

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 28, 1997

Mr. Franco A. Owusu Fositua Cleaners, 1450 North Courtenay #27 Merritt Island, Florida 32953

Re: Facility I.D. No. 0090154

Dear Mr. Owusu:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 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, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Josepha Englengeists Ing That wife Tall
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number): JOSHUA CLEGARS, 1450 M. COURTENBY #27 mI FC32457
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 1450 M. Courtlessy Plewy #27 City: County: Sign Code: Sign Code: Sign C
4. Facility Location: Street Address: 1450 M. Courtonty PKWY #27
City: County: Zip Code:
m I British 3295]
5. Facility Identification Number (DEP Use):
0090154
Responsible Official
6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address: Organization/Firm: 1450 M. Country H-7
7. Responsible Official Mailing Address:
Street Address:
City: m.I., County: Zip Code: J295-J
8. Responsible Official Telephone Number:
Telephone: (407) 452-0462 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Some AS ABONG
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

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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.

Day To Day			<u> </u>						.
Supazona 200		Date	Date		Date	Date		Date	Date
34/266200		Machine	Control		Machine	Control]	Machine	Control
/ -		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		,							
(1) w/ ref. condenser	V	01-28-41							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser		1							
(5) w/ carbon adsorber			1					1	
(6) w/ no controls			<u> </u>			†			
Dryer Unit			<u> </u>		L			L	
(7) w/ ref. condenser			1			I ·			[
(8) w/ carbon adsorber	 				·	<u> </u>		-	†
(9) w/ no controls									
Reclaimer Unit									<u> </u>
(10) w/ ref. condenser	 	1			1			T	
(11) w/carbon adsorber		<u> </u>	<u> </u>			·			
(12) w/ no controls	\vdash	-	 	\vdash	 	 			
(b) Control devices are(c) No control devices	_				_]				
2.(a) What was the total of	-	-	oroethylene (perc)	purchased in	n the latest 12	! mor	iths?	
(b) If less than 12 mont Check why it is less] New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	8) of	Part II?	
Existing small ar	ea so	urce 🔀	Ne	w sm	nall area sour	-ce []			
Existing large are	ea sou	ırce []	Ne	w laı	ge area sour	ce []			

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What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of I	Part II of this notification form?
(indicate with all X.)	e mall:	
Existing large area source Carbon adsorber []	Small Refrigerated condenser	\swarrow
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	d hot water generating unit	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by naduring which propane or fuel oil containing no more	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to be kept on-site	n accordance with the requ	airements of this general permit:
(a) Purchase receipts and solvent purchases		\angle
(b) Leak detection inspection and repair		(L)
© Refrigerated condenser temperature monitoring		凶
(d) Carbon adsorber exhaust perc concentration mon	itoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

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Joshua Cleaners

		P.14 1. (a) add date installed, it P.15 4. mark out "X"	Control device	
1.	Facil	installed, it	any	
	7.6	P.15 4 mark out "X"	and initial	Tall
2.	Site 1	5.(c) not requir	ed mark out	
		5.(c) not requir	/	22657
3.	Haza	The area cricial		-32457
		5.H)required	The state of the s	· · · · ·
4.	Facil			
'`	Stree			427
	City:			,—7
5.	Facil			
				-Z
35476				
				• • •
6.	Nam			·
1				
}	المو	COARECTAD	2/24/97	
7	Feen	COARECTAD	2/24/97	162
7.	F Resp Orga	COARECTAD	2/24/97	162
7.	Orga Stree	COARECTAD	2/24/97	16N
7.	Orga	COARECTAD	2/24/97	16n -27
7.	Orga Stree City:	COARECTAD	2/24/97	16N 27
	Orga Stree City:	COARECTAD	2/24/97	16n -27
	Orga Stree City:	COARECTED	2/24/97	16n 27 -7
	Orga Stree City:	COARECTAD	2/24/97	16n -27
	Orga Stree City: Resp Tele	e and Title of Facility Contact (For example, plan		16n -27
8.	Orga Stree City: Resp Tele	e and Title of Facility Contact (For example, plan	t manager):	16n 27 -7
8.	Orga Stree City: Resp Tele	e and Title of Facility Contact (For example, plan		16n -7
8.	Orga Stree City: Resp Tele	e and Title of Facility Contact (For example, plan Sam ity Contact Address:	t manager):	16n -27
8.	Orga Stree City: Resp Tele Name	e and Title of Facility Contact (For example, plan Sometity Contact Address:	t manager): AS ABOYC	16n 27 -7
9.	Orga Stree City: Resp Tele Name Facili Street City:	e and Title of Facility Contact (For example, plan Some ity Contact Address: t Address: County:	t manager):	16n 27
9.	Orga Stree City: Resp Tele Name Facili Street City:	e and Title of Facility Contact (For example, plan Sometity Contact Address:	t manager): AS ABOYC	16n -77 7

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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.

Day 70 Day									
Supaton A		Date	Date		Date	Date		Date	Date
Supplicants.		Machine	Control		Machine	Control		Machine	Control
, -	}	Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			for?	2/24	197				
(1) w/ ref. condenser	1	01-28-11		1		T			
(2) w/ carbon adsorber	 	0 1 23 11	· · · · · · · · · · · · · · · ·	!	<u> </u>	}			
(3) w/ no controls	 		-		 	 			
Washer Unit	 		<u> </u>	<u></u>	 -		L		ــــــــــــــــــــــــــــــــــــــ
(4) w/ ref. condenser	 		1	1	T				
(5) w/ carbon adsorber	\vdash	 				 			ļ <u> </u>
(6) w/ no controls	├─-			 	 	 -		 	-
Dryer Unit	 		<u> </u>	<u> </u>	<u> </u>			<u> </u>	٠
(7) w/ ref. condenser		1	T	T	 	 		·	T
(8) w/ carbon adsorber			-			 			
(9) w/ no controls			 		-	 		 	
Reclaimer Unit	(2)	L	<u>. </u>	L	<u> </u>	L		<u> </u>	
(10) w/ ref. condenser	<u> </u>	· · · · · ·	1			 -		,	
(11) w/carbon adsorber	⊢—		<u>'</u>						
<u>` </u>	<u> </u>	 _			ļ <u>.</u>	ļ			
(12) w/ no controls	L	<u> </u>	<u> </u>		<u> </u>	<u> </u>		<u> </u>	l
(b) Control devices are(c) No control devices	•	•							
2.(a) What was the total of			oroethylene (perc)	purchased in	n the latest 12	! тог	iths?	
(b) If less than 12 mont Check why it is less					_] New store	:: [] Did	not k	eep records:	<u>ب</u>
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	8) of	Part II?	
Existing small ar	ea so	urce 🔀	Ne	w sn	nall area sour	rce [}		
Existing large are	a sou	irce []	Ne	w lai	rge area sour	ce []			

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4. What control technology is requ (Indicate with an "X".)	ired on machines	pursuant to section (5) of	Part II of this notifi	cation form?
(indicate with an "X".)		Carell.	100	2/26/61
Existing large area source		Small. Refrigerated condenser	Sea	1/4/11
Carbon adsorber		Refrigerated condenser		•
New small area source Refrigerated condenser			C	
New large area source Refrigerated condenser				
				,
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such the such that the such t	that all steam and	d hot water generating un		
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by n	atural gas except for peri	ods of natural gas c	
All steam and hot water generating No such units on-site	units exempt			:
	•			
Equipmo	ent Monitoring 2	and Recordkeeping Info	rmation	
Check all logs which are required to	o be kept on-site	in accordance with the re-	quirements of this ge	eneral permit:
(a) Purchase receipts and solvent pu	urchases		\square	
(b) Leak detection inspection and re	epair		(L)	
(c) Refrigerated condenser tempera	ture monitoring		for	> 2/24/97
(d) Carbon adsorber exhaust perc co	oncentration mon	itoring		
(e) Instrument calibration				0 2/24/97
(f) Start-up, shutdown, malfunction	n plan		1 70°	0 2/24/97

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Surrender of Existing Air Permit(s)

Please indi	cate 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)							
\forall	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this no statem mainta	ndersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in tification. I hereby certify, based on information and belief formed after reasonable inquiry, that the ents made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will p	romptly notify the Department of any changes to the information contained in this notification.							
ے Signati	1911 - 2/0 7/9 6							

#0090154 Joshua Cleaners 14 1. (a) add date central device installed, it any 15 4 mark out "X" and initial 5.(c) not required, mark out "IX" and initial 5.H)required

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Jositua Englapsists Intradiunge Jack
2.	Site Name (For example, plant name or number): JOSHUA ENTENPRISTS INTERNATIONAL TOUR SITE NAME (For example, plant name or number): JOSHUA CLEANERS, 1410 M. COURTENAN
	#21 mI fc3245
3.	Hazardous Waste Generator Identification Number:
	9502025 (3-130-51)
4.	Facility Location: Street Address: City: County: County: Analyani) Facility Identification Number (DEP Use):
	City: Zip Code:
5	Facility Identification Number (DEP Use):
٥.	racinty identification (value) (DEI '050).
	0090154
	D
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Organization/Firm: 1450 M. Countersy H27
7.	Responsible Official Mailing Address:
	Organization/Firm: / Y TO M. Countries III To Street Address:
	17. L. BAZVAND FL 7295-5
8.	Responsible Official Telephone Number:
	Telephone: (407) 452-0462 Fax: () -
	Facility Contact (If different from Responsible Official)
	racinty contact (if different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Some AS ABONG
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	·····

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Bureau of Air Monitoring & Mobile Sources

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)								
Ł	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notifi statement 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 s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pro	mptly notify the Department of any changes to the information contained in this notification. 2/24/97							
Signature	Date / Date							



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY DEFINISPECTION DESCRIPTION DESC	
AIRS ID#: 0090 54DATE: 2/24/97 TIME IN: 9:55 TIME OUT: 10:09	
	,
FACILITY NAME: Joshug Cleaners	
FACILITY LOCATION: 1450 N. Courtenay Pkny #27	_
	-
Merrit 1 5/9nd, 71. 32953	-
PART I: NOTIFICATION	
(check appropriate box)	=
1. Existing facility notified DARM by 9/1/96	
1. Existing facility notified DARM by 9/1/96 2. New facility notified DARM 30 days prior to startup	
3. Facility failed to notify DARM to use general permit	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	_
(check appropriate box)	
(check appropriate box)	
(check appropriate box) A. 1. Existing small area source 2. New small area source	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr dry-to-dry only, x<140 gal/yr	
(check appropriate box) A. 1. Existing small area source 2. New small area source	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr transfer only, x<200 gal/yr	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr transfer only, x<200 gal/yr transfer only, x<140 gal/yr transfer only, x<140 gal/yr transfer only, x<140 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)	
(check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 140<x<2,="" dry-to-dry="" gal="" only,="" td="" yr="" yr<=""><td></td></x<2,>	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td></x<2,>	
(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 before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td></td></x<2,>	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 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)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
(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 before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td></td></x<2,>	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 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)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td></td></x<2,>	

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? not stored 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? UN UN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DWA 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated UY UN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? $\Box Y \Box N$ 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

II		
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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	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?	OY ON ON/A
	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?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
P		
	ART V: RECORDKEEPING REQUIREMENTS	
н	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
Н (с	as the responsible official:	XY DN
H (c 1.	as the responsible official: heck appropriate boxes)	MY ON
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	AY ON
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	X Y ON X Y
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	4 - DN - A A C DN - A A C DN -
H (c. 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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	V
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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?	DAY ON
H (c. 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only)	DY DN DN/A
H (c. 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	AY ON ANY
H (c. 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	DY ON DYNA
H (c: 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	MY ON MANA MY ON MY ON MY ON MY ON
H. (c. 1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?	MANA ON ANA ON
H. (c. 1. 2. 3. 4. 5. 6. 7. 8.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	MANA ON ANA ON

2 Which and a Classic in the	h	-11	.10					
2. Which method of detection is used by the responsible official?								
Visual examination (condensed s	94	,						
Physical detection (airflow felt th	À							
Odor (noticeable perc odor)	` -							
Use of direct-reading instrumenta								
If using direct-reading instrum		. 1						
a. Capable of detecting	ΠY	ПN						
b. Calibrated against a s								
(PID/FID only)?	ΠY	ПИ						
c. Inspected for leaks ar	c. Inspected for leaks and obvious signs of wear on a weekly basis?							
d. Kept in a clean and s	in use?	UY UN						
e. Verified for accuracy	UY UN							
3. Has the facility maintained a leak log?				¥Υ	□и			
4. Does the responsible official check the	following	g areas for l	eaks?	, ,				
Hose connections, fittings, couplings, and valves	XY	□и	Muck cookers	¥Υ	ΠN			
Door gaskets and seating	Δ_{Y}	□и	Stills	Ϋ́	_ □N			
Filter gaskets and seating	XY	ПN	Exhaust dampers	X Y	ΠN			
Pumps	XY	□N	Diverter valves) Y	ПП			
Solvent tanks and containers	X	□и	Cartridge filter housings	X	N			
Water separators	XY	□и		<u></u>				
Fig. 1. (1)								

Franco Owngu	
Name of Responsible Official	<i>p</i> 1
Todd Sanchez	a/a +/97
Inspector's Name (Please Print)	Date of Inspection
Todd Sanshor	
Inspector's Signature	Approximate Date of Next Inspection
V	

ADDITIONAL SITE INFORMATION:

Suprema 750 sa Septa Clean picks up waste containment pan no fan

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	NNUAL X	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 10:20 TYPE OF FACILITY: DY	timeout:		AIRS ID#: D	090154
FACILITY NAME: JOSHU FACILITY LOCATION: 1450 Me		ners rtenay nd, Fl	PKWay #2 32953	
RESPONSIBLE OFFICIAL: TVC	inco On	IUSU	PHONE NUMBER:	407-452-0462
Based on the results of the compliance with DEP Rule of Based on the results of the codiscrepancies were noted:	52-213.300, Florida A ompliance requiremen	dministrative Cod	le (F.A.C.). ng this inspection, the foll	lowing compliance
COMPLIANCE REQUIR	Kent las	Elvi F	OLLOW-UP ACTI	
be plained state	- land	gar	e calendar From nonsex	WILL VSC
Maintenance person le plained state leve receipts hep	t at home	,	ex plained	70
				Bureau o
				7 1998 of Air Mon obile Sour
				1998 Fources
COMMENTS: Asked to	fac Cepy i	o recor	l keepeng is	i next few
norths. Fr.	1x # 40	7-897	-5963	dire.
The Annual Compliance Certification		-		YES NO
DATE OF NEXT INSPECTION:_		3/99	····	
INSPECTION CONDUCTED BY:	SAADH	(Approxima (Please Prin	285H1	
INSPECTOR'S SIGNATURE:	X2n		PHONE NUMBER:	D893-3333

Page___of___.

Revised 10/96



DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0090154 JOSHUA ENTERPRISES INTERNATIONAL

INC FRANW A OWUSU 1450 N COURTENAY PKWY #27 MERRITT ISLAND FL 32953

				G it co	-
	Do <u>NO</u>	T Remove Label		oring (2 -4	\Box
A	Las	J		THE DESIGNATION OF THE PERSON	97,
Annual Reporting Period:	~1 9 g	_19 <u>97</u> TO _	JAN 00		1994
			ي ک	\$ 5 C	' '1
Based on each term or condition of the Title	V general air permit,	my facility has remai	<u> </u>	× _ ~	
62-213.300, Florida Administrative Code (F	A.C.), during the peri	od covered by this sta	atement. TYES	F LANO	L
If NO, complete the following:				Source	1:1
				ces itori	0
#1. Term or condition of the general permit	that has not been in co	ontinuous compliance	during the reporting	; periogestated ab	ove:
					
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 as	entinuous samplianos	during the reporting	racial mated ob	
#2. Term of condition of the general permit	that has not been in co		during the reporting	periou stateu au	ove.
		· · · · · · · · · · · · · · · · · · ·			
Exact period of non-compliance: from		to_			
Action(s) taken to achieve compliance:		,			
•					
Method used to demonstrate compliance:					
			,		
As the responsible official, I hereby certify, bas	ed on information and b	elief formed after reas	onable inquiry, that the	e statements made	in this
notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	urther, my annual consu	mption of perchloroet	hylene solvent, based u	ipon purchase rec	eipts,
aous nos accea 2,100 ganons per year jor ary-i	wary jucimies or 1,000 g	autons per yeur jor tru	nsjer or combination j	acimies.	. \
RESPONSIBLE OFFICIAL: RAM	co Dwu	- AM		7/24	(u)
	ne (Please Print)		Signature	Date Date	1.6

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

facility was 120 gallons.

······································	P	
TITLE V (YLENE DRY CLEANERS GENERAL PERMIT NSPECTION CHECKLIST	; ;
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY OF STATE O	100
₩ •	98 TIME IN: 10:20 TIME OUT: 11:30 %	
FACILITY NAME: _ bohua Cle	2aners	
FACILITY LOCATION: 450 N.	Courtney PKWy #27	
Henrit It	Dend FL. 32153	
RESPONSIBLE OFFICIAL: Franco DI	WUSU PHONE: 452-0462	-
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to star	птр 🗆	
2. Facility failed to notify DARM to use general per	rmit 🗆	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum	
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	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 before 12/9/91)	transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gallyr transfer only, $200 \le x \le 1,800$ gallyr both types, $140 \le x \le 1,800$ gallyr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)	
5. This is a correct facility classification	☐N ☐Can not determine	
☐ facility exceeds above lin	cation: meral permit as number above mits and is not eligible for a general permit urchased within the preceding 12 months by this dry cleaning	
THE THE TOTAL CHARTER OF RESCRIPTORING (BESCRIPTORING)	niculased within the presenting 17 months by this dry cleaning — ii	

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
 Storing perchloroethylene in tightly sealed and impervious containers? Examining the containers for leakage? Closing and securing machine doors except during loading/unloading? Draining captidge filters in their housing or in sealed containers for at 	אלא ק אם צם			
2. Examining the containers for leakage?	AINIS NO YO			
3. Closing and securing machine doors except during loading/unloading? To fan $\omega_{\rm hi}$	DY MN			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AY ON ONIA			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	KA ON ON'Y			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification thas 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 refrig (complete A and B below).	gerated condenser			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	ND YD			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	QY QN QN/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON			

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

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained receipts for perc purchased?		
1. Maintained receipts for perc purchased?	XY ON N	o, basizda
2. Maintained rolling monthly total of perc consumption?	XY DN	. ,
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or,	AINO NO YO	
b. 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?	OY ON XONA	
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ZAMA	
5. Maintained exhaust duct monitoring data on perc concentrations?	ANA NO YO	
6. Maintained startup/shutdown/malfunction plan?	XX DX	
7. Maintained deviation reports?	XX ON ONA	
Problem corrected?	OY ON PANA	
8. Maintained compliance plan, if applicable?	DA DA BANTY	1
ii		f

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? guechanic does 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DIY ON ONA Muck cookers OY ON ONA couplings, and valves DY ON ONA Stills DIY ON ONA Door gaskets and seating DY DN DNA Exhaust dampers DA DW DWY Filter gaskets and seating DY DN DNA DY DN DN/A Diverter valves Pumps AVAD ND YD Cartridge filter housings dy ON ON/A Solvent tanks and containers AND ND YD Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: DN/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? QY QN b. Calibrated against a standard gas prior to and after each use $\square Y \square M$ (PID/FiD only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? \Box Y \Box N

d. Kept in a clean and secure area when not in use?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Inspector's Signature

UY UN

UA UN

Approximate Date of Next Inspection

Suprema 1991
Parson machine? yes
Condensate water > has zero whate machine
Needs pan for hazardous waste

safetycken (takes away)

*claims that maintenance guy keeps loops
(of leades) (explained the regulations
to him + gave him calendar.

t perc recrepts were at home, advised win to keep a copy at store always - will get pack recrepts will get pack recrepts will get pack recrepts to get 12 mth rolling average

I asked mr. Owase to fap me a copy of record leeping in the next copy of meths bester - herce pround compliance.

(JU)

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0090154
JOSHUA ENTERPRISES INTERNATIONAL
INC
FRANW A OWUSU
1450 N COURTENAY PKWY #27
MERRITT ISLAND FL 32953

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

Annual Reporting Period:	M 98	19	то	JAM	19 <i>99</i>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	•				n DEP Rule
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been i	n continuous	compliance	during the reporting p	period stated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:			.		
#2. Term or condition of the general permit	that has not been i	n continuous	compliance	during the reporting p	eriod stated above:
Exact period of non-compliance: from			to	· · · · · · · · · · · · · · · · · · ·	
Action(s) taken to achieve compliance:	- -				
Method used to demonstrate compliance:		 ,			
As the responsible official, I hereby certify, base notification are true, accurate and complete. Findoes not exceed 2,100 gallons per year for dry-to-	urther, my annual co	onsumption of	perchloroeth	ylene solvent, based up	on purchase receipts,
RESPONSIBLE OFFICIAL:		·			
Nan	ne (Please Print)		<u> </u>	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.

Revised 09/15/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: INSHUA Chronical	DATE: 9/21/42
FACILITY LOCATION: 1400 N. Gruntonary PIC	wy #ry
MI FC 32957	
Annual Reporting Period: MAA 92 19 TO	9/21/92 19
Based on each term or condition of the Title V general air permit, my facility has remained in o	compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement	YES ONO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during	g the eporting period stated above:
Exact period of non-compliance: from to &	on FI
Action(s) taken to achieve compliance:	() / () () () () () () () () (
Method used to demonstrate compliance:	Bile Way
#2. Term or condition of the general permit that has not been in continuous compliance durin	g the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official. I hereby certify, based on information and belief formed after real made in this notification are true, accurate and complete. Further, my annual consumption a upon purchase receipts, does not exceed 2,100 gailons per year for dry-to dry facilities or 1,5 combination facilities.	of perchlorceshylene solvent, based
RESPONSIBLE OFFICIAL: Franco Curto Affin	ature Pate

*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 AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL . COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:30 TIME OUT: 1:10	AIRS ID#: 7090(54
TYPE OF FACILITY: JOS Dry Cleaning	
FACILITY NAME: Joshua Cleanors	DATE: 9/2/48
FACILITY LOCATION: 1450 N. Com. Ptu	
	
RESPONSIBLE OFFICIAL: Franco Owasu	PHONE NUMBER: 407 - 452-0462
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:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	Will Con Land
	Sources Only
COMMENTS: IN Compliance	
The Annual Compliance Certification form has been properly certification	
DATE OF NEXT INSPECTION: 9/97	
INSPECTION CONDUCTED BY:	proximate) Pase Frint)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: <u>893-333</u>

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TITLE V C	YLENE DRY CLEANERS SENERAL PERMIT SEPECTION CHECKLIST COMPLAINT/DISCOVERY Moor Air
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY Mobile Ship South Complaint (1) 1948 The In: 12:30 time out: 1:20
	198 TEME IN: 12:30 TEME OUT: 1:20
FACILITY NAME: Joshua Clea	1 1
FACILITY LOCATION: 1450 N. C.	
Mexit Ishu	nd, Fc.
RESPONSIBLE OFFICIAL: Franco E	Wusu PHONE:
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	'1
2. Facility failed to notify DARM to use general per	mit O
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A. 1. Existing small area source	2. New small area source
dry-in-dry only $x < 140$ gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gailyr (nstalled both types, x < 140 gailyr 1/91	transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gallyr transfer only, $200 \le x \le 1,800$ gallyr both types, $140 \le x \le 1,300$ gallyr (constructed on or after $12/9/91$)
5. This is a correct facility classification	Checked receipts
	cation: neral permit as number above mits and is not eligible for a general permit
Specific was NAC gallons	ourchased within the preceding 12 months by this dry cleaning
factive was the gallois. 127.5 ge	ef

PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly scaled and impervious containers?

>pumped ==Y

DY ON ONIA

2. Examining the containers for leakage?

CY ON OWIA

Closing and securing machine doors except during loading/unloading?

QY DN

4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?

ON ON A

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

CY ON MINA

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?

 \Box Y \Box N

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

GY ON ONA

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

CY ON OWA

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

MD AD

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

CY CN CNA

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

DY DN

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 condenses located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	מט עט
<u>.</u>	Measured and recorded the washer exhaust temperature at the condesser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ONA
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 curbon adsorber?	AMD ND YD
	Is the perc concentration equal to or less than 100 ppm?	DY DN DNA
4 .	Assured that the sampling poor 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? duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ONA
5	. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY QN QN/A
6	. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 3. Maintained leak detection inspection and repair reports for the following: Set up for hum a documentation of leaks repaired w/in 24 hrs? AINCO NO YO b. documentation of parts ordered to repair leak and leak repaires win 2 days and parts installed w/in 5 days of receipt? DY ON ONIA CY CH DXIA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DXIA 5. Maintained exhaust duct monitoring data on pere concentrations? ZY CH 6. Maintained startup/shutdown/maifunction plan? . DY ON ONA 7. Maintained deviation reports? CY CH CENIA Problem corrected? 8. Maintained compliance plan, if applicable? No problems, inspective CY CH CHAY

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	- -		• •	CY	□и	•
2.	Eas the facility of	naintained a leak log?			RY	ПИ	
3.	Does the respons	sible official check the	following areas for leaks? ((was out of toi	n, r	12811 4	- 0
	Eose conne	eccions, fimings,		Keepingup			cen
	couplings	, and vaives	MY ON ON/A	Muck cookers	at c	אאם אי	
	Door gaske	ers and searing	MY ON ONIA	Stills	er c	NAD NE	
	Fiiter gaskt	erz and seating	DY ON ON/A	Exhaust dampers	ØY C	YM□ M	
	Pumps		AIND ND YE	Diverter valves	EY C	NA DWA	
	Soivent tan	iks and containers	DY ON ON/A	Cartridge filter housings	rey c	N □N/A	
	Water sepa	141012	MY ON ON/A	•		}	
4 .	Which method or	r detection is used by th	ne responsible official?				
	Visual examination (condensed solvent on exterior surfaces)						
	Physical de	eccion (airflow felt thr	ough gaskets)			1	
	Odor (notic	emble perc odor)					
	Use of dire	टा-स्थर्वांगु instrumenta	tion (FID/PID/calorimetric	tubes)			
	Halogen les	ak detector			Ω.		
	If using	g direct-reading instra	imentation, is the equipme	ent	□N/A		
	a.	Capable of detecting p	erc vapor concentrations in	a range of 0-500 ppm?	QY C	IN I	
	b. Calibrated against a standard gas prior to and after each use						
	(PD/FiD only)?						
	c. Inspected for leaks and obvious signs of wear on a weekly basis?						
	d. Kept in a clean and secure area when not in use?						
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?						
							ı

Inspersor's Signature

Date of Inspection

Approximate Date of Next Inspection

Showed me perc. receipts

has been doing leak cheeles

mechanic comes weekly + cheeles

machenic

PERCHLOROETHYLENE DRY CLEANERS,

ζ.	THLE	A GEVI	ERAL PE	SKMIT
COMP	LIANC	E INSPE	ECTION	CHECKLIST

	AND OLD VLED
	DATE 7-13-99
VFR	BY ORL

TYPE OF INSPECTION:

ANNUAL

 \not

COMPLAINT/DISCOV

- 1		0.
. I DV	,	de d
ERBY		177-

RE-INSPECTION

AIRS ID#: 0040154 DATE: 7-13-99 TIME	IN: 11:15 TIME OUT 11:45
FACILITY NAME: Jusung Cleaners	Chi Alle CI
FACILITY LOCATION: 1450 N. COULTARY	PKWY HZZ 2 R
Meritt Islandifl	
RESPONSIBLE OFFICIAL: Franco Owvsv	
CONTACT NAME:	PHONE:
	<u> </u>

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	

	~~ <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>					
PART II: CLASSIFICATION						
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum					
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)					
5. This is a correct facility classification	ON OCan not determine					
If no, please check the appropriate classification of a gentlement of a gentle						
B. The total quantity of perchloroethylene (perc) ри facility was <u>123</u> gallons.	rchased within the preceding 12 months by this dry cleaning					

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

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	מם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠV	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			
6	Routed airflow to the carbon adsorber (if used) at all times?	_		□N/A
<u> </u>	Acoustic annow to the earth adsorber (it used) at an unites:			

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	מס אם				
2. Maintained rolling monthly averages of perc consumption? Showed how to USE	EY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN CN/A				
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	OY ON CONA				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON F ÁNA				
5. Maintained exhaust duct monitoring data on perc concentrations?	ON ON DAMA				
6. Maintained startup/shutdown/malfunction plan?	MA ON				
7. Maintained deviation reports?	MY ON MOVA				
Problem corrected?	OY ON XVIVA				
8. Maintained compliance plan, if applicable?	אאגל אם צם				

PART VI: LEAK DETECTION AND REPAIRS

						
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	~ has mechanic	once amonth or realfilog	מט עמ		
2.	Has the facility maintained a leak log?	/ showed how t	r kall log	dry on		
3.	Does the responsible official check the	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	GY ON ON/A		
i I	Door gaskets and seating	אומם מם אוא	Stills	AY ON ON/A		
! !	Filter gaskets and seating	אאם אם אא	Exhaust dampers	BY ON ONA		
:	Pumps	MY ON ONA	Diverter valves	DY ON ONA		
	Solvent tanks and containers	אואם אם צם	Cartridge filter housings	DY ON ONA		
	Water separators	DY ON ON/A	•			
4.	Which method of detection is used by	the responsible official?		,		
Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt th	rough gaskets)	·	6		
	Odor (noticeable perc odor)			ਰ		
	Use of direct-reading instruments	ation (FID/PID/calorimetri	c tubes)			
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	fter each use	OY ON		
	c. Inspected for leaks ar	nd obvious signs of wear or	a weekly basis?	OY ON		
d. Kept in a clean and secure area when not in use?				OY ON		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					
	•					
	P 1411 (- 1 - 12 00					
	F/ 1/1/ -	3	2 12 00			

Inspector's Signature

7-13-49
Date of Inspection

7-2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION	٧:		
·			
)	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:15 TIME OUT: 11:45	AIRS ID#: <u>U090159</u>
TYPE OF FACILITY: DIY Cleunes	
FACILITY NAME: Joshun Cleantes	DATE: 7-13-99
FACILITY LOCATION: 1450 N. Courtney P	(NX, #27
merit + Island, FL	32753
RESPONSIBLE OFFICIAL: France Owusu	PHONE NUMBER: 452-6462
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 evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·.
La Compliance	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 7-2000	
INSPECTION CONDUCTED BY: Randall C	proximate) vnNiNgham gase Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 417-843-3333
Page	_of Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Just Na Cle	ant15	DATE:
facility location: $1450 N_{\odot}$		
meritt =	Esland, FL 32753	
Annual Reporting Period: Jely	19 48 TO _	July 19 49
Based on each term or condition of the Title V g	- · · · · · · · · · · · · · · · · · · ·	<i></i>
If NO, complete the following:		
#1. Term or condition of the general permit tha	nt has not been in continuous compliance	ce during the reporting period stated above:
Exact period of non-compliance: from	t	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		·
#2. Term or condition of the general permit tha	nt has not been in continuous compliance	ce during the reporting period stated above:
Exact period of non-compliance: from	, to)
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, bas made in this notification are true, accurate and upon purchase receipts, does not exceed 2,100 combination facilities. RESPONSIBLE OFFICIAL: Name	l complete. Further, my annual consum	nption of perchloroethylene solvent, based

Page _____ of ____.

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

PERCHLOROETHYLENE DRY CLEANERS

🕴 TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST ARMS UPDATED DATE

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVERY

3Y	Rl

CulPndar

AIRS ID#: 009 0 154 DATE: 3-31-00 TIME IN: 10!15 TIME OUT: 10:45 FACILITY NAME: JOSHUA Cleaners N. Courtney PKmy. #27 FACILITY LOCATION: 450 PHONE: 321 - 452-0462 RESPONSIBLE OFFICIAL: Franco Owusu CONTACT NAME: PHONE:

PART I: NOTIFICATION

(check appropriate box)

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

Facility indicated on notification form that it is:

- ☐ No notification form
- ☐ Drop store/out of business/petroleum

A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr

(constructed before 12/9/91)

PART II: CLASSIFICATION



- 3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yrtransfer only, 200 < x < 1,800 gal/yrboth types, 140 < x < 1,800 gal/yr(constructed before 12/9/91)
- 5. This is a correct facility classification

- 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/vr (constructed on or after 12/9/91)
- 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, 140 < x < 1,800 gal/yr(constructed on or after 12/9/91)
 - □Can not determine

Bureau of Air Monitoring Mobile Sources

If no, please check the appropriate classification:

- facility qualified for a general permit as number ____
- facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was pallons.

1 of 5

Total Dec

Jul. 195 Mus. 60+145

Sept. 195 Oct, 10 No V. 14.5

Dec. 810

Marxw-

30

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

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	OEAX □N
2. Maintained rolling monthly averages of perc consumption?	Q a ¥ □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON KNA
b. documéntation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ANA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DENNA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DEWA
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	ANGO NO YO
Problem corrected?	AVA ON PO
8. Maintained compliance plan, if applicable?	DY DN DAVA

PΑ	PART VI: LEAK DETECTION AND REPAIRS		
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection a	ınd repair	
	inspection?	XY DN	
2.	. Has the facility maintained a leak log?	KY ON	
3.	. Does the responsible official check the following areas for leaks?		
!	Hose connections, fittings, couplings, and valves OY ON ON/A Muck cookers	אואם אם צם	
ı	Door gaskets and seating DON/A Stills	AINO NO YO	
	Filter gaskets and seating	OY ON ON/A	
	Pumps DY DN DN/A Diverter valves	OY ON ON/A	
	Solvent tanks and containers QY QN QN/A Cartridge filter housings	S OY ON ON/A	
İ	Water separators		
4.	. Which method of detection is used by the responsible official?		
1	Visual examination (condensed solvent on exterior surfaces)	Ø.	
	Physical detection (airflow felt through gaskets)		
ı	Odor (noticeable perc odor)	4	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)		
ı	Halogen leak detector	≸	
	If using direct-reading instrumentation, is the equipment:	- DXNA	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON	
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 	OY ON	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON	
	d. Kept in a clean and secure area when not in use?	מם צם	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	אֹם צם	

Inspector's Name (Please Print)

Inspector's Signature

3-31-00

Date of Inspection

3-2001

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

AIRS ID#: 009 0/54

Nec

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Toshua Cleaners	DATE: 3-31-00
FACILITY LOCATION: 1450 N. COURTNEY PKWY, #127	ry
Merritt Island, FL32783	
Annual Reporting Period: March 26 1494 TO March	20_40
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	_
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: fromtoto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquir in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year combination facilities.	solvent, based upon
RESPONSIBLE OFFICIAL: FRAMW WWW Signature Name (Please Print) Signature	- 3/31/00 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: 10!15 TIME OUT: 10!45 TYPE OF FACILITY: Dry Clean	AIRS ID#: 009	0154
FACILITY NAME: Joshua Cleantrs	·	DATE: 3-31-46
FACILITY LOCATION: 1450 N. Wuifney Phny.	#27	
Merritt Island, FL 3:	27 53	
RESPONSIBLE OFFICIAL: Franco D WV SU	PHONE NUMBER:	452.0462
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra		is found to be in
Based on the results of the compliance requirements evaluate discrepancies were noted:		
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION	N REQUIRED
	· ·	
	· .	
		t.
Ih Compliance		
The Annual Compliance Certification form has been properly certified DATE OF NEXT INSPECTION: 2-2001	ed and submitted to the inspector.	YES NO
INSPECTION CONDUCTED BY: Randall Cu	proximate) nningham	
INSPECTOR'S SIGNATURE: RAUL TO 1	ase Print)PHONE NUMBER:	107-893-333
, 1	-6 1	Paying 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

	·	./	1 🖍
		\checkmark	1 ARM
PERCHLOROETHYLENE D TITLE V GENERAL PE COMPLIANCE INSPECTION (RMIT	f. f.	18 ARMS 39 123/98 SQ
TYPE OF INSPECTION: ANNUAL RE-INSPECTION &	COMPLAINT/DISCOVE		nd oalso as
ARS ID#: 0090154 DATE: 9121/98 TIME	IN: 12:30 TIME OF	υт: <u>/.'.20</u>	
FACILITY NAME: Joshua Cleaners			
FACILITY LOCATION: 1450 N Courtney	PKWy. #327		
Merit Island, FC	· · · · · · · · · · · · · · · · · · ·		
RESPONSIBLE OFFICIAL: Franco Owusu	PHONE:		-
CONTACT NAME:			
		l]
PART I: NOTIFICATION		\mathcal{D}	
(check appropriate box)	Bur	M	
1. New facility notified DARM 30 days prior to startup	DEC reau of & Mo		
Facility failed to notify DARM to use general permit	DEC 1 Abureau of Air & Mobile		
	S A	~	<u> </u>
PART II: CLASSIFICATION	onita Jurce	m_	
Facility indicated on notification form that it is: (check appropriate box)	O No notification form Drop store/out of busi	iness/bertojemu	
dry-to-dry only, x < 140 gal/yr dry-to-dry or transfer only, x < 200 gal/yr (nstalled transfer only both types, x < 140 gal/yr 1/91 both types, x	ull area source niy, x < 140 gal/yr y, x < 200 gal/yr c < 140 gal/yr ton or after 12/9/91)	\$	
3. Existing large area source 4. New lar-dry-to-dry only, $140 \le x \le 2,100$ gallyr dry-to-dry only, $140 \le x \le 1,800$ gallyr transfer only both types, $140 \le x \le 1,800$ gallyr both types.	ge area source riy, 140 $\le x \le 2,100$ gal/yr y, 200 $\le x \le 1,800$ gal/yr $140 \le x \le 1,800$ gal/yr	1	
(constructed before 12/9/91) (constructed before 12/9/91) 5. This is a correct facility classification QY Q	i on or after 12/9/91) N ClCan not determine		
S. This is a correct facility Callinguation	, S Come man and		
If no, please check the appropriate classification: [] facility qualified for a general permit [] facility exceeds above limits and is no	c eligiole for a general permit		
B. The total quantity of perchloroethylene (perc) purchased with	nin the preceding 12 months	by this dry cleaning	

PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly sealed and impervious containers?

> pumped DY DN DN/A

2. Examining the containers for leakage?

CY CH CYIA

3. Closing and securing machine doors except during loading/unloading?

OY ON

4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to discosal?

OW ON ONA

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

DY DN ENVA

PART IV: PROCESS VENT CONTROLS

In Part II-A:

30

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?

 \square Y \square N

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

GY ON ONA

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

QY QN QN/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/oi-weekly basis?

 $\Box Y \Box N$

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

CÝ CH CHA

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

CY CN

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?	GA GX	
2	Measured and recorded the washer exhaust temperature at the condesser iniet and outlet weekly? Is the temperature differential equal to or greater than 20° F?	OY ON ON	Ţ
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?	עם אם אם	/A
	Is the perc concentration equal to or less than 100 ppm?	ON ON ON	'A
+	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?	QY QN QN	7A.
5	. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON	7 <u>A</u>
6	. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON	7A.

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintriped receipts for per numbased?	
1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? (S) INSPECTOR and ed in cross in each kin cross. 3. Maintained leak detection inspection and repair reports for the following: Schup for hand a documentation of leaks repaired w/in 24 hrs? or.	this on
3. Maintained leak detection inspection and repair reports for the following:	un
a. documentation of leaks repaired w/in 24 hrs? or,	DY DN ODNIA
b. documentation of parts ordered to repair lenk and lenk repaired win 2 days and parts installed win 5 days of receipt?	OY ON OKIA
4. Maintained colioration data? (for applicable direct reading instruments)	CY CH CHA
5. Maintained exhaust duct monitoring data on pero concentrations?	DY DN DNIA
6. Maintained startup/shutdown/malfunction plan?	יפיי בא
7. Maintained deviation reports?	DY ON ONA
Problem corrected?	CY CH PANA
8. Maintained compliance plan, if applicable? No problems, inspective helped in compliance	Ke CH CH CHIA

PART VI: LEAK DETECTION AND REPAIRS

1.	oes the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			CY ON	
2.	Eas the facility maintained a leak log	?		ey on	
3.	Does the responsible official check the following areas for leaks? (was out of tow			n, hasid	beer
	Hose connections, fittings, couplings, and valves	AND ND YE	Keeping UP Muck cookers	מא סא סאו	
	Door gaskers and seating	אואם אם אב	Stills	פאַ סאַ סאוּ	.
	Filter gaskets and seating	DY ON ONA	Exhaust dampers	אואם אם אא	
	Pumps	אואם אם אף	Diverter valves	אואם אם אם	.
	Solvent tanks and containers	DY ON ONA	Carridge filter housings	NO NO YEN	7
	Water separators	AY ON ONA			
4. Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)			_ کیا	
	Physical detection (airflow felt through gaskets)			2	
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			. 🛛	
	Halogen lenk detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting pert vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kapt in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? UN UN ON ON ON ON ON ON ON ON			_	
				OY ON	
				QY QN	1

Inspector's Signature

Showed me perc. receipts

has been doing leak cheeles

mechanie comes weekly + cheeles

machene

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLA	INT/DISCOVERY	RE-INSPECTION []
TIME IN: 12:30 TIME	OUT: 1:10	AIRS ID#:	90154
TYPE OF FACILITY: JOS DM C	leaning		
FACILITY NAME: Soshua	Clarers		DATE:
FACILITY LOCATION: 1450 No	Com. Ptwy	MI FL.	
RESPONSIBLE OFFICIAL: Franco	Owasu	PHONE NUMBER:	4D7-452-0402
Based on the results of the compliance compliance with DEP Rule 62-213.300	•		y is found to be in
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:			
COMPLIANCE REQUIREMENT	PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
		1	
			· · · · · · · · · · · · · · · · · · ·
		·	
COMMENTS: IN Complian	<u>e</u> è		
The Annual Compliance Certification form has	been properly certified a	nd submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION: 9/97			
INSPECTION CONDUCTED BY: (Approximate) (Please Print)			
INSPECTOR'S SIGNATURE: PHONE NUMBER: 893-3333			

Page___of___.

Revised 10/96

413872 FEB 72002

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0090154

JOSHUA CLEANERS FRANCO A OWUSU

1450 N COURTENAY PKWY #24 MERRITT ISLAND FL

MERRIT I ISLAND FL 32953 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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

RECEIVED MAIL ROOM TOTAL AMOUNT DUE: \$50.00 MAR -6 00 7 Do NOT Remove Label 1 MAR AIRS ID # 0090154 JOSHUA CLEANERS Mobile FRANCO A OWUSU ITTFOR GOVERNMENT USE ONLY 1450 N COURTENAY PKWY #24 Org.: 37550101000 EO: B1 CO **MERRITT ISLAND FL 32953** Fund: 20-2-035001 Monitoring 2000 ≰Õþj.: 002273 m]

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TOTAL AMOUNT DUE: \$50.00

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JOSHUA CLEANERS FRANCO A OWUSU 1450 N COURTENAY PKWY #24 MERRITT ISLAND FL 32953

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FOR GOVERNMENT USE OF A1 Fund: 20-2-035001
Obj.: 002273

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INC FRANCO ERANW A OWUSU

1450 N COURTENAY PKWY #27- 2

MERRITT ISLAND FL 32953

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

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Fund: 20-2-035001 .

Obj.: 002273

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AIRS ID # 0090154
JOSHUA CLEANERS
FRANCO A OWUSU
1450 N COURTENAY PKWY #24
MERRITT ISLAND FL 32953

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

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

RECEIVED

MAIL ROOM TOTAL AMOUNT DUE: \$50.00 FEB -5 97

Do NOT Remove Label

AIRS ID# 0090154 JOSHUA ENTERPRISES INTERNATIONAL INC FRANW A OWUSU 1450 N COURTENAY PKWY #27 **MERRITT ISLAND FL 32953**

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

Z 333 667 393

US Postal Service
Receipt for Certified Mail

AIRS ID # 0090154
JOSHUA CLEANERS
FRANCO A OWUSU
1450 N COURTENAY PKWY #24

MERRITT ISLAND FL 32953 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee PS Form 3800, April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address **TOTAL** Postage & Fees \$ Postmark or Date

SENDER: COMPLETE THE	JELIVERY
 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: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addresses D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
AIRS ID # 0090154 JOSHUA CLEANERS FRANCO A OWUSU 1450 N COURTENAY PKWY #24 MERRITT ISLAND FL 32953	3. Service Type Certified Mail
2. 333 667 3 53 2. Article Number (Copy from service label)	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
	Return Receipt 102595-99-M-1789

Fold at line over top of envelope to



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

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

D. TALLAND BILE SOURCE CONTROL PROCESSION OF ENVIRONMENTAL PROTECTION MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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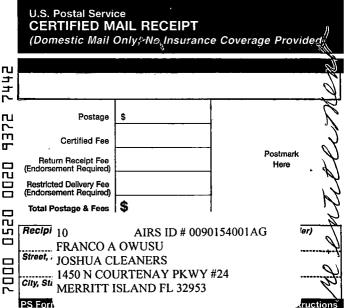
WAR = 7 2000

WAR = 7 2000

Ireau of Air Monitoring

R Mobile Sources

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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 	A Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?
10 AIRS ID # 0090154001AG FRANCO A OWUSU JOSHUA CLEANERS 1450 N COURTENAY PKWY #24	3. Service Type
MERRITT ISLAND FL 32953	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
•	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 70001 (0.520 10020 191	317211 744211 111 111 11
PS Form 3811, July 1999 Dome	stic Return Receipt 102595-99-M-1789

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NOUTE UNITED STATES POSTAL SERVICE • Sender: Please print your name \address, and ZIP+4 in this box BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 171

Z 333:667 D18

US Postal Service

Receipt for Certified Mail

AIRS ID # 0090154

JOSHUA CLEANERS FRANCO A OWUSU 1450 N COURTENAY PKWY #24 MERRITT ISLAND FL 32953

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	Certified Fee	
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	Restricted Delivery Fee	
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3800, April 1995	Return Receipt Showing to Whorn, Date, & Addressee's Address	
300,	TOTAL Postage & Fees	\$
դ 38	Postmark or Date	

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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
 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 mailpiecon or on the front if space permits. 	C. Signature
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
AIRS ID # 0090154 SHUA CLEANERS ANCO A OWUSU	MERRY SOLUTION OF THE PROPERTY
0 N COURTENAY PKWY #24 PRRITT ISLAND FL 32953	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2 333 667 018	4. Restricted Delivery? (Extra Fee) ☐ Yes
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UNITED STATES POSTAL SERVICE

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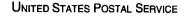


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DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

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 can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
completed (3. Article Addressed to: AIRS ID 0090154	4a. Article N	3 613 200	
Ξ.	JOSHUA ENTERPRISES INTERNATIONAL INC FRANW A OWUSU	4b. Service Registere	ed Certified	
DRESS	1450 N COURTENAY PKWY #27 MERRITT ISLAND FL 32953	1	ceipt for Merchandise COD	
N AD		7. Date of D	elivery, G.S	
HEIUF	5. Received By: (Print Name)		Addressee's Address (Only if requested and fee is paid)	
s your i	6. Signature: (Addressee or Agent)			
_	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt	





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● Print your name, address, and ZIP Code in this box ●

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

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US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID 0090154

JOSHUA ENTERPRISES INTERNATIONAL INC

FRANW A OWUSU 1450 N COURTENAY PKWY #27 MERRITT ISLAND FL 32953

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

PS Form 3800, April 1995

SENDER: COMPLETE THIS SECTION	COMPLETE THIS S	ECTION ON DEL	IVERY	
Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.	ll .	ase Print Clearly)	B. Date of Delivery	
 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. 	Ipiece, X	x		
1. Article Addressed to: AIRS ID # 009015 JOSHUA CLEANERS FRANCO A OWUSU 1450 N COURTENAY PKWY #24 MERRITT ISLAND FL 32953	3. Service Type Goertified Mail Registered Insured Mail	□ Express Ma	w: No	
<u> </u>	4. Restricted Delive	ery? (Extra Fee)	☐ Yes	
2. Article Number (Copy from service label)	6 4/28 84/3	,		
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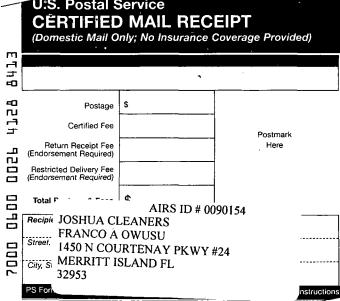
United States Postal Service

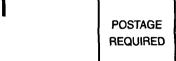


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DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400





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



Department of Environmental Protection

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

David B. Struhs Secretary

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 32315-3070



(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

AIRS ID # 0090154 JOSHUA CLEANERS FRANCO A OWUSU 1450 N COURTENAY PKWY #24 MERRITT ISLAND FL 32953

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



Department of Environmental Protection

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 February 06, 2002

David B. Struhs Secretary

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

TO: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your 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.

Your annual emissions fee is \$50 for calendar year **2001**. A notice of your obligation to pay the annual emissions fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual emissions fee in response to that request, please disregard this letter.

If you have not yet submitted the annual emissions fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual emissions fee not received by **March 1, 2002**, may be subject to a 50 percent penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee 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 prompt attention to this matter.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.