

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 6, 1996

Mr. John Yang Town & Country Cleaners 1925 Park Avenue Orange Park, Florida 32073

Facility I.D. No. 0190047 Re:

Dear Mr. Yang:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 6, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Rick Banks, Northeast 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):				
	JOHN YANG				
2.	Site Name (For example, plant name or number):				
	Town & Country cleaners				
3.	Hazardous Waste Generator Identification Number:				
4.	Facility Location: Street Address: 1925 PEK AVE. City: ORANGE PARK County: CLAY Zip Code: 32073				
5.	Facility Identification Number (DEP Use):				
	0190047				
	Responsible Official				
6.	Name and Title of Responsible Official:				
	JOHN YANG				
7.	Responsible Official Mailing Address: Organization/Firm: Town & Country Cleaners Street Address: 1925 Park Ave City: ORANGE PARK County: CLAY Zip Code: 32073				
8.	Responsible Official Telephone Number: Telephone: (904) 264-5911 Fax: (904) 264 (400				
	Facility Contact (If different from Responsible Official)				
9.	Name and Title of Facility Contact (For example, plant manager):				
10.	Facility Contact Address:				
	Street Address: City: County: Zip Code:				
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -				

RECEIVED

SEP 6 1996

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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.

					, _				
,		Date	Date	1	Date	Date		Date	Date
		Machine	Control		Machine	Control	1	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	Γ.								
(1) w/ ref. condenser		July 196	 		July 1.95				
(2) w/ carbon adsorber									
(3) w/ no controls				1	T				
Washer Unit									
(4) w/ ref. condenser			T						
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls		1							
Reclaimer Unit									
(10) w/ ref. condenser								T	
(11) w/carbon adsorber	_								
(12) w/ no controls	_		<u> </u>			-		<u> </u>	
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control o	are re luant gallo	equired to be ity of perchloons ow many? [_	installed [_ oroethylene (] months	perc)	purchased in				
3. What is the facility's son (Indicate with an "X". S Existing small are	Selec ea so	t one classifi urce [X]	cation only.) Ne	ew sm	all area sour	ce []	3) of	Part II?	
Existing large are	a sou	irce []	Ne	w lar	ge area sour	ce []			

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Effective: 6-25-96

(Indicate with an "X		pursuant to section (3) of F	art if or this notification form:			
Existing large Carbon adsorb		Refrigerated condenser	ſ]			
		Tem gorarou concensor				
New small are Refrigerated c						
New large are: Refrigerated c						
to Rule 62-213.300, F.A	tains non-exempt emissions A.C. Verify that all steam an at no such units exist on-site	d hot water generating units	use the general permit pursuant s on-site meet the following			
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.						
All steam and hot water generating units exempt No such units on-site						
	Equipment Monitoring a	and Recordkeeping Inform	nation			
Check all logs which ar	e required to be kept on-site	in accordance with the requ	nirements of this general permit:			
(a) Purchase receipts an	d solvent purchases					
(b) Leak detection inspe	ection and repair					
(c) Refrigerated conden	ser temperature monitoring					
(d) Carbon adsorber ext	aust perc concentration mon	itoring				
(e) Instrument calibration	n					
(f) Start-up, shutdown,	malfunction plan					

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form. I will promptly notify the Department of any changes to the information contained in this notification.						
Signature $\sqrt{\frac{9-1-96}{Date}}$						

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	Site Name (For example, plant name or number):					
2.						
	Town & Country cleaners					
3.	Hazardous Waste Generator Identification Number:					
L						
4.	Facility Location: Street Address: 1925 Park AVE.					
	Street Address: 1925 Park AVE. City: ORANGE PARK County: CLAY Zip Code: 32073					
5.	Facility Identification Number (DEP Use):					
	0190047					
	Responsible Official					
6.	Name and Title of Responsible Official:					
	JOHN YANG					
7.	Responsible Official Mailing Address: Organization/Firm: Town & Country Cleaners Street Address: 1975 Park Ave City: ORANGE PARK County: CLAY Zip Code: 32073					
8.	Responsible Official Telephone Number:					
<u> </u>	Telephone: (904) 264-5911 Fax: (904) 264- (400					
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
10.	Facility Contact Address:					
	Street Address:					
	City: County: Zip Code:					
11.	Facility Contact Telephone Number:					
	Telephone: () - Fax: () -					

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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.

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
Type of Machine	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed
Example	#1		12-NOV-93			instance	#3	<u> </u>	
Dry-to-Dry Unit			-	_	9. W	<u></u> _			
(1) w/ ref. condenser	5	July 196	JUCY/8	-	July 96	<u> </u>			
(2) w/ carbon adsorber		7777	10 - 11. 10		,				
(3) w/ no controls			·						
Washer Unit	٠.								
(4) w/ ref. condenser								1	
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		-				·			100
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				7					. 4
(10) w/ ref. condenser				-					
(11) w/carbon adsorber								<u> </u>	
(12) w/ no controls									
(b) Control devices are (c) No control devices are 2.(a) What was the total q	are re	equired to be	installed [_		J	the latest 12	2 mon	iths?	
(b) If less than 12 month Check why it is less] New store	: [] Did	not k	eep records:	لـــا

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

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

Surrender of Existing Air Permit(s)

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

#0190047

1. (a) add date control device installed

3. new small area source should be marked.

P.15 D. Mark top box

5. mark top box, 10-4-96, Spoke to business, they use natural, gas,

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL (COM	PLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 1:00 TIME OUT: 1:45	AIRS ID#:				
FACILITY NAME: 1000 + COUNTRY Cleaner FACILITY LOCATION: 1925 Pank AV					
RESPONSIBLE OFFICIAL: John 1900	073 PHONE NUMBER: 904-264-5971				
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluation of the compliance with the compliance requirements evaluation of the compliance of the compliance requirements and the compliance requirements are compliance of the compliance requirements and compliance requirements are compliance requirements.	ated during this inspection, the facility is found to be in				
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
	o RC				
	C. No. O. L.				
<u>.</u>	C. Mobile Sources and C. Mobile Sources and Co. T. C.				
COMMENTS:					
	·				
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO NO NOTE OF NEXT INSPECTION:					
INSPECTION CONDUCTED BY: (h15tophen La	proximate)				
INSPECTOR'S SIGNATURE: (Please Print) PHONE NUMBER: 904-448-4310					

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Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION

ANNUAL



COMPLAINT/DISCOVERY

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RE-INSPECTION

AIRS ID#: 0190017 DATE: 2/18/00	TIME IN: 1:00 TIME OUT: 1:45
FACILITY NAME: Jount Country	Cleaners
FACILITY LOCATION: 1925 Park	Ave
Orange Pa	FL 32073
	PHONE: 904-264-5971
	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
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
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, $x < 200 \text{ gal/yr}$	transfer only, $x < 200$ gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	4. New large area source □ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	both types, $140 \le x \le 1,800$ gallyr (constructed on or after 12/9/91)
5. This is a correct facility classification	Y DN DCan not determine
If no, please check the appropriate classific	
	neral permit as number above uts and is not eligible for a general permit
	archased within the preceding 12 months by this dry cleaning
facility was gallons.	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

condenser exceeded 45°F?

In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part V	v.		
If classification 2 has been checked, the machine should be equipped with a refrigerated condense (complete A helow).			
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 refu (complete A and B below).	rigerated condenser		
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
1. Equipped all machines with the appropriate vent controls?	Say on		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם אפ		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ANO NO Y G Z		

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

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

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

2 of 5

ZZY DN

NO YES

AND NO YES

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	ls 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?	DY ON ON/A
	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 ON/A
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

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for perc purchased?	ADY □N						
2. Maintained rolling monthly averages of perc consumption?	NO NE						
3. Maintained leak detection inspection and repair reports for the following:	·						
a. documentation of leaks repaired w/in 24 hrs? or;	AVAD NO YO						
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	A/NE NO YO						
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN BON/A						
5. Maintained exhaust duct menitoring data on perc concentrations?	איא 🗗 אם עם						
6. Maintained startup/shutdown/malfunction plan?	JOY DX						
7. Maintained deviation reports?	איאשלי אם צם						
Problem corrected?	A/אָפַר אַם יַעם						
S. Maintained compliance plan, if applicable?	AINE NO YO						

P.	ART VI: LEAK DETECTION AND I	REPAIRS				
l.	Does the responsible official conduct a	weekly (for	small sourc	ces, bi-weekly) leak detection a	nd rep	air
	inspection?				YY	NO
2.	Has the facility maintained a leak log?				ďΥ	ПN
3.	Does the responsible official check the	following a	reas for leab	ks?	•	
	Hose connections, fittings, couplings, and valves	par ox	I DN/A	Muck cookers	ADY.	ON ON/A
	Door gaskets and scatting	DY DY	I DN/A	Stills	DY	ON ON/A
	Filter gaskets and scatting	AD A CA	ON/A	Exhaust dampers	ØY.	ON ON/A
	Pumps	PY DX	N/A	Diverter valves	PY	A/NO NO
	Solvent tanks and containers	ØY ON	I DN/A	Cartridge filter housings	ŔΥ	□N □N/A
	Water separators	DY ON	I □N/A			
4.	Which method of detection is used by t	the respons	ible official?			,
Visual examination (condensed solvent on exterior surfaces)				42		
	Physical detection (airflow felt through gaskets) Odor (noticeable perc odor)				B	
					0	
	Use of direct-reading instruments	ation (FID/	PID/calorim	etric 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?			ΟY	מם	
	b. Calibrated against a (PID/FID only)?	standard ga	is prior to an	nd after each use	ΩY	ПИ
	c. Inspected for leaks as	nd obvious	signs of wea	er on a weekly basis?	ΟY	ПN
	d. Kept in a clean and s	secure area	when not in	use?	ΟY	. אם

Christopher L Scott	2/14/00
Inspector's Name (Please Print)	Date of Inspection
· CAR LA	March 01
Inspéctor's Signature	Approximate Date of Next Inspection

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

OY ON

ADDITIONAL SITE INFORMATION:	
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	i

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL \(\sum_{\text{op}} \)	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:00 TIME OUT: 11:4	()AIRS ID#:0190047
TYPE OF FACILITY: Dry Cleanes	
FACILITY NAME: TOWN + COUNTRY CLE	ANERS DATE: 3-32-99
FACILITY LOCATION: 1925 Park que	
Orange Park, FL 3	
RESPONSIBLE OFFICIAL: John Yang	PHONE NUMBER: 904-264-5971
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admini	cluated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements eva discrepancies were noted:	luated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	
COLD COLOR	·
COMMENTS:	
	•
The Annual Compliance Certification form has been properly cer	rtified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $3/2000$	Approximate)
INSPECTION CONDUCTED BY: Christones L.	Soft Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904448 4310 X24

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Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	ON D
FACILITY NAME: Town + Country FACILITY LOCATION: 1975 Park Orange Far RESPONSIBLE OFFICIAL: John Yar	79 TIME IN: 11:00 F CONE OUN ED Cleaners APR - 7 1999 Que Bureau of Air Monitoring & Mobile Sources PHONE: 904-264-5971 PHONE:
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to state 2. Facility failed to notify DARM to use general per	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	□ No notification form □ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry to dry only, 110 € x € 2,100 gal/yr
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ger facility exceeds above lim	
_	urchased 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 scaled 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?

אואם אם צים

- AND ND Y \mathcal{B}
- MD AD
- AND ND YA
- ANA NO YO

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

- A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)
- 1. Equipped all machines with the appropriate vent controls?
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

BY DY

Y DN DN/A

.

AVA DN DN/A

ADY ON

~

BY DN DN/A

M□ 'AŒ

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?	ΠY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	\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?	ЦΥ	ЦN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N _d	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	ADY DN				
2. Maintained rolling monthly averages of perc consumption?	, ф у 🗆 и				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	\mathbf{q} א ם א \mathbf{q} 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?	אותם מם צול				
4. Maintained calibration data? (for applicable direct reading instruments)	C) ON WAYA				
5. Maintained exhaust duct menitoring data on perc concentrations?	מעם אם אם אם				
6. Maintained startup/shutdown/malfunction plan?	אם אס				
7. Maintained deviation reports?	אלא ק אם צם				
Problem corrected?	DY DN MONA				
8. Maintained compliance plan, if applicable?	DY DN T N/A				

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection at	nd repair	
	inspection?			¥ΩY	□N-
2.	Has the facility maintained a leak log'	,	•	D Y	מם
3.	Does the responsible official check the	following areas for leaks	?	· .	
	Hose connections, fittings, couplings, and valves	אום אם צים .	Muck cookers	NO Y	! □N/A
	Door gaskets and scating	ADY ON ONA	Stills	⊕ Y □N	□N/A
	Filter gaskets and seating	AND NO YOU	Exhaust dampers	MY DN	□N/A
	Pumps	AND NO Y	Diverter valves	PA ON	A/ND
	Solvent tanks and containers	SOY ON ON/A	Cartridge filter housings	DY ON	I □N/A
	Water separators	Y ON ON/A			
4.	Which method of detection is used by	the responsible official?		, ai	
	Visual examination (condensed	solvent on exterior surfac	es)	ϕ	
	Physical detection (airflow felt t	hrough gaskets)		B	
Odor (noticeable perc odor)				B	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:			□N/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON	1	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON	1
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	DY DN	1
	d. Kept in a clean and	secure area when not in u	sc?	מם צם	1 .
	c. Verified for accurac	y by use of duplicate samp	oles (calorimetric only)?	אם צם	1 .

Christopher L. Scott	3-30-59
Inspector's Name (Please Print)	Date of Inspection
Well lett	3-2000
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL S	TE INFORMATION				
·				•	
		-			
					•
	en.				•
				•	!
-	-				
				·	
				•	
			•		
					,



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMP	LIANCE I	MSPEC		·		
TYPE OF INSPECTION: ANN	UAL		b	COMPLAINT	DISCOVERY	
RE-II	NSPECTIO	N				
						
AIRS ID#: <u>0190047</u>	TIME	IN:/	0:00	TIME	OUT: <i></i>	45
airs id#: <u>D190047</u> facility name: <u>Town</u> s	COUNT	RY (TEA	NERS		
FACILITY LOCATION: 1925						18
l .		_		3207		
<i>\(\mathcal{D}\)</i>	<u>CANEE</u>	P	IRK	320/	<u> </u>	
PART I: NOTIFICATION						
(check appropriate box)				,		
1. Existing facility notified DARM by 9/	1/96					
2. New facility notified DARM 30 days p	prior to star	tup				ا. ت
3. Facility failed to notify DARM to use	general per	mit				
PART II: CLASSIFICATION						
Facility indicated on notification form	that it is:				<u></u>	
(check appropriate box)						
A	b/	2 N-	11 .			\geq
1. Existing small area source dry-to-dry only, x<140 gal/yr	L I			rea source x<140 gal/yr	4 60	
transfer only, x<200 gal/yr		transfer	only, x<	200 gal/yr		
both types, x<140 gal/yr (constructed before 12/9/91)			oes, x<14	0 gal/yr or after 12/9/91)		
(constructed before 12/9/91)		(CONSTI	icted on t	or affer 12/9/91)		
3. Existing large area source				ea source		
dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td><td>dry-to-c</td><td>iry only,</td><td>140<x<2, 100="" ga<="" td=""><td>RECE</td><td>IVEDI</td></x<2,></td></x<2,>		dry-to-c	iry only,	140 <x<2, 100="" ga<="" td=""><td>RECE</td><td>IVEDI</td></x<2,>	RECE	IVEDI
both types, 140 <x<1,800 gal="" td="" yr<=""><td></td><td></td><td></td><td>o<x<1,800 gal="" yr<br="">x<1,800 gal/yr</x<1,800></td><td>N L C L</td><td></td></x<1,800>				o <x<1,800 gal="" yr<br="">x<1,800 gal/yr</x<1,800>	N L C L	
(constructed before 12/9/91)				or after 12/9/91)	APR	7 1997
This is a correct facility classification		ΠY			Bureau of A	ir Monitorina
If no, please check the appropriate classi	fication:				Bureau of A & Mobile	Sources
		•.	, .	.		
facility qualified for a g facility exceeds above li	-					
B. The total quantity of perchloroethylen facility was 105 gallons.	ie (perc) pu	rchased	within the	e preceding 12 n	nonths by this dr	y cleaning

160

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?

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

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

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

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

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

B. Has the responsible official of an existing large or new large area source also:

 Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? MO Y

DY ON ON/A

DY ON ZÍNA

DY ON-ON/A

EY ON-ON/A

tay on

DY ON TO NA

DY DN

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?	NO YO
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?	מ/אם אם צם
Is the perc concentration equal to or less than 100 ppm?	ОУ ОИ
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?	DY DN DN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
	A ROMAN AND A CONTRACT OF THE SECOND OF THE SECOND

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly averages of perc consumption?	AY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OPY ON
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ENA
4. Maintained calibration data? (for direct reading instruments only)	DY DN BENVA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON WALA
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY DN 12 A/A
Problem corrected?	מי מם עם
8. Maintained compliance plan, if applicable?	OY ON DAVA

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	DY ON
2. 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)	the contract of the contract o
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	

If using direct-reading instrume	ntation,	is the equipment:			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					NC
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					⊃N
c. Inspected for leaks and	d obvious	signs of wear on	a weekly basis?	DY (NC
d. Kept in a clean and se	cure area	when not in use?		□Y (N
e. Verified for accuracy t	y use of	duplicate samples	(calorimetric only)?		NC
3. Has the facility maintained a leak log?				اكلاف	N
4. The following areas should be checked if	or leaks	by the inspector:			
	Leak D	etected?		Leak l	Detected?
Hose connections, fittings, couplings, and valves	DYY .	ПИ	Muck cookers	DX.	□N
Door gaskets and seating	ON /	□и	Stills	ΠY	ПΝ
Filter gaskets and seating	OV	ОИ	Exhaust dampers	ΠY	. □N
Pumps ·	DX.	□N	Diverter valves	E Y	UN
Solvent tanks and containers	di	□N	Cartridge filter housings	D Y	ПN
Water separators		ΠN			

TOHN YANG-Name of Responsible Official

Inspector's Name (Please Print)

Inspector's Signature

Revised 10/14/96

3/98
Approximate Date of Next Inspection

D	10/10/07
Kevisea	10/10/96

AIRS ID#: 0190047



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: TOWN ? COUNTRY CLEANERS DATE:
FACILITY LOCATION: 1925 PAPK AVENUE
DEANGE PARK 32073
Annual Reporting Period: SEPT / 1996 TO MARCH 13 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: 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 inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: TOHN YHUG — WM (MMG) - 3/13/9/1
Name (Please Print) Signature Date

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

ARS ID#: 0190047

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: TOWN + CO	DUNTRY C	LEANE	RS		_DATE:	3-6	,-98
FACILITY LOCATION: 1925 PA	RK AVE						
ORANGE F		10A 33	073				
Annual Reporting Period: MARCH		19 <u>97</u>	TO _	MARCH			1998
Based on each term or condition of the Title V	general air permi	t, my facility	has rem	ained in compliance	e with DE	EP Rule	
62-213.300, Florida Administrative Code (F.A	C.), during the p	eriod covered	by this :	statement. TYE	ES	DN	ó
If NO, complete the following:							
#1. Term or condition of the general permit th	nat has not been in	continuous c	omplian	ace during the repo	rting perio	od state	d above:
Exact period of non-compliance: from				to			
Action(s) taken to achieve compliance:							
Method used to demonstrate compliance:	·						
#2. Term or condition of the general permit th	nat has not been in	continuous co	omplian	ace during the repor	rting perio	od stated	d above:
Exact period of non-compliance: from			to	0	Bur		77
Action(s) taken to achieve compliance:			•		eau o	MAR	
Method used to demonstrate compliance:					u of Air Mobile		
		·• · · · · · · · · · · · · · · · · · ·			<u> </u>	3 199	~
As the responsible official, I hereby certify, ba made in this notification are true, accurate and upon rolling averages of purchase receipts, do year for transfer or combination facilities.	d complete. Furth	er, my annuai	consun	nption of perchloro	uiry, that ethylene :	solvent,	based
RESPONSIBLE OFFICIAL: JOHN Name	YANG (Please Print)		Jo	Signature	ng.	3-6- D	ate

^{*}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.

AIRS ID#: 0190047

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 70wn + Country Cleaners DATE: 3	-30-99
FACILITY LOCATION: 1952 Park are.	
Drange Park FL 37073	
Annual Reporting Period: Man 1998 19 TO Man 1999	19
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rt 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	NO mje
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period sta	ated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	·
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period sta	ated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the same and in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solve upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for combination facilities.	ent, based
RESPONSIBLE OFFICIAL: John Jame (Please Print) Name (Please Print) Signature Signature	0-99 Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the

Page _____ of ____

discretion of the responsible official to use this form.

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Revised 10/10,

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Town + Country Cleaners	DATE: _Z/18/00
FACILITY LOCATION: 1925 PATIC AVE	
orange Park , FL 32073	
Annual Reporting Period: March 1999 TO Fel	2000 TO
Based on each term or condition of the Title V general air permit, my facility has remained in compl 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	iance with DEP Rule YES DNO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the r	eporting 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 r	eporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable made in this notification are true, accurate and complete. Further, my annual consumption of perch upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry fa year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Noh Yang Name (Please Print) Signature	nloroethylene solvent, based

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

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Revised 10/96

TYPE OF INSPECTION: ANNUAL 🔀	COMPLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 12:45 TIME OUT: 1:25	AIRS ID#: 019004'7				
TYPE OF FACILITY: DRY CLEANER	- · · · · · · · · · · · · · · · · · · ·				
FACILITY NAME: TOWN + COUNTRY CL	EANES DATE: 3-6-98				
FACILITY LOCATION: 19 25 PARK AVENUE					
ORANGE PARK, FLORID					
RESPONSIBLE OFFICIAL: JOHN YANG	PHONE NUMBER: 904-264-5971				
Based on the results of the compliance requirements e compliance with DEP Rule 62-213.300, Florida Admi	evaluated during this inspection, the facility is found to be in inistrative Code (F.A.C.).				
Based on the results of the compliance requirements e discrepancies were noted:	evaluated during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
·					
	R E				
	AAR 1 3 Reau of Air Re Mobile				
COMMENTS:	WED Monitoring Sources				
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO					
DATE OF NEXT INSPECTION: MARCH 1999 (Approximate)					
INSPECTION CONDUCTED BY: CHRISTOPHER L. SCOTT					
INSPECTOR'S SIGNATURE AND LANGE (Please Print) PHONE NUMBER: 448-4310 x 255					

Page___of___.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 TIME OUT: 16	0145 AIRS ID#: 0190047
TYPE OF FACILITY: DRY CLEANER	
FACILITY NAME: TOWN ? COUNTRY	Y CLEANERS DATE:
FACILITY LOCATION: 1925 PARK	AVENUE
	K 32073
RESPONSIBLE OFFICIAL: JOHN YANG	- PHONE NUMBER: <u>904-264-5971</u>
Based on the results of the compliance requirements e compliance with DEP Rule 62-213 300, Florida Adm.	evaluated during this inspection, the facility is found to be in inistrative Code (F.A.C.).
Based on the results of the compliance requirements ediscrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	1 FOLLOW-UP ACTION REQUIRED
· · · · · · · · · · · · · · · · · · ·	
	:
COVA (ENTITY)	
COMMENTS:	
	•
The Annual Countings Coulfings Co. 1	YES A LA LA MARIE WAS A STATE OF THE STATE O
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	(Approximate)
INSPECTION CONDUCTED BY:	A, BANKS
INSPECTOR'S SIGNATURE:	(Please Print) PHONE NUMBER: 904-448-43/0

Page___

Revised 10/96

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISC	COVERY		
AIRS ID#: <u>O190047</u> DATE: 3-6-9 FACILITY NAME: TOWN + COUN FACILITY LOCATION: 1925 PARK ORANGE FAR	UTRY CLEANERS	ie out: <u>[: 25</u>		
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DARM by 9/1/96	·	\Sigma		
2. New facility notified DARM 30 days prior to sta	rtup			
3. Facility failed to notify DARM to use general permit				
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box)				
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)			
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr="" yτ=""><td>RECEI MAR 13 Bureau of Air & Mobile</td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr="" yτ=""><td>RECEI MAR 13 Bureau of Air & Mobile</td></x<2,>	RECEI MAR 13 Bureau of Air & Mobile		
This is a correct facility classification	у ру □и	A of R		
If no, please check the appropriate classification:	mit as number	ECEIVED MAR 13 1998 Bureau of Air Monitoring & Mobile Sources		
facility qualified for a general per facility exceeds above limits and in		oring 's		
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>30</u> gallons.				

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	NO YO			
2. Examining the containers for leakage?	DA ON			
3. Closing and securing machine doors except during loading/unloading?	den yed			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DY ON			
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	7.			
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser			
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mi installed prior to September 22, 1993	_			
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	DY 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?	אומם מם צפ			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	NO AG			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DEY ON			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם יאס			

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?	DΥ	ロソ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	2	
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	-
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	מם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	
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	□и	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	מם	□n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПΝ	ĎN/A
				Xi C
PA	ART V: RECORDKEEPING REQUIREMENTS			
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes)			
H: (cl	as the responsible official:		$\square \mathcal{N}$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
H: (cl	as the responsible official: neck appropriate boxes)	₽ ₹	מם	
H: (cl 1.	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased?	uy uy	$\square \mathcal{N}$	
H: (cl 1.	as the responsible official: neck appropriate boxes) Maintained reccipts for perc purchased? Maintained rolling monthly averages of perc consumption?		מם ,	
H: (cl 1.	As the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	<u> </u>	2 2 2	
H: (ch 1. 2. 3.	As the responsible official: neck 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		2 2 2 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	29-1√/A
H: (cl 1. 2. 3.	As the responsible official: neck 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?			
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H: (c) 1. 2. 3. 5. 6. 7.	As the responsible official: neck 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?		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
1. 2. 3. 5. 6. 7.	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?		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ŒN√A
1. 2. 3. 5. 6. 7.	Maintained receipts for perc purchased? 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?			ŒN√A

2.	Which method of detection is used by the	he respon	sible official?			
	Visual examination (condensed so	olvent on	exterior surfa	ices)	M	,
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	H using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				DΥ	מם
	b. Calibrated against a s (PID/FID only)?	tandard g	gas prior to an	d after each use	ΩY	□N
	c. Inspected for leaks an	d obvious	s signs of wea	r on a weekly basis?	ΠY	אם
	d. Kept in a clean and secure area when not in use?					א□
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					מם
3. Has the facility maintained a leak log?					ΠY	א□
4.	Does the responsible official check the	following	gareas for leal	ks?		:
	Hose connections, fittings, couplings, and valves	27	ПN	Muck cookers	<u>a</u>	DИ
	Door gaskets and seating	DY	מם	Stills	8 9	מם
	Filter gaskets and seating		ПN	Exhaust dampers	ØÝ	מם
	Pumps	es?	ПИ	Diverter valves	ÐÝ	מם
	Solvent tanks and containers	9	ИП	Cartridge filter housings		מם
	Water separators	9 4	ПИ			
	JOHN YANG Name of Responsible Officia	ıl				

JOHN YANG Name of Responsible Official	
CHRISTOPHER L. SCOTT	3-6-98
Inspector's Name (Please Print)	Date of Inspection
Clfl l. l.	MARCH 99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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ORANGE PARK FL 32073

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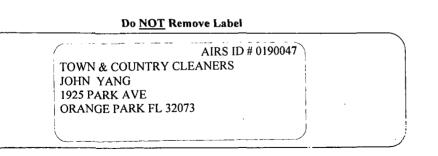
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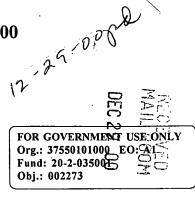
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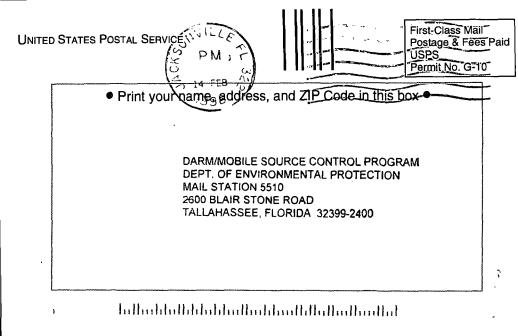
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: AIRS ID # 0190047001AG JOHN YANG TOWN & COUNTRY CLEANERS 1925 PARK AVE ORANGE PARK FL 32073	A. Received by (Please Rin) Clearly) B. Date of Delivery C. Signature Addressee D. Is delivery address different florn item 1? Yes If YES, enter delivery address below: No
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2. Article Number (Copy from service label)	72-9125
DO F 2011	Return Receipt v 102595-99-M-1789

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5	The Return Receipt will show to whom the article was delivered andelivered.	d the date	Consult postmaster for fee.
듗	3. Article Addressed to:	4a. Article N	umber
ğ	AIRCID # 01000 15	23	33 613 OSB
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	JOHN YANG	☐ Registere	ed 🗵 Certified
ESS	1925 PARK AVE	☐ Express I	Mail Insured
핅	ORANGE PARK FL 32073	☐ Return Red	ceipt for Merchandise 📋 COD
5	$\dot{\gamma}$	7. Date of De	elivery _
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	5. Received By: (Print Name)		e's Address (Only if requested paid)
Н		and fee is	paid)
5	6. Signature: (Addressee or Agent)		
s your	x of Wang		
<u>**</u>	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt

First-Class Mail Postage & Fees Paid UNITED STATES POSTAL SERVICE Permit No. G-10 Print your name, address, and ZIP Code in this box DARM/MOBILE SOURCE CONTROL PROGRAMODI DEPT. OF ENVIRONMENTAL DEPT. MAIL STATION 5510 2600 BLAIR STONE ROAD Sources Monitoring TALLAHASSEE, FLORIDA 32399-2400 Inflantaballabladabaillablandabaillabladbaadbail 10



on the reverse side?	 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 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 		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
N ADDRESS completed o	AIRS ID 0190947 - JOHN YANG JOHN YANG 1925 PARK AVE ORANGE PARK FL 32073	4b. Service T ☐ Registere ☐ Express N ☐ Return Rec	S LoLO 284 Type ad
As your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS. Form 3811, December 1994	8. Addressee and fee is	paid) Conty, if requested paid paid paid paid paid paid paid pai

Z 333 660 284

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JOHN YANG JOHN YANG 1925 PARK AVE ORANGE PARK FL 32073

-	Postage	\$
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	Special Delivery Fee	
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1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
300,	TOTAL Postage & Fees	\$
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	□ Insured Mail □ CO. USP3 4. Restricted Delivery? (Extra Fee) □ Yes
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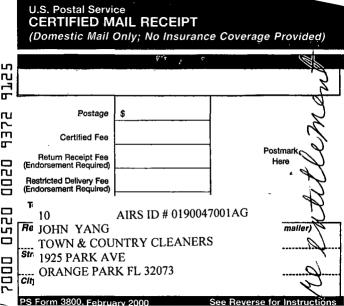
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Return Receipt Showing to Whom, Date, & Addressee's Address	
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