · · · · · · · · · · · · · · · · ·
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 condense	er located
on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DN
l	
2. Measured and recorded the washer exhaust temperature at the condenser	
	. DV DV DVA
inlet and outlet weekly?	Y ON ON/A
The time terror and the control of t	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	UY UN UNA
3. Measured and recorded the perc concentration in the exhaust stream weekly	8.2
at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	DY DN DN/A
Later than the second s	· DV DV DVA
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring	
perc concentrations is at least 8 duct diameters downstream of any bend, contracti	ion
or expansion, is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	DY DN DN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	DY DN DN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A
to the carbon adsorber (it used) at all times:	er an ana
L '	

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) DY DN 1. Maintained receipts for perc purchased? DY DN 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: AMO NES YOU . a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN ZONA and parts installed w/in 5 days of receipt? DA DN SYNY 4. Maintained calibration data? (for applicable direct reading instruments) DY ON SEA 5. Maintained exhaust duct monitoring data on perc concentrations? KOY ON 6. Maintained startup/shutdown/malfunction plan? dy on **e**na . Maintained deviation reports? DY DN XXX Problem corrected? AYAS NO YO 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AND REPAIRS	***********
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection ar	nd repair
	inspection? Says yes - no records available	DY DY
2.	Has the facility maintained a leak log?	DY BO
3.	Does the responsible official check the following areas for leaks?	
	Hose connections, fittings, couplings, and valves $\Box Y \Box N \Box N/A$ Muck cookers	
	Door gaskets and seating	OY ON ON/A
	Filter gaskets and seating	
	Pumps	OY ON ON/A
	Solvent tanks and containers	DY ON ON/A
	Water separators	
4.	Which method of detection is used by the responsible official?	
	Visual examination (condensed solvent on exterior surfaces)	Q
	Physical detection (airflow felt through gaskets)	
	Odor (noticeable perc odor)	<b>—</b>
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	
•	Halogen leak detector	
	If using direct-reading instrumentation, is the equipment:	<b>⊠</b> N/A
	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)?	OY ON
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	UY UN
	d. Kept in a clean and secure area when not in use?	□Y □N
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON

MARGARET CANGRO
Inspector's Name (Please Print)

Mangaret Cango
Inspector's Signature

12-1-98
Date of Inspection

6/99

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST COMPLAINT/DISCOVES TYPE OF INSPECTION: ANNUAL RE-INSPECTION AIRS ID#: 0830125 Date: 3/27/99 TIME IN: 9.50 TIME OU FACILITY NAME: Dunnellon FACILITY LOCATION: 11884 RESPONSIBLE OFFICIAL: Frank Briercheck PHONE: 352/465-0012 CONTACT NAME: Ann Marie Brierchede PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yrdry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yrboth types, x < 140 gal/yr(constructed on or after 12/9/91) (constructed before 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only,  $140 \le x \le 2,100 \text{ gal/yr}$ dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ both types,  $140 \le x \le 1,800 \text{ gal/yr}$ both types,  $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number \_\_\_ 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 145 gallons.

Aerotech in use

Revised 9/15/97

Employees Day both

machines

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) A/MES NO YO 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MINA 2. Examining the containers for leakage? NO YES 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? NO ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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 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?	□Y <b>X</b> N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON XV/A
	Is the temperature differential equal to or greater than 20° F?	AIME NO YO
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?	CY ON RIN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON MIN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON BYN/A
		-
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON MIN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	-
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY XN
2. Maintained rolling monthly total of perc consumption?	MD SA
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY 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?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON MY/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	OY ON MINA
Problem corrected?	DY DN MYA
8. Maintained compliance plan, if applicable?	OY ON ANA

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	nd repair	
inspection?			OY ON	
2. Has the facility maintained a leak log?	?		OY XV	
3. Does the responsible official check the	e following areas for leaks	?	·	
Hose connections, fittings,				
couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A	
Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A	
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A	
Pumps	OY ON ON/A	Diverter valves	OY ON ON/A	
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	□Y □N □N/A	
Water separators	OY ON ON/A			
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed	solvent on exterior surface	es)		
Physical detection (airflow felt t	hrough gaskets)			
Odor (noticeable perc odor)			۵	
Use of direct-reading instrument	tation (FID/PID/calorimet	ric tubes)		
Halogen leak detector				
If using direct-reading inst	rumentation, is the equip	oment:	DEN/A	
a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	DY DN	
b. Calibrated against a standard gas prior to and 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	se?	OY ON	
e. Verified for accurac	y by use of duplicate sam	oles (calorimetric only)?	DY ON	
	.•			
		······································		
1		7/7/0	· 🔿	
Inspector's Name (Please Pr	int)	Date of Inspection		
Inspector's Signature		Approximate Date of	Next Inspection	
Margaret Canar Inspector's Name (Please Pr Waryand Langus Inspector's Signature	o int)	Date of Inspection  Approximate Date of	Next Inspection	

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION		
TIME IN: 9150 TIME OUT: 101  TYPE OF FACILITY: PDC	30 AIRS ID#: 0830125		
FACILITY NAME: Dunnellon Cleane FACILITY LOCATION: 11884 N. Williams			
RESPONSIBLE OFFICIAL: Frank Brierchede	PHONE NUMBER: 352-465-0012		
Based on the results of the compliance requirements evaluations compliance with DEP Rule 62-213.300, Florida Administrated Based on the results of the compliance requirements evaluations discrepancies were noted:	ative Code (F.A.C.).  ated during this inspection, the following compliance		
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED		
Weekly leak check and temp.	Required for both machine		
Annual compliance certificat	ion. None Submitted.		
Receipts for perc purchases.	Mointain info on Site.		
	P.F.C.		
	Qureau OS 1990 PD		
	Most Air Monitoring		
comments: I have questions a Please Call as soon as pos 1999 calendar returned. Rec	bout 1998/1999 records.		
1999 calendar returned. "Rec	ords must be kept for 5 years,		
The Annual Compliance Certification form has been properly certif			
DATE OF NEXT INSPECTION: to be Scheduled			
(Approximate)  INSPECTION CONDUCTED BY: MAKBARET CANGRO (Please Print)			
	PHONE NUMBER: 813 744-6100 × 125 Revised 10/96		

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL.	СОМ	PLAINT/DISC	COVERY [	RE-INSP	ECTION 💢
TIME IN: 1:35  TYPE OF FACILITY: PDC	TIME OUT:	2:19	5	AIRS ID#:	0830125	-
FACILITY NAME: DUNI	rellon Cle	aners		· · · · · · · · · · · · · · · · · · ·	DATE: 7	13/99
FACILITY LOCATION: //	884 N. W	illia	ms St			
Deinn	ellox, Fr	344	32			
RESPONSIBLE OFFICIAL: Fr	ank Bries	Check	F	PHONE NUMBE	ir: <u>352 -4</u>	65-0012
Based on the results of the compliance with DEP Rul					facility is found to	be in
Based on the results of the discrepancies were noted:	compliance requireme	ents evaluat	ted during this	inspection, the	following complia	nce
COMPLIANCE REQUI	REMENT/PROB	LEM	FOLI	LOW-UP AC	TION REQUI	RED
AcroTech USA	550		,	? mac	Mines	ØX
suprema Pre	nier 21 FC	0	sulv	te. K	Lords	uichire
					0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
No records ar purchases	rilable Lemae	- le	ak C	heck,	perc	
	, , , , , , ,				verey	
					·	
COMMENTS: RD not OU BOU Sellers -	Site. Hoz Wis	To ti si	int rection.	repect	tiên U	rth
•						
The Annual Compliance Certificati	ha 1	erly certifie Li	ed and submitted $\mathcal{L}$	ed to the inspect	or. YES	NO
DATE OF NEXT INSPECTION:	10 130	(App	proximate)			
INSPECTION CONDUCTED BY	. MARGAI	RET	CAN	16Ro		
INSPECTOR'S SIGNATURE:	rargued (	ang (Ple	ase Print)	HONE NUMBE	R:813/74	4-6100
•	$\mathcal{O}$	Page /	of / .			*/25 Revised 10/96

Frank Will Call 10/15/99.

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY
FACILITY NAME: <u>Dunellon</u> FACILITY LOCATION: 11884 Special Dunnellon, RESPONSIBLE OFFICIAL: Frank Bri	TIME IN: 9.55 TIME OUT: 10.25  Cleaners  The Dr. N. Williams St  FL 34432  PHONE: 352-465-0012  PHONE:
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to star  2. Facility failed to notify DARM to use general per	•
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ 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)	No notification form  Drop store/out of business/petroleum  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ 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  If no, please check the appropriate classific  facility qualified for a genuing the facility exceeds above limits.  B. The total quantity of perchloroethylene (perc) pure facility exceeds above.	neral permit as number above of the new mits and is not eligible for a general permit

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been 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? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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? אם עם VA

PART III: GENERAL CONTROL REQUIREMENTS

<u></u>	YI at the second city of Grief of an existing to the second city of th	<del></del>
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?	DY KN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DEN/A
	Is the temperature differential equal to or greater than 20° F?	DY DN XXVA
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?	A/M/A NO YO
	Is the perc concentration equal to or less than 100 ppm?	DY DN BN/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?	DY DN XNA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DONA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	□Y ÀN;
2. Maintained rolling monthly total of perc consumption?	DY XIN
3. Maintained leak detection inspection and repair reports for the following:	·
a. documentation of leaks repaired w/in 24 hrs? or;	DY 🕅 DNA
<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>	ם א על אם אם אם A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON 🖄 (A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DXWA
6. Maintained startup/shutdown/malfunction plan?	XY ON
7. Maintained deviation reports?	DY ON ŒN/A
Problem corrected?	DY DN TONA
8. Maintained compliance plan, if applicable?	DY DN DNA

PART VI: LE	AK DETECTION AND R	EPAIRS		<del></del>		
1. Does the res	ponsible official conduct a v	weekly (for s	mall sources, t	oi-weekly) leak detection as	nd repair	
inspection?					ΩY	Й
2. Has the facil	ity maintained a leak log?				ΠY	ph.
3. Does the res	oonsible official check the f	ollowing are	as for leaks?			·
ii .	onnections, fittings, ings, and valves	OY ON	N/A	Muck cookers	_Y _	N/A
Door g	askets and seating	ו אם צם	N/A	Stills	OY O	IN DN/A
Filter g	askets and seating	DY DN (	DN/A	Exhaust dampers	OY O	A/N D NIA
Pumps		ם אם מ	N/A	Diverter valves	OY O	A/A N/A
Solven	t tanks and containers	מעם עם	N/A	Cartridge filter housings	□Y. □	אוחם אנ
Water	separators	DY ON C	A/A			
4. Which meth	od of detection is used by th	e responsible	e official?			
Visual	examination (condensed so	lvent on exte	rior surfaces)		Ø	
Physic	al detection (airflow felt thr	ough gaskets	)		<b>2</b>	
Odor (	noticeable perc odor)		•		<b>2</b>	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector						
If using direct-reading instrumentation, is the equipment:					®N/A	, *
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						אנ
	b. Calibrated against a st (PID/FID only)?	andard gas p	rior to and afte	er each use	ם צ כ	אכ
	c. Inspected for leaks and	d obvious sig	ns of wear on	a weekly basis?		אנ
	d. Kept in a clean and se				DY E	אנ
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						NE
						·
			<u> </u>			
1100000	$r = \int_{-\infty}^{\infty} \int_{-\infty$		•	10 111 0	9	
MARGAR	pector's Name (Please Prin	t)	<del></del>	Date of Inspection	1	
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Luaga	ut largo		<u>.</u>	10 be det	um	ines.

Approximate Date of Next Inspection

Inspector's Signature

Z 333 660 670 US Postal Service

Receipt for Certified Mail

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Do not use for International Mail (See revenue) AIRS ID # 0830125 **DUNNELLON CLEANERS & FORMAL** WEAR FRANK H BRIERÇHECK 11884 N WILLIAMS STREET **DUNNELLON FL 34432** 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

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  White "Return Receipt Requested" on the mailpiece below the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	eceipt Service.
N ADDRESS completed	AIRS ID # 0830125 DUNNELLON CLEANERS & FORMAL WEAR FRANK H BRIERCHECK 11884 N WILLIAMS STREET DUNNELLON FL 34432	4a. Article N  2 3  4b. Service  Registere  Express I  Retum Rec  7. Date of De	Type  od Certified  Mail Insured  ceipt for Merchandise COD	leturn R
s your <u>RETUR</u>	5 Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressee and fee is	o's Address (Only if requested paid)	Thank
<u>~</u>	PS Form <b>3811</b> , December 1994	2595-97,-B-0179	Domestic Return Receip	t



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MAR 12 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 CITRUS DRY CLEANING, INC.

Permits and Licenses

2010

3/10/99 2010 Fla. Dept. of Env. Protection

\$50.00

#### ° Z 333 PJ3 P59 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID 0830125 CITRUS DRY CLEANING INC FRANK H BRIERCHECK 11884 N WILLIAMS STREET DUNNELLON FL 34432 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

A ADDRESS completed on the reverse side?	<ul> <li>Print your name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article.</li> <li>The Return Receipt will show to whom the article was delivered an delivered.</li> </ul>	e does not e number. d the date  4a. Article N 2333 4b. Service  Registere Express I	Consult postmaster for fee.  umber 3 -6/3 -626  Type ed Certified Mail Insured ceipt for Merchandise COD  ceiptivery	rou for using Return Receipt Service.
s your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)	8. Addressee and fee is	e's Address (Only if requested paid)	Thank you
1	PS Form <b>3811</b> , December 1994		Domestic Return Receipt	ĺ

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AIRS ID# 0830125

CITRUS DRY CLEANING INC FRANK H BRIERCHECK 11884 N WILLIAMS STREET **DUNNELLON FL 34432** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

CITRUS DRY CLEANING, INC. 1629

Permits and Licenses 50.00

4/13/98 1629 Fla. Dept. of Env. Protection \$50.00

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on the reverse side?	<ul> <li>Print your name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article.</li> <li>The Return Receipt will show to whom the article was delivered and delivered.</li> </ul>	e can return this se does not e number. d the date	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	ceipt Service.
ADDRESS completed	AIRS ID # 0830125 DUNNELLON CLEANERS & FORMAL WEAR FRANK H BRIERCHECK 11884 N WILLIAMS STREET DUNNELLON FL 34432	4a. Article N  4b. Service  Registere Express Retum Rec  7. Date of Do	Type ed Certified Mail Insured ceipt for Merchandise COD	you for using Return Rec
Is your RETURN	6. Signeture: (Addressee or Agent)	8. Addressed and fee is		Thank
-	PS Form <b>3811</b> , December 1994		Domestic Return Receipt	

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	Return Receipt Showing to Whom, Date, & Addressee's Address		7
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AIRS ID# 830125 CITRUS DRY CLEANING INC 11884 NW Williams Street DUNNELLON, FLORIDA 34432

CEANNA MARIA

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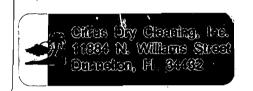
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AIRS 1D# 830125 **DUNNELLON CLEANERS & FORMAL WEAR** 

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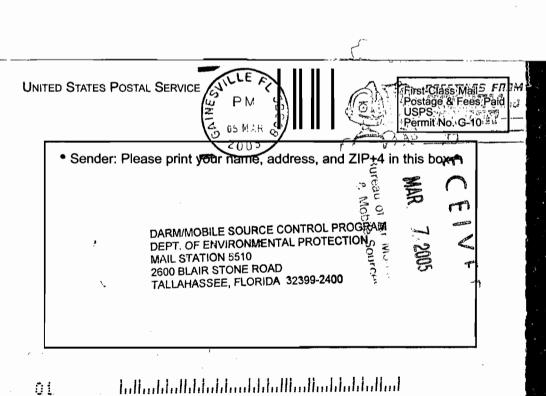
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1. Article Addressed to:  (AIRS ID#08301252 <sup>nd</sup> Cert 05	D. Is delivery address different from item 1?					
DUNNELLON CLEANERS & FORMAL WEAR 11884 NW Williams Street						
DUNNELLON, FL 34432	3. Service Type  Certified Mail					
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PS Form 3811, August 2001 Domestic Bet						



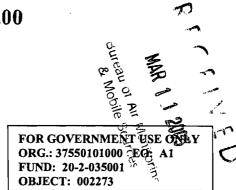
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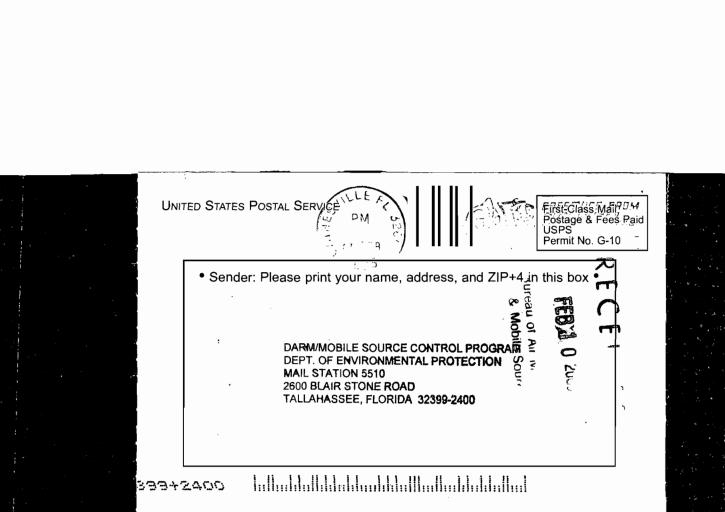
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	City, State, ZIF					
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DUNNELLON, FL 34432	3. Service Type				
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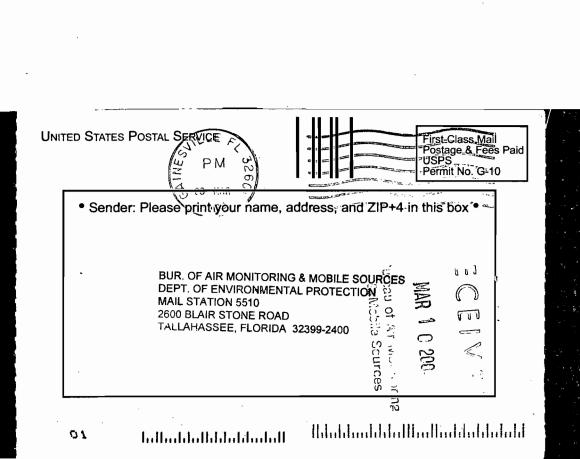
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5651	OFFICIAL USE
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2260	Restricted Delivery Fee (Endorsement Required)  Total Posta ID# 830125
2003	FRANK BRIERCHECK DUNNELLON CLEANERS & FORMAL Street, Apr. N WEAR
	or PO Box N. City, State, 2 DUNNELLON, FL 34432 PS Form 3800, June 2002

F3.70111 3800, June 2002	Disconstance Confidence Confidenc			
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT				
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
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2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-24005 SCUTCE & SCUTCE



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3108	Postage \$ Certified Fee	
E700	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	
7000 1670	Sei DUNNELLON CLEANERS & FORMAL WEAR FRANK H BRIERCHECK Str. 11884 N WILLIAMS STREET DUNNELLON FL Cit. 34432	

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.	B. Received by (Printed Name)  C. Date of Delivery  C.St.Ca Yesley  C. Date of Delivery  C.St.Ca Yesley  C. Date of Delivery  C. Date of Delivery						
AIRS ID#0830125 DUNNELLON CLEANERS & FORMAL WEAR	ii 125, einei denvery address below.						
FRANK H BRIERCHECK 11884 N WILLIAMS STREET DUNNELLON FL 34432	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.						
	4. Restricted Delivery? (Extra Fee)						
Article Number     (Transfer from service label)     7000	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
PS Form 3811, August 2001 Domestic Retu	rn Receipt 102595-02-M-1035						

United States Postal Service



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES OF PRINCONMENTAL PROTECTION MAIL STATION 5510
2500 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

	ervice  MAIL RECEIPT  ail Only; No Insurance Coverage Provided)
0564	The state of the s
Street, Apt. No W  Street, Apt. No W  City, State, ZiP DU  PS Form 3800, Ma	AIRS ID # 0830125001AG  ANK H BRIERCHECK UNNELLON CLEANERS & FORMAL EAR 884 N WILLIAMS STREET UNNELLON FL 34432 by 2000  See Reverse for Instructions
■ Complete items 1, 2, and 3. Also of item 4 if Restricted Delivery is des ■ Print your name and address on the so that we can return the card to your and the card to you have a so the or on the front if space permits.  1. Article Addressed to:  10 AIRS ID # 08301250 FRANK H BRIERCHECK DUNNELLON CLEANERS & FORM	A. Received by (Please Print Clearly)  A. Received by (Please Print Clearly)  B. Date of Delivery  O 2 - O C - O Z  C. Signature  Maddressee  D. Is delivery address different from Item ? Yes  If YES, enter delivery address below:
WEAR 11884 N WILLIAMS STREET DUNNELLON FL 34432	3. Service Type  Certified Mail
2. Article Number (Copy from service labe	
PS Form <b>3811</b> , July 1999	Domestic Return Receipt 102595-00-M-0952



414070 FEB132002

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 # 0830125
DUNNELLON CLNERS & FORMAL WEAR
FRANK H BRIERCHECK
11884 N WILLIAMS STREET
DUNNELLON FL
34432

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 CITRUS DRY CLEANING, INC. 3968

12/20/01 50.00 50.00

2/12/02 3968 FI. Dept. of Envmt. Protection \$50.00

	U.S. Postal Service CERTIFIED M為IL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
7492				
0026 4128	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	\$		stmark dere
2000 0600	WEAR Stree FRANK H BF	LIAMS STREET		
	PS Fo			r Instructions

Desire and the second s	State of the state
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X Agent  Addressee  Dus delivery address different from item 1?   Yes
1. Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0830125 DUNNELLON CLEANERS & FORMAL WEAR FRANK H BRIERCHECK	
11884 N WILLIAMS STREET DUNNELLON FL 34432	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 0600 0026 4/28	7492
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

Thee #0830125 9/17/01 - received phone Cace from Skeela Schneider Concerning Kunnecean Cleaner tac har long Kestory of non-Compleance. Olice fees have heen. paid Sheila said Daggie Lad previously sent. Lie to Cremenal Har data falsefecation Mee was Heldened no Creminal action. enfuly 2001-performed leer rece expected. ARis enspetere Resulte en an Chi Compliance. Ceause & Reela to Check with waste to

See uf they had wealtean Itso then than welch them for engaree ment !! ! to be ke estillet 6/21/02. Skeiler weier Deep us informed\_ Scady Brunas 9/14/01

(cut nere)

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406708 MAR 22001

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 # 0830125 DUNNELLON CLEANERS & FORMAL WEAR FRÂNK H BRIERCHECK 11884 N WILLIAMS STREET DUNNELLON FL 34432

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 CITRUS DRY CLEANING, INC.

3132

50.00

Licenses Expense

2/22/01

3132

FI. Dept. of Envmt. Protection

\$50.00

1086	U.S. Postal S CERTIFIED (Domestic Mail C	Service  D MAIL REC  Only; No Insurance	EIPT Coverage Provide	ed)
4125	Postage Certified Fee	\$		
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here	
2000 0000	Street, 11884 N WI City, St. DUNNELLO	ON CLEANERS & BRIERCHECK LLIAMS STREET ON FL 34432		
	PS Form 3800, February 2	000	See Reverse for Ir	structions

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T OF RETURN ADDRESS	HOIB SHI OI
SENDER: COM	YON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your nanie and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
1. Article Addressed to:  AIRS ID # 0830125  DUNNELLON CLEANERS & FORMAL  WEAR  FRANK H BRIERCHECK	If YES, enter delivery address below:   No
11884 N WILLIAMS STREET DUNNELLON FL 34432	3. Service Type  L. Certified Mail
0 <u>0006000002641259086</u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

1	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
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7825	Postage  Certified Fee  Return Receipt Fee	\$	Postmark · Here	
1 00 26	(Endorsement Required) Restricted Delivery Fee (Endorsement Required)			
121	UNNELLON CLEAN RANK H BRIERCHEO 1884 N WILLIAMS ST UNNELLON FL 3443	TREET	er) See Reverse for Instructions	

INAS  FOLD AT DOTTED LINE  FOLD AT DOTTED LINE	L d . • IIS SECTION ON DELIVERY
<ul> <li>Corriptete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	C. Signature  C. Signature  Agent
1. Article Addressed to:	Is delivery address different from item 1?  If YES, enter delivery address below:  No
AIRS ID # 0830125  DUNNELLON CLEANERS & FORMAL WEAR FRANK H BRIERCHECK 11884 N WILLIAMS STREET	
DUNNELLON FL 34432	3. Service Type
	Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)  7000 0600 0026 782	5 5846
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789
	j

Z 210 662 394 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Sent to AIRS ID # 0830125 **DUNNELLON CLEANERS & FORMAL** WEAR FRANK H BRIERCHECK 11884 N WILLIAMS STREET **DUNNELLON FL 34432** l cermea ree 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

SENDES: C( of equievne for of their edition on derivers and technology of their edition on derivers and technology of their edition on derivers.			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:         <ul> <li>AIRS ID # 0830125</li> <li>DUNNELLON CLEANERS &amp; FORMAL</li> <li>WEAR</li> <li>FRANK H BRIERCHECK</li> </ul> </li> </ul>	Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X		
11884 N WILLIAMS STREET DUNNELLON FL 34432	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.		
	4. Restricted Delivery? (Extra Fee)		
2. Article Nymber (Copy from service label)			
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789		

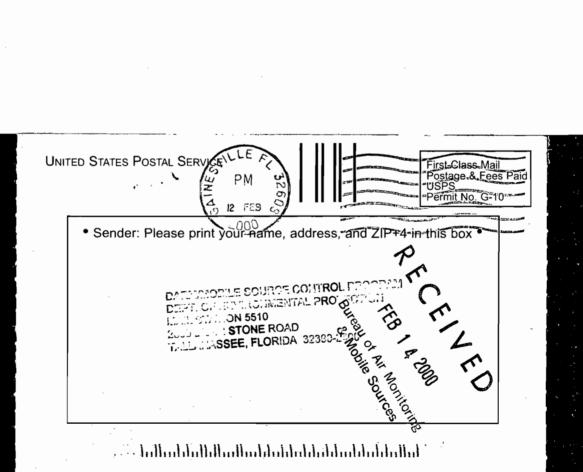
	Z	333	667	055		
	US Postal Se	rvice	٠,			
Receipt for Certified Mail						
No Insurance Coverage Provided.						
	Do not use for	r Internation	onal Mai ATR	I <i>(See reverse)</i> S ID # 0830125		
DUN	NELLON C	LEANE	RS & F	ORMAL		
WEA		•	•	20		
FRA	NK H BRIEI	RCHECK		2000		
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DUN	NELLON F	L 34432		· ·		
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PS Form <b>3800</b> , April 1995	Return Receipt Whom & Date D					
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800	TOTAL Postage	& Fees	\$			
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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.	A. Received by (Pleas Print Clearly)  B. Date of Delivery
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	Agent  Agent  B. Is delivery address different from item 1?   Yes
1. Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0830125  DUNNELLON CLEANERS & FORMAL  WEAR  FRANK H BRIERCHECK	
11884 N WILLIAMS STREET	3. Service Type
DUNNELLON FL 34432	Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2_Article Number (Copy from service label)	

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789





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

Do NOT Remove Label

**DUNNELLON CLEANERS & FORMAL** 

WEAR

FRANK H BRIERCHECK

11884 N WILLIAMS STREET

**DUNNELLON FL 34432** 

TOTAL AMOUNT DUE Sources Sources

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

2558
Licenses Expense 50.00

3/8/00 2558 Fl. Dept. of Envmt. Protection \$50.00