Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 15, 1996

Mr. Somers Dean III
Vice President
Dixie Mart, Inc.
Post Office Box 1000
Opelika, Alabama 36803-1000

Re: Facility I.D. No. 0910069

Dear Mr. Dean:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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

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

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

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

Sincerely,

Dotty Diltz

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

June 22, 2001

Mr. Somers Dean III
Dixie Service Cleaners #3
Post Office Box 1000
Opelika, Alabama 36803-1000

Dear Mr. Dean:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 18.

In reviewing your submittal, it was noted that Dixie Service Cleaners #3 elected to surrender its existing Title V air general permit (AIRS ID 0910069). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/
Enclosure
cc: Mr. Charles Norman, Northwest District

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   Dixie Mart of Florida Inc.
2. Site Name (For example, plant name or number):
   Dixie Service Cleaners #3
3. Hazardous Waste Generator Identification Number:
   FLD981025521
4. Facility Location:
   Street Address: 450A Racetrack Rd
   City: Fort Walton Beach, FL. County: Okaloosa Zip Code: 32548
5. Facility Identification Number (DEP Use ONLY - do not fill in):
   0910069-001

Responsible Official

6. Name and Title of Responsible Official:
   Name: Somers Dean III Title: Pres.
7. Responsible Official Mailing Address:
   Organization/Firm: Dixie Mart of Florida Inc.
   Street Address: P.O. Box 1000
   City: Opelika, Al. County: Lee Zip Code: 36803
8. Responsible Official Telephone Number:
   Telephone: (334) 749-8383 Fax: (334) 745-0683

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   Larry Hale - plant manager
10. Facility Contact Address:
    Street Address: 450A Racetrack Rd.
    City: Fort Walton Beach, FL. County: Okaloosa Zip Code: 32548
11. Facility Contact Telephone Number:
    Telephone: (850) 863-1705 Fax: (-) - - -

Facility Information

1.(a) **DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site? [1]

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
12/26/94	(Existing)/New	(RC)/CA/None required	Same
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) **TRANSFER MACHINES ONLY**

How many washers do you have on-site? [0]

How many dryers/reclaimers do you have on-site? [0]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
-	Existing/New	RC/CA/None required	-
-	Existing/New	RC/CA/None required	-
-	Existing/New	RC/CA/None required	-

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[150.48] gallons (You must fill this in) as of 12/29/00

(b) If less than 12 months, how many? [-] months

Check why it is less than 12 months: New owner: [ ] Did not keep records: [ ]

New store: [ ] New machine [ ]

Unopened store [ ] (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source [ ]

Dry-to-dry machines only on-site	(used less than 140 gallons of perc per year)
Transfer only on-site	(used less than 200 gallons of perc per year)
Both machine types on-site	(used less than 140 gallons of perc per year)

Large Area Source [X]

Dry-to-dry machines only on-site	(used 140 - 2,100 gallons of perc per year)
Transfer only on-site	(used 200 - 1,800 gallons of perc per year)
Both machine types on-site	(used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing machines at small area source
(NONE REQUIRED) [ ]

New machines at small area source
Refrigerated condenser [ ]

Existing machines at large area source
Carbon adsorber [ ]
Refrigerated condenser [X]

New machines at 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 (see attached memo for the criteria).

All steam and hot water generating units exempt [X] **OR**
No such units on-site [ ]

How many boilers do you have on-site? [1]

For each boiler, indicate its horsepower (HP) rating: [25] [ ] [ ]

What type of fuel do you use?

[ ] propane	[X] natural gas
[ ] No. 2 fuel oil	[ ] No. 4 fuel oil
[ ] No. 6 fuel oil	[ ] Other (please list)_____

6. 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/solvent addition log [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Startup, shutdown, malfunction plan [X]

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

[X] I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are AIRS ID# 0910069.

[ ] No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Somers Dean III
Print name of responsible official

Somers Dean III
Signature

2/6/01
Date

#0910069

9-30
Spoke to Somers Dean III, he will not be consuming more than 140 gal/yr of perc.

P. 14
1. (a) add date control device installed
1. (c) should not be marked
3. new small area source should be marked

P. 15
4. new small r.c. should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   Dixie Mart Inc.
2. Site Name (For example, plant name or number):
   Dixie Service Cleaners # 3
3. Hazardous Waste Generator Identification Number:
   FLD 981-025-521
4. Facility Location:
   Street Address: 450 Racetrack Rd.
   City: Fort Walton Beach, FL. County: Okaloosa Zip Code: 32548
5. Facility Identification Number (DEP Use):
   0910069

Responsible Official

6. Name and Title of Responsible Official:
   Somers Dean III V.P.
7. Responsible Official Mailing Address:
   Organization/Firm: Dixie Mart Inc.
   Street Address: P.O. Box 1000
   City: Opelika, Al. County: Lee Zip Code: 36803-1000
8. Responsible Official Telephone Number:
   Telephone: (334) 749-8383 Fax: (334) 745-0683

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   "Manager" - Augustine Disidoro
10. Facility Contact Address:
    Street Address: 450 Racetrack Rd.
    City: Fort Walton Beach, FL. County: Okaloosa Zip Code: 32548
11. Facility Contact Telephone Number:
    Telephone: (904) 863-1705 Fax: ( ) None

RECEIVED
SEP 3 1996
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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	12/26/94	-						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed [ ]

(c) No control devices are required to be installed [X]

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
[-0-] gallons

(b) If less than 12 months, how many? [ ] months
Check why it is less than 12 months: New owner: [ ] New store: [ ] Did not keep records: [ ]

3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Existing small area source [X] New small area source [ ]

Existing large area source [ ] New large area source [ ]

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	[X]
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	[X]
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	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	[ ]
(e) Instrument calibration	[X]
(f) Start-up, shutdown, malfunction plan	[X]

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

[ ] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature V.P.

Date 8/30/96

--ATTENTION MAIL ROOM--

PLEASE ROUTE THIS DOCUMENT TO:

RECEIVED

JAN 14 1997

Claudia Benz

Name of Individual/Office

Bureau of Air Monitoring & Mobile Sources

5516

Mail Station Number

CORRECTED COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   Dixie Mart Inc.
2. Site Name (For example, plant name or number):
   Dixie Service Cleaners # 3
3. Hazardous Waste Generator Identification Number:
   FLD 981-025-521
4. Facility Location:
   Street Address: 450 Racetrack Rd.
   City: Fort Walton Beach, FL. County: Okaloosa Zip Code: 32548
5. Facility Identification Number (DEP Use): 0910069

Responsible Official

6. Name and Title of Responsible Official:
   Somers Dean III V.P.
7. Responsible Official Mailing Address:
   Organization/Firm: Dixie Mart Inc.
   Street Address: P.O. Box 1000
   City: Opelika, Al. County: Lee Zip Code: 36803-1000
8. Responsible Official Telephone Number:
   Telephone: (334) 749-8383 Fax: (334) 745-0683

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   "Manager" - Augustine Disidoro
10. Facility Contact Address:
    Street Address: 450 Racetrack Rd.
    City: Fort Walton Beach, FL. County: Okaloosa Zip Code: 32548
11. Facility Contact Telephone Number:
    Telephone: (904) 863-1705 Fax: ( ) None

RECEIVED
JAN 10 ...

RECEIVED
SEP 3 1996
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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	12/26/94	12/26/94						
(2) w/ carbon adsorber			1/6/97						
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed [ ]

(c) No control devices are required to be installed [ ] 1/6/97

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
[-0-] gallons

(b) If less than 12 months, how many? [ ] months
Check why it is less than 12 months: New owner: [ ] New store: [ ] Did not keep records: [ ]

3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Existing small area source [ ] New small area source [X] 1/6/97

Existing large area source [ ] New large area source [ ]

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 [X] 1/6/97

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 [X]
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 [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Instrument calibration [X]

(f) Start-up, shutdown, malfunction plan [X]

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

[____] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature: James Dean III
James Dean III
V.P.

Date: 1/6/97
8/30/96

AIRS ID#: 0910069

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dixie Service Cleaners #3 **DATE:** 1/6/97

FACILITY LOCATION: 450 Racetrack Rd.
Fort Walton Beach, FL.

Annual Reporting Period: 9/5 19 96 TO 1/6 19 97

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Somers Dean III (Name (Please Print)) Somers Dean III (Signature) 1/6/97 (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.

Project 24631 ARMS DS: 12-4-96

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

✓

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 1030 TIME OUT: ~~1030~~ 1150 AIRS ID#: 0910069

TYPE OF FACILITY: DRY CLEANER

FACILITY NAME: Dixie Service Cleaners #3 DATE: 11/18/96

FACILITY LOCATION: 450 Racetrack Road
Ft Walton Beach, FL 32548

RESPONSIBLE OFFICIAL: Siemens Dean III PHONE NUMBER: 334-749-8383

[X] Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

[ ] Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
① ON leak repair records indicate the date the leak was detected in addition to date repaired. From the thoroughness of your other records and efficient operation apparently leaks are repaired as soon as detected - but please keep a record of the detection	Began keeping Record of date leak was detected.

COMMENTS: I am leaving a copy of the permit with you for Mr Dean to correct. Mark out incorrect entries and enter the correct information. Please initial/date each change and resign the form with current date. I am also leaving an annual compliance form with you for Mr Dean to sign.
Mail both forms back to me. Thanks to Lynda Withenbach for her help.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES [ ] NO [X] left for RC to complete

DATE OF NEXT INSPECTION: Nov 97
(Approximate)

INSPECTION CONDUCTED BY: Charles M Norman (904)
(Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: [redacted] 444-8364

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

machine = ULTIMA 355

AIRS ID#: 0910069 TIME IN: 1030 TIME OUT: 1150
FACILITY NAME: Dixie Service Cleaners #3
FACILITY LOCATION: 450 Racetrack Road NW
Ft Walton Beach, FL 32548

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96 ☐
2. New facility notified DARM 30 days prior to startup ☒
3. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

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

A.

1. Existing small area source ☒
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed before 12/9/91)

2. New small area source ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed on or after 12/9/91)

3. Existing large area source ☐
dry-to-dry only, 140<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed before 12/9/91)

4. New 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 on or after 12/9/91)

This is a correct facility classification ☐Y ☒N

If no, please check the appropriate classification:

☒ facility qualified for a general permit as number 2 above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was -0- gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly sealed and impervious containers? ☒Y ☐N
2. Examining the containers for leakage? ☒Y ☐N
3. Closing and securing machine doors except during loading/unloading? ☒Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ☐Y ☐N (NA)
   Filters are permanent units a coating which is flushed off & cooked dry.
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? ☐Y ☐N ☒N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls? ☒Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ☒Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ☒Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? ☒Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? ☒Y ☐N
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? ☒Y ☐N

B. Has the responsible official of an existing large or new large area source also: NA

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 ☐N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☐N NA

   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? ☐Y ☐N ☒N/A

   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? NA ☐Y ☐N

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☒N/A

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☒N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? ☐Y ☐N
2. Maintained rolling monthly averages of perc consumption? Place in log book (NOT on least 12 months) ☐Y ☐N
3. Maintained leak detection inspection and repair reports for the following:
   a. documentation of leaks repaired w/in 24 hrs? or: Record shows leak detected and date repaired but not actual date leak is corrected ☐Y ☒N
   b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Forms showing - date doc. part needed, date ordered, date installed ☒Y ☐N
4. Maintained calibration data? *(for direct reading instruments only)* ☐Y ☐N ☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations? ☐Y ☐N (NA)
6. Maintained startup/shutdown/malfunction plan? ☒Y ☐N
7. Maintained deviation reports? No deviations ☒Y ☐N
   - Problem corrected? ☐Y ☐N (N/A)
8. Maintained compliance plan, if applicable? ☐Y ☐N ☐N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? ☒Y ☐N
2. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☐
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☒
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐

If using direct-reading instrumentation, is the equipment: N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N

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

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)? ☐Y ☐N

3. Has the facility maintained a leak log? ☐Y ☐N

4. The following areas should be checked for leaks ~~by the inspector~~:

	~~Leak Detected?~~			~~Leak Detected?~~	
Hose connections, fittings, couplings, and valves	☐Y	☐N	Muck cookers	☐Y	☐N
Door gaskets and seating	☐Y	☐N	Stills	☐Y	☐N
Filter gaskets and seating	☐Y	☐N	Exhaust dampers	☐Y	☐N
Pumps	☐Y	☐N	Diverter valves	☐Y	☐N
Solvent tanks and containers	☐Y	☐N	Cartridge filter housings	☐Y	☐N
Water separators	☐Y	☐N			

Somers Doar III
Name of Responsible Official

Charles M Noaman
Inspector's Name (Please Print)

11/18/96
Date of Inspection

Inspector's Signature

Nov 97
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0910069

DIXIE MART INC
SOMERS DEAN III
PO BOX 1000
OPELIKA AL 32548

Do NOT Remove Label

RECEIVED
JAN 26 1998
Bureau of Air Monitoring & Mobile Sources

Annual Reporting Period: JAN. 1 19 97 TO DEC. 31 19 97

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: SOMERS DEAN III (Name (Please Print)) Somers Dean III (Signature) 1/12/98 (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 [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 1400 TIME OUT: 1415 AIRS ID#: 6910069

TYPE OF FACILITY: DC

FACILITY NAME: Dixie Service Cleaners DATE: 4/29/98

FACILITY LOCATION: FWB (1450 Mercantile Rd) 32505

RESPONSIBLE OFFICIAL: Sumner Barron III PHONE NUMBER: 334/741/8383

[X] Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

[ ] Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: Good Records/Operation

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES [Y] NO [ ]

DATE OF NEXT INSPECTION: Apr 99 already done
(Approximate)

INSPECTION CONDUCTED BY: Charles Norman
(Please Print)

INSPECTOR'S SIGNATURE: Charles Norman PHONE NUMBER: 850 595-8361

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0910069 DATE: 4/29/98 TIME IN: 1400 TIME OUT: 1415

FACILITY NAME: Dixie Service Cleaners #3

FACILITY LOCATION: 450 Race Track Rd.
Ft. Walton Beach 32548

RESPONSIBLE OFFICIAL: Sommer Dean III PHONE: 850 749-8853

CONTACT NAME: Augustine DiSisto PHONE: 863-1705

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

A.

1. Existing small area source ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. New small area source ☒
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. Existing large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. New 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 on or after 12/9/91)

RECEIVED
MAY 1 1998
Bureau of Air Monitoring & Mobile Sources

5. This is a correct facility classification ☒Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchlorocthylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 99.4 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly sealed and impervious containers? ☐Y ☐N ☐N/A
2. Examining the containers for leakage? ☐Y ☐N ☐N/A
3. Closing and securing machine doors except during loading/unloading? ☐Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ☐Y ☐N ☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? ☐Y ☐N ☐N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls? ☐Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ☐Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ☐Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? ☐Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? ☐Y ☐N ☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? ☐Y ☐N

B. Has the responsible official of an existing large or new large area source also: N/A

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 ☐N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	☐Y ☐N ☐N/A
Is the temperature differential equal to or greater than 20° F?	☐Y ☐N ☐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?	☐Y ☐N ☐N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y ☐N ☐N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	☐Y ☐N ☐N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y ☐N ☐N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y ☐N ☐N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☒Y ☐N
2. Maintained rolling monthly averages of perc consumption?	☒Y ☐N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	☒Y ☐N ☐N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☒Y ☐N ☒N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☒N/A
6. Maintained startup/shutdown/malfunction plan?	☒Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☒N/A
Problem corrected?	☐Y ☐N ☒N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☒N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☒Y ☐N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☒Y ☐N ☐N/A	Muck cookers	☒Y ☐N ☐N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☐Y ☐N ☒N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☐Y ☐N ☒N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☐Y ☐N ☒N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☐Y ☐N ☒N/A
Water separators	☒Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☒
   - Physical detection (airflow felt through gaskets) ☒
   - Odor (noticeable perc odor) ☒
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) mon't uses when ☐
   - 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? ☐Y ☐N
   b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
   c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
   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)? ☐Y ☐N

Charles M Norman
Inspector's Name (Please Print)

4/29/98
Date of Inspection

Inspector's Signature

Apr-99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
JUL - 8 1999
Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL (X) COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0910069 DATE: 6/30/99 TIME IN: 1005 TIME OUT: 1045

FACILITY NAME: Dixie Service Cleaners #3

FACILITY LOCATION: 450 Race Track Rd
FWB 32548 450A Race Track Rd. (334)

RESPONSIBLE OFFICIAL: Somers Dennis PHONE: 745-0683

CONTACT NAME: Lynda Wyttenbach PHONE: 850-863-1705

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 ☐

ENTERED
JUL 07 1999

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** (X)
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. **New small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. **Existing large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. **New 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 on or after 12/9/91)

5. This is a correct facility classification ☐Y (X)N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number 4 above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 145 gallons.

Highns 192 (12/24/98)

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? ☐Y ☐N ☒N/A
2. Examining the containers for leakage? ☐Y ☐N ☒N/A
3. Closing and securing machine doors except during loading/unloading? ☒Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ☐Y ☐N ☒N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? ☐Y ☐N ☒N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

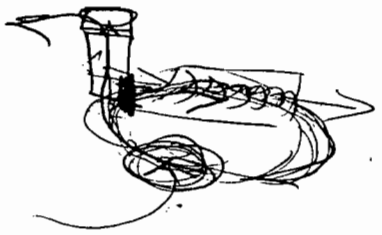
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

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

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

1. Equipped all machines with the appropriate vent controls? ☒Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ☒Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ☐Y ☐N ☒N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? ☒Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? ☒Y ☐N ☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? ☒Y ☐N



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? ☒Y ☐N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☐N ☒N/A

   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N ☒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? ☐Y ☐N ☒N/A

   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N ☒N/A

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ☐Y ☐N ☒N/A

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☒N/A

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☒N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? ☒Y ☐N
2. Maintained rolling monthly total of perc consumption? ☒Y ☐N
3. Maintained leak detection inspection and repair reports for the following: NONE, IN LAST 12 MONTHS
   a. documentation of leaks repaired w/in 24 hrs? or; ☐Y ☐N ☒N/A
   b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ☐Y ☐N ☒N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* ☐Y ☐N ☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations? ☐Y ☐N ☒N/A
6. Maintained startup/shutdown/malfunction plan? ☒Y ☐N
7. Maintained deviation reports? ☐Y ☐N ☒N/A

   Problem corrected? ☐Y ☐N ☒N/A
8. Maintained compliance plan, if applicable? ☐Y ☐N ☒N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☒Y ☐N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☒Y ☐N ☐N/A	Muck cookers	☐Y ☐N ☒N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☒Y ☐N ☐N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☐Y ☐N ☒N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☐Y ☐N ☒N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☒Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☒
   - Physical detection (airflow felt through gaskets) ☒
   - Odor (noticeable perc odor) ☒
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector GPS MGR 1+NS ☒

   If using direct-reading instrumentation, is the equipment: ☒N/A
   - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
   - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
   - c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
   - 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)? ☐Y ☐N

CHARLES M NORMAN
Inspector's Name (Please Print)

6/30/99
Date of Inspection

Inspector's Signature

8-12 MONTHS.
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 1005 TIME OUT: 1045 AIRS ID#: 0910069

TYPE OF FACILITY: DC

FACILITY NAME: DIXIE SERVICE CLEANERS #3 DATE: 6/30/99

FACILITY LOCATION: FWB 32548 (450 RACETRACK RD)

RESPONSIBLE OFFICIAL: SOMMERS DEAN III PHONE NUMBER: (334) (747-8383)

[X] Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

[ ] Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NONE - WELL KEPT RECORDS & EQUIPMENT	

ENTERED
JUL 07 1999

COMMENTS: *NOTE: BASED ON PERC PURCHASES SHOWING 12-MONTH ROLLING OF 3140 gal/12-MONTH PERIOD AND AGE OF MACHINE (199[illegible] THIS FACILITY SHOULD BE CLASSIFIED AS A "NEW LARGE"
*WELL RUN FACILITY

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES [ ] NO [X]

DATE OF NEXT INSPECTION: 8 - 12 MONTHS (Approximate) LEFT FOR R.[illegible]

INSPECTION CONDUCTED BY: CHARLES NORMAN (Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: 595-8361 X1222

AIRS ID#: 0910069

Revised 10/10/96

RECEIVED
JUL 23 1999
Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dixie ~~Maid~~ Service Cleaners #3 & DATE: 7/19/99

FACILITY LOCATION: 450 A Racetrack Rd
Fort Walton Beach, FL 32548

Annual Reporting Period: Jan. 1st 1998 19 98 TO July 19 19 99

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

ENTERED
JUL 22 1999

REVIEWED
JUL 22

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Somers Dean IV (Name Please Print) | Somers Dean IV (Signature) | 7-19-99 (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

ACES 55

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 1315 TIME OUT: 1335 AIRS ID#: 0910069

TYPE OF FACILITY: DC

FACILITY NAME: Dixie Service ~~Mart~~ Cleaner #3 DATE: 6/28/00

FACILITY LOCATION: 450 A RACE TRACK Rd

FWB 32548

RESPONSIBLE OFFICIAL: Somers Dean III PHONE NUMBER: 334-749-8383

☒ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

ENTERED
JUN 29 2000

RECEIVED
JUN 30 2000
Bureau of Air Monitoring & Mobile Sources

COMMENTS: Good Records as usual — well maintained.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☒

DATE OF NEXT INSPECTION: 8-12 mos Left for Rp

INSPECTION CONDUCTED BY: Charles Norman (Approximate)

(Please Print)

INSPECTOR'S SIGNATURE: Charles M Norman PHONE NUMBER: 595-8364

X1222

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ACCESS

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 099 0069 DATE: 6/28/00 TIME IN: 1315 TIME OUT: 1335
FACILITY NAME: Dixie Service Cleaners #3
FACILITY LOCATION: 450 A Racetrack Rd.
FWB 32548
RESPONSIBLE OFFICIAL: Somers Daniel II PHONE: 334 745 6683
CONTACT NAME: Larry Hale PHONE: 863-1705

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 ☐

ENTERED
JUN 29 2000

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 ☒
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. New small area source ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. Existing large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. New 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 on or after 12/9/91)

5. This is a correct facility classification ☐Y ☒N ☐Can not determine

If no, please check the appropriate classification:
☒ facility qualified for a general permit as number 3 above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 1504 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly sealed and impervious containers? ☒Y ☐N ☐N/A
2. Examining the containers for leakage? ☒Y ☐N ☐N/A
3. Closing and securing machine doors except during loading/unloading? ☒Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ☒Y ☐N ☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? ☐Y ☐N ☒N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls? ☒Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ☒Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ☐Y ☐N ☒N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? ☒Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? ☐Y ☐N ☒N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? ☒Y ☐N

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? ☒Y ☐N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☐N ☒N/A

   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N ☒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? ☐Y ☐N ☒N/A

   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N ☒N/A

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ☐Y ☐N ☒N/A

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☒N/A

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☒N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? ☒Y ☐N
2. Maintained rolling monthly total of perc consumption? ☒Y ☐N
3. Maintained leak detection inspection and repair reports for the following:
   a. documentation of leaks repaired w/in 24 hrs? or; ☐Y ☐N ☒N/A
   b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ☐Y ☐N ☒N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* ☐Y ☐N ☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations? ☐Y ☐N ☒N/A
6. Maintained startup/shutdown/malfunction plan? ☒Y ☐N
7. Maintained deviation reports? ☐Y ☐N ☒N/A

   Problem corrected? ☐Y ☐N ☒N/A
8. Maintained compliance plan, if applicable? ☐Y ☐N ☒N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☒Y ☐N
2. Has the facility maintained a leak log? ☐Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☐Y ☐N ☐N/A	Muck cookers	☐Y ☐N ☒N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☒Y ☐N ☐N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☐Y ☐N ☒N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☐Y ☐N ☒N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☒Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)	☐
Physical detection (airflow felt through gaskets)	☐
Odor (noticeable perc odor)	☐
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	☐
Halogen leak detector	☐
If using direct-reading instrumentation, is the equipment:	☐N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	☐Y ☐N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
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)?	☐Y ☐N

Charles Norman
Inspector's Name (Please Print)

6/28/00
Date of Inspection

Charles Norman
Inspector's Signature

8-12 mos
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

AIRS ID#: 0910069

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dixie Mart, Inc./Dixie Service, Cleaners #3 DATE: 6/28/00

FACILITY LOCATION: 450 A Racetrack Rd.
Ft. Walton Beach FL 32548

Annual Reporting Period: _____ 20___ TO _____ 20___

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

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:

_____

REVIEWED
JUL 12 2000

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

ENTERED
JUL 12 2000

Method used to demonstrate compliance: _____

RECEIVED
JUL 17 2000
Bureau of Air Monitoring & Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

_____

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Somers Dean II Somers Dean II 7/6/00
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.

RECEIVED
JUL 12 2000
NORTHWEST FLORIDA
DEP

APSP

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: — TIME OUT: — AIRS ID#: 0910069

TYPE OF FACILITY: DC

FACILITY NAME: Dixie Service Cleaners DATE: 1/22/01

FACILITY LOCATION: 450 A Race Track Rd

FWB, 32548 (334)

RESPONSIBLE OFFICIAL: Somers Dean III PHONE NUMBER: 244-0683

☐ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☒ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

RECEIVED
JAN 2 2001
Bureau of Air Monitoring & Mobile Sources

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Temp at condenser coils didn't reach 45°F. At inspection, the cooling cycle quit at 50°F. Weekly insp's had 42°F.	Inspect/Repair as necessary.

ENTERED
JAN 24 2001

COMMENTS: Permit EXPIRES ~~30 days prior to~~ 8/30/2001. At least 30 days prior submit new notification form.
Facility classification should be new/large based on >140 gal perc used per 12-month period.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☒

DATE OF NEXT INSPECTION: — Left for R.O.
(Approximate)

INSPECTION CONDUCTED BY: Charles Norman
(Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: (850) 595-8364

XV222

Revised 10/96

ASCAP

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (INS1, INS2) ☒ COMPLAINT/DISCOVERY (CI) ☐
RE-INSPECTION (FUI) ☐

AIRS ID#: 0910064 DATE: 1/22/01 TIME IN: ~~—~~ TIME OUT: ~~—~~

FACILITY NAME: Dixie Service Cleaners.

FACILITY LOCATION: 450 A RACETRACK RD
FWB 32548

RESPONSIBLE OFFICIAL: ~~Sonny Dean III~~ PHONE: (534) 745-0685

CONTACT NAME: Larry Hale PHONE: 863-1765

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 ☐

Facility Compliance Status: IN
(ARMS Data) MNC ☒ NTE MP
SNC ☐

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** ☐
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)

CORRECTED TO

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)

ENTERED
JAN 24 2001

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)

4. **New 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 on or after 12/9/91)

5. This is a correct facility classification ☐Y ☒N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number 4 above
☐ facility exceeds above limits and is not eligible for a general permit

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

BORDER line large

Northgate checked ~~Four Seasons~~

NEW SMALL - all checks/records done on weekly basis -

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?	☐Y	☐N	☒N/A
2. Examining the containers for leakage?	☐Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☒Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☒Y	☐N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y	☐N	☒N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls?	☒Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☒Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☒Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☒Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☐Y	☐N	☒N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☒Y	☐N	

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? Dennis temp temp got no lower than 50°F ☒Y ☐N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☐N ☒N/A
   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N ☒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? ☐Y ☐N ☒N/A
   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N ☒N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ☐Y ☐N ☒N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☒N/A
6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☒N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? ☒Y ☐N
2. Maintained rolling monthly total of perc consumption? ☒Y ☐N
3. Maintained leak detection inspection and repair reports for the following:
   a. documentation of leaks repaired w/in 24 hrs? or; ☒Y ☐N ☒N/A
   b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ☐Y ☐N ☒N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* ☐Y ☐N ☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations? ☐Y ☐N ☒N/A
6. Maintained startup/shutdown/malfunction plan? ☒Y ☐N
7. Maintained deviation reports? ☐Y ☐N ☒N/A
   Problem corrected? ☐Y ☐N ☒N/A
8. Maintained compliance plan, if applicable? ☐Y ☐N ☒N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☒Y ☐N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☒Y ☐N ☐N/A	Muck cookers	☐Y ☐N ☒N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☒Y ☐N ☐N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☐Y ☐N ☒N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☒Y ☐N ☐N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☒Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☐
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☐
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐
   - **If using direct-reading instrumentation, is the equipment:** ☐N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     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)? ☐Y ☐N

Inspector's Name (Please Print)

CHARLES NORMAN

Inspector's Signature

1/22/01

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

(4)

Telephone call 23 Jan; Mr Hall reported cleaning out lint & extending drying time. Problem corrected

(2) Points and new notification should show new/large vs New & small now shown. New notification due ~~Aug~~ 01.

AIRS ID#: 0910069 Revised 01/18/00

A560

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED
FEB 8 2001
Bureau of Air Monitoring & Mobile Sources

FACILITY NAME: Dixie Service Cleaners #3 DATE: 2/6/01

FACILITY LOCATION: 450 A Racetrack Rd.
Fort Walton Beach, FL. 32548

Annual Reporting Period: 1/1 2000 TO 12/31 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Somers Dean III Somers Dean III 2/6/01
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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0390849

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 # 0910069
DIXIE SERVICE CLEANERS #3
SOMERS DEAN III
PO BOX 1000
OPELIKA AL 32548

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
JAN 11 00

7000 0600 0021 2827 7213

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Z210 663033 (OLD)

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Name (Please Print Clearly) (to be completed by mailer)
S. Dean III
Street, Apt. No.; or PO Box No.
0910069001 AG
City, State, ZIP+4

PS Form 3800, July 1999 See Reverse for Instructions

Z 210 663 033

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

Sent to

10 AIRS ID # 0910069001AG
SOMERS DEAN III
DIXIE SERVICE CLEANERS #3
PO BOX 1000
OPELIKA AL 32548

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 0910069001AG
SOMERS DEAN III
DIXIE SERVICE CLEANERS #3
PO BOX 1000
OPELIKA AL 32548

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 12 2001

C. Signature
X Kate Kelly ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 Z210663033

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Bureau of Air Monitoring & Mobile Sources

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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

TOTAL AMOUNT DUE: $50.00

12-16-00 pd

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DEC 18 00

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AIRS ID # 0910069
DIXIE SERVICE CLEANERS #3
SOMERS DEAN III
PO BOX 1000
OPELIKA AL 32548

Bureau of Air Monitoring
& Mobile Sources

DEC 20 2000

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Org.: 37550101000 EO: AI
Fund: 20-2-035001
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DIXIE MART INC
SOMERS DEAN III
PO BOX 1000
OPELIKA AL 32548

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Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

YOUR INVOICE NO.	INVOICE DATE	AMOUNT	DISCOUNT	NET AMOUNT	CHECK TOTAL
0050067	2/01/97	50.00			50.00
0910069	2/01/97	50.00			100.00

DIXIE MART, INC. Opelika, Alabama 36803

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300544 ✓

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DIXIE MART INC
SOMERS DEAN III
PO BOX 1000
OPELIKA AL 32548

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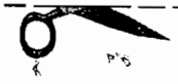
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273



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TOTAL AMOUNT DUE: $50.00

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AIRS ID # 0910069
DIXIE SERVICE CLEANERS #3
SOMERS DEAN III
PO BOX 1000
OPELIKA AL 32548

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

YOUR INVOICE NO.	INVOICE DATE	AMOUNT	DISCOUNT	NET AMOUNT	CHECK TOTAL
50067	01/15/99	50.00	.00	50.00	
910069	01/15/99	50.00	.00	50.00	
				CHK TOTAL:	100.00

DIXIE MART, INC. Opelika, Alabama 36803