

Department of Environmental Protection

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

David B. Struhs Secretary

February 26, 1999

Mr. Craig Morby Touch of Class Dry Cleaners 1800 Harden Boulevard Lakeland, Florida 33803

Re: Facility No.: 1050326

Dear Mr. Morby:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on Feburary 4, 1999.

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

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

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

If there are any changes in the facility status, including change of operating parameters or equipment, of 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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

		PE	
Parchloroethyle	ene Dry Cleaning F	Cacility Notification	E/L.
	Facility Name and Loca	tion Supply Notification Supply Of Mobile Notification	E/VED
1. Facility Owner/Company Name (N		y, or individual owner):	Oring.
2. Site Name (For example, plant name Touch of CLASS Day		#539500550	
3. Hazardous Waste Generator Identifi	cation Number:	•	
4. Facility Location: 1906 HALO Street Address:	EN BLY		
City: LAKEUAN D	County: FUA	Zip Code: 33803 .	
5. Facility Identification Number (DPI	PUse): 1050	326	1.57 11
	Responsible Official		·
6. Name and Title of Responsible Office	cial:		

6.	Name and Title of Responsible Official:			
	CRAIG MORBY	. ·		
7.	Responsible Official Mailing Address:			
	Organization/Firm: INTIME ENTERPRISE	ES INC. BA"	Toucho	FCIASS ORY CLEARCHS.
	Street Address: 1800 HAPDEN BLUD			_
	City: LAKELAND Cour	ity: POLK		Zip Code: 33803
8.	Responsible Official Telephone Number:			
	Responsible Official Telephone Number: Telephone: (14) #43 - 3 888	Fax: ()	-

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Conta	ict (For example, plant r	nanager):	
		AME		
10.	Facility Contact Address:			
	Street Address: City:	County:	Zip Code:	
11.	Facility Contact Telephone Num Telephone: () -	ber:	Fax: () -	

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

1050326

P13

6. Add Fitter Responsible Official

p14

16) Should not be marked, Mark out

3

Existing small area source should not be marked. Mark out and initial. New small area source should be marked

p16

Responsible official signanddate for charges made.

2/26/99

Spoke to Nash and he stated that Draig Morby is the President of Intime Enterprises Inc. Nash is a portnerin the corp.

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93 DEC99	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	MAG						Nichi		
(1) w/ ref. condenser		, V,	DEC 99						
(2) w/ carbon adsorber									
(3) w/ no controls		NA.							
Washer Unit			ed ili edakt	t Wit	MIJSETHI:				
(4) w/ ref. condenser			-						
(5) w/ carbon adsorber		NIA							
(6) w/ no controls						_			,
Dryer Unit			HMN SENS		THE BETTE		<u>Than</u>		Yrijile fi
(7) w/ ref. condenser								-	
(8) w/ carbon adsorber		NA							
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber		N/A.							
(12) w/ no controls				_					
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are requant	equired to be ity of perchlo ons — Si	oroethylene (perc)	purchased in	GUINE.			
3. What is the facility's so (Indicate with an "X". Existing small an	Selec ea so	urce [X]	ication only.) Ne	ew sn	nall area sour	rce [3) of	Part II?	
Existing large ar	ea soi	urce []	Nε	ew lau	rge area sour	ce	J		

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source
Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser [**]
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuar to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring (e) Instrument calibration (f) Start-up, shutdown, malfunction plan
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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Surrender of Existing Air Permit(s)

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)
No air permits currently exist for the operation of the facility indicated in this notification form.
Responsible Official Certification
dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
mptly notify the Department of any changes to the information contained in this notification.

PERCHLOROETHYLENE DRY CLEANERS

PERO	CHLOROETH TITLE V COMPLIANCE I	GENERAL PER	MIT	ERS C	CEI
TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	. Д С	COMPLAINT/I	ERS APA DISCOVERY Mobile	In Monitoring
AIRS ID#: 1050326	DATE: 459	9 TIME II	1: 11:45	TIME OUT: <u>İ</u>	できた。 レ: 30
FACILITY NAME: DUC	n of Clas	s Dry (leaners		
FACILITY LOCATION:	1800 Har	den Bl			
	Lakeland	3380)3		
RESPONSIBLE OFFICIAL	: Crain N	lorby	PHONE: 941	/413-08	808
CONTACT NAME:	 	δ	PHONE:		
			·		
(check appropriate box) 1. New facility notified DARN		•			
(check appropriate box) 1. New facility notified DARN 2. Facility failed to notify DAI	RM to use general per	•			0
(check appropriate box) 1. New facility notified DARN 2. Facility failed to notify DAI PART II: CLASSIFICATIO Facility indicated on notificat (check appropriate box)	RM to use general per	•	□ No notificati □ Drop store/or		
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARN 2. Facility failed to notify DAI PART II: CLASSIFICATIO Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gat transfer only, x < 200 gal/ye both types, x < 140 gal/yr (constructed before 12/9/91	RM to use general per N tion form that it is:	2. New small a dry-to-dry only, transfer only, x both types, x <	Drop store/or rea source x < 140 gal/yr < 200 gal/yr		
(check appropriate box) 1. New facility notified DARN 2. Facility failed to notify DAI PART II: CLASSIFICATIO Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr	RM to use general per N tion form that it is: tree /yr	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	Drop store/or rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	ut of business/pe	
(check appropriate box) 1. New facility notified DARN 2. Facility failed to notify DAI PART II: CLASSIFICATIO Facility indicated on notificate (check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gallytooth types, x < 140 sallytooth types, x < 1,800	RM to use general per N tion form that it is: arce l/yr r) rce 2,100 gal/yr 00 gal/yr gal/yr)	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	Drop store/of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $12/9/91$) rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$	ut of business/pe	

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

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?	QΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F2	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?	QY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	ΩY	□и	□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	ПN	□N/A

Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; YY ON ON/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN ANA DY DN DONA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN ZN/A 5. Maintained exhaust duct monitoring data on perc concentrations? NO YES 6. Maintained startup/shutdown/malfunction plan? AVAK NO YO 7. Maintained deviation reports?

PART V: RECORDKEEPING REQUIREMENTS

Problem corrected?

8. Maintained compliance plan, if applicable?

DY DN XXN/A

□Y □N \$7N/A

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

Margaret Cange Inspector's Signature

Columbia #4907

Aero-Tech Model 753-2556

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Revised 9/15/97

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	۸
INTIME ENTERPRISES, INC.	
2. Site Name (For example, plant name or number):	1
2. Site Name (For example, plant name or number): 10UCH OF CLASS DRY CLEANERS 3. Hazardous Waste Generator Identification Number: 4. Facility Location: Street Address: (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (10	,
3. Hazardous Waste Generator Identification Number:	190
Soll Manie	<i>و</i> و
4. Facility Location: 1800 HARDEN BLVD.	ja ja
City: LAKELAND County: POLK Zip Code: 33803	
5. Facility Identification Number (DEP Use ONLY - do not fill in).	
10503 26	
Responsible Official	
6. Name and Title of Responsible Official:	
Name: CRAIG MORBY Title: PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm: /NT/ME ENTERPRISES /NC.	
Street Address: 4400 1000 NGAL 12/1/	
City: LAKELAND County: POLK Zip Code: 33803	
8. Responsible Official Telephone Number:	
Telephone: $(941)413 - 0808$ Fax: () -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
Street Address:	
City: County: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: () - Fax: () -	

DEP Form No. 62-213.900(2)

Facility Name and Location

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Control Device Required* Status Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing/New None require Existing/New Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? How many dryers/reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: Control Device Required* Date Initially Purchased Date Control Device Installed Status (if already included at time of From Manufacturer (circle one)-(circle one) purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [(200] gallons (You must fill this in) (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: Did not keep records: Did not keep records: New store: New machine

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Effective: 2/24/99

Unopened store [____] (date of expected opening _____)

3. What is the facility's source classification based on the defining Indicate with an "X". Select one classification only.)	tions found in section (3) of Part II?
Small Area Source	,
Transfer only on-site (used less	s than 140 gallons of perc per year) s than 200 gallons of perc per year) s than 140 gallons of perc per year)
Dry-to-dry machines only on-site (used 140 Transfer only on-site (used 200	0 - 2,100 gallons of perc per year) 0 - 1,800 gallons of perc per year) 0 - 1,800 gallons of perc per year)
 What control technology is required on machines pursuant to (Indicate with an "X".) 	section (5) of Part II of this notification form?
	New machines at small area source Refrigerated condenser [X]
	New machines at large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall Rule 62-213.300, F.A.C. Verify that all steam and hot water go criteria or that no such units exist on-site (see attached memo for	enerating units on-site meet the following exemption
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating: [] [<u>310</u> 1
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 6 fuel oil	natural gas No. 4 fuel oil Other (please list)
6. Equipment Monitoring and Recordkeeping Information	•
Check all logs which are required to be kept on-site in accordan	nce with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addition log	<u>×</u> 1
(b) Leak detection inspection and repair	∟ <u>×</u>
(c) Refrigerated condenser temperature monitoring	\vdash
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Startup, shutdown, malfunction plan	\bowtie

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender	of Existing DEP Air Permit(s)
Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notig statemen maintain comply v I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the airs made in this notification are true, accurate and complete. Further, I agree to operate and a 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. The property of the Department of any changes to the information contained in this notification.

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Perchloroethy	BEST AVAILAB lene Dry Cleaning I Facility Name and Loca	Facility Notification	PECE A 1889	40
1. Facility Owner/Company Name (1) THIME ENTERPLISES		cy, or individual owner):	Surcesting	
2. Site Name (For example, plant name Touch of Class Day	ne or number):	#539500	550 `	
3. Hazardous Waste Generator Identi	fication Number:			
4. Facility Location: 1800 HAL Street Address: City: LAKEUM D	County: FUA	Zip Code: 3	33863	
5. Facility Identification Number (IN	P.Use): 10503	326 H		

Responsible Official

6.	Name and Title of Responsible Official:
	CRAIG MORBY
7.	Responsible Official Mailing Address:
	Organization/Firm: IN TIME ENTERIRISES INC. 184 TOUCH OF CLASS OLY CHARCES.
	Street Address: (우리 HAFIGH 유니)
	City: LAKELAND County: POLK Zip Code: 33803
8.	Responsible Official Telephone Number:
	Telephone: 941)413-0808 Fax: ()

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Conta	ct (For example, plant	t manager):				
	,	131941 2					
10.	Facility Contact Address:						
	Street Address:						
	City:	County:			Zip Code:		
11.	Facility Contact Telephone Num	per:					
	Telephone: () -		Fax: ()	-	Burea &	D
						u of Air Mobile S	PR - 8

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Facility Information

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

Type of Machine	ΙD	Machine Initially Purchased	Date Control Device Installed	ID	Machine Initially Purchased	Date Control Device Installed	ID	Machine Initially Purchased	Control Device Installed
Example	#]	03-OCT-93 DEL 99	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	Jack Literary Co.	[middletpelijang		47.1			iji wa,		alignanya pari P
(1) w/ ref. condenser		1	DEC 99]
(2) w/ carbon adsorber		V.							
(3) w/ no controls		PIR				"		i	
Washer Unit	1 1 2 2 3 3 3 3 4 3	the topping a continue			elegio del modello.	F 44 14 14	5,397	Committee (Mg)	45 45
(4) w/ ref. condenser		(1		-					
(5) w/ carbon adsorber		MK				_			
(6) w/ no controls									
Dryer Unit	CHIN	catanierogeta,	appidation in it	garaga la p	Variation, August			Dayk syk ye	gran Die
(7) w/ ref. condenser									·
(8) w/ carbon adsorber		NA							
(9) w/ no controls									
Reclaimer Unit			JOHNSON SANSON	g ings	iga Jalan noga		haling.	Japan N. I. Dan	
(10) w/ ref. condenser)					
(11) w/carbon adsorber		N/A.		-					
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total (are re	equired to be	installed [perc)	purchased in	the latest 12	2 mor	nths?	
(b) If less than 12 mon Check why it is less	ths, h	ow many?[months		•	.,	not k	eep records:	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X"		s pursuant to section (5) of I	Part II of this notification form?
Existing large a Carbon adsorbe		Refrigerated condenser	
New small area Refrigerated co			Bureau of Air Mories Bureau of Air Mories
New large area Refrigerated co			Jobile So
			Mcces
to Rule 62-213.300, F.A		nd hot water generating unit	o use the general permit pursuant ts on-site meet the following
boiler HP or less), and		natural gas except for perio	10 million BTU/hr or less (298 ods of natural gas curtailment s fired.
All steam and hot water No such units on-site	generating units exempt		
	·		
	Equipment Monitoring	and Recordkeeping Infor	mation
Check all logs which are	e required to be kept on-site	in accordance with the req	uirements of this general permit:
(a) Purchase receipts and	d solvent purchases		
(b) Leak detection inspe	ection and repair		<u></u>
(c) Refrigerated condens	ser temperature monitoring	* .	
(d) Carbon adsorber exh	naust perc concentration mor	nitoring	
(e) Instrument calibration	n		
(f) Start-up, shutdown,	malfunction plan		

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

Surrender of Existing Air Permit(s)

ease indicat	te with an "X" the appropriate selection:	
	I hereby surrender all existing air permits authorizing facility indicated in this notification form; specifical	
	No air permits currently exist for the operation of the this notification form.	ne facility indicated in
	Responsible Official Certific	cation
this notifi statement maintain	dersigned, am the responsible official, as defined in Pa fication. I hereby certify, based on information and bel its made in this notification are true, accurate and com, the air pollutant emissions units and air pollution con with all terms and conditions of this general permit as s	lief formed after reasonable inquiry, that the plete. Further, I agree to operate and trol equipment described above so as to
I will pro	omptly notify the Department of any changes to the info	ormation contained in this notification.
		1/30/99
Signature	u//	

AIRS ID#: 1050326

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	·		
FACILITY NAME: Touch of C	, ,	ν	date: <u>4/5/99</u>
facility location: <u>/800</u>	Harden Blud.		
Lakelan	d, FL 33803		
<u> </u>		100-2	
Annual Reporting Period:	5-16- 19 <u>98</u> TO	0	4-5-199
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 continuous com	pliance during the rep	porting period pated above:
Exact period of non-compliance: from		to	Que App C
Action(s) taken to achieve compliance:	·		thor of the
Method used to demonstrate compliance:	-	<u> </u>	1/8 JA 39
#2. Term or condition of the general permit	that has not been in continuous com	apliance during the rep	porting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:		<u> </u>	<u> </u>
Method used to demonstrate compliance:	·		
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, my annual c	onsumption of perchlo	proethylene solvent, based
	<i>/</i>		

^{*}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	COMPLAINT/DISCOVERY D
	· ·
	00 TIME IN: 12:40 TIME OUT: 12:40
FACILITY NAME: TOUCH of CO	CSS
FACILITY LOCATION: _ 1800 Hav	den Blod
	end 33803
RESPONSIBLE OFFICIAL: Craig h	10eby PHONE: 863/4/3-0808
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	ortup 🗆
2. Facility failed to notify DARM to use general pe	ermit 🗆
	·
PART II: CLASSIFICATION	·
77 131 1 31 1 3 1 1 1 1 1 1 1 1 1 1 1 1	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum
(check appropriate box) A.	☐ Drop store/out of business/petroleum
(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	☐ 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
(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
(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
(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 (constructed on or after 12/9/91) 4. New large area source
(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	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
(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	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
(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	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
(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	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
 (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 classifice 	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 □Can not determine
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 classific facility qualified for a ge	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 □Can not determine

PART III: GENERAL CONTROL REQUIREMENTS

beds according to the manufacturer's specifications?

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

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?

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ØY □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DN/A
Is the temperature differential equal to or greater than 20° F?	OY ON WN/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,	1
if machines are equipped with a carbon adsorber?	OY ON AN/A
Is the perc concentration equal to or less than 100 ppm?	DY DN ANI/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	DY DN/AN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DAMA
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN 1961/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official:					
(check appropriate boxes)					
1. Maintained receipts for perc purchased?	λα Ý □N				
2. Maintained rolling monthly total of perc consumption?	Ma N⊒ X				
3. Maintained leak detection inspection and repair reports for the following:	. ,				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	אענגל אם צם				
and parts installed w/in 5 days of receipt?	,,				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN GWA				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BANA				
6. Maintained startup/shutdown/malfunction plan?	AQY ON				
7. Maintained deviation reports?	OY ON XN/A				
Problem corrected?	□Y □N ÒGN/A				
8. Maintained compliance plan, if applicable?	DY DN DXIA				

PA	RT VI: LEAK DETECTION AND	REPAIRS			
1.	Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection a	nd repair	
	inspection?		•	<i>j</i> 4√ ∟	אנ
2.	Has the facility maintained a leak log	?	•	±24. □	אנ
3.	Does the responsible official check th	e following areas for leak	s?	4	
	Hose connections, fittings, couplings, and valves	N/A	Muck cookers	ATY ON	□N/A
	Door gaskets and seating	DY DN DN/A	Stills	dy DN	□N/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	NO Y	□N/A
	Pumps	DY DN DN/A	Diverter valves	MO Y	□N/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אם צים	□N/A
	Water separators	Y ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfac	es)	X	
	Physical detection (airflow felt	through gaskets)		A A	
	Odor (noticeable perc odor)			1	
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)		
	Halogen leak detector				
	If using direct-reading ins	trumentation, is the equi	pment:	N/A	
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	אם צם	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON	
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	DY DN	,
	d. Kept in a clean and	secure area when not in u	se?	□Y □N	
	e. Verified for accurac	by by use of duplicate sam	ples (calorimetric only)?	OY ON	

MARGARET CANGRO	4/18/00
Inspector's Name (Please Print)	Date of Inspection
Margaret Cargo	April 2001
Inspector's Signature	Approximate Date of Next Inspection

PERCHLORQETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D		
AIRS ID#: 1050278 DATE: 4/18/1 FACILITY NAME: Laundry (a) FACILITY LOCATION: 606 N. Lakelan RESPONSIBLE OFFICIAL: Charles (Contact Name:	Massachusetts sources d 33801		
PART I: NOTIFICATION			
(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe	•		
PART II: CLASSIFICATION			
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	□ No notification form □ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)		
5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning			
facility was <u>O</u> gallons. 25 gal	pwichased 199 - last		

Aurchase Revised 9/15/97

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? □N □N/A DN DN/A 2. Examining the containers for leakage? 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? □N □N/A Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DX/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? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? OY ON ON/A Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated ND YO condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
Į~.	And the respondence of the an existing large of 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?	ΠY	ΠИ	
2	Measured and recorded the washer exhaust temperature at the condenser			
۷.	·			
	inlet and outlet weekly?	ЦY	UN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
•	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠV	ΠNI	□N/A
	if machines are equipped with a carbon adsorber?	u 1		LIVA
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	\Box Y	ПN	□N/A
	• • •			
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser eoils?	ΩY	ПN	□N/A
	.	•		
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A
Ľ.				

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)	-		
1. Maintained receipts for perc purchased?	OY ON		
2. Maintained rolling monthly total of perc consumption?	□Y □N →		
3. Maintained leak detection inspection and repair reports for the following:	·		
a. documentation of leaks repaired w/in 24 hrs? or;	ANO NO PYA		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ал Си Хамуч		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON BAN/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MYA		
6. Maintained startup/shutdown/malfunction plan?	ĎХ ПИ		
7. Maintained deviation reports?	אואדאל אם אם		
Problem corrected?	DY DN DXIA		
8. Maintained compliance plan, if applicable?	OA ON BEKNY		

PA	PART VI: LEAK DETECTION AND REPAIRS			
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?			BLA ON
2.	Has the facility maintained a leak log?			DA ON
3.	Does the responsible official check the f	following areas for lea	ks?	·
	Hose connections, fittings, couplings, and valves	DAY ON ON/A	Muck cookers	רס אר עוֹם אים אים אים
	Door gaskets and seating	MÍY □N □N/A	Stills	MY ON ON/A
	Filter gaskets and seating	YOY ON ON/A	Exhaust dampers	A/NE NO YO
	Pumps	AND ND PRE	Diverter valves	DY DN ZN/A
	Solvent tanks and containers	ANO NO YES	Cartridge filter housings	Y ON ON/A
	Water separators	AVO NO YA		
4.	Which method of detection is used by the	ne responsible official	?	
	Visual examination (condensed so	lvent on exterior surf	aces)	Æ
	Physical detection (airflow felt through gaskets)			A
	Odor (noticeable perc odor)			VA .
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
	Halogen leak detector			
If using direct-reading instrumentation, is the equipment:			PANYA	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			DY DN	
	b. Calibrated against a st (PID/FID only)?	andard gas prior to an	d after each use	מם צם
	c. Inspected for leaks and	d obvious signs of we	ar on a weekly basis?	□Y □N
d. Kept in a clean and secure area when not in use?			□Y □N	
	e. Verified for accuracy	by use of dup!icate sa	mples (calorimetric only)?	□Y □N

Inspector's Name (Please Print)

Marguel Canaro
Inspector's Signature

4/18/00 Date of Inspection

Approximate Date of Next Inspection

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touch of	Class	DATE:4/18/00
FACILITY LOCATION: 1800 L	Jarden Blud	. , , ,
Lakelard,	PL 33803	
Annual Reporting Period:	4-6- 1999 то	4-18-2000
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A	- · · · · · · · · · · · · · · · · · · ·	/\$2/
If NO, complete the following:		
#1. Term or condition of the general permit th	at has not been in continuous compli	ance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		·
#2. Term or condition of the general permit th	nat has not been in continuous compli	ance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		·
As the responsible official, I hereby certify, ba made in this notification are true, accurate an upon rolling averages of purchase receipts, do year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	d complete. Further, my annual cons	sumption 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.

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 for your files.

Facility Information

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

How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following informati	on:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1989 APPROX	Existing/Ne	w RC/CA/None required	
1998	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	· .
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC. How many washers do you How many dryers/reclaim	ou have on-site?	on-site? [NA]	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA	= carbon adsorber
•	roethylene (perc) l	have you used within the last 12 this in)	months?
(b) If less than 12 mor	nths, how many? [] months	
Check why it is les	s than 12 months	: New owner: [] Did not ke	
· ·		New store: New machin	-
		Unopened store [] (date of	expected opening

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)
Small Area Source
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year) Transfer only on-site (used less than 200 gallons of perc per year) Both machine types on-site (used less than 140 gallons of perc per year)
Large Area Source
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year) Transfer only on-site (used 200 - 1,800 gallons of perc per year) Both machine types on-site (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing machines at small area source (NONE REQUIRED) [] New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser Refrigerated condenser New machines at large area source Refrigerated condenser
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).
All steam and hot water generating units exempt No such units on-site OR
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: [30] []
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 6 fuel oil [] Other (please list)
6. Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

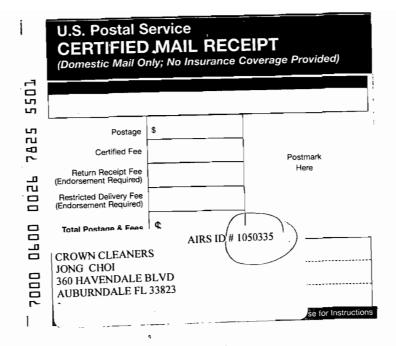
DEP Form No. 62-213.900(2) Effective: 2/24/99

Please indicate with an "X" the appropriate selection: I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are No DEP air permits currently exist for the operation of the facility indicated in this notification form. Responsible Official Certification I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification. I will promptly notify the Department of any changes to the information contained in this notification. CRAIGF MORBY Print name of responsible official

Date

7. Surrender of Existing DEP Air Permit(s)

DEP Form No. 62-213.900(2) Effective: 2/24/99



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
AIRS ID # 1050335 CROWN CLEANERS JONG CHOI 360 HAVENDALE BLVD AUBURNDALE FL 33823	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7 000 0000 0026	7825 5501
PS Form 3811, July 1999 . Domestic F	leturn Receipt 102595-99-M-1789

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

Do NOT Remove Label

AIRS ID # 1050326

TOUCH OF CLASS DRY CLEANERS CRAIG MORBY 1800 HARDEN BLVD LAKELAND FL 33803 MAIL ROOM

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412036 DEC21 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 # 1050326 TOUCH OF CLASS DRY CLEANERS CRAIG MORBY 1800 HARDEN BLVD LAKELAND FL 33803

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

IN TIME ENTERPRISES INC.

CHECK NO.

Dept of Environmental Protection	12/19/01	8039
Dec/0150.00		

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400777

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

MAIL ROOM DEC 22 OC

Do NOT Remove Label

AIRS ID # 1050326

TOUCH OF CLASS DRY CLEANERS CRAIG MORBY I800 HARDEN BLVD LAKELAND FL 33803 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

IN TIME ENTERPRISES INC.

CHECK NO.

Dept. of Environmental Protection 12/20/00 6219

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