

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 31, 1996

Mr. Robert Owens Fulmers Dry Cleaners 716 North 14th Street Leesburg, Florida 34748

Re: Facility I.D. No. 0694819

Dear Mr. Owens:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 8, 1996.

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

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

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

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

Sincerely,

Sandra Saurnan Dotty Diltz, Chief far Ap

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

New owner

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32399-2400



(cut here)

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

ROBERT OWENS ROBERT OWENS 716 N 14TH STREET LEESBURG FL 34748 AIRS ID#0694819

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

NEW OWNER

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ROBERT OWENS
ROBERT OWENS
716 N 14TH STREET
LEESBURG FL 34748

Do NOT Remove Label

Annual Reporting Period:		19	то	19
Based on each term or condition of the T 62-213.300, Florida Administrative Cod		•	·	ith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general per		ontinuous	compliance during the reporting	g 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 per	mit that has not been in co	ontinuous	compliance during the reporting	gperiod stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:		•		
Method used to demonstrate compliance:	<u>·</u>			
As the responsible official, I hereby certify, notification are true, accurate and complete does not exceed 2,100 gallons per year for a	based on information and b 2. Further, my annual consi	elief form imption o	f perchloroethylene solvent, based i	upon purchase receipts,
RESPONSIBLE OFFICIAL:				
	Name (Please Print)		Signature	Date

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

0694819

11/1/96 Spoke to Robert Owens ne is the owner. P.14

3. new small area Source should be marked

P.15 H. new small r.c. Should be marked (f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Robert Owens
2.	Site Name (For example, plant name or number):
	Fulmors Date Cleaners
3.	Fulmers Dry Clemers Hazardous Waste Generator Identification Number:
	FLD 98/75680Z Facility Location: 7/6 N. 14th Street
	Street Address:
	City: County: Zip Code: 34748 Facility Identification Number (DEP Use): 1694819
5.	Facility Identification Number (DEP Use):
	9500897
7.44 25 430300	
	Responsible Official
6.	Name and Title of Responsible Official:
	Robert Owens
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: Street Address: Above
	City: County: Zip Code:
	·
8.	Responsible Official Telephone Number:
	Telephone: (352) 728 - 1330 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAME
10	Facility Contact Address:
10.	1 active Contact Addicss.
	Street Address:
	City: Zip Code:
11	Facility Contact Telephone Number:
11.	Telephone: () - Fax: () -

RECEIVED

OCT 8 1996

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine ID Purchased Installed ID Pur			Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-A Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (c) No control devices are required to be installed (b) Control devices are required to be installed (c) No control devices are required to be installed (b) If less than 12 months, how many? months Check why it is less than 12 months: New owner: Did not keep records: 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)			Initially	Device		Initially	Device		Initially	Device
Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ carbon adsorber (16) w/ ref. condenser (17) w/ carbon adsorber (19) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/ carbon adsorber (15) w/ no controls (15) w/ no c	Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
(1) w/ref. condenser 2/1 2ec-94 7-Fet-95	Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
(2) w/ carbon adsorber (3) w/ no controls	Dry-to-Dry Unit									: ., .
(a) w/no controls	(1) w/ ref. condenser	41	21 Dec-94	7-Feb-95						
Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (c) No control devices are required to be installed (c) No control devices are required to be installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [120] gallons (b) If less than 12 months, how many? [months	(2) w/ carbon adsorber									
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ ref. condenser (9) w/ no controls (10) w/ ref. condenser (11) w/ ref. condenser (11) w/ ref. condenser (12) w/ no controls (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/ carbon adsorber (15) w/ no controls (16) w/ ref. condenser (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/ carbon adsorber (15) w/ no controls (15) w/ no controls (16) w/ ref. condenser (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ ref. condenser (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/ carbon adsorber (15) w/ carbon adsorber (16) w/ carbon adsorber (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ carbon adsorber (19) w/ carbon adsorber (10) w/ ref. condenser (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ carbon adsorber (15) w/ carbon adsorber (16) w/ carbon adsorber (17) w/ carbon adsorber (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ carbon adsorber (19) w/ carbon adsorber (19) w/ carbon adsorber (19) w/ carbon adsorber (11) w/ carbon adsorber (11) w/ carbon adsorber (11) w/ carbon adsorber (11) w/ carbon adsorber (12) w/ ca	(3) w/ no controis									
(5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (15) w/ no controls (16) w/ no controls (17) w/carbon adsorber (18) w/ no controls (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no controls (10) w/ no controls	Washer Unit								· ·	
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Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (12) w/ no controls (12) w/ no control devices are required to be installed (13) w/ carbon adsorber (12) w/ no controls (13) w/ no controls (14) w/ carbon adsorber (15) w/ no controls (15) w/ no controls (15) w/ no control devices are required to be installed (15) w/ no control devices are required to be installed (15) w/ no control devices are required to be installed (15) w/ no control devices are required to be installed (15) w/ no control devices are required to be installed (15) w/ no controls (15) w/	(5) w/ carbon adsorber									
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/carbon adsorber (12) w/ no control devices are required to be installed (12) w/carbon adsorber (13) w/carbon adsorber (12) w/carbon adsorber (13) w/carbon adsorber (13) w/carbon adsorber (12) w/carbon adsorber (13) w/carbon a	(6) w/ no controls									
(8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (14) w/carbon adsorber (15) w/ no control devices are required, but not yet installed (15) w/ no control devices are required to be installed (15) w/carbon adsorber (12) w/ no control devices are required to be installed (15) w/carbon adsorber (15	Dryer Unit		1 Pg - 1 3	1 Y					e da en la composición de la composición del composición de la com	** . **
(a) w/ no controls (a) (b) (c) (c) (c) (c) (c) (d) (d) (e)	(7) w/ ref. condenser									
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (c) No control devices are required to be installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [120] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	(8) w/ carbon adsorber									
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no control devices are required to be installed (12) w/ no control devices are required to be installed (2) (3) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? (120) gallons (4) (120) gallons (5) (120) ((9) w/ no controls									
(b) Control devices are required, but not yet installed (c) No control devices are required to be installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [120] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	Reclaimer Unit		Take 1	** .						4.00 pt = 15
(b) Control devices are required, but not yet installed (c) No control devices are required to be installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [120] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	(I0) w/ ref. condenser									
(b) Control devices are required, but not yet installed (c) No control devices are required to be installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [120] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	(11) w/carbon adsorber									
 (c) No control devices are required to be installed	(12) w/ no controls									
(Indicate with an "X". Select one classification only.)	(c) No control devices 2.(a) What was the total of [120] (b) If less than 12 mont	are ro	equired to be ity of perchloons ow many? [_	installed [_ oroethylene (perc)	purchased in				[]
Existing large area source [] New large area source []	(Indicate with an "X". Existing small ar	Selec ea so	et one classifi	cation only.) Ne	w sn	nall area sour	rce []	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required o (Indicate with an "X".)	on machines p	ursuant to section (5) of F	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	[<u>X</u>
New small area source Refrigerated condenser	ل		
New large area source Refrigerated condenser	_]		
5. A facility which contains non-exempt to Rule 62-213.300, F.A.C. Verify that a exemption criteria or that no such units exemption.	all steam and		
All steam and hot water generating units boiler HP or less), and (2) are fired excl during which propane or fuel oil contain	usively by nat	ural gas except for period	ds of natural gas curtailment
All steam and hot water generating units No such units on-site	exempt	[X]	
	·		
Equipment M	Ionitoring an	d Recordkeeping Inform	nation
Check all logs which are required to be k	kept on-site in	accordance with the requ	airements of this general permit:
(a) Purchase receipts and solvent purchase	ses		
(b) Leak detection inspection and repair			
(c) Refrigerated condenser temperature n	nonitoring		
(d) Carbon adsorber exhaust perc concer	ntration monit	oring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction plan	1		

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
· [沐_]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade 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 the thin this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	lest Owens 9/20/96 Date/

a	.,	=	# 060	74819		00
BEST AVAILA	BLE COPY	7/96				
	Ħ	Sonk	40 0	obert c		
•		he is t	TO R	obert C)wens	
1	Facility Owner	1, 12, 13, 4	ne ou	iner.	7	
1.	\sim 1	2.14				
2.	Site Name (F	3 5				
	Site Name (F	3. New	Small	areav		
	IME	3001 (e	- Shoul	cl be	-	
3.	Hazardous V	mari	red			•
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	Facility Log Street Add	t news				
	City: Le	t. new si	rially,	c. Show	лd <u>.</u> _	6
25.	The Special of Special Property of the Special Propert		-		×X2.500	48
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		PM	/ ·			
6.	Name an	Covie	uno mad	3 12/3/96		
	Robert	U~-	Va,	12/3/96 nichol		
	Responsible Office	ial Mailing Address:	. 1	/		
	Organization/Firm Street Address:	II SAME	AS A	600e	•	
	City:		County:		Zip Co	de:
8.	Responsible Offic	ial Telephone Number	<u>.</u>			
		352) 728 - 1330		Fax: ()	-	
		Facility Contact (If different fron	n Responsible Off	īcial)	
9.	Name and Title o	Facility Contact (For	example, plant m	anager):		
		SAME	2			V
10.	Facility Contact A	Address:				
	Street Address:					
	City:		County:		Zip Code:	
11.	Facility Contact T	elephone Number:				
	Telephone: () -		Fax: ()	-	
			•			

RECEIVED

001 8 **1996**

Perchloroethylene Dry Cleaning Facility Notification

. Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Robert Owens Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Fulmers Dry Cleanurs Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	FLD 98/75680Z Facility Location: 7/6 N. 14th Street
4.	Facility Location: 7/6 N. 14th Street Street Address:
	City: County: Zip Code: Lees burg La Ke 34748 Facility Identification Number (DEP Use):
5.	Facility Identification Number (DEP Use):
	9500897
	Responsible Official
6.	Name and Title of Responsible Official:
	Robert Owens
7.	Responsible Official Mailing Address: Organization/Firm: Os Above
	Organization/Firm: Street Address: SAME AS Above
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (352) 728 - 1330 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAME
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

00T 8 1996

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Pürchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	21 Dec-44	7-1-es-95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			<u> </u>			· '			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls					-				
Dryer Unit		:		; *					:
(7) w/ ref. condenser									
(8) w/ carbon adsorber		-							+
(9) w/ no controls		_			-				
Reclaimer Unit			• .						
(10) w/ ref. condenser	 -	1			T.				
(11) w/carbon adsorber	 							†	
(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 perchloons	installed [perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	et one classifi	cation only.)		nitions found	,		Part II?	3/96
Existing large are	ea so	urce []	Ne	w laı	ge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
· [*_]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade 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 the thin this notification form.
I will pron	Inpuly notify the Department of any changes to the information contained in this notification.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISC	OVERY
AIRS ID#: <u>06948/9</u> D FACILITY NAME: <u>FULM</u>	ATE: <u>n-/3/96</u> MERS DRY C	TIME IN: ///05 TIM	E OUT: 11:45
FACILITY LOCATION: 7/	6 N. 14 ¹¹⁴ LESBURG FL	- 34748	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DAR	M by 9/1/96		
2. New facility notified DARM 3	0 days prior to stan	tup	
3. Facility failed to notify DARM	I to use general per	mit	
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr 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="" gaboth="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr ll/yr</td><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=""><td></td></x<2,></td></x<2,>	gal/yr ll/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classific	ation	□Y □N	
If no, please check the appropria	te classification:		
	d for a general pern above limits and is	nit as number above not eligible for a general permit	
B. The total quantity of perchlor facility was 120 gallons.	oethylene (perc) pu	rchased within the preceding 12 month	is by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) NO STORAGE 1. Storing perchloroethylene in tightly sealed and impervious containers? /// MACA/US. 2. Examining the containers for leakage? A5 NEEOED, \Box Y \Box N 2. Examining the containers for leakage? OY ON 3. Closing and securing machine doors except during loading/unloading? ΠN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y 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?

Revised 10/28/96

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?	OY ON .
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N
Is the temperature differential equal to or greater than 20° F?	OY ON
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
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?	. OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	, <u> </u>
Has the responsible official: (check appropriate boxes)	·
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	94 ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	DY MAN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? FINAL SAMPLE FORM - WILL USE 3. Maintained leak detection inspection and repair reports for the following:	DY DN DY MN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	MY ON MY YOU MY YOU
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? FINAL SAMPLE FORM - WILL USE 3. Maintained leak detection inspection and repair reports for the following:	AY ON YY 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; Reviewed Requirements b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
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; Reviewed Requirements b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	
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 MON/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 MON/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 MON/A 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; Reviewed Requirements 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 MON/A OY ON MY ON MY 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?	OY ON MON/A OY ON MY ON MY ON MY 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; Reviewed Requirements 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?	OY ON MON/A OY ON MY ON MY ON MY ON

						 1
2.	Which method of detection is used by	-				
	Visual examination (condensed s	solvent on	exterior	surfaces)	À	
	Physical detection (airflow felt th	XÍ.				
	Odor (noticeable perc odor)	*	-			
	Use of direct-reading instrument	à				
	If using direct-reading instrum	entation,	is the eq	uipment:		
	a. Capable of detecting	perc vapo	or concen	trations in a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a (PID/FID only)?	standard	gas prior	to and after each use	ΠY	□и
	c. Inspected for leaks a	nd obviou	is signs of	f wear on a weekly basis?	ΠY	□N
	d. Kept in a clean and s	secure are	a when n	ot in use?	ΠY	□N
	e. Verified for accuracy	by use of	f duplicat	e samples (calorimetric only)?	ΠY	□N
3.	Has the facility maintained a leak log?				XY	□N
4.	Does the responsible official check the	followin	g areas fo	r leaks?	\	
	Hose connections, fittings, couplings, and valves	¥Υ	ΩΝ	Muck cookers	YΣ	□N
	Door gaskets and seating	YY	ΠN	Stills	χY	□N
	Filter gaskets and seating	ΆY	ΠN	Exhaust dampers	ΩΥ	□N
	Pumps	$\not \!$	□N	Diverter valves	YY	□N
	Solvent tanks and containers	YY	□N	Cartridge filter housings	YY	□N
	Water separators	$\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	ПN			
	ROBBAT DWEAS Name of Responsible Offici LOUIS A. WICHO			11/16	_	
	LOUIS IF , WICHO	رے		14/3/93	0	

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

BOB OWENS

(352) 728-1330

FULMERS DRY CLEANERS

Drapes • Alterations • Leather

716 N 14th St.

Leesburg, FL 34748

ADDITIONAL	SITE	INFOR	MA	TION.
ADDITIONAL	SHE	INTUR	UYLA	HUN:

- · FORENTA MIRACLEAN 345 W/CONTAINMENT PAN · WORKING AREA SEALED WITH EPOPY · CONTAINERS SEALES ETC GOOD OPERATION

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

THOPECTION SUM	MARY REPORT
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 069 4819 TIME OUT: 10.00	AIRS ID#: 10:45
TYPE OF FACILITY: Dradeaning	
FACILITY NAME: Fulmer's Dry Clear	rer DATE: 1/2/98
FACILITY LOCATION: 716 N. 14th St.	·
Lesburg, Dr.	
RESPONSIBLE OFFICIAL: Makor Patel	PHONE NUMBER: 7281330
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	The state of the s
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
logs kept, but no papar work on site	gave calendar
work on site	explained R.C. Keigne
	regarded R.C. Keigns regardents mist be
	On site
	RECEIVED
	FEB & 1998
	Bureau of Air Monitoring & Mobile Sources
COMMENTS:	
gave how from to get a	Sen tie Permit
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NOT
77	The
DATE OF NEXT INSPECTION: (A)	oproximate)
INSPECTION CONDUCTED BY:	MA Questo
	PHONE NUMBER: 87 3-333
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 843-3333

RECE April 13, 1998

To Whom It May Concert,

Ob of 10/30/97 Fulvers Clearers

Alea Robert Auers was sold to

Mr. & Mrs. Patel;

Please sud the bill to the Patels at 716 N. 14th Street Leesburg, Fla.

Sivelely,

Ho694B19 Lole Should the inactive - Rohert Owenc



Department of Environmental Protection

Lawton Chiles
Covernor

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

Virginia B. Wetherell Secretary

April 2, 1998

NOTICE OF LATE PAYMENT OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Department records indicate that during calendar year 1997 you operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee for your facility is \$50 for calendar year 1997. A notice of your obligation to pay the annual emissions fee was sent to you by certified mail, along with an invoice form and instructions.

As of this date, the Department has not received your annual emissions fee. Therefore, in accordance with Rule 62-213.205(1)(g), F.A.C., the Department is assessing a 50% penalty against your facility, for a total fee of \$75.00 for calendar year 1997.

Under Rule 62-213(1)(g), F.A.C., failure to timely pay the required annual emissions fee, penalty, or interest constitutes grounds for revocation of your Title V Air General Permit. If the fee and penalty are not promptly paid, the Department will revoke your facility's Title V Air General Permit and may also seek interest in accordance with Section 220.807, F.S.

To submit your \$75.00 payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your immediate attention to this matter.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

Enclosure: Invoice Form



Department of Environmental Protection

APR 17 19 Bureau of Air Mogitering & Mobile Sources

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

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32399-2400



(cut here)

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

ROBERT OWENS ROBERT OWENS 716 N 14TH STREET LEESBURG FL 34748 AIRS ID# 0694819

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Z 333 613 535

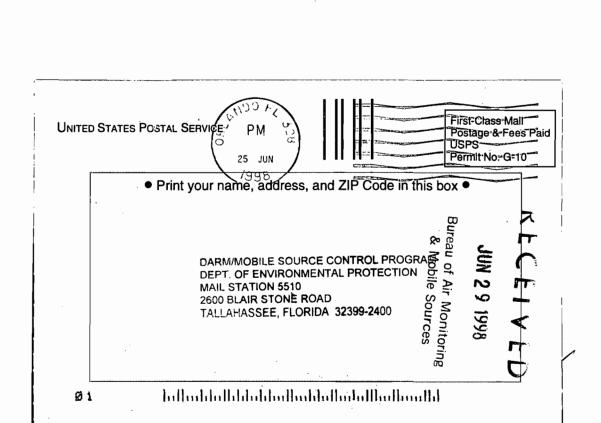
US Postal Service Receipt for Certified Mail

AIRS ID# 0694819

FULMERS DRY CLEANER ROBERT OWENS 716 N 14TH STREET LEESBURG FL 34748

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
PS Form 3800 ,	TOTAL Postage & Fees	\$
E 3	Postmark or Date	
S Fo		
S		

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. White 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
IN ADDRESS completed c	AIRS ID# 0694819 FULMERS DRY CLEANER ROBERT OWENS 716 N 14TH STREET LEESBURG FL 34748			☐ Certified
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	and fee is		
	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Reti	urn Heceipt





Department of Environmental Protection

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

Virginia B. Wetherell Secretary

LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- () 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- () 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- () 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either Sandra Bowman at 850/921-9583 or Rick Butler at 850/921-9586.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Nama (plaasa print)	Signatura
Name (please print)	Signature
	Date

Facility Owner or Operator Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

Sandra Bowman

Title V Air General Permit Program

/SB

cc: District/Local program

RECEIVED

NEW ONNER

ARMS 423/98

FEB 4 1998

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring

PAMPEUT ENSIGE TION:

ANNUAL

RE-INSPECTION



COMPLAINT/DISCOVERY

AIRS ID#: 094819 DATE: 1 21/98 TIME IN: 10:00 TIME OUT: 10:45									
FACILITY NAME: Fulmers Dry Clearer									
FACILITY LOCATION: 716 N.14th ST									
leesburg, Fc.									
RESPONSIBLE OFFICIAL: Thator	Patel PHONE: 728-1330								
CONTACT NAME: <u>lam Krishn</u>	a Inc. BHONE.								
CONTACT NAME:	PHONE:								
PART I: NOTIFICATION									
(check appropriate box)									
1. New facility notified DARM 30 days prior to sta	artup								
2. Facility failed to notify DARM to use general po	ermit \square								
2. I assist, among to noisy 2. I as so use general p									
PART II: CLASSIFICATION									
Facility indicated on notification form that it is:									
(check appropriate box)	☐ Drop store/out of business/petroleum								
1. Existing small area source	2. New small area source								
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr								
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr								
both types, x < 140 gal/yr	both types, x < 140 gal/yr								
(constructed before 12/9/91)	(constructed on or after 12/9/91)								
3. Existing large area source □	4. New large area source □								
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$								
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr								
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$								
(constructed before 12/9/91)	(constructed on or after 12/9/91)								
5. This is a correct facility classification	☐Y ☐N Can not determine								
If no, please check the appropriate classif	ication:								
	eneral permit as number above								
	mits 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 20 gallons.									

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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? DY DN DN/A 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: Forents 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? □N □N/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the XY □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the dutlet 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 ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	ПΑ	ПМ	
	on dry to dry, recallment and dryer indefinites on a weekly outsis.		—	
2.	Measured and recorded the washer exhaust temperature at the condenser			
I	inlet and outlet weekly?	\Box Y	ΠИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ΠN	□N/A
1.	And all the state of the section of			
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	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	—		-
	condenser coils?	ШY	⊔N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:	
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption?	tok m
1. Maintained receipts for perc purchased?	φ γ λ □N
2. Maintained rolling monthly total of perc consumption?	ØYY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DYY 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?	□Y □N ⊠ (N/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ZONA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DNA
6. Maintained startup/shutdown/malfunction plan?	Agy on
7. Maintained deviation reports?	Y ON ON/A
Problem corrected?	OY ON DANA
8. Maintained compliance plan, if applicable?	A/MA

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?		7	,		· No.	YΣ	□N
2.	Has the facility maintained a leak log?	6	7 1	not	S	Ente	XY	□N
3.	Does the responsible official check the	ollow	ing a	reas for	leaks?			
	Hose connections, fittings, couplings, and valves	фч	□N	□N/A		Muck cookers	ф	
	Door gaskets and seating	ф	□N	□N/A		Stills	ΠY	□N □N/A
	Filter gaskets and seating	þΥ	□N	□N/A		Exhaust dampers	Y	□N □N/A
	Pumps	ÞΥ	□N	□N/A		Diverter valves	ф	□N □N/A
	Solvent tanks and containers	фу	□N	□N/A		Cartridge filter housings	ďΥ	□N □N/A
	Water separators	фΥ	□N	□N/A				
4.	Which method of detection is used by the	ie resp	onsil	ole offic	ial?			
	Visual examination (condensed so	lvent	on ex	terior s	urfaces)	Der	
	Physical detection (airflow felt the	ough	gaske	ets)			X	
	Odor (noticeable perc odor)						De XX	
	Use of direct-reading instrumenta	tion (I	FID/P	ID/calo	rimetri	c tubes)		
	Halogen leak detector					•		
	If using direct-reading instr	ument	tation	, is the	equip	ment:		/A
	a. Capable of detecting p	erc va	apor o	concenti	ations	in a range of 0-500 ppm?	ПY	□N
	b. Calibrated against a s (PID/FID only)?	tandaı	rd gas	prior to	and a	fter each use	ΟY	□N
	c. Inspected for leaks an	d obvi	ous s	igns of	wear o	n a weekly basis?	ПY	□N
	d. Kept in a clean and so	cure a	area v	vhen no	t in use	?	ΠY	□N
i i	e. Verified for accuracy	by use	of di	uplicate	sample	es (calorimetric only)?	ΠY	□N

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
-	
Safety clean -	
	•



Department of Environmental Protection

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

LETTER OF NONCOMPLIANCE

AIRS ID# 0694819

TO: FULMERS DRY CLEANER ROBERT OWENS

716 N 14TH STREET LEESBURG FL 34748



Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- (1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- () 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- () 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either Sandra Bowman at 850/921-9583 or Rick Butler at 850/921-9586.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)

Signatur

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

RECEIVED

Sureau or Air Monitoring

Mobile Sources

Facility Owner or Operator Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

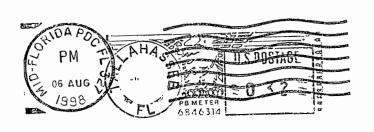
Sincerely,

Sandra Bowman

Title V Air General Permit Program

/SB

cc: District/Local program



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

Influidabilidabiliadhadhadhadhalladhadhadha

32399)6516

PERCHLOROETHYLENE DRY CLEANERS

MARINS STE

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	0	COMPLAINT/DIS	COVERY	
AIRS ID#: 0694889	DATE: 12/10 (046	TIME	ит <u>06//Г</u> :иі	ME OUT: <u>√</u>	2: 15
FACILITY NAME:	Imers Clea	eners			
FACILITY LOCATION:	716 N.1	4 th S1) 		· .
	leasburg	FL.	34748		
RESPONSIBLE OFFICIAL :				-728	- 1330
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM	30 days prior to startuj	P			
2. Facility failed to notify DAR	M to use general permi	it			۵
PART II: CLASSIFICATION	1				
Facility indicated on notificati (check appropriate box) A.	on form that it is:		☐ No notification☐ Drop store/out o		etroleum
1. Existing small area sour dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yr d b b	ransfer only, ooth types, x	y, x < 140 gal/yr x < 200 gal/yr	Ø.	tyears old
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	,100 gal/yr d 10 gal/yr t gal/yr b	ransfer only, ooth types, 14	area source y, $140 \le x \le 2,100$ gal. $200 \le x \le 1,800$ gal/yr $0 \le x \le 1,800$ gal/yr on or after $12/9/91$)	/yr	1992
5. This is a correct facility of	assification [Y DN	□Can not determi	ne	
	appropriate classificati ity qualified for a gener ity exceeds above limit	ral permit as r			
B. The total quantity of perchlo facility was 75 gallons.		hased within	the preceding 12 mont	ths by this dr	y 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? AND YOU not stoved DY DN DXNA 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 /DYY ON ON/A 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) MD YE 1. Equipped all machines with the appropriate vent controls? XY 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 XY 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/bi-weekly basis? XX, ON ON/V 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:			
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	ПП	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	םא כ	IN/A
	Is the temperature differential equal to or greater than 20° F?			
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	□N □	IN/A
	ls the perc concentration equal to or less than 100 ppm?	ΠY		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?	ΠY	ם א כ	JN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ם אם	JN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ם א כ	⊃N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
I. Maintained receipts for perc purchased?	∕⁄αγ ον			
2. Maintained rolling monthly total of perc consumption?	X y □n			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	ANDE NO YOU			
b. documentation of parts ordered to repair leak and leak repaired w/in 3 days of receipt?	ם א של איש			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ANA			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON X/N/A			
6. Maintained startup/shutdown/malfunction plan?	XY DN'			
7. Maintained deviation reports?				
Problem corrected?	OY ON MAN/A			
8. Maintained compliance plan, if applicable? IN Unpliance	DY DN QQXVA			

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?	72	!	D⊠A □N				
2. Has the facility maintained a leak lo	g?		N□ YØ				
3. Does the responsible official check	the following areas for leaks	5?					
Hose connections, fittings,	DY ON ON/A	Muck cookers	AY ON ON/A				
couplings, and valves		winck cookers					
Door gaskets and seating	DY DN DN/A	Stills	DY ON ON/A				
Filter gaskets and seating	DY DN DN/A	Exhaust dampers	DY DN DN/A				
Pumps	OY ON ON/A	Diverter valves	DY DN DN/A				
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	□Y □N □N/A				
Water separators	OY ON ON/A						
4. Which method of detection is used t	by the responsible official?						
Visual examination (condense	d solvent on exterior surfac	es)	Ø				
Physical detection (airflow fel	t through gaskets)		p p p				
Odor (noticeable perc odor)							
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
Halogen leak detector							
If using direct-reading in	□N/A						
a. Capable of detecti	NO YO						
_	a standard gas prior to and	after each use					
(PID/FID only)?		11.1.10	OY ON				
·	s and obvious signs of wear	·	DY DY				
•	d secure area when not in u		OY ON				
e. Verified for accuracy by use of duplicate samples (calorimetric only)?							
Inspector's Name (Please	Print)	Date of Inspection					
improvor a riding (r teme	/	2 are or mapeonon					
<u> </u>	-						
Inspector's Signature		Approximate Date of	Next Inspection				

ADDITIONAL SITE INFORMATION:

Forenta- [miraclean]
has pan
Safety Kleen haz, waste
Condensate nates - haz waste
No pere on spothing
has e poxy.

Keeping leak logs- goud.

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	APLAINT/DISCOVERY RE-INSPECTION
	O AIRS ID#: 067 4819
TYPE OF FACILITY: Dry Cleaning	· · · · · · · · · · · · · · · · · · ·
FACILITY NAME: Fulmers Cleaners	DATE:
FACILITY LOCATION: 716 N. 14th S	
<u>leesburg</u>	
RESPONSIBLE OFFICIAL: Thakor Patel	PHONE NUMBER: 352 - 728-1330
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	- •
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
	·
	P
	Constitution of the state of th
	Ources .
·.	
COMMENTS: Good responsible - INC	implance.
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 11/99	
INSPECTION CONDUCTED BY: SAADIA G	pproximate) UATSH1 ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407-893-3333
Page	of Revised 10/96

ATRS ID#:

Dec

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	FULMERS	DRY	cleane	DATE:	12/10/98
FACILITY LOCATION:	716 N 14H	st,	Leesbi	189	,
	34748				
Annual Reporting Period: _	Dec	1	997 to	Dec	1998
Based on each term or cond 62-213.300, Florida Admin	, -		•	<u>.</u>	P Rule
If NO, complete the following	ng:				
#1. Term or condition of th	e general permit that has	not been in conti	nuous compliance du	ring the reporting perio	od stated above:
Exact period of non-compli	ance: from		to		
Action(s) taken to achieve of	compliance:	- , 			
Method used to demonstrate	e compliance:	·			
#2. Term or condition of th	ne general permit that has	not been in conti	nuous compliance du	uring the reporting perio	od stated above:
Exact period of non-compli	iance: from		, to		
Action(s) taken to achieve	compliance:				
Method used to demonstrate	te compliance:	 			
As the responsible official, made in this notification a upon purchase receipts, do combination facilities. RESPONSIBLE OFFICI	re true, accurate and compes not exceed 2,100 gallo	plete. Further, nons per year for d	ny annual consumption by to dry facilities or the second s	on of perchlorcethylene 1,800 gallons per year SCOP	solvent, based
	Name (Plea	ise Print)	S	ignature	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.

Page _____ of ____.

NEW ONNER

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

4-5

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

A

COMPLAINT/DISCOVERY

AIRS ID#: 094811 DATE: 1 2198 TIME IN: 10:00 TIME OUT: 10:45				
FACILITY NAME: Fulmers	Dry Clearer			
FACILITY LOCATION: 716 N.1	tth St			
leeshure	a.FL.			
	Patel PHONE: 728-1330			
CONTACT NAME: <u>lam Krishne</u>	LINC. PHONE:			
	RECEIVED			
PART I: NOTIFICATION				
(check appropriate box)	DEC 1 4 1999			
1. New facility notified DARM 30 days prior to star	8 Makila O			
2. Facility failed to notify DARM to use general per	mit & Wobile Sources			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is:				
(check appropriate box)	☐ Drop store/out of business/petroleum			
A. 1. Existing small area source	2. New small area source			
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr			
transfer only, $x < 200$ gal/yr	transfer only, x < 200 gal/yr			
both types, x < 140 gal/yr	both types, x < 140 gal/yr			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
3. Existing large area source □	4. New large area source □			
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$			
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr			
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
5. This is a correct facility classification	□Y □N (Can not determine) <			
If no, please check the appropriate classific	eation:			
	neral permit as number above			
	nits 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 100 gallons.				

PART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. Storing perchloroethylene in tightly sealed and impervious containers?						
 Storing perchloroethylene in tightly sealed and impervious containers? Examining the containers for leakage? 						
3. Closing and securing machine doors except during loading/unloading?	XY □N					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?						
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON XVIA					
PART IV: PROCESS VENT CONTROLS						
In Part II-A: Fore	ntr					
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?	ЖА □И					
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?	₩ on on/a					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Remained on adjusted the equipment within 34 hours like exhaust temperature of the	Ж А □и					
condenser exceeded 45°F?	A'NO NO X					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	у́& ́⊓и					

B. Has the responsible official of an existing large or new large area source also:	<u></u>
1. Measured and recorded the exhaust temperature on the outlet side of the condenser local	
on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2 Managed and annual of the company terms at the condense.	
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N □N/A
	UY UN UN/A
Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly	
at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	DY DN DN/A
Is the perc concentration equal to or less than 100 ppm?	DY 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?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	D
condenser coils?	DY DN DN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
o. Routed annow to the caroon adsorber (in used) at an unites:	ar an awa

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: 3 not on site. (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; DY 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 MN/A DY DN ZN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DX/A 5. Maintained exhaust duct monitoring data on perc concentrations? ØYY □N 6. Maintained startup/shutdown/malfunction plan? MY ON ON/A 7. Maintained deviation reports? DY DN DANA Problem corrected? A/MA NO YO 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

_							
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	7	, 1			ΣY	□N
2.	Has the facility maintained a leak log?	1	' not	m	Entle	≱ (Y	□и
3.	Does the responsible official check the	ollowin	lg areas f	or leaks?			
	Hose connections, fittings, couplings, and valves	фус	מם מכ	'A	Muck cookers	d_{λ}	□N □N/A
	Door gaskets and seating	dy c	אם אב	'A	Stills	□ Y	□N □N/A
	Filter gaskets and seating	by c	אם אב	'A	Exhaust dampers	dY	□N □N/A
	Pumps	dy c	מם מב	'A	Diverter valves	фү	□N □N/A
	Solvent tanks and containers	dy c	אם אם	'A	Cartridge filter housings	dy	□N □N/A
	Water separators	фү	מם מב	'A			
4.	Which method of detection is used by the	e respo	nsible of	ficial?			
	Visual examination (condensed solvent on exterior surfaces)				Dar		
	Physical detection (airflow felt through gaskets)				XX XX		
	Odor (noticeable perc odor)					Ŕ	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				ic tubes)		
	Halogen leak detector						
	If using direct-reading instrumentation, is the equipment:					/A	
	a. Capable of detecting p	erc vap	or conce	ntrations	in a range of 0-500 ppm?	ΠY	□N
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 					ΟY	□N
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					ΠY	□N
	d. Kept in a clean and secure area when not in use?				e?	ΠY	□N
	e. Verified for accuracy	oy use o	of duplica	te sampl	es (calorimetric only)?	ΠY	□N
1							

Inspector's Name (Please Print)

Inspector's Signature

21/98

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
-		
Safety clean -		

NEW OWNER'

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ROBERT OWENS
ROBERT OWENS
716 N 14TH STREET
LEESBURG FL 34748

Do NOT Remove Label

	D o <u>N</u>	<u>OT</u> Remove	Label			•
						10 m
Annual Reporting Period:		19	то	•		19
· ·					• .	
Based on each term or condition of the Title V g	-	•		<u> </u>		
62-213.300, Florida Administrative Code (F.A.C	.), during the per	riod covere	d by this stat	ement.	YES.	□ NO
If NO, complete the following:					•	
#1. Term or condition of the general permit that	has not been in	continuous	compliance	during the re	porting perio	od 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 re	porting perio	od stated above:
Exact period of non-compliance: from			to			
Action(s) taken to achieve compliance:		٠	•			·
Method used to demonstrate compliance:			_			
				2		
As the responsible official, I hereby certify, based or notification are true, accurate and complete. Furth does not exceed 2,100 gallons per year for dry-to dry	er, my annual con	sumption o	perchloroeth	ylene solvent,	based upon j	ourchase receipts,
RESPONSIBLE OFFICIAL:						
	Please Print)			Signature		Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION.
TIME IN: 069 481 9 TIME OUT: 10.00	AIRS ID#: 10:45
TYPE OF FACILITY: Dry dearing	
FACILITY NAME: Fulmer's Dry Clar	rer DATE: 1/2/98
FACILITY LOCATION: 716 N. 14th 5+	
Lesburg, Fr.	
RESPONSIBLE OFFICIAL: Thakor Patel	PHONE NUMBER: 728/330
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
logs kept, but no paper work on site	gave calendar
work on site	Deplamed R.C. Keiping regurenets must be On site
	resure to meet !
	On Site
·	
	1
	<u> </u>
COMMENTS:	
gave how from to get	Sen Aix Permit
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	T198
	pproximate)
INSPECTION CONDUCTED BY:	MA QUELISTON
	lease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 873-3333
Page	_of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

I MARINS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCO	OVERY	
	RE-INSPECTION	И 🗅			
AIRS ID#: 0694819	DATE: 17/10 1046	TIME I	IMIT <u>0-6.'/[</u> :N	E OUT: <u> </u>	15
FACILITY NAME:					
FACILITY LOCATION:	716 N.	14th St			
	Leosbura	o Fr.	34748		
RESPONSIBLE OFFICIAL	: Phaker P	atcl	_PHONE: <u>35</u> 2-	728-	1330
CONTACT NAME:	·		_ PHONE:		
PART 1: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	И 30 days prior to start	tup	•		
2. Facility failed to notify DA	RM to use general perr	mit			
			-		
PART II: CLASSIFICATIO	N				
Facility indicated on notification (check appropriate box)	tion form that it is:		☐ No notification fo☐ Drop store/out of		roleum
A	П.	2 N 11		æ	
1. Existing small area sou dry-to-dry only, x < 140 ga		2. New small a dry-to-dry only		X	
transfer only, x < 200 gal/y		transfer only, x			
both types, x < 140 gal/yr		both types, x <		JI.	
(constructed before 12/9/91	.)	(constructed on	or after 12/9/91)	79	years old
3. Existing large area sou	irce 🗆	4. New large a	rea source		1772
dry-to-dry only, $140 \le x \le 3$			$140 \le x \le 2,100 \text{ gal/y}$	r	
transfer only, $200 \le x \le 1.8$	100 gal/yr		$00 \le x \le 1,800 \text{ gal/yr}$		7
		hath smaa 140	/ 1/ 1/ 2000 mal/sm	(3)	حالت
both types, $140 \le x \le 1,800$			$\leq x \leq 1,800 \text{ gal/yr}$	≘	5
constructed before $12/9/91$			or after $12/9/91$)	urcai &	
	1)			Bureau of Ai & Mobile	DEC 1
(constructed before 12/9/91 5. This is a correct facility of the second	l) classification e appropriate classifica	(constructed on Y ON ation:	or after 12/9/91) □Can not determine		DEC 1 4 19
(constructed before 12/9/91 5. This is a correct facility of the second	classification e appropriate classifica ility qualified for a gen	(constructed on Y N ation: heral permit as no	or after 12/9/91) Can not determine mber above		DEC 1 4 1999
(constructed before 12/9/91 5. This is a correct facility of the facility of	classification e appropriate classifica ility qualified for a gen	(constructed on Y N ation: heral permit as no	or after 12/9/91) □Can not determine	of Air Mon Mobile Sourc	DEC 1 4 1999
(constructed before 12/9/91 5. This is a correct facility of the facility of	classification e appropriate classifica ility qualified for a gen ility exceeds above lim	(constructed on Y	or after 12/9/91) Can not determine mber above gible for a general perm	of Air Monitoring	

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? AND YOU mot stoved ANDE NO YOU 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 MY ON ON/A 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? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? AINO NO YX 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AZĄ ON ON/V 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?	ΩY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□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	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□и	□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	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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? □Y □N ØN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XN/A 5. Maintained exhaust duct monitoring data on perc concentrations? XY □N 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN DYNA Problem corrected? DY DN MNA 8. Maintained compliance plan, if applicable? IN Unpiture A/AXO NO YO

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? \square N 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A Muck cookers couplings, and valves QY ON ON/A DY DN DN/A Stills DY DN DN/A Door gaskets and seating Filter gaskets and seating DY DN DN/A Exhaust dampers DY DN DN/A DY DN DN/A Pumps Diverter valves DY DN DN/A Solvent tanks and containers QY QN QN/A Cartridge filter housings QY QN QN/A Water separators DY DN DN/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN 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 use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN Inspector's Name (Please Print) Date of Inspection Inspector's Signature Approximate Date of Next Inspection

Forenta - [mixadean]

has pan

Safety kleen haz waste

Condensate rates - haz waste

No perc on sprthing

has e poxy.

Keeping leak logs- good.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: //QD TIME OUT: /	2:20 AIRS 1D#: 0674819
TYPE OF FACILITY: Drycleanin	
FACILITY NAME: Julyners Clear	DATE:
FACILITY LOCATION: 716 N 14	thst.
Leesbu	cros IL 34748
RESPONSIBLE OFFICIAL: Tracor Parte	PHONE NUMBER: 352 - 728-1330
Based on the results of the compliance requiremen compliance with DEP Rule 62-213.300, Florida A	ts evaluated during this inspection, the facility is found to be in dministrative Code (F.A.C.).
Based on the results of the compliance requirement discrepancies were noted:	ts evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBL	EM FOLLOW-UP ACTION REQUIRED
COMMENTS:	
Good responsible - 1	N' Complance.
The Annual Compliance Certification form has been proper	rly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	(Approximate)
INSPECTION CONDUCTED BY: SAADLA	2 QUPESH1
INSPECTOR'S SIGNATURE:	(Please Print) PHONE NUMBER: 407-893-3333
	Page of Revised 10/96

Page___of__

Revised	$\Delta \Delta \Delta I$	E 107
REVICED	(14/1	7/4/

AïRS	ID#:	

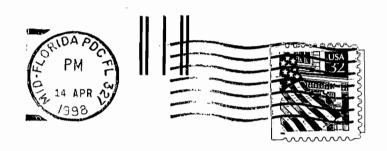
DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Mi	•
M	•

			- K			
FACILITY NAME:FUL	MERS	DRY	clear	ner	DATE: _	12/10/98
FACILITY LOCATION: >/	6 N 14th	5+	, Lees	56089		,
	1748	,		J		
- F - 7 - 3 - 9	1-10					
Annual Reporting Period:	Dec		19 <u>97</u> то		Dec	19 98
Based on each term or condition of 62-213.300, Florida Administrative		_	•		_	P Rule NO
If NO, complete the following:						
#1. Term or condition of the gener	al permit that has	not been in con	ntinuous complia	nce during the r	eporting perior	i stated above:
Exact period of non-compliance: fi				_ to		
Action(s) taken to achieve complian	nce:					
Method used to demonstrate compl	iance:		_			
#2. Term or condition of the gener	al permit that has	not been in co	atinuous complia	ince during the i	reporting perio	d stated above:
Exact period of non-compliance: f	rom			, to		
Action(s) taken to achieve complia	nce:					
Method used to demonstrate comp	liance:					
As the responsible official, I hereb made in this notification are true, upon purchase receipts, does not a combination facilities. RESPONSIBLE OFFICIAL:	accurate and com	plete. Further, ons per year for	my annual cons	sumption of perc	hloroe:hylene	solvent, based
	Name (Plea	runt)		218113true		Date

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

Page _____ of ____.



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

N/C

32315-3070

John Malloudh Hardid Halloudh Hardlod

US Postal Service * Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID# 0694819 ROBERT OWENS ROBERT OWENS 716 N 14TH STREET LEESBURG FL 34748 Certified Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addresse's Address TOTAL Postage & Fees Postmark or Date

SENDER: Complete items 1 and/or 2 for additional service Complete items 3, 4a, and 4b. Print your name and address on the reverse or card to you.	following	
 Print your name and address on the reverse or card to you. Attach this form to the front of the mailpiece, o permit. 	on the back if space does not	ddressee's Address destricted Delivery
Write 'Return Receipt Requested' on the mails The Return Receipt will show to whom the arti		lestricted Delivery
delivered.		ostmaster for fee.
3. Article Addressed to: AIRS ID ROBERT OWENS ROBERT OWENS 716 N 14TH STREET LEESBURG FL 34748	4a. Article Number 23336/3 4b. Service Type Registered Express Mail Return Receipt for Ment 7. Date of Delivery	Certified Insured Chandise COD
5. Received By: (Brint Name) Shell ATE 6. Signature: (Addressee or Agent)	8. Addressee's Address and fee is paid)	(Only if requested

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED MAIL ROOM

FEB -6 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0694819

FULMERS DRY CLEANERS ROBERT OWENS 716 N 14TH STREET LEESBURG FL 34748

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оыј.: 002273

	U.S. Postal Service CERTIFIED M. (Domestic Mail C	AIL RECEIPT	e Coverage Provided
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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. 1. Article Addressed to: 10 AIRS ID # 0694819001AG ROBERT OWENS FULMERS DRY CLEANERS 716 N I4TH STREET LEESBURG FL 34748	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address before 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	4. resulcted belivery: (Extra ree) Yes
7000 0520 0020 9372 9	866
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

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