

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 25, 1996

Mr. Philip Hunt Alpine Cleaners 5240 Northwest 34th Street Gainesville, Florida 32605

Dear Mr. Hunt:

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, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Rick Banks, Northeast District

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
1.								
	ALPINE CLEANERS INC.							
2.	Site Name (For example, plant name or number):							
	ALPINE CLEANELS							
3.	Hazardous Waste Generator Identification Number: SAFETY CLEAN							
	US. EPA I.D. # CESOG CONDITIONALLY EXE, Facility Location: 5240 NW 34#1 ST SN							
4.	Street Address:							
	City: CAINESUILLE County: ALACHUA Zip Code: 32605							
-5. ;	Facility Identification Number (DEP Use)							
	Responsible Official							
6.	Name and Title of Responsible Official:							
	PHILIP HUNT OWNER							
7.	Organization/Firm:							
	Street Address: City: GAINESUILE County: ALACHUA Zip Code: 32605							
8.	Responsible Official Telephone Number: Telephone: (352) 372 - 4086 Fax: (352) 472 - 5801							
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
	SAME AS ABOUE							
10.	Facility Contact Address:							
	Street Address:							
	City: County: Zip Code:							
11.	Facility Contact Telephone Number:							
	Telephone: () - Fax: () -							

RECEIVED

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SEP 3 1996

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	IĎ	Purchased	Installed	lD	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit .	1	W/SP			·	****		•	
(1) w/ ref. condenser	VI.	125/06	C 2 44	T	<u>v. </u>		Τ	· · ·	
(2) w/ carbon adsorb	1/2/	1966	SAME		 	<u></u>			
(3) w/ no controls	1707	428/73	- STUIL	-					
Washer Unit	-			٠.	1		٠.	-	1
(4) w/ ref. condenser		T	T	<u> </u>	T.	1	T	· · ·	<u> </u>
(5) w/ carbon adsorber		 							
(6) w/ no controls				-	1		 		
Oryer Unit		e jaka i		<u>. </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	 	<u> </u>	1
(7) w/ ref. condenser				r i i i	T		Ī	1 N. / .	12.
(8) w/ carbon adsorber									
(9) w/ no controls						-			
Reclaimer Unit									1.5 5 2 5
(10) w/ ref. condenser		<u> </u>	<u> </u>	_			T	T	1
(11) w/carbon adsorber				 	+	· · · ·		,	
(12) w/ no controls									
	are ro	equired to be ity of perchlons	installed [perc)] purchased in	the latest 12	2 mor	nths?	
(b) If less than 12 mont Check why it is less 3. What is the facility's so (Indicate with an "X".	than	12 months:	New owner: a based on the cation only.)	e defi	nitions found	l in section (3) of	Part II?	
Existing small are		1.	•		nall area sour	ce [X] <i>[</i> /	nactiv	
Existing large are	ea soi	irce []	N€	w iai	rge area sourc	ce [J		

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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 []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
•	inits shall not be eligible to use the general permit pursuant 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	
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	(X)
(b) Leak detection inspection and repair	L X L.
(c) Refrigerated condenser temperature monitoring	L X
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	()

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Surrender of Existing Air Permit(s)

Please indicat	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)							
X	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notifi statement maintain	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 pro	mptly notify the Department of any changes to the information contained in this notification. Solo 196							

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Effective: 6-25-96



Department of Environmental Protection

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

David B. Struhs Secretary

June 11, 2001

Mr. Dan Edwards
Alpine Cleaners, Inc.
5240 Northwest 34 Street
Gainesville, Florida 32605
00/0098-002
Dear Mr. Edwards:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#1442) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Environmental Manager

Mobile Source Control Section

Bureau of Air Monitoring and Mobile Sources

DAE ENTERPRISES OF GAINESVILLE, INC.

DBA ALPINE CLEANERS 4830 NW 43°9+, A8

GAINESVILLE, FL 32508 4662 32 6 0 6 (352) 332 5600 271 88 9 8 FLORIDA BANK OF BROWARD 600 NW 43RD STREET SUITE A GAINESVILLE, FL 32607 63-1344/631

06.02.01

PAY TO THE DEP

\$ 500

4 00/00

_ DOLLARS 🚹 🚆

MEMO Title V General Permit

Jeni Edulares

K - 2000 INTUIT INC. # 785 1:800-103-5810

BEST AVAILABLE COPY

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 lors our files.

-,				F	e at	>2 · (A)
Faci	ility Name and Location				Mobil Air	<i>200,</i>
1.	Facility Owner/Company Name (Name of corpo	ration, agency,	or indivi	dual owner)."	Onir
	ility Name and Location Facility Owner/Company Name (1)			IN	dual owners	res oring
2.	Site Name (For example, plant nar	ne or number):	,			
	SAME					·
	Hazardous Waste Generator Identi			- :		
	Facility Location: 5240	CES	GG,			
	Facility Location: 5240 Street Address:	NW	34+7	s T		
	City: GAINESVILLE	County:	ALACI	TUA	Zip Code:	32605
15	Facility Identification Number (DI	P.Use ONLY	do not fill in	Me Gy		
-Contra Seen	ar yeng magametan pagun bers dan iliken da ang mat kan ning unga melan ing ilikuwa pendangan	ingenius urangement manif	**************************************			Activity Commence of the State
	ponsible Official					
l	Name and Title of Responsible Of		T:	1		,
Nan	ie: DAN EDU	VARDS	Tit	ie:	OWNE	R/PRESIDENT
7.	Responsible Official Mailing Add	ress:				
	Organization/Firm: SIAME					
	Street Address:	Q			7° 0-1	
	City:	County:			Zip Code:	
8.	Responsible Official Telephone N	umber:	_			
	Telephone: (352) 372	4086	Fax	c: () -	
						
Faci	ility Contact (If different from R	esponsible Off	īcial)		•	
9.	Name and Title of Facility Contact	(For example	plant manager	r):		
	ELIZABE	711	SAPP	P	LANT	MGR
10.	Facility Contact Address:					
	Street Address: SAME					
	City:	County:			Zip Code:	,
11.	Facility Contact Telephone Number					
	Telephone: () -		Fax	κ: () -	
	SAME.			,	•	

DEP Form No. 62-213.900(2)

Effective: 2/24/99





Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 20, 1997

Alpine Cleaners, Inc. 5240 Northwest 34 Street Gainesville, Florida 32605

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez
Administrator

Mobile Source Control Section Bureau of Air Monitoring and

Mobile Sources

HE\sb

Enclosure

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

Revised 10/96

TYPE OF INSPECTION:	ANNUAL C	COMPLAINT/D	DISCOVERY	RE-INSPECTION
TIME IN: 9, 45	TIME OUT:	10:30	AIRS ID#:	0010098
TYPE OF FACILITY:	RY CLIEANER			
FACILITY NAME: A	LPINE QUEA	NERS		DATE: 11/18/96
FACILITY LOCATION:	5240 N.W.	34/th <	57	· · ·
	GAINIESVILLE	ALACK		
RESPONSIBLE OFFICIAL:	1-1+1LIA +1U	<u>477</u>	PHONE NUMBE	r: <u>352-372-4686</u>
	the compliance requirement Rule 62-213.300, Florida Ad			facility is found to be in
Based on the results of t discrepancies were note	the compliance requirement d:	s evaluated during	this inspection, the	following compliance
COMPLIANCE REQU	JIREMENT/PROBLE	EM FO	LLOW-UP AC	TION REQUIRED
	· · · · · ·			
				·
		1		
COMMENTS:				
The Annual Compliance Certific	cation form has been proper	ly certified and sub	omitted to the inspec	tor. YES NO
DATE OF NEXT INSPECTIO	N:	11/97		
		(Approximate)		
INSPECTION CONDUCTED	ВҮ:	(Please Print)	MAKKS	
INSPECTOR'S SIGNATURE:	ZH Sami	// '		R: <u>404-448-431</u> 0

Page___of___.

AIRS ID#:	_00	100	98	

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		· 	DATE: 11/18/96
FACILITY LOCATION:	5240 N.W. 39	Ith STREET	·
	EAINIFS VILLE, A		
Annual Reporting Period:	September 3 19	96 TO Mercein	ber 19 19 96
	of the Title V general air permit, my fative Code (F.A.C.), during the period co		_
If NO, complete the following:			
#1. Term or condition of the ge	neral permit that has not been in contin	uous compliance during the rep	porting period stated above:
Exact period of non-compliance	: from	to	
Action(s) taken to achieve comp	oliance:		
Method used to demonstrate cor	mpliance:		
#2. Term or condition of the ge	neral permit that has not been in contin	uous compliance during the rep	oorting period stated above:
Exact period of non-compliance	: from	to	
Action(s) taken to achieve comp	oliance:		
Method used to demonstrate con			
made in this notification are tru	reby certify, based on information and be, accurate and complete. Further, my ase receipts, does not exceed 2,100 galls facilities. Philiphiant Name (Please Print)	annual consumption of perchlo	proethylene solvent, based

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



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NUAL INSPECTIOÌ	COMPLAINT/DISCOVERY O				
FACILITY NAME: ALPIN FACILITY LOCATION: 52	IE CLE					
PART I: NOTIFICATION						
(check appropriate box)						
1. Existing facility notified DARM by	9/1/96	Φ				
2. New facility notified DARM 30 days	s prior to start	lup \square				
3. Facility failed to notify DARM to us	e general peri	mit				
PART II: CLASSIFICATION						
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="" td="" yr<=""><td></td><td>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="" td="" yr<=""></x<2,></td></x<2,>		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="" td="" yr<=""></x<2,>				
transfer only, 200 <x<1,800 (constructed="" 12="" 140<x<1,800="" 9="" 91)="" a="" before="" both="" classification<="" correct="" facility="" gal="" is="" td="" this="" types,="" yr=""><td></td><td>transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after $12/9/91$)</td></x<1,800>		transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after $12/9/91$)				
If no, please check the appropriate classification:						
☐ facility exceeds above	limits and is	nit as number 2 above not eligible for a general permit				
B. The total quantity of perchloroethylfacility was <u>120</u> gallons.	ene (perc) pui	rchased within the preceding 12 months by this dry cleaning				

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØNNA 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? A/NO NO YED 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after 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?	מם צם
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	ОУ ОИ
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? Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ОУ ОИ
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
DADTYA DECADRIZERRACA DECAUDENTACENTE	
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	DY DN
Has the responsible official: (check appropriate boxes)	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	MO YO
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	MY ON POYON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	ФY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מס אס אס
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only)	OY ON OY ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON ON/A OY ON OY/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	OY ON OY ON OY ON PAN/A OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	OY ON OY ON ON/A OY ON ON/A OY ON OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	

2.	Which method of detection is used by	the respon	sible official?			
	Visual examination (condensed s	0				
	Physical detection (airflow felt the	0 /				
	Odor (noticeable perc odor)	0				
	Use of direct-reading instrument					
	If using direct-reading instrum					
	a. Capable of detecting	in a range of 0-500 ppm?	OY O	И		
	b. Calibrated against a (PID/FID only)?	fter each use	OY O	И		
	c. Inspected for leaks an	nd obvious	signs of wear or	ı a weekly basis?	OY O	И
	d. Kept in a clean and s	secure area	when not in uso	2?	OY ON	
	e. Verified for accuracy	by use of	duplicate sample	es (calorimetric only)?	OY ON	
3.	Has the facility maintained a leak log?				OY ON	
4.	Does the responsible official check the	following	areas for leaks?			
	Hose connections, fittings, couplings, and valves	EY	ПΝ	Muck cookers	BY	□и
	Door gaskets and seating	d\	ПИ	Stills	ĠÝ	ПИ
	Filter gaskets and seating	ΦÝ	ПN	Exhaust dampers	d Y	ПΝ
	Pumps	dry.	ПN	Diverter valves	ďΥ	ND
	Solvent tanks and containers	ďΥ	ПN	Cartridge filter housings	Φ¥.	ПИ
	Water separators		•			
_	PI+ILIP HUNT Name of Responsible Offici R.A. RANK	al (`		11/19/	196	
	In an act of a Maria (Diagram Diagram)			Datascrite		

Approximate Date of Next Inspection

Inspector's Signature

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:10	AIRS ID#: <u>()0/009</u> 8
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Alpine Cleaners	DATE: 11/20/97
FACILITY LOCATION: 5240 N.W. 344 5+	•
Gainesville, Fl.	
RESPONSIBLE OFFICIAL: 74.1.0 Hunt	PHONE NUMBER: 352-372-4086
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
·	•
\	
	
	:
COMMENTS:	
•	
•	
	<u>.</u>
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 11/9 &	
· (Ap	proximate)
INSPECTION CONDUCTED BY: Christopher L	pasa Drint)
INSPECTOR'S SIGNATURE:	904 PHONE NUMBER: 448-4310 x. 255

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPE	CTION COMPLAINT/DISCOVERY CTION
FACILITY NAME: Alpine Clean	00/97 TIME IN: 9:10 TIME OUT: 9:50
FACILITY LOCATION: <u>5240</u> N.	
FACILITY LOCATION: <u>5 290 70.</u>	W. 37 - 37.
- <u>Gainesuil</u>	le, FL.
PART I: NOTIFICATION	_
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior t	o startup
3. Facility failed to notify DARM to use gener	al permit
PART II: CLASSIFICATION	
Facility indicated on notification form that is (check appropriate box)	t is:
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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>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=""></x<2,></td></x<2,>	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=""></x<2,>
This is a correct facility classification	ey on
If no, please check the appropriate classification	on:
facility qualified for a general facility exceeds above limits a	permit as number 200 above and is not eligible for a general permit
B. The total quantity of perchloroethylene (per facility was 1/0 gallons.	rc) purchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON NAV
2. Examining the containers for leakage?	DY DN NAX
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	ØÝ □N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mi installed prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	DY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	ey on
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ey on
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MOY ON

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	מם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	•
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠN	2
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?	ΩY	ПΝ	□Ñ/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	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	ПД	,
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	Пи	□N/A
	· · · · · · · · · · · · · · · · · · ·			

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

PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	NO YO	

2.	2. Which method of detection is used by the responsible official?						
	Visual examination (condensed solvent on exterior surfaces)				0		
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation	(FID/	PID/calorimetric	tubes)			
	If using direct-reading instrumenta	tion, i	s the equipment:				
	a. Capable of detecting perc	vapor	concentrations in	a range of 0-500 ppm?	□Y □	N	
	b. Calibrated against a stand (PID/FID only)?	dard ga	as prior to and afte	er each use	DY D	N	
	c. Inspected for leaks and of	ovious	signs of wear on a	a weekly basis?	DY D	N	
	d. Kept in a clean and secur	e area	when not in use?		DY D	N	
	e. Verified for accuracy by u	ise of c	iuplicate samples	(calorimetric only)?	OY ON		
3.	3. Has the facility maintained a leak log?				DAZ D	N	
4.	4. Does the responsible official check the follow	owing	areas for leaks?				
	Hose connections, fittings, couplings, and valves	ſΥ	DИ	Muck cookers	QY	ПN	
	Door gaskets and scating	ry	מם	Stills	e Y	□N .	
	Filter gaskets and seating	ry	□N	Exhaust dampers	e y	□и	
	Pumps	ΙÝ	□N ˙	Diverter valves	P Y	ПΝ	
	Solvent tanks and containers	ſΥ	□N	Cartridge filter housings	OY.	N	
Water separators							

Philip Hunt	
Name of Responsible Official	
Christopher L. Scott	11/20/97
Inspector's Name (Please Print)	Date of Inspection
CHILL SH.	11/98
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
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	tigt in light of the graph of the		-
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			l.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Alpine Cleaners		DA7	TE: 11/20/97
FACILITY LOCATION: 5240 N.W. 34#	5+.		
Gainesville, FL.			
Annual Reporting Period: //	19 <i>9С</i> то	//	1997
Based on each term or condition of the Title V general air permi 62-213.300, Florida Administrative Code (F.A.C.), during the permi		∸ ∧	DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that has not been in	continuous compliance	during the reporting p	eriod 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 p	eriod stated above:
Exact period of non-compliance: from	to	RECEI	VED
Action(s) taken to achieve compliance:	<u> </u>	DEC 3	1997
Method used to demonstrate compliance:		Bureau of Air N & Mobile So	
As the responsible official, I hereby certify, based on information made in this notification are true, accurate and complete. Furth upon rolling averages of purchase receipts, does not exceed 2,10 year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Phip Hunt Name (Please Print)	er, my annual consumpt	ion of perchloroethyle	ne solvent, based

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	₽	COMPLAINT/DISC	COVERY	
ÁIRS ID#: <u>001009</u>	, ,	TIME I	N: <u>1.'00</u> tin	ME OUT: <u>/</u>	35
FACILITY NAME: <u>Alpine</u>	e Cleaners	-			
facility location: 5	240 N.W	3	1 th st.		
Go	unesuille Fr	- 1			
RESPONSIBLE OFFICIAL :	Phip Hunt	-	PHONE: 35-2-	372-40	186
CONTACT NAME:	· · · · · · · · · · · · · · · · · · ·		_PHONE:	•	
			P		
PART I: NOTIFICATION				`	
(check appropriate box)			s 0.	*	
1. New facility notified DARM 3	0 days prior to startup		THE YES	L	
2. Facility failed to notify DARN	I to use general permit		Mos A	15.	
			40 4	-	
	· · · · · · · · · · · · · · · · · · ·	·	~ C 3		
PART II: CLASSIFICATION			Sur		
Facility indicated on notificatio (check appropriate box)	n form that it is:		☐ No notification fo		roleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2.1	e	nsfer only, x h types, x < nstructed on New large a -to-dry only	Drop store/out of area source, $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91) area source, $140 \le x \le 2,100 \text{ gal/y}$	f business/pet	roleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800	e	-to-dry only, x insfer only, x in types, x < instructed on New large a -to-dry only insfer only, 2	Drop store/out of area source, $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91) area source, $140 \le x \le 2.100 \text{ gal/yr}$ $00 \le x \le 1.800 \text{ gal/yr}$	f business/pet	roleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2.1	e	-to-dry only, x in types, x < nstructed on New large a -to-dry only insfer only, 2 in types, 140	Drop store/out of area source, $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91) area source, $140 \le x \le 2,100 \text{ gal/y}$	f business/pet	roleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gal/yr 140 ≤ x ≤	e	-to-dry only nasfer only, x h types, x < nstructed on New large a -to-dry only nasfer only, 2 h types, 140 natructed on	Drop store/out of area source, $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after $12/9/91$) area source, $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	f business/pet.	roleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility cla If no, please check the a facility	e	-to-dry only, x h types, x < nstructed on New large a -to-dry only insfer only, 2 h types, 140 nstructed on IN	□ Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determin	f business/pet.	roleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY DN ORVIA
2. Examining the containers for leakage?	OY ON BANA
3. Closing and securing machine doors except during loading/unloading?	PAY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	אומם מם אלם,
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN BNA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification's has been checked, no controls are required. Proceed to Part	v.
If classification 2 has been checked, the machine should be equipped with a ref. (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber minstalled prior to September 22, 1993	r a refrigerated ust have been
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	אם צם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY DN DN/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	מארם אם צם
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	חם עם

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	₪א	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□N.	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	מם	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	אם	□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 ON
3. Maintained leak detection inspection and repair reports for the following:	Λ
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO YE
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אום אם אום
4. Maintained calibration data? (for applicable direct reading instruments)	אא אל אם אם
5. Maintained exhaust duct menitoring data on perc concentrations?	אואם אם עופא
6. Maintained startup/shutdown/malfunction plan?	ØY □X
7. Maintained deviation reports?	אַאם אם צאָא
Problem corrected?	אאם אם אלא
8. Maintained compliance plan, if applicable?	AVAD ND Y.

_					
PA	ART VI: LEAK DETECTION AND I	REPAIRS			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?				day on
2.	Has the facility maintained a leak log?				ØY □N
3.	Does the responsible official check the	following a	reas for leal	ks?	(
	Hose connections, fittings, couplings, and valves	(A) DN	□N/A	Muck cookers	AY ON ON/A
	Door gaskets and scating	ИО Y	□N/A	Stills	AND NO YOU
	Filter gaskets and seating	DY ON	□N/A	Exhaust dampers	אואם אם צען
	Pumps	ру Пи	□N/A	Diverter valves	אואם אם ציין
	Solvent tanks and containers	AND AND	□N/A	Cartridge filter housings	אואם אם צי
	Water separators	pp. □n	□N/A	•	. •
4.	Which method of detection is used by t	he responsib	ole official?		
-	Visual examination (condensed s	olvent on ex	terior surfa	ces)	P
1	Physical detection (airflow felt th	rough gaske	ets)		Ø
	Odor (noticeable perc odor)				₩.
r C	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector					
	If using direct-reading instr	ipment:	□N/A		
	a. Capable of detecting	perc vapor c	concentratio	ons in a range of 0-500 ppm?	NO YO
	b. Calibrated against a s (PID/FID only)?	standard gas	prior to an	d after each use	OY ON
	c. Inspected for leaks ar	nd obvious si	igns of wea	r on a weekly basis?	OY ON
	d. Kept in a clean and s	ccure area w	vhen not in	use?	OY ON
 	e. Verified for accuracy	by use of du	iplicate san	ples (calorimetric only)?	DY DN
`					
•					
(host about	_		11/12/05	
7	Inspector's Name (Please Prin	 nt)		11/12/98 Date of Inspe	ction
	1.1 1 1 1 4	•		,	

Approximate Date of Next Inspection

ADDITIONAL S	SITE IN	FORMATION:
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Aerotech USA

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:00TIME OUT: 1:35	AIRS ID#: 0010098
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Alpine Cleaners	DATE: 11/12/9 \$
FACILITY LOCATION: 5240 N.W. 34#	<i>5</i> †
GAINESVIlle, FC.	
RESPONSIBLE OFFICIAL: Philip Hunt	PHONE NUMBER 352-372-4086
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	PFC
	Bureau or 1 1 1840 ED
	Mobile Sources Oring
	·
COMMENTS:	
· · · · · · · · · · · · · · · · · · ·	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 11/99	
INSPECTION CONDUCTED BY: Chasto pher	proximate) 2. Scott ase Print) PHONE NUMBER 904-448-4310 x 25.

Page___of___.

Revised 10/96

airs id#:<u>00/0098</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			••	•
FACILITY NAME: Alpine Cleaners			DA	TE: 11/12/98
FACILITY LOCATION: 5240 N.W. 3	4th St.			
GAINESV. lle, FL.			_	
Annual Reporting Period: Nov 97	19	_ то	Nov 98	19
Based on each term or condition of the Title V general air	r permit, my facil	ity has remain	ned in compliance wi	th DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), durin	g the period cove	red by this sta	tement. YES	Пио
If NO, complete the following:			<i>A</i>	
#1. Term or condition of the general permit that has not	been in continuou	us compliance	during the reporting	period stated above:
Exact period of non-compliance: from		to	Windly of 1	1
Action(s) taken to achieve compliance:			108/8/1 A	Sy 10
Method used to demonstrate compliance:		 _	Mobile St. Monito,	<u> </u>
#2. Term or condition of the general permit that has not	been in continuo	us compliance	e during the reporting	period stated above:
Exact period of non-compliance: from		to_		<u> </u>
Action(s) taken to achieve compliance:				· .
Method used to demonstrate compliance:				
	.			
As the responsible official, I hereby certify, based on info made in this notification are true, accurate and complete upon rolling averages of purchase receipts, does not exce year for transfer or combination facilities.	. Further, my an	nual consump	otion of perchloroethy	vlene solvent, based
RESPONSIBLE OFFICIAL: Ph.1.A Huwt Name (Please Pr	int)	Philip	Signature	11/12/98 Date
<u> </u>				

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	∀ co:	MPLAINT/DISCOVERY	
	RE-INSPECTION			
	·			
AIRS 10#: <u>0</u> 010098	DATE: 10-19-99	TIME IN:	7.30 TIME OUT:	10:10
FACILITY NAME: Alpin	ne Cleaners			
FACILITY LOCATION: 5	240 N.W. 34	1th Street)
	mainesville, FL. 3		8	
RESPONSIBLE OFFICIAL:			ONE: 352 372 - 4086	4
CONTACT NAME:		рн	ONE:	
	,		nito nito	0
PART I: NOTIFICATION			'inf	
(check appropriate box)				
1. New facility notified DARM	1 30 days prior to startup		•	۵
2. Facility failed to notify DAF	•			
	-			}
PART II: CLASSIFICATIO	N .	<u> </u>		
			···	
Facility indicated on notificat	rion form that it is:		No notification form	
Facility indicated on notificat (check appropriate box)	tion form that it is:		No notification form Drop store/out of business/p	petroleum
(check appropriate box)			Drop store/out of business/p	petroleum
(check appropriate box) A. 1. Existing small area sou	urce 🖸 2.	□ I New small area s	Orop store/out of business/p	petroleum
(check appropriate box)	irce 🗅 2. Vyt dry		Orop store/out of business/p ource d 40 gaVyr	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	urce □ 2. Vyτ dry r trai bot	New small area s -to-dry only, $x < 1$ nsfer only, $x < 200$ th types, $x < 140$ g	Orop store/out of business/p ource 40 gal/yr) gal/yr al/yr	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	urce □ 2. Vyτ dry r trai bot	New small area s :-to-dry only, $x < 1$ nsfer only, $x < 200$	Orop store/out of business/p ource 40 gal/yr) gal/yr al/yr	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	Uyr dry train bot	New small area s -to-dry only, x < 1 nsfer only, x < 200 th types, x < 140 g onstructed on or after	Orop store/out of business/pource 40 gal/yr 0 gal/yr al/yr 1 ter 12/9/91)	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2	2. 1/yr dry 1/yr trai bot 1) (co	New small area s y-to-dry only, x < 1 nsfer only, x < 200 th types, x < 140 g onstructed on or aft New large area s y-to-dry only, 140 g	Drop store/out of business/pource 40 gaVyr Early $12/9/91$ Ource \square $12/9/91$ $12/9/91$ $12/9/91$ $13/9/91$	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1.8	2. 1/yr dry 1/yr train 1/yr train 1/yr train 2. 1/yr dry 1/yr dry 1/yr dry 1/yr train 1/yr train 1/yr train	New small area s i-to-dry only, x < 1 insfer only, x < 200 th types, x < 140 g instructed on or aff New large area s i-to-dry only, 140 g insfer only, 200 ≤ x	Drop store/out of business/pource 40 gal/yr 2) gal/yr al/yr 4cr 12/9/91) ource $\leq x \leq 2,100 \text{ gal/yr}$ $x \leq 1,800 \text{ gal/yr}$	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	2. 1/yr dry 1/yr dry 1/yr trai 2. 1/yr dry 1/yr dry 2. 1/yr dry 2. 1/yr dry 2. 1/yr dry 2. 1/yr train 2. 2. 2. 3. 4. 4. 4. 2. 4. 2. 4. 4. 4. 4	New small area s y-to-dry only, x < 1 nsfer only, x < 200 th types, x < 140 g onstructed on or aft New large area s y-to-dry only, 140 g onsfer only, 200 ≤ x th types, 140 ≤ x ≤ th types, 140 ≤ x ≤	Orop store/out of business/pource 40 gal/yr 0 gal/yr al/yr ter 12/9/91) ource $\leq x \leq 2,100 \text{ gal/yr}$ $x \leq 1,800 \text{ gal/yr}$ $\leq 1,800 \text{ gal/yr}$	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1.8	2. 1/yr dry 1/yr dry 1/yr trai 2. 1/yr dry 1/yr dry 2. 1/yr dry 2. 1/yr dry 2. 1/yr dry 2. 1/yr train 2. 2. 2. 3. 4. 4. 4. 2. 4. 2. 4. 4. 4. 4	New small area s i-to-dry only, x < 1 insfer only, x < 200 th types, x < 140 g instructed on or aff New large area s i-to-dry only, 140 g insfer only, 200 ≤ x	Orop store/out of business/pource 40 gal/yr 0 gal/yr al/yr ter 12/9/91) ource $\leq x \leq 2,100 \text{ gal/yr}$ $x \leq 1,800 \text{ gal/yr}$ $\leq 1,800 \text{ gal/yr}$	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	2. 1/yr dry 1/yr dry 1/yr train 2. 1/yr dry 1/yr dry 2. 2. 300 gal/yr dry 300 gal/yr train 30 gal/yr bot 30 gal/yr bot 30 gal/yr bot	New small area sylvatority only, $x < 10$ msfer only, $x < 200$ th types, $x < 140$ g enstructed on or after New large area sylvatority only, $140 \le x \le 140$ th types, $140 \le x \le 140$ on structed on or after only, $140 \le x \le 140$ on structed on or after only.	Orop store/out of business/pource 40 gal/yr 0 gal/yr al/yr ter 12/9/91) ource $\leq x \leq 2,100 \text{ gal/yr}$ $x \leq 1,800 \text{ gal/yr}$ $\leq 1,800 \text{ gal/yr}$	petroleum
(check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facilit	2. 1/yr dry 1/yr dry 1/yr train 2. 1/yr dry 1/yr dry 2. 2. 300 gal/yr dry 300 gal/yr train 30 gal/yr bot 30 gal/yr bot 30 gal/yr bot	New small area s i-to-dry only, x < 1 nsfer only, x < 200 th types, x < 140 g onstructed on or aft New large area s i-to-dry only, 140 g nsfer only, 200 ≤ x th types, 140 ≤ x ≤ onstructed on or aft Y □N □0 n: I permit as number	Orop store/out of business/pource 40 gal/yr 0 gal/yr al/yr ter 12/9/91) ource \(\times \times 2,100 \text{ gal/yr} \) \(\times \times 1,800 \text{ gal/yr} \) \(\times 1,800 \text{ gal/yr} \	petroleum

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PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY DN BONA
2. Examining the containers for leakage?	DY DN DNA
3. Closing and securing machine doors except during loading/unloading?	MO NE
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אומם מם עש.
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ANGE NO YO
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	DY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואים אם אפב
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אואם אם צאפל
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	JERY DN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אי עפי אם עם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DEY ON

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Revised 8/11/97

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PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				Æ,	C	אכ
2.	Has the facility maintained a leak log?)			Y		אב
3.	Does the responsible official check the	following ar	cas for leaks?				
	Hose connections, fittings, couplings, and valves	₽ Y □N	□N/A	Muck cookers	4 Y	אם	□N/A
	Door gaskets and scating	ADY ON	□N/A	Stills	Y	ПN	□N/A
	Filter gaskets and seating	NO VE	□N/A	Exhaust dampers	₹ Y	מם	□N/A
	Pumps	Ж И ПИ	□N/A	Diverier valves	${\rm 1}\!\!\!\!/ {\rm A}$	NO	□N/A
	Solvent tanks and containers	AD N	□N/A	Cartridge filter housings	Y	NO	□N/A
	Water separators	₽ Y □N	□N/A				
4.	Which method of detection is used by	the responsib	le official?				
	Visual examination (condensed s	solvent on ext	terior surfaces)		B		
	Physical detection (airflow felt th	rough gaske	ts)		*		
	Odor (noticeable perc odor)				****		
	Use of direct-reading instrument	ation (FID/PI	D/calorimetric	tubes)			
	Halogen leak detector						
	If using direct-reading inst	rumentation	, is the equipme	ent:	DN/	Α	
	a. Capable of detecting	perc vapor co	oncentrations in	a range of 0-500 ppm?	ΠY	ΠN	
	b. Calibrated against a (PID/FID only)?	standard gas	prior to and afte	er each use	ΩY	Пи	
	c. Inspected for leaks a	nd obvious si	gns of wear on a	a weekly basis?	ΩY	ПΝ	
	d. Kept in a clean and s	secure area w	hen not in use?		ΟY	ΠN	
1	e. Verified for accuracy	by use of du	plicate samples	(calorimetric only)?	QY	מם	

Inspector's Name (Please Print)

Inspector's Signature

10-19-99 Date of Inspection

Nov - 2000
Approximate Date of Next Inspection

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	AD MA			
2. Maintained rolling monthly averages of perc consumption?	Zen dn			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	ANO NO YES			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אַאָם אַם צַּפּ			
4. Maintained calibration data? (for applicable direct reading instruments)	AN JEF NO YO			
5. Maintained exhaust duct menitoring data on perc concentrations?	OY ON BOYA			
6. Maintained startup/shutdown/malfunction plan?	NO YES			
7. Maintained deviation reports?	איא אם אם אם			
Problem corrected?	DY DN SENIA			
S. Maintained compliance plan, if applicable?	אואס אם אם			

ADDITIONAL SITE INFORMATION:	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМ	PLAINT/DISCOVE	ERY	RE-INSPECTI	ON 🗌
TIME IN: 9.30 TIME O	OUT: /0,'/0	AI	RS 1D#: 0010	0098	
TYPE OF FACILITY Dry Cleaner				10 19	90
FACILITY NAME: HIPINE Cleaner			DA	ATE: <u>10 - 19 -</u>	17_
FACILITY LOCATION: 5240 NOU	-	605			
RESPONSIBLE OFFICIAL: Thip HIVE	+		E NUMBER: 3	52-372-	4086
Based on the results of the compliance recompliance with DEP Rule 62-213.300,				is found to be in	ı .
Based on the results of the compliance rediscrepancies were noted:	equirements evalua	ited during this insp	ection, the followi	ng compliance	:
COMPLIANCE REQUIREMENT/	PROBLEM	FOLLOW	-UP ACTION	REQUIRED	
	•				·
					:
COMMENTS:					
· · · · · · · · · · · · · · · · · · ·					
The Annual Compliance Certification form has b	een properly certif	ied and submitted to	the inspector.	YES	NO
DATE OF NEXT INSPECTION:		00		,	<u>.</u>
INSPECTION CONDUCTED BY: 1,5	topher L	oroximate) Soft ase Print)			
INSPECTOR'S SIGNATURE:	fe L	PHON	e number: <u>9∂</u>	4-448-43	10 X24

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Revised 10/96

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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Apige Cleaners	DATE: 10-19-99
FACILITY LOCATION: 5240 N.W. 344 St.	
Gainesville, FL 32605	
Annual Reporting Period: NOV 1998 TO 0	19 <u>99</u>
Based on each term or condition of the Title V general air permit, my facility has remained in 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement	—
If NO, complete the following:	•
#1. Term or condition of the general permit that has not been in continuous compliance during	ng 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	ng 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 real made in this notification are true, accurate and complete. Further, my annual consumption of upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	of perchloroethylene solvent, based

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCO	OVERY			
	RE-INSPECTION		••				
AIRS ID#: (W\0098 I	Λ .	TIME IN	: TIME	E OUT:			
FACILITY NAME: ADIN		<u> </u>					
FACILITY LOCATION: 5240 NW 34th 8t							
∥	anesylle, Fl	3260	5				
RESPONSIBLE OFFICIAL :		t	phone: <u>(352)</u>	372-4086			
CONTACT NAME:			PHONE:				
PART I: NOTIFICATION							
(check appropriate box)	· · · · · · · · · · · · · · · · · · ·						
1. New facility notified DARM 30 days prior to startup							
2. Facility failed to notify DARN	I to use general permit						
PART II: CLASSIFICATION							
Facility indicated on notificatio (check appropriate box)	n form that it is:		☐ No notification for ☐ Drop store/out of b				
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	r dry trar bot	nsfer only, x < h types, x < 1	x < 140 gal/yr 200 gal/yr				
3. Existing large area sourced ry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ gas (constructed before $12/9/91$)	00 gal/yr dry gal/yr tran al/yr bot	nsfer only, 200 h types, 140 <u><</u>	ea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$				
5. This is a correct facility cla	ssification 🖙	ON	□Can not determine				
1I	ppropriate classification y qualified for a general y exceeds above limits a	permit as nur		it			
B. The total quantity of perchlor facility was 70 gallons.	oethylene (perc) purcha	sed within the	preceding 12 months	by this dry cleaning			

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? QY/QN QN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DY-ON 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MD/AD

6. Conducted all temperature monitoring after an appropriate cooldown period and after MO_YO

DY/ÓN DN/A

OY ON ON/A

DY ON ON/A

DY ON

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

condenser upon opening the door?

condenser exceeded 45° F?

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

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

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

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	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	•		
	if machines are equipped with a carbon adsorber?	ΠY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΩY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□ N .	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПŃ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) UX UN 1. Maintained receipts for perc purchased? DY/DN 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY DN (DN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN UN/A and parts installed w/in 5 days of receipt? DY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? QY∕QN 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY ON ON/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

_				
1.	Does the responsible official conduct a	a weekly (for small sources	s, bi-weekly) leak detection a	ind repair
	inspection?			EY ON
2.	Has the facility maintained a leak log?			CAY ON
3.	Does the responsible official check the	following areas for leaks?	?	
	Hose connections, fittings, couplings, and valves	(DY ON ON/A	Muck cookers	DY-ON ON/A
			Truck Cookers	2.
	Door gaskets and seating	QY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	OX ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	ÓY ON ON/A
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	ON ON/A
	Water separators	QY ON ON/A		
4.	Which method of detection is used by	the responsible official?		_
	Visual examination (condensed s	solvent on exterior surface	s)	D
	Physical detection (airflow felt the	hrough gaskets)	•	
	Odor (noticeable perc odor)			ď
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ic tubes)	
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equip	ment:	ØN/A
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	fter each use	OY ON
			1.111-0	
	-	nd obvious signs of wear of		OY ON
	-	secure area when not in us		· DY DN
	e. Verified for accuracy	y by use of duplicate samp	les (calorimetric only)?	OY ON
	·			

Heather WYNN	11/6/00
Inspector's Name (Please Print)	Date of Inspection
Marlery	November 2001
Inspector's Signature	Approximate Date of Next Inspection

Aerotech -550

AIRS 1D#: 0010098

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u></u>	
FACILITY NAME: Apine Clarers	DATE: 11/6/CO
FACILITY LOCATION: 5240 NW 32	ttp 21
PACIFITY EDUCATION: OR 10 110 110	201.05
Gainesville, FI	52605
Annual Reporting Period: NOVEMBER 199	7 19 TO MNIMBLY 2000 19_
_	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 UNO
If NO, complete the following:	
#1. Term or condition of the general permit that has not b	een in continuous compliance during the reporting period stated above:
Ş <u>F</u>	
· · · · · · · · · · · · · · · · · · ·	
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	$\mathcal{P}_{\mathcal{I}}$
	9
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not b	80
#2. Term or condition of the general permit that has not be	6 ~ ~
· · · · · · · · · · · · · · · · · · ·	So so les m
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	Ωu
Method used to demonstrate compliance:	
Michiga used to demonstrate compitance.	
As the responsible official. I hereby certify, based on info	rniation 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 exce year for transfer or combination facilities.	ed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per
) 1 . 1	
RESPONSIBLE OFFICIAL: Thill Hunt	#TU/Ry) 1/16/00
Name (Please Pri	ini) 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL-	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12:15 TYPE OF FACILITY: 174	TIME OUT: 12;	25	0010098
FACILITY NAME: A QIAL	Clearers		DATE: 11/1/00
FACILITY LOCATION: 52	40 MM 3447 St		
J70	inesville F1 32	605	1250 20 1081
RESPONSIBLE OFFICIAL:	Philip Hunt	PHONE NUMBER	R: 1.002)312-4000
	the compliance requirements evalule 62-213.300, Florida Admin	aluated during this inspection, the fa istrative Code (F.A.C.).	cility is found to be in
discrepancies were note	d:	aluated during this inspection, the fo	
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
· ,			·
	-		
			<u>. </u>
COMMENTS:			
•	1 6.1000 1-0	rtified and submitted to the inspector	r. YES NO
DATE OF NEXT INSPECTION		Approximate)	<u> </u>
INSPECTION CONDUCTED I	BY: HPOTHER N	(Please Print)	: <u> </u>
INSPECTOR'S SIGNATURE:	Hall Plan	PHONE NUMBER	: <u>(904)448-4310426</u>
	Rage	<u>)</u> _of	Revised 10/96

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DE ENTERPRISES OF GAINESVILLE, INC. / DBA ALPINE CLEANERS

1204

Department of Environmental Protection

Date 02/10/2001 [°]Type Bill

Reference

Original Amt. 50.00 Balance Due 50.00

2/27/2001

Discount

Payment 50.00

Check Amount

50.00

Florida Bank Checking Ac 0010098

50.00

5 a 1



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406609 MAR 1 2001

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 # 0010098

ALPINE CLEANERS PHILIP HUNT 5240 NW 34TH STREET **GAINESVILLE FL 32605** FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

BEST AVAILABLE COPY

ALPINE CLEANERS, INC.

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DEPARTMENT OF ENVIRONMENTL PROTECTION

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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

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ALPINE CLEANERS PHILIP HUNT 5240 NW 34TH STREET GAINESVILLE FL 32605 RECEIVED MAIL ROOF

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

Obj.: 002273

ALPINE CLEANERS, INC.

³ Department of Environmental Protection

2/9/2000

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50.00

AIRS ID# 0010098

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse) AIRS ID # 0010098

ALPINE CLEANERS PHILIP HUNT 5240 NW 34TH STREET GAINESVILLE FL 32605

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	Restricted Delivery Fee	
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	Strei 5240 NW 34TH		ļ
7000	City,	FL 32003	ļ
	PS Form 3800, February 2	.000	San Payaran for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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or on the front if space permits.	Addressee
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US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID 0010098 ALPINE CLEANERS INC PHILIP HUNT 5240 NW 34TH STREET GAINESVILLE FL 32605 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

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P 265 302 333 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID#: 0010098 ALPINE CLEANERS INC PHILIP HUNT 5240 NW 34TH STREET **GAINESVILLE FL 32605** Cermed 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

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