

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

June 24, 1997

Ms. Anita J. Kerr, President Quosa, Inc. 3435 Northwest Pine Avenue, Unit 203 Ocala, Florida 34475

Re: Classic Cleaners of Ocala #1 Facility No.: 0830126

Dear Ms. Kerr:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 14, 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, Florida 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Todd Sanchez, Central District

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

BEST AVAILABLE COPY



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 27, 1997

Mr. Jim Ward Vice President Classic Cleaners of Ocala 2641 Southwest College Road Ocala, Florida 34474 FEB 4, 1997 ANTA KERIZ, PRES. QUOSA JNC-DIBLA CLASSIC CLEANERS OF OCALA

Re: Facility I.D. No. 0830121

Dear Mr. Ward:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 2, 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, Florida 32399-2400

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

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monito

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"

Printed on recycled paper.

	#0830126
	Classic Cleaners of Ocala#1
P.H	1 (a) add datels) control device(s) installed
D.14	1. (a) add dates) control devices) installed 3. Should be new large area
' ,	1 Starte
D.15	4. should be new large area
	4. should be new large area Source W/ refrig. con.
-	5.ld) not required, mark out
17	"X" and initial
P.16-	choose one
,	
	-
·	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·	DECELVE
1.	Facility Owner/Company Name (Name of corporation, agency, or individual	ual owner) R C C E I V E
	Quosa, Inc-	ADD 4 4 4007
2.	Site Name (For example, plant name or number):	APR 1 4 1997
	CLASSIC CLEANERS Of OCALA	Bureau of Air Monitori
3.	Hazardous Waste Generator Identification Number:	& Mobile Sources
4.	Facility Location: Street Address: 2641 SW COILEGE ROAD	
	City: OCHA County: MARION	Zip Code: 34474
5.	Facility Identification Number (DEP Use):	
	Andrew Tip The Company of the Company of	0830126
	Responsible Official	
	·	
6.	Name and Title of Responsible Official:	
	HXITA ! KERR, TRESIDENT	
7.	Responsible Official Mailing Address: Organization/Firm: Ouosa Jnc. DBA Classic Cleaners Street Address: 3435 NW PINE AJE. UNIT 203	1 Ocala
	City: Ocala County: MARION	Zip Code: 34475
8.	1	
	Telephone: $(352) 237 - 1715$ Fax: ()	-
	OFFICE 352 690-7880	
	Facility Contact (If different from Responsible Of	ficial)
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

Facility Information

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

		Machine Initially Purchased	Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit						. 4			
(1) w/ ref. condenser	1	08 DEC'91		2	01 409 94				
(2) w/ carbon adsorber					,				
(3) w/ no controls									
Washer Unit	111	- T. J.	Žv. P.	100	y* * .	i .	-		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls		_							
Dryer Unit		a transfer	s or	:					H. Millian
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			.1 .4	11, 11		1.5		The second second	gradingth.
(10) w/ ref. condenser									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
` '		_							
(11) w/carbon adsorber	are re luanti gallo hs, ho	equired to be ty of perchlons ow many? [installed [_ proethylene (2] months	perc)	_] purchased ir				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser []	,
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e 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	\swarrow
(b) Leak detection inspection and repair	$\boldsymbol{\angle}$
(c) Refrigerated condenser temperature monitoring	(X) (X)
(d) Carbon adsorber exhaust perc concentration more	nitoring [X]
(e) Instrument calibration	nitoring
(f) Start-up, shutdown, malfunction plan	(\cancel{X})
•	

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)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed is ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the stander 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.
this notif statemen maintain comply v	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that t ts 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

BEST AVAILABLE COPY	#.0830126		NO DINONES
P.14 1.(a) add PH 3. Show	ic Cleaners of Coldevial device ld be new large	cala#/ els) installed	Central District Co.
D. 15 4. show	le be new large e w/refrig.con.	e area	EIVED
2. Sout a 5.(d) no 11/1/21/21	e W refrig. con. of required, maind initial	-Kout 3ureau & Mic	of Air Monitoring
48	-0110	~ 1	
Thick,	Jas really and	out the 344	74
	Λ Λ Λ	End A. IO	
I went shere narrals of n of her mach again refore densors	when he was a sure of some of	rates of the second	
of her pal of	on them been	Sve Code:	34475
Mordensa	er sur out since	2 mon	
Name and Title of Facility Con	ntact (For example, plant manager	es (Mada	+
10. Facility Contact Address:			-
Street Address: Oity: 11. Fadility Contact Telephone Nu	· · · · · · · · · · · · · · · · · · ·	Zip Code:	
Telephone: ()	- Fax:	,	
		RFCE	IVED

6 1998 'JAN

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

r- <u>.</u>	D F (
1.		- CI A E
	Quosa, Inc-	3D 4 4 1007
2.		''(4 4 7 7 7 7 7 7 7 7
	CLASSIC CLEANERS Of OCALA #/ Bureau	of Air Monitori
3.	Hazardous Waste Generator Identification Number:	Mobile Sources
1		
4.	Facility Location:	
	Street Address: 2641 5W COILEGE ROAD	
	City: OCALA County: MARION Zip Code: 340	774
5.	Facility Identification Number (DEP Use):	
	08301	26 ·
ka Crest		
	Responsible Official	
6.		-
	ANITA J. KERR, PRESIDENT	
7.	Responsible Official Mailing Address: Organization/Firm: Quosa Jnc. DBA Classic Cleaners of Qcala Street Address: 3435 NW PINE ADE- UNIT 203	
	Street Address: 3435 NW PINE ASE UNIT 203	
	City: OCALA County: MARION Zip Code:	34475
		34413
δ.	Responsible Official Telephone Number: Telephone: (352) 237-1715 Fax: ()	
	OFFICE 352 690-7880	
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
10.). Facility Contact Address:	
		ĺ
	Street Address: City: County: Zip Code:	
	City: County: Zip Code:	
11.	. Facility Contact Telephone Number:	
	Telephone: () - Fax: () -	

RECEIVED

JAN 6 1998

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

	Γ	Date	Date	I	Date	Date		Date	Date
		Machine	Control .		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	<u> </u>	DEC '90			DEC 186	••			
(1) w/ ref. condenser	11	-08-DEC91	DEC .90	12	01-405 94	DFC 186			
(2) w/ carbon adsorber 2	P			20					
(3) w/ no controls	ľ								
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber					·				
(6) w/ no controls									
Oryer Unit		-				•		<u> </u>	
(7) w/ ref. condenser	ļ	T		Γ.			<u> </u>		
(8) w/ carbon adsorber	-	<u> </u>		 					
(9) w/ no controls				 	 	<u> </u>			 -
Reclaimer Unit		L	L 			· · · · · · · · · · · · · · · · · · ·			1
(10) w/ ref. condenser	 	1	r		<u> </u>	· ·		T	
(11) w/carbon adsorber		i	 	 	 			·	
(12) w/ no controls				-	<u> </u>	-	L		
(c) No control devices 2.(a) What was the total of the second of the se	quant	ity of perchlo		perc)	purchased in	the latest 12	! moi	nths?	
(b) If less than 12 mont Check why it is less					_] New store	: [] Did	not k	eep records:	· []
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
Existing small ar					nall area sour				. •
Existing large are	ea soi	arce [X]	Ne	ew lai	rge area sour	ce [- X/ZIA	(M.1
Existing large are	9	7 WA	is Exi	1571	TNG 'Pl+	ANT - ,	su A	VITASK	e with
OFP Form No. 62-213 90	0(2)		Page 14 o						9-17-

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
(c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration 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)

lease indicat	te 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
this notifi statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. 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.
Signature	Simply notify the Department of any changes to the information contained in this notification. $\frac{41-97}{\text{Date}}$
4	NITAKEAR 9-17-97 NITAKEAR 12-9-97

AIRS 1D#: 0830 124

discretion of the responsible official to use this form.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	DATE: <u>(2-9-97)</u>
FACILITY LOCATION: 2641 SW (01/E6E	
OCAIA, FL 344-	74
· · · · · · · · · · · · · · · · · · ·	
Annual Reporting Period:	_19 TO19
Based on each term or condition of the Title V general air permit, mos2-213.300, Florida Administrative Code (F.A.C.), during the perio	<u></u>
f NO, complete the following:	•
\$1. Term or condition of the general permit that has not been in con	ntinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
	-
Method used to demonstrate compliance:	
Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in con	ntinuous compliance during the reporting period stated above:
Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in con Exact period of non-compliance: from	RECEIVED
•	RECEIVED

Page _____ of ___

DRY CLEANER AIR QUALITY GENERAL PERMET ANNUAL COMPLIANCE CERTIFICATION FORM Mobile Sources Airs ID#0830126 QUOSA INC ANITA J KERR 3435 NW PINE AVENUE UNIT 203 OCALA FL 34475

Do NOT Remove Label

Annual Reporting Period:	TEBRUARY I	19 <u>9</u> 7TO	DECEMIBI	FR 31 19 <u>97</u>
Based on each term or condition of 62-213.300, Florida Administrative	-		<u>-</u> /	DEP Rule
If NO, complete the following:				
#1. Term or condition of the genera	ıl permit that has not been i	n continuous compliance	during the reporting p	eriod stated above:
Exact period of non-compliance: fr	om	to_		
Action(s) taken to achieve compliar	nce:			
Method used to demonstrate compli				
#2. Term or condition of the genera	ıl permit that has not been i	n continuous compliance	during the reporting p	eriod stated above:
Exact period of non-compliance: fr	om	to		
Action(s) taken to achieve complian	ce:	,		
Method used to demonstrate compli	ance:			
As the responsible official, I hereby ce notification are true, accurate and con does not exceed 2,100 gallons per year	iplete. Further, my annual c	onsumption of perchloroeth	ylene solvent, based up	on purchase receipts,
RESPONSIBLE OFFICIAL:	HNITA J. KERR Name (Please Print)	- ANITA	HERR Signature	<u> </u>

^{*}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.

ace

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPL	AINT/DISCOVERY	RE-INSPECTION
TIME IN: 1:30	TIME OUT:	2:20	AIRS ID#: 1	830126
TYPE OF FACILITY:	nickaning			
FACILITY NAME: <u>COA</u>	sics Cla	nor of	L Ocala	DATE: 12/9/97
FACILITY LOCATION:	1641 SW. Col	llege	ed	
	Ocala FL-	3447	4	
RESPONSIBLE OFFICIAL:_	Anita ice	~	PHONE NUMBER:	352-237-171
Based on the results of compliance with DEF	f the compliance requireme Rule 62-213.300, Florida	ents evaluated Administrativ	during this inspection, the fac e Code (F.A.C.).	ility is found to be in
Based on the results of discrepancies were no	•	ents evaluated	during this inspection, the fol	lowing compliance
COMPLIANCE REC	QUIREMENT/PROBI	LEM	FOLLOW-UP ACTI	ON REQUIRED
	•			
			· .	
				•
			. 1	
				
	•		:	
COMMENTS:	• •			
	,		(-1	1
Good 14	cod Keep	eng,	needp(2) C	alanders.
The Annual Compliance Cert	ification form has been prop	perly certified	and submitted to the inspector	r. YES NO
DATE OF NEXT INSPECT	TON:	98		<u> </u>
	500	(Appr	oximate)	
INSPECTION CONDUCTE	ED BY: ()44	All H	e Print)	[
Diche cronic cross :		(Fiens	•	
INSPECTOR'S SIGNATUR			PHONE NUMBER	
		Pageof		Revised 10/

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOV	ERY 🚨
AIRS 10#: 08 30126				•
FACILITY NAME:	issizs Cle	aners	<u>0% OCala #1</u>	
FACILITY LOCATION:	1641 SW	Collea	e Road	
·	Ocala.	Ei 3	447/	
RESPONSIBLE OFFICIAL :	Anita A	Corr	PHONE: 352-2	37-1715
CONTACT NAME:			_ PHONE:	
PART I: NOTIFICATION				
(check appropriate box)		,		
New facility notified DARM	30 days prior to start	up		
2. Facility failed to notify DAR	M to use general perm	nit		
				•
PART II: CLASSIFICATION	1			
Facility indicated on notificati	on form that it is:		☐ No notification form	. , ,
(check appropriate box)		*	☐ Drop store/out of bus.	iness/petroleum
1. Existing small area sour		2. New small		
dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr		dry-to-dry only transfer only, x	r, x < 140 gal/yr	ir.
both types, $x < 140$ gal/yr		both types, $x <$		
(constructed before 12/9/91)			or after 12/9/91)	
3. Existing large area sour		4. New large		1 .
dry-to-dry only, $140 \le x \le 2$			$x, 140 \le x \le 2,100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$	- •	• .	$0.00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)			or after 12/9/91)	
5. This is a correct facility c	lassification	AT ON	□Can not determine	
If no, please check the			•	
	ity qualified for a gene ity exceeds above limi		number above gible for a general permit	
B. The total quantity of perchlo facility was // gallons	~	•	the preceding 12 months by My been in f	

couple of molto)

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?	DV □N	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	MAINO NO PA	¥
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אומם מם 🏡	¥
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Ø □N	
_	B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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?

MA OV

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?	XY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Y ON ON/A
	Is the temperature differential equal to or greater than 20° F?	A/NO NO XX
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 XV/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN XVIA
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?	מאתם מם גם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON DYA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON DY/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: XX 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 DX ON ON/A and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? $\square N$ 6. Maintained startup/shutdown/malfunction plan? XY ON ON/A 7. Maintained deviation reports? DY DN MIN/A Problem corrected? DY DN MN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a v	veekly	(for	small sources, b	i-weekly) leak detection ar	nd rep	air	
	inspection?					XY	[⊒N
2.	Has the facility maintained a leak log?					SX.	, [ЛL
3.	Does the responsible official check the f	ollow	ing ar	reas for leaks?		/ `	•	
	Hose connections, fittings, couplings, and valves	ÓΥ	□N	□N/A	Muck cookers	ďΥ	ΩN	□N/A
	Door gaskets and seating	фУ	ΠN	□N/A	Stills	dY	ПΝ	□N/A
	Filter gaskets and seating	ШY	ΠN	□N/A	Exhaust dampers	фу	ΠN	□N/A
	Pumps	ΦY	ΠN	□N/A	Diverter valves	ψY	ΠN	□N/A
	Solvent tanks and containers	dY	ΠN	□N/A	Cartridge filter housings	ψY	ПN	□N/A
	Water separators	\Box Y	ΠN	□N/A				
4. Which method of detection is used by the responsible official?					/			
Visual examination (condensed solvent on exterior surfaces)						_		
	Physical detection (airflow felt thr	ough	gaske	ets)			_	
	Odor (noticeable perc odor)				/			
	Use of direct-reading instrumentat	ion (I	FID/P	ID/calorimetric	tubes)		/	
	Halogen leak detector							
	If using direct-reading instru	ıment	tation	, is the equipm	ent:		'A	
	a. Capable of detecting p	erc va	apor c	concentrations in	a range of 0-500 ppm?	ПY	□N	
	b. Calibrated against a st (PID/FID only)?	andar	d gas	prior to and aft	er each use	ΠY	ПN	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?							
	d. Kept in a clean and se	cure a	area w	when not in use?	·	ПY	ΠN	
	e. Verified for accuracy l	y use	of du	iplicate samples	(calorimetric only)?	ПY	ΠN	

Inspector's Name (P)ease Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	\neg
A A A	ᆗ,
ADDITIONAL SITE INFORMATION: Applications Applications	
12 machines Suprena 75052 (bought before	۸)
850 Siprema ECO (1990)	
In compliance	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 1.0 TIME OUT: 2.0	DAIRS ID#: 0830 124			
TYPE OF FACILITY: Drucleaning	•			
FACILITY NAME: CLASSICS Cheaner	3 06 Ocala DATE: 2/16/199			
FACILITY LOCATION: 2641 OW COME	ar Pond			
Orala El				
RESPONSIBLE OFFICIAL: Kim Bort ands	PHONE NUMBER: 352-273-1715			
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admini	cluated during this inspection, the facility is found to be in strative Code (F.A.C.).			
Based on the results of the compliance requirements eva	luated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
•				
COMMENTS:				
IN compliance, good re	sponsible official.			
The Annual Compliance Certification form has been properly cer	tified and submitted to the inspector. YES NO			
	/00			
DATE OF NEXT INSPECTION:	Approximate)			
INSPECTION CONDUCTED BY:	Questu (Please Print)			
NSPECTOR'S SIGNATURE: PHONE NUMBER: 407-893-3333				

Page___of_

Revised 10/96



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Classic Cleaners of Ocala DATE: 2/16/59
FACILITY NAME: Classic Cleaners of Ocala DATE: 2416/59 FACILITY LOCATION: 244/ SW. College Road. Ocala PL
Ocala PL.
Annual Reporting Period: FEB 19 99 TO FEB 19 99
Eased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEF Rule 62-213.300, Fiorida 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:
Method used to demonstrate compliance:
Ce Statistics
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gailons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: Kim SouthARDS Klauthards 1-16-99 Name (Please Print) Signature Date

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

Page _____ of ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	RE-INSPECTION	N 🗆	COMPLAIN I/DISC	OVERT	
AIRS ID#: 0830126 D FACILITY NAME: Class FACILITY LOCATION: 2 ORESPONSIBLE OFFICIAL: CONTACT NAME: LUN	sic Clea 1641 SW. o Cala Fl. Kem Sno	ners of 6 College Ro Shhands	Ocala 0 Ocala 0 Phone: 273	TE OUT. R. 2 WY TO	100 ENR
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 3 2. Facility failed to notify DARM		-			Z.
PART II: CLASSIFICATION					
PART II: CLASSIFICATION Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e 🗆	2. New small as dry-to-dry only, transfer only, x	x < 140 gal/yr	f business/per	actures
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y.	e 🗆	dry-to-dry only,	Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr	f business/per	
Facility indicated on notification (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	e	dry-to-dry only, transfer only, x south types, x < 1 (constructed on 4. New large and dry-to-dry only, transfer only, 20 both types, 140	Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr	L m (D) A (2) 196	
Facility indicated on notification (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 ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr types. 140 ≤ x ≤ 1,800 gal/yr	e	dry-to-dry only, transfer only, x south types, x < 1 (constructed on 4. New large and dry-to-dry only, transfer only, 20 both types, 140	Drop store/out of rea source x < 140 gal/yr < 200 gal/yr = 40 gal/yr or after $= 12/9/91$) rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$	L M (D) A (2) 196	
Facility indicated on notification (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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types. 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class of the second property of the seco	e	dry-to-dry only, transfer only, x both types, x < 1 (constructed on 4. New large and dry-to-dry only, transfer only, 20 both types, 140 (constructed on 2)	Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	E business/per L M D M 2 196 yer	

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? / vn punc

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?

AIN BOND PA

אואם אם אא

VZY ON

NON ON/A

ANKE NO YO

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

- A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)
- 1. Equipped all machines with the appropriate vent controls?

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

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

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

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

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

MO NE

Y ON ON/A

.

VOY ON ON/A

DN PR

WY ON ON/A

MD YES

_		
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	
i	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	NZY ON
2.	Measured and recorded the washer exhaust temperature at the condenser	
	inlet and outlet weekly?	DY ON ON/A
	•	ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Meas: ired and recorded the perc concentration in the exhaust stream weekly	
	at the end of the final drying cycle while the machine is yenting to the adsorber,	
	if machines are equipped with a carbon adsorber?	OY ON DINA
1	lasha and an angel to or loss than 100 and	DY DY CAY
	Is the perc concentration equal to or less than 100 ppm?	UY UN MINA
1	A several share share same line most on the service adjoint or subject for massuring	
۳.	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,	\
Ì	or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
Ì	or expansion; and downstream from no other inlet?	DY DN DN/A
_		
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	
4	condenser coils?	DY DN DN/A
		(,
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON PINA
_		/

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: parama (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: nokaks. 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 DY DN PANA and parts installed w/in 5 days of receipt? DY DN XVA 4. Maintained calibration data? (for applicable direct reading instruments) AIR NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? MO YX 6. Maintained startup/shutdown/malfunction plan? DY DN XVIA 7. Maintained deviation reports? DY DN XN/A Problem corrected? DY DN ANA 8. Maintained compliance plan, if applicable?

PART VI:	LEAK DETECTION AND RE	EPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspectio	n?	2			XX	□и .
2. Has the fa	acility maintained a leak log?				×ΥΥ	ПИ
3. Does the	responsible official check the fo	ollowing ar	eas for leaks?			
l	se connections, fittings, ouplings, and valves	DA ON	□n/a	Muck cookers	TY.	□N □N/A
Doo	or gaskets and seating	dy □N	□N/A	Stills	dY	ON ON/A
Filt	er gaskets and seating	фy Ои	□N/A	Exhaust dampers	фY	ON ON/A
Pun	nps	dy □N	□N/A	Diverter valves	фY	□N □N/A
Sol	vent tanks and containers	dy ON	□N/A	Cartridge filter housings	фү	□N □N/A
Wa	ter separators	אם עף	□N/A			
4. Which m	ethod of detection is used by the	e responsib	le official?			
Vis	rual examination (condensed sol	vent on ext	terior surfaces)	,	1	
Phy	ysical detection (airflow felt thro	ough gaske	ts)	/	D'	
Oqd	or (noticeable perc odor)			/	2	
Use	e of direct-reading instrumentati	on (FID/PI	D/calorimetric t	ubes)		
Hal	logen leak detector					•
	If using direct-reading instru	mentation.	, is the equipme	ent:	אמם	'A
	a. Capable of detecting pe	erc vapor c	oncentrations in	a range of 0-500 ppm?	ΠY	ПN
	b. Calibrated against a sta (PID/FID only)?	indard gas	prior to and afte	r each use	ΠY	□N
	c. Inspected for leaks and	obvious si	gns of wear on	a weekly basis?	ΩY	ПN
	d. Kept in a clean and sec	ure area w	hen not in use?		ΩY	ПN
	e. Verified for accuracy b	y use of di	iplicate samples	(calorimetric only)?	ΩY	□N

Sagdia Gleveshe	2/16/99
Inspector's Name (Rlease Print)	Date of Inspection
Som	2100
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

pan for machines? yes.

par for het waste? yes.

mcf pick op.

lpoxy? yes.

Using calendar & sheets

God responsible official

(no zero waste, broten)

Bosson has app of perc receipts

IN Compliance

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE	2-23-0
BY	RC

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

E-IN	SPE	CT.	ION	

mail calendar	·
	00 TIME IN: 11:00 am TIME OUT: 11:30 an
FACILITY NAME: <u>Classic Cleaner</u>	rs of ocala
FACILITY LOCATION: 2641 SW Co	Wege Rd.
ll .	•
RESPONSIBLE OFFICIAL: Kim Sunth	34474 ards PHONE: 352-273-1715
CONTACT NAME:	PHONE:
CONTINUE	
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·
(check appropriate box)	
New facility notified DARM 30 days prior to star	rtup O
2. Facility failed to notify DARM to use general per	*
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/ут	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 (constructed before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)
(constructed octors 12/7/72)	Re E
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, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr $0 \le$
(constructed before 12/9/91)	(constructed on or after $12/9/91$)
5. This is a correct facility classification	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ constructed on or after $12/9/91$) constructed on Or after $12/9/91$) constructed on OCan not determine of 100
If no, please check the appropriate classific	ation:
facility qualified for a ger a facility exceeds above lim	neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was (70) gallons.	urchased within the preceding 12 months by this dry cleaning

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?	NO XX
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	SON DN DNA
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DN ON/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DN DN
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	איים אם אא
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	PAX ON

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?	Ø.	□N .
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	X Y	ON PANIA
	Is the temperature differential equal to or greater than 20° F?	Y	AWE NO
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		
	if machines are equipped with a carbon adsorber?	$\Box Y$	DN OZINA
	Is the perc concentration equal to or less than 100 ppm?	ΠY	AIMEN NO
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,		
l.	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ON G N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ON S N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ои Ожия

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

PA	ART VI: LEAK DETECT	ION AND REPAU	RS				
1.	Does the responsible offici	al conduct a weekly	(for small sources	s, bi-weekly) leak detection ar	nd rep	air	
	inspection?	2 .			A Y		אכ
2.	Has the facility maintained	l a leak log?			XY		NC
3.	Does the responsible offici	al check the following	ng areas for leaks?	?			
	Hose connections, fit couplings, and valv		A\NO NO	Muck cookers	þ _Y	ПN	□N/A
	Door gaskets and sea	iting TY	A/NO NO	Stills	PA	ΠN	□N/A
	Filter gaskets and sea	ating P Y	ON ON/A	Exhaust dampers	ΠY	ПN	□N/A
	Pumps	dy	ON ON/A	Diverter valves	ΩY	ΠN	□N/A
	Solvent tanks and co	ntainers DY	ON ON/A	Cartridge filter housings	ΠY	ΠN	□N/A
	Water separators	þΥ	ON ON/A	·	ļ		
4.	Which method of detection	i is used by the respo	onsible official?				
	Visual examination (condensed solvent o	n exterior surface	s)	Æ.		
	Physical detection (as	irflow felt through g	askets)				
	Odor (noticeable per	c odor)					
r	Use of direct-reading	instrumentation (FI	D/PID/calorimetr	ic tubes)			
	Halogen leak detector	r		,	/Z		
	If using direct-re	eading instrumenta	tion, is the equip	ment:	NA	A	
	a. Capable	of detecting perc var	oor concentrations	in a range of 0-500 ppm?	ΩY	ПN	
	b. Calibrate (PID/FID	ed against a standard O only)?	gas prior to and a	ifter each use	ΩY	ΠN	
	c. Inspected	l for leaks and obvio	us signs of wear o	n a weekly basis?	ΠY	ПN	
	d. Kept in a	clean and secure ar	ea when not in us	e?	ΠY	ΠN	
	e Verified:	for accuracy by use o	of duplicate sampl	es (calorimetric only)?	ΠY	ΠN	

Randall Conningham
Inspector's Name (Please Print)
Mall Top
Inspector's Signature

2-23-00
Date of Inspection

2-200 | Approximate Date of Next Inspection

ADDITIONAL SITE	INFORMATION:	
	·	
		٠.
<i>'</i> .	• .	

AIRS ID#: 0830/26

me

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Classic Cleaners	DATE: 2-23-00
FACILITY LOCATION: 264/SW College ARC	
O calcy FL	•
<u> </u>	
Annual Reporting Period: February 25 TO February	20 <u>00</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance	e with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	es 🗖 no
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the report	ting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the report	ting 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 inquir in this notification are true, accurate and complete. Further, my annual consumption of perchloroethyles purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per ye combination facilities.	ne solvent, based upon
RESPONSIBLE OFFICIAL: Kim Southards Name (Please Print) Signature	2/23/00 Date/

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🗗	COMPLAINT/DISCOVERY RE-INSPECTION					
TIME IN: 1100 TIME OUT: 11!	30 AIRS ID#: 083012 6					
FACILITY NAME: Classic Cleaners FACILITY LOCATION: Coulay FC	FACILITY NAME: Classic Cleaners DATE: 2-23-00 FACILITY LOCATION:					
RESPONSIBLE OFFICIAL: Mim Southards	PHONE NUMBER: 352-273-1715					
Based on the results of the compliance requirements ev compliance with DEP Rule 62-213.300, Florida Admin	raluated during this inspection, the facility is found to be in histrative Code (F.A.C.).					
Based on the results of the compliance requirements ev discrepancies were noted:	raluated during this inspection, the following compliance					
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED					
·						
COMMENTS:						
In Compliance						
T	work word					
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION:						
INSPECTION CONDUCTED BY: Randall Conningham						
INSPECTOR'S SIGNATURE:	(Please Print) 407-843-3333					

Page___of___.

Revised 10/96

CLA ANI 343	Z 333 LE US Postal Service Receipt for Cert ASSIC CLEANERS OF ITA J KERR 5 NW PINE AVENUE ALA FL 34475	dified Mail AIRS ID # 0830126 F OCALA #1
	Postage	\$
	Certified Fee	
	Special Delivery Fee	·
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
80	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

SENDER: COMPLET Of adolavna to dof the	ov DELINERY
 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 0830126 CLASSIC CLEANERS OF OCALA # I ANITA J KERR 3435 NW PINE AVENUE UNIT 203	,
OCALA FL 34475	3. Service Type Certified Mail Registered Return Receipt for Merchandise □ Insured Mail □ C.O.D.
Z 333 667 204	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404739

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

TOTAL AMOUNT DUE: \$50.00

Example 1

AIRS ID # 0830126
ERS OF OCALA #1

VENUE UNIT 203

TOTAL AMOUNT DUE: \$50.00

Mobile Source
Source CLASSIC CLEANERS OF OCALA #1 ANITA J KERR 3435 NW PINE AVENUE UNIT 203 OCALA FL 34475

FOR GOVERNMENT USE ONLY CORE 37550101000 ECTA1 Survey Fund: 20-2-035001 Obj.: 002273

QUOSA INC.
CLASSIC CLEANERS OF OCALA
2641 SW COLLEGE ROAD
OCALA, FL 34474



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

		MAIL REC	EIPT Coverage Provided)
5570			•
0026 7825	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
7000 0600 1	CLASSIC CLEANE ANITA J KERR 3435 NW PINE AVI OCALA FL 34475		
·	PS Form 3800, February 2	2000	See Reverse for Instructions

PS Form 3800, February 2000	See Reverse for Instructions					
SENDER: SICKER AT TOP OF ENVELOPE	CTION 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. 	A. Received by (Please Print Clearly) B. Date of Deliver C. Signardre X					
Article Addressed to:						
AIRS ID # 0830126 CLASSIC CLEANERS OF OCALA #1 ANITA J KERR 3435 NW PINE AVENUE UNIT 203						
OCALA FL 34475	3. Service Type Certified 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						



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413148 JAN152002

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

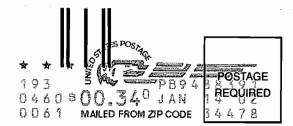
AIRS 1D # 0830126 CLASSIC CLEANERS OF OCALA #1 ANITA J KERR 3435 NW PINE AVENUE UNIT 203 OCALA FL 34475

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

QUOSA INC.
CLASSIC CLEANERS OF OCALA
2641 SW COLLEGE ROAD
OCALA, FL 34474



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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0830126

QUOSA INC ANITA J KERR 3435 NW PINE AVENUE UNIT 203 OCALA FL 34475

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0397973

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 # 0830126

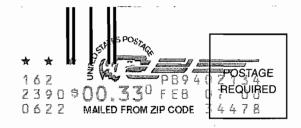
CLASSIC CLEANERS OF OCALA #1 ANITA J KERR 3435 NW PINE AVENUE UNIT 203 OCALA FL 34475

Obj.: 002273

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1
Fund: 20-2-035001

QUOSA INC. CLASSIC CLEANERS OF OCALA 2641 SW COLLEGE ROAD OCALA, FL 34474





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

32315-3070

- 124

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID 0830126 QUOSA INC ANITA J KERR 3435 NW PINE AVENUE UNIT 203 OCALA FL 34475 Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

on the reverse side?	SSOJOPE UINTOL OUT TO THOSE OF THE RETURN RECEIPT WILL SHOW THE RETURN RETURN RECEIPT WILL SHOW THE RETURN RECEIPT WILL SHOW THE RETURN RETURN RECEIPT WILL SHOW THE RETURN RECEIPT WILL SHOW THE RETURN R	e does not	I also wish to recifollowing services extra fee): 1. Addresse 2. Restricte Consult postmas	ee's Address d Delivery
ADDRESS completed	3. Article Addressed to: AIRS ID 0830126 QUOSA INC ANITA J KERR 3435 NW PINE AVENUE UNIT 203 OCALA FL 34475	4b. Service 1 Registere Express I Return Rec	Type ed Certified Mail Insured ceipt for Merchandise COD	
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994		ressee's Address (Only if requested fee is paid) Domestic Return Receipt	



0359301

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 # 0830126

CLASSIC CLEANERS OF OCALA #1 ANITA J KERR 3435 NW PINE AVENUE UNIT 203 OCALA FL 34475 EB - 3 99

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273