

#### Department of Environmental Protection

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

Virginia B. Wetherell Secretary

May 14, 1997

Mr. Jerry Tribble Haines City Quality Cleaners, Inc. 511 Haines City Mall Haines City, Florida 33844

Re: Facility No. 1050299

Dear Mr. Tribble:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 1, 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. Louis Fernandez, Southwest District

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

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#### #1050299

	Haines City Quality Cleaners
	spoke with Gail Metzger-4/28/1997
_ <i>P.D</i>	9. add title-President 9. add title-Manager
P.14	1.(a) add date control device
	1.(a) and date central device installed 1.(c) mark out "v" and initial 5.(f) required
_P.13_	5.17) required

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	HAINES CITY QUALITY CLEANERS, INC.
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
	FLD CESOG
4.	Facility Location: 511 HAINES CITY ALAIG
	Facility Location: Street Address: 511 HAINES CITY MALC City: HAINES CITY County: POLK Zip Code: 33844
5.	Facility Identification Number (DEP Use):
	1050299
	Responsible Official
Takes 9	
6	Name and Title of Responsible Official:
	JERRY TRIBBLE
7.	Organization/Firm HAINES CITY QUALITY CLEANERS, INC.
	Street Address: 6333 NEWMAN CIRCLE WBST
	City: LAKETAND County: POLK Zip Code: 338//
8.	Responsible Official Telephone Number:
	Telephone: (941) 646 - 3259 Fax: ( ) -
	Carility Cantact (If different from Decompositio Official)
	Facility Contact (If different from Responsible Official)
(O)	Name and Title of Facility Contact (For example, plant manager):
	GAIL METZGER
10.	Facility Contact Address:
	Street Address: 511 HAINES CITY MALL
	City: HAINES CITY County: POLK. Zip Code: 33844
Π.	Facility Contact Telephone Number:
	Telephone: $(941)422 - 1735$ Fax: ( )
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APR 1 1997

Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

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	-
Dry-to-Dry Unit	1.					<u> </u>		<u> </u>	<u> </u>
(1) w/ ref. condenser	#1	19/2/191	`.		\$				
(2) w/ carbon adsorber		1/2-1							
(3) w/ no controls			. 1					Ţ	
Washer Unit		•	•		•	•		•	
(4) w/ ref. condenser		4							
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		-	•		•	•	•	•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber								_	
(9) w/ no controls	1								
Reclaimer Unit			•				•	,	•
(10) w/ ref. condenser	† · · · · ·			I					
(11) w/carbon adsorber									
(12) w/ no controls									
				·~	<u>*</u>	*,	<del>"</del>		
(b) Control devices are  No control devices  2.(a) What was the total of [2/1/7]	are r quant	equired to be ity of perchlo ons	e installed [_	<b>v</b>		n the latest 12		nths?	
(b) If less than 12 mone Check why it is less					_] New store	: [] Did	not k	eep records:	[]
					•	. * A :	· ``.	4 m	
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	W.
Existing small ar	rea so	urce []	Ne	w sn	nall area sour	rce . [ <u>9</u>	,		
Existing large an	ea so	urce [X	Ne	w lai	ge area sour	ce [			

4. 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 [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser	Art Control of the Co
· ·	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 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	<b>½</b>
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	<u>(X</u> )
(b) Leak detection inspection and repair	· <u>×</u> ]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	; 
Start-up, shutdown, malfunction plan	[]

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

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

#### VARE

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
HAINES CITY QUALITY CLEANERS, INC.
2. Site Name (For example, plant name or number):
·
3. Hazardous Waste Generator Identification Number:  FLD CESQG
• • • •
4. Facility Location: 511 HAINES CITY MALC
4. Facility Location: Street Address: 511 HAINES CITY MALC City: HAINES CITY County: POLK Zip Code: 33844
5. Pacility Identification Number (DEP Use):
1050299
Responsible Official
6. Name and Title of Responsible Official:
JERRY TRIBBLE, PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: HAINES CITY QUALITY CLEANERS, INC. Street Address: 6333 NEWMAN CIRCLE WEST
Street Address: 6333 NEWMAN CIRCLE WBS/ City: LAILETAND County: POLK Zip Code: 338//
8. Responsible Official Telephone Number: Telephone: (941) 646 - 3256 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
GAIL METZGER, MANAGER
10. Facility Contact Address:
Street Address: 511 HAINES CITY MALL
City: HAINES CITY County: POLK Zip Code: 33844
11. Facility Contact Telephone Number:
Telephone: $(941)422 - 1735$ Fax: ( )
- C - 11/ED
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APR 1 1997

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.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date . Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	İD	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	,	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		, ,							
(1) w/ ref. condenser	#/	9/21/91	9/21/91		•				
(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				_					<u> </u>
(10) w/ ref. condenser							ļ		
(11) w/carbon adsorber					٠.				
(12) w/ no controls									
<ul><li>(b) Control devices are</li><li>(c) No control devices</li><li>2.(a) What was the total of</li></ul>	are re	equired to be	installed [_	īZ.	] \$000	i the latest 1	2 mor	oths?	
[ 211.7 ]	gallo	ns			purchased ii	Title latest 1	2 11101	1015 :	
(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) of	Part II?	3
Existing small ar	ea soi	urce []	Ne	w sn	nall area sour	ce [3	.]		
Existing large are	a sou	irce [X]	Ne	ew lar	ge area sour	ce [	)		

4. What control technology is required on machines pursuant to section (Indicate with an "X".)	(5) of Part II of this notification form?
Existing large area source  Carbon adsorber [] Refrigerated conc	lenser [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 el to Rule 62-213.300, F.A.C. Verify that all steam and hot water generat exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat in boiler HP or less), and (2) are fired exclusively by natural gas except for during which propane or fuel oil containing no more than one percent s	or periods of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site  []	
	•
Equipment Monitoring and Recordkeeping	Information
Check all logs which are required to be kept on-site in accordance with	the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	[_⊀_]
(d) Carbon adsorber exhaust perc concentration monitoring	[]
(e) Instrument calibration	

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

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.
	D
	Responsible Official Certification
this notig statemen maintain	
this notig statemen maintain comply v	the air pollutant emissions units and air pollution control equipment described above so as to
this notig statemen maintain comply v	fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the state made in this notification are true, accurate and complete. Further, I agree to operate and in 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.  Somptly notify the Department of any changes to the information contained in this notification.



7 C Street

l, Haines City, Florida 33844

(813) 422-1735

12 August 1997

Department of Environmental Protection General Permits Section BAMMS MS5510 2600 Blair Stone Road Tallahassee, FL 32399-2400

#### Gentlemen:

This letter is to advise you that Haines City Quality Cleaners, Inc. (ID#1050299) has moved from 511 Haines City Mall to

7 C Street, Haines City, FL 33811.

The Ownership and RO remain the same.

Sincerely,

Yerry D. Tribble, President

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AUG 1 5 1997

Bureau of Air Monitoring & Mobile Sources

## Gir QUALITY CLEANERS INC. 511 110 To Co Street, Haines City, Florida 33844





Department of Environmental Protection General Permits Section BAMMS MS5510 2600 Blair Stone Road Tallahassee, FL 32399-2400

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### TITLE V AIR QUALITY GENERAL PERMIT / 2/20/97 INSPECTION SUMMARY REPORT /

TYPE OF INSPECTION:	ANNUAL [	COMPLA (NT/DISCOVERY)	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#:	Done 1050299
TYPE OF FACILITY: Der	cd.C.	<u> </u>	<u> </u>
FACILITY NAME: Hair	res City Quali	ty Cleaners, Inc	DATE: 11/20/96
FACILITY LOCATION:	, ,	,	<i>/</i>
	taines City	在 33844	
RESPONSIBLE OFFICIAL:	Jerry Tribble	PHONE NUMBER:	941-422-1735
compliance with DEP	Rule 62-213.300, Florida Admi	valuated during this inspection, the faci nistrative Code (F.A.C.). valuated during this inspection, the follow	
discrepancies were not	ted:		
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
No notification	filed	-Submit notif	ication
ha-		maintain we	- 12A   00° OC
<del>Maxi</del>	1 -		'
Incomplete	109	leak inspection	<u>``</u>
		-Maintain week	ly log of
No log		exhaust temperati	ine on Medica
		( to do d 10h	ou on ruguy.
		Concepted C.	
COMMENTS:			
The Annual Compliance Certific	cation form has been properly co	ertified and submitted to the inspector.	YES NO X
DATE OF NEXT INSPECTIO	on: (1)	97	
		(Approximate)	
INSPECTION CONDUCTED	BY: Margaret	Canaro	
	h. , , , ,	(Please Print)	<u> </u>
INSPECTOR'S SIGNATURE	Margaret Can	PHONE NUMBER:_	813/744-6.00
	<i>U</i> Pago	e lof 1.	/ X125 \\ Revised 10/96
	ray	C [O1 ] .	Ke 412ca 10/20

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	™ COMPLAINT/DISC	COVERY Q	
FACILITY NAME: Haines City	0/96 TIME IN: 10:25 TIM Quality Cleaners. es City Mall	•	
PART I: NOTIFICATION			
(check appropriate box)	<del></del>		
Existing facility notified DARM by 9/1/96			
2. New facility notified DARM 30 days prior to st	artup	۵	
3. Facility failed to notify DARM to use general p	permit	X	
PART II: CLASSIFICATION			
Facility indicated on notification form that it is:			
(check appropriate box)			
(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)		
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	dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr		
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td>dry-to-dry only, x&lt;140 gal/yr transfer only, x&lt;200 gal/yr both types, x&lt;140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140<x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td></td><td></td></x<2,></td></x<2,>	dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td></td><td></td></x<2,>		
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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>dry-to-dry only, x&lt;140 gal/yr transfer only, x&lt;200 gal/yr both types, x&lt;140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td><td></td></x<2,></td></x<2,>	dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td><td></td></x<2,>		

#### 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? AVA ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly 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? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

B	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	M	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	₪א	N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠИ	NIA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПN	N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	•
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	NIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΠN	M/A M/A M/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	DV/A
PA	ART V: RECORDKEEPING REQUIREMENTS			
(1	as the responsible official: heck appropriate boxes)			
1.	Maintained receipts for perc purchased?	XX	ПΝ	
2.	Maintained rolling monthly averages of perc consumption?	XY	ПΝ	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or;	<b>26</b> .	ПN	
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ΩY	WE.	
4.	Maintained calibration data? (for direct reading instruments only)	ПY	ΩИ	-BON/A
5.	Maintained exhaust duct monitoring data on perc concentrations?	ПY	ΠN	ANA
6.	Maintained startup/shutdown/malfunction plan?	DO	ПN	$\sim l_{\perp}$
7.	Maintained deviation reports?	$\Box$ Y	ПN	# NP
	Problem corrected?	ΩY	ПΝ	# WA
8.	Maintained compliance plan, if applicable?	ΟY	ПИ	<b>X</b> N/A
			_	
PA	RT VI: LEAK DETECTION AND REPAIRS	$\nabla$		
	Does the responsible official conduct a weekly leak detection and repair inspection?	CVI 17	$\Box$ N	

<u> </u>						
2. Which method of detection is used by the	-			<b>\</b> -		
Visual examination (condensed so		<b>X</b>				
Physical detection (airflow felt thr	ough ga	skets)	·	ES.		
Odor (noticeable perc odor)				A		
Use of direct-reading instrumental	tion (FII	D/PID/calorimetric	tubes)			
If using direct-reading instrume	ntation,	is the equipment:	:			
a. Capable of detecting p	erc vapo	or concentrations is	n a range of 0-500 ppm?	□Y (	⊐и	
b. Calibrated against a st (PID/FID only)?	andard ;	gas prior to and aft	er each use		מב	
c. Inspected for leaks and	d obviou	s signs of wear on	a weekly basis?		אב	
d. Kept in a clean and se	cure are	a when not in use?			אב	
•		•			אב	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?  3. Has the facility maintained a leak log?					<b>⊠</b> Ý □N	
4. Does the responsible official check the f	٠, .					
Hose connections, fittings,	0110111112	, arous for round.				
couplings, and valves	A.	□и	Muck cookers	XX.	□и	
Door gaskets and scating	ŪΥ	□и	Stills	ďΥ	□и	
Filter gaskets and seating	ďΥ	□и	Exhaust dampers	ΦY	□и	
Pumps	Y	□N	Diverter valves	φY	□N	
Solvent tanks and containers	ÞΥ	□и	Cartridge filter housings	dY	□и	
Water separators	ÞΥ	ΩИ	,	· ·		
Jerou Tribble						

Jerry Tribble	
Name of Responsible Official  Margaret Canaro	11/20/96
Inspector's Name (Please Print)	Date of Inspection
Margaret Canas.	/ yr.
Inspector's Signature	Approximate Date of Next Inspection

- Gail Metzger-onsite Megr. - Moving across the Street by 7/,/97

#### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitoring & Mobile Sources AIRS ID 1050299 HAINES CITY QUALITY CLEANERS INC JERRY TRIBBLE 6333 NEWMAN CIRCLE WEST LAKELAND FL 33811

Do NOT Remove Label

JAN Annual Reporting Period: 1997 31 DEC 1997 Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. XYES **∟**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 Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: JERRY 1218 BLE Name (Please Print) Date

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

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: RE-INSPECTION	ON D
AIRS ID#: 1050299 DATE: 807	N N
FACILITY NAME: Haines City	Quality Cleaners
FACILITY LOCATION: 7 C	t.
Laires	City FL
RESPONSIBLE OFFICIAL: July J	ubble phone: 941-646-3259
CONTACT NAME:	PHONE:
DADTI. NOTIFICATION	<u> </u>
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup So. J.
2. Facility failed to notify DARM to use general pe	ermit OF A Y
DADELL OF COLLECTION	
PART II: CLASSIFICATION	S. S
	□ No notification form
Facility indicated on notification form that it is: (check appropriate box)	□ No notification form □ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A.	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source	☐ Drop store/out of business/petroleum  2. New small area source ☐
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	☐ Drop store/out of business/petroleum  2. New small area source ☐ dry-to-dry only, x < 140 gal/yr
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	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
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	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
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)	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
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)	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ 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)  Y □N □Can not determine
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ 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)  Y □N □Can not determine
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3: Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification gally qualified for a general source.	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ 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)  Y □N □Can not determine
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general facility exceeds above list	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ 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)  Y □N □Can not determine  cation: eneral permit as number above

# 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?

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?

MY DN

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KAY ON ON/A

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BEY ON

AN ON ONA

AA 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?	Þý	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□N	AN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	534A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	_		· ·
	if machines are equipped with a carbon adsorber?	ПY	ПИ	ØN/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	$\square N$	ANA
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?	□v		AN/A
	or expansion, and downstream from no other infet:	<b>u</b> 1	<u> </u>	ALANY.
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	מם	N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	\$5. □1.				
2. Maintained rolling monthly total of perc consumption?	MA ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DAY DN DN/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?	איאלי אם צם				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DX/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DY/A				
6. Maintained startup/shutdown/malfunction plan?	gr. Ox				
7. Maintained deviation reports?	AND NO DAYA				
Problem corrected?	EN ON DNA				
8. Maintained compliance plan, if applicable?	איא אַ אַם אַם				

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, ON ON/A YOY ON ON/A couplings, and valves Muck cookers DY DN DN/A Stills DN DN/A Door gaskets and seating Filter gaskets and seating DY DN DN/A Exhaust dampers TY ON ON/A Diverter valves DY DN DN/A HY ON ON/A Pumps Solvent tanks and containers DY ON ON/A Cartridge filter housings DY DN DN/A DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? $\Box$ Y $\Box$ N e. Verified for accuracy by use of duplicate samples (calorimetric only)? $\Box Y \Box N$

MARGARET CANGRO	8/27/98
Inspector's Name (Please Print)	Date of Inspection
Margaret Cargo Inspector's Signature	Aug. 1999 Approximate Date of Next Inspection

Aco

AIRS ID#: 1050299

Revised 10/10/96

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

		·	•		
FACILITY NAME: Haines C	ity Qu	ality (	leaner	2 DATI	E: 8/27/9
FACILITY LOCATION: 7 C ST	t.				
Laines City,	E	33811			
Annual Reporting Period:	5-27-	_19 <u>9</u> 7 to		8-27	1990
Based on each term or condition of the Title V ge 62-213.300, Florida Administrative Code (F.A.C.	<del>-</del>	-	Z	_/	EP Rule
If NO, complete the following:					
#1. Term or condition of the general permit that i	has not been in co	ontinuous compli	ance during the	reporting peri	iod stated above:
Exact period of non-compliance: from	-		_ to		P
Action(s) taken to achieve compliance:				Ø	E (
Method used to demonstrate compliance:				real &	
#2. Term or condition of the general permit that h	has not been in ∞	ntinuous complia	in∝ during the	obile aponitor	od gated above:
Exact period of non-compliance: from			to	A PO	ı
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
As the responsible official, I hereby certify, based made in this notification are true, accurate and coupon rolling averages of purchase receipts, does not bear for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Ple	mplete. Further,	my annual consu	mption of perch	loroethylene.	solvent, based
		<del>-// -</del>			<u>.</u>

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

#### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [	СОМР	LAINT/DISCO	VERY	RE-	INSPECT	ION	1
TIME IN:	TIME OUT:		/	AIRS ID#:	1050.	299	,	
TYPE OF FACILITY:	<u>C</u>					<u>-</u>	_	
FACILITY NAME: NA	ines City Que	ality	Clear	ers_	DATE:	9-1	0-0	7
FACILITY LOCATION:	7 C St							
Da	ins City	FL	3381	1				_
RESPONSIBLE OFFICIAL:_	Jerry Tribb	L	PHC	NE NUMB	er: 941	-646	- ろえ	59
	f the compliance requiremen Rule 62-213.300, Florida A		-		facility is fou	ınd to be ir	า	
Based on the results o discrepancies were no	f the compliance requiremented:	its evaluate	d during this ins	pection, the	following co	mpliance		-
COMPLIANCE REC	UIREMENT/PROBL	EM	FOLLO	W-UP AC	CTION RE	QUIRE	D _	
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						Monitor	9	
COMMENTS:						ing g		
	4N-		•					
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•			•					
The Annual Compliance Certif	ication form has been proper	ly certified	l and submitted t	to the inspec	tor. YE	:S[ ]	NO[Date	
•	$C \sim 0$	17 ************************************	92			. لــا	·• PA	
DATE OF NEXT INSPECTION	UN:	(Appr	oximate)	\ (				
INSPECTION CONDUCTED	DBY: WARE	ARE	.,	ANG	3RO			
INSPECTOR'S SIGNATURE	Margaret Co	Ove <sub>XI</sub>	se Print)	NE NUMBI	ER.SBA	V-V-	610	ව
- Of Boton of Oldination	0	— () <sup>(1</sup>		NOMBI	<u>-12   1</u>	Y1.	25	
		Page	of <u> </u>	,		~ IR	evised 1	0/96

Auc \*

Revised 10/10/96

#### D.E.P.

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

AUG 0 9 1999

FACILITY NAME: Haires Cu	ty Quality	Cleaners	DATE: 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
FACILITY LOCATION: 7 C	St		<del>-                                     </del>
Harren Cit	ty, FL 33	811	
- Guring Sol	7 /	- , ,	4
Annual Reporting Period:	1-28-	<u>998</u> то	8-2- 1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	• • •	•	<u> </u>
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in conti	nuous compliance duri	ng the reporting period stated above:
	.' 		
Exact period of non-compliance: from		to	C. S. E. W
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			ource;
#2. Term or condition of the general permit	that has not been in conti	nuous compliance duri	ng 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, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: National Actual Series (National Actual Series)	and complete. Further, m does not exceed 2,100 ga	y annual consumption o	of perchloroethylene solvent, based of dry facilities or 1,800 gallons per

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

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NUAL		COMPLAINT/DISCOV	/ERY C	)
FACILITY NAME: Havines  FACILITY LOCATION: Tourish	St. St.	Qualit	9:25 TIME ( Leaser  HONE: 941-6	<i>&gt;</i>	·
RESPONSIBLE OFFICIAL : CONTACT NAME:		P		*6*J	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days	s prior to startup				1
2. Facility failed to notify DARM to us	e general permit				
PART II: CLASSIFICATION				•	
Facility indicated on notification form (check appropriate box)  A.	a that it is:		☐ No notification form☐ Drop store/out of bus		um '
Facility indicated on notification form (check appropriate box)	□ 2. N dry-t trans both	ew small area o-dry only, x fer only, x < 2 types, x < 140	Drop store/out of business ource C4 140 gal/yr	siness/petroler	um
Facility indicated on notification form (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	2. N dry-t trans both (cons /yr dry-t trans both	ew small area o-dry only, x fer only, x < 2 types, x < 140 structed on or ew large area o-dry only, 14 fer only, 200 types, 140 < 2	Drop store/out of business a source Callo gal/yr 200 gal/yr 201 gal/yr after 12/9/91)	siness/petroler	ECENEV
Facility indicated on notification form (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	2. N dry-t trans both (cons/yr dry-t trans both (cons/yr dry-t/yr dry	ew small area o-dry only, x fer only, x < 2 types, x < 140 structed on or ew large area o-dry only, 14 fer only, 200 types, 140 ≤ x structed on or	Drop store/out of business a source Callo gal/yr 200 gal/yr 201 gal/yr after 12/9/91)	siness/petroler	ECENE
Facility indicated on notification form (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 \le x \le 2,100 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classifica  If no, please check the approprince of acility quality quality (constructed before 12/9/91)	2. N dry-t trans both (cons  /yr dry-t trans both (cons  tion  riate classification: fied for a general p	ew small area o-dry only, x fer only, x < 2 types, x < 140 structed on or ew large area o-dry only, 14 fer only, 200 types, 140 < x structed on or	Drop store/out of business as source $< 140 \text{ gal/yr}$ 200 gal/yr 200 gal/yr 20 gal/yr after $12/9/91$ )  a source $< 20 \le x \le 2,100 \text{ gal/yr}$ $< x \le 1,800 \text{ gal/yr}$ after $12/9/91$ )  Can not determine	siness/petroler	ECENEU EL

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? MALY ON ON/A 2. Examining the containers for leakage? DN DN/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DEY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber AWAD NO YO 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) NO AK 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after **d**Y □N verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:- (check appropriate boxes)	·
1. Maintained receipts for perc purchased?	ZÓY □N
2. Maintained rolling monthly total of perc consumption?	MD YDD
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □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?	OY ON BON/A
4. Maintained calibration data? (for applicable direct reading instruments)	A/NED NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	A/עו <b>בל</b> עם אם
6. Maintained startup/shutdown/malfunction plan?	₽Y □N
7. Maintained deviation reports?	□Y □N ØN/A.
Problem corrected?	OY ON MIN/A
8. Maintained compliance plan, if applicable?	OY ON CHINA

PART	VI: LEAK DETECTION AND R	EPAIRS						
I. Doe	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
insp	pection?			<b>⊠</b> Y □N				
2. Has	the facility maintained a leak log?			Ø(Y □N				
3. Doe	Does the responsible official check the following areas for leaks?							
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	DY ON ON/A				
	Door gaskets and seating	BY ON ON/A	Stills	AV ON ON/A				
	Filter gaskets and seating	PY ON ON/A	Exhaust dampers	A/ND ND YA				
	Pumps	DN ON/A	Diverter valves	OY ON ON/A				
	Solvent tanks and containers	ØY □N □N/A	Cartridge filter housings	MY ON ON/A				
	Water separators	PY ON ON/A						
4. Wh	ich method of detection is used by th	e responsible official?						
	Visual examination (condensed solvent on exterior surfaces)							
	<b>承</b>							
:		4						
	tubes)							
	Halogen leak detector							
	If using direct-reading instru	mentation, is the equipme	ent:	₹N/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?							
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?							
	c. Inspected for leaks and	i obvious signs of wear on	a weekly basis?	OY ON				
	d. Kept in a clean and see	cure area when not in use?		OY ON				
	e. Verified for accuracy l	by use of duplicate samples	s (calorimetric only)?	OY ON				
	•	. •						
				<del></del>				
				•				

MARGARET CANGRO	8/2/99
Inspector's Name (Please Print)	Date of Inspection
Margaret Casago	Aug 2000
Inspector's Signature	Approximate Date of Next Inspection

#### 9

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



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

**TOTAL AMOUNT DUE: \$50.00** 

303408

MALL RO

Do NOT Remove Label

AIRS ID 1050299
HAINES CITY QUALITY CLEANERS INC
JERRY TRIBBLE
6333 NEWMAN CIRCLE WEST
LAKELAND FL 33811

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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

0359138

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**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID # 1050299

HAINES CITY QUALITY CLEANERS JERRY TRIBBLE 6333 NEWMAN CIRCLE WEST LAKELAND FL 33811 MAIL ROOM FEB-2 99

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

039[831

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** 

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AIRS ID # 1050299
HAINES CITY QUALITY CLEANERS
JERRY TRIBBLE
6333 NEWMAN CIRCLE WEST
LAKELAND FL 33811

RECEIVED MAIL ROOM

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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404196

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** 

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AIRS ID # 1050299

HAINES CITY QUALITY CLEANERS JERRY .TRIBBLE 6333 NEWMAN CIRCLE WEST LAKELAND FL 33811 JAN 30

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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

414339 FEB21 2002

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

AIRS ID # 1050299
HAINES CITY QUALITY CLEANERS
JERRY TRIBBLE
6333 NEWMAN CIRCLE WEST
LAKELAND FL
33811

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

HAINES CITY QUALITY
CLEANERS INCORPORATED
6333 W. NEWMAN CIRCLE
LAKELAND, FL 33811





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

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)							
P347								
43.28	Postage Certified Fee	\$	Postmark					
002b	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here					
7000 0600	AIRS ID # 1050299  Total Pos HAINES CITY QUALITY CLEANERS  Recipient's JERRY TRIBBLE  6333 NEWMAN CIRCLE WEST  LAKELAND FL  City, State, 33811							
	PS Form 3800, February 2	2000	See Reverse for Insti	ructions				

, ,	PLACE STICKER,
SENDER: COMPLETE THIS SECTION	)N DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by-(Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. M. delivery address different from item 12  Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes f YES, enter delivery address below: ☐ No
AIRS ID # 1050299 IAINES CITY QUALITY CLEANERS ERRY TRIBBLE 333 NEWMAN CIRCLE WEST	
AKELAND FL 8811	3. Service Type
	Certified Mail
110006000000H1dB634	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE



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

0 1 ]

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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF EL-VIRONMENTAL PROTECTION DE DEPT. OF EL-VIRONMENTAL PROTECTION DE DE SOURCE 
EB 1 8 20

FB 1 8 20

Mobile Sources

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<u> Նահանանանանում վանիանանանանում ա</u>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:         <ul> <li>AIRS ID # 1150107</li> </ul> </li> <li> <ul> <li>C T SAYRE</li> <li>S TAMIAMI TRATE,</li> <li>ASOTA FL</li> </ul> </li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?			
1	3. Service Type  Certified Mail			
1000060000264128	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Copy from service label) - *				
PS Form 3811, July 1999 Domestic Re	turn Receipt - 102595-00-M-0952			

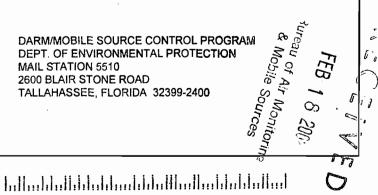
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• Sender: Please print your name, address, and ZIP+4 in this box •

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



	U.S. Postal Service  CERTIFIED MAIL RECEIPT  (Domestic Mail Only; No Insurance Coverage Provided)									
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870 0	Total P	ostage	10			AIRS I	□ . D#10	5029900	1AG	7
ľ	Sent To   JERRY TRIBBLE   HAINES CITY QUALITY CLEANERS       Street, Apt. No.;   6333 NEWMAN CIRCLE WEST   LAKELAND FL 33811       City, State, ZIP4									
7000										
	PS Forn	n 3800	0, May 2	000	,		See R	everse*fo	r Instru	ແຕແບກຮ

TYPE STICKER AT TOP OF ENVELOPE.  NOITOBS SINT BEANGE OF STICKER AT TOP OF ENVELOPE.  NOITOBS SINT BEANGE STAND STANDARD	d COMPLETÉ THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:         <ul> <li>AIRS ID # 1050299001AG</li> </ul> </li> <li>RRY TRIBBLE</li> <li>INES CITY QUALITY CLEANERS</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  2-6-02  C. Squature  X Agent (45)  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
33 NEWMAN CIRCLE WEST KELAND FL 33811  4000287000010274664  2. Article Number (Copy from service label)	3. Service Type Certified Mail
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-00-M-0952

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

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DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2604 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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FEB 1 1 2002
Bureau of Air Monitoring
& Mobile Sources

# US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID 1050299 HAINES CITY QUALITY CLEANERS INC JERRY TRIBBLE 6333 NEWMAN CIRCLE WEST LAKELAND FL 33811 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

3. Article Addressed to:  4a. Article Number  2336/2769	 ceipt Service.
AIRS ID 1050299 HAINES CITY QUALITY CLEANERS INC JERRY TRIBBLE 6333 NEWMAN CIRCLE WEST LAKELAND FL 33811  4a. Article Number  7 336/7 769  4b. Service Type  Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery	using Return Re
7. Date of Delivery  2 - ( 7 - 9  5. Received By: (Plint Name)  8. Addressee's Address (Only if requested and fee is paid)  8. Signature: (Addressee or Agent)  PS Form 3811, December 1994  102595-97-8-0179  Domestic Return Received	Thank you for