

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

May 13, 1997

Mr. Sung Yol Lee A-1 Cleaners 795-A Blanding Boulevard Orange Park, Florida 32073

Re: Facility No. 0190048

Dear Mr. Yol Lee:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 10, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/iw

cc: Mr. Rick Banks, Northeast District

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

#0190048

,	H-1 Cleaners
	spoke with Sung Yol Lee-10/10/196
·	Spoke With Sung Yol Lee-10/10/1996- Uses ~107.59 gal twk. ((070+0100/2)/.79/gal) =~5,595 gal /yr.
•	
	PM=2238 /b./yr. NOX=7833 /b./yr. CO=10.631 /b./yr. TOC=2.798 /b./yr.
	TOC=2.798 1b. 1/2r.
·	

A-1 Cleaners

	-spoke with Sung Yol Lee-10/10/1996	
1. Fac	USES W107.59 AQ1/WK. (1870+100/2)/79/aqi.)
2. Site	uses ~107.59 gal/wk.(670+100/2)/79/gal) =~5,595 gal/yr-under limits	
3. Ha	P.13 6. add title-Owner 7.+10. Should the mailing address	5
4. Fa	and facility contact address be switched?	32073
5. Fa	P.14 1.(a) add date control device)48
	3. Should be new small area	-
!	Source	
6. N	p.15 4 should be new small area	
	source Wrefrig. con.	
7. R	5. add 10HP/propane	
S	5.4) required	_de: 32073
8. R		_'3-')
1		

9. Name and Title of Facility Contact (For example, pla	nt manager):
Smy gal fill	
	, t
Street Address: 659 - Wyn County: City: Orange Paul 2.	Clay Zip Code: 32065
11 Facility Contact Telephone Number:	2000-2007
Telephone: (904) 276 - 7-00	Fax: (906)276-2787

RECEIVED

SEP 1 0 1996

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

	Facility Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	A-1 Cleaners SUNG YOL LEE
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
4.	Street Address: 195- A Blandong 132001
	Facility Location: Street Address: City: Orange Park County: Facility Identification Number (DEP Ite): *Facility Identification Number (DEP Ite):
5.	Facility Identification Number (DEP Use):
	0190048
	Responsible Official
6.	Name and Title of Responsible Official: Owner
7 ;	Responsible Official Mailing Address:
	Organization/Firm: 745-A Blanding Blood Street Address:
	Street Address: City: Grange Parlz, County: Clay County Zip Code: 32073
8.	Responsible Official Telephone Number:
	Telephone: (904) 276-2008 Fax: (904) 276-278-7
-	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
-	my gal Lie
10.	Facility Contact Address:
	Street Address: 659 - Wynol ham C. F
	Ciry: Orange parts County: class Zip Code: 32.06
11.	Facility Contact Telephone Number: Telephone: (904) 27/- 710-4 Fax: (904) 27/- 770-7
	Telephone: (904) 276- 700 Fax: (906) 276- 2717

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SEP 1 () 1996

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-5
Dry-to-Dry Unit	#1	AND TO	} 						
(1) w/ ref. condenser	1	MAY 1995	MAY1995						
(2) w/ carbon adsorber			77777						
(3) w/ no controls			7						
Washer Unit Washer Unit			. ,	•					
(4) w/ ref. condenser								_	_
(5) w/ carbon adsorber			-						
(6) w/ no controls									
Oryer Unit						•		•	
(7) w/ ref. condenser]					_		
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		,	·						
(10) w/ ref. condenser		1	<u> </u>	1			i		
(11) w/carbon adsorber			,						
(12) w/ no controls									
(b) Control devices are (c) No control devices (a) What was the total quantity (b) If less than 12 montrol Check why it is less	uanti gallo	equired to be ity of perchlo ons ow many? [_	installed [perc)] purchased in			• •	
What is the facility's son (indicate with an "X". See Existing small are Existing large are	Selec ea so	t one classifi	gation only.)	ew sm	nitions found all area sour ge area sourc	ce 🗸	of (i	Part IJ?	
LAISTING large are	4 301		140		50 area sourc	~			

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

4. What control technology is required	on machines pursuant to secti	on (5) of Part II of this notification form?
(Indicate with an "X".)		
Existing large area source Carbon adsorber	Refrigerated co	ondenser []
New small area source Refrigerated condenser		
New large area source Refrigerated condenser	ال	
· .	• • •	
5. A facility which contains non-exempto Rule 62-213.300, F.A.C. Verify that exemption criteria or that no such units	all steam and hot water gene	eligible to use the general permit pursuant rating units on-site meet the following
All steam and hot water generating unit boiler HP or less), and (2) are fired exc during which propane or fuel oil contain	lusively by natural gas excep	
All steam and hot water generating units	s exempt	
Equipment N	Monitoring and Recordkeep	ing Information
Check all logs which are required to be	kept on-site in accordance wi	th the requirements of this general permit:
(a) Purchase receipts and solvent purcha	ses	<u></u>
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature	monitoring	
(d) Carbon adsorber exhaust perc conce	ntration monitoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction pla	n	

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

Surrender of Existing Air Permit(s)

Please indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	1 50 Red 9-28-96 Date
J	ryfol Le 9-29-97

#0190048

	A-1 Cleaners
	H I Cleaners
اب	- Spoke with Sung Yol Lee-10/10/1996-
	USES ~107.59 gal/WK. (\$704100/2)/79/gal)
	=~5,595 gallyn-under limits
16	
P.13	le add title - Owner
	7. +10. Should the mailing address and facility contact address
	and tacility contact address
	be switched?
_P.14	1.(a) add date control device
	installed
	3. Should be new small area
	Source.
p.15	4. should be new small area
1	source Wretig, Con.
	5. add IDHP/Propane
· · · · · · · · · · · · · · · · · · ·	5. (f) required
	!

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·
I	facility Owner/Company Name (Name of corporation, agency, or individual owner):
/	A-1 Cleaners SUNG YOL LEE
	Site Name (For example, plant name or number):
3. H	lazardous Waste Generator Identification Number:
	·
4. F	facility location: and a allocation 20.101
	Street Address:
C	Cacility Location: Street Address: City: Orange Park County: Fil (Clay county) Cacility Identification Number (DEP Use):
5. F	acility Identification Number (DEP Use):
	0190048
	D 11. 055 : 1
	Responsible Official
(6) N	Name and Title of Responsible Official:
Ŭ	Suy Gol Le
(7) R	esponsible Official Mailing Address:
9	Organization/Firm: 795-A Blanding Blod treet Address:
C	citreet Address: City: orange Parlz, County: clay county Zip Code: 32073
	Lesponsible Official Telephone Number:
T	elephone: (964)276-2008 Fax: (964) 276-2787
	Facility Contact (If different from Responsible Official)
9. N	Jame and Title of Facility Contact (For example, plant manager):
	my gal Lee
(10) F	acility Contact Address:
S	treet Address: 659-Wyndham Cf
	County: Clay Zip Code: 32065
11. Fa	acility Contact Telephone Number:
T	elephone: (904) 276-2008 Fax: (904) 276-2787
	RECEIVE

SEP 1 0 1996

Bureau of Air Monitoring & Mobile Sources

Facility Information

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	T	Date	Date		Date	Date
	ľ	Machine	Control	ľ	Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
	1	_	l		.1			<u> </u>	
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	#1	of Nay-95							
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			•		•				•
(4) w/ ref. condenser		Ĺ							
(5) w/ carbon adsorber									
(6) w/ no controls							Ī		
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber						•			
(9) w/ no controls									
Reclaimer Unit			,						
(10) w/ ref. condenser									
(11) w/carbon adsorber					-				
(12) w/ no controls					-				
(b) Control devices are (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 ro	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (] months	perc)	purchased in				
What is the facility's so (indicate with an "X".	Selec	t one classifi			nitions found	d in section (3	5):of	Part II?	
Existing small ar					nall area sour]		
Existing large are	ea soi	irce []	Ne	w lar	ge area sour	ce []	l		

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
(5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site []
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan
DEP Form No. 62-213.900(2) Page 15 of 16

Effective: 6-25-96

Surrender of Existing Air Permit(s)

	,
lease indicat	te with an "X" the appropriate selection:
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	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in Ecation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
	land bled 8-28-96.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COM	PLAINT/DISCOVERY		RE-INSP	ECTION
TIME IN: 9:00	TIME OUT: 9.	500	AIRS ID	#: <u>619</u>	0048	
TYPE OF FACILITY: Dry (leaner		_			
FACILITY NAME: A-1 Cle	aness		· · · · · · · · · · · · · · · · · · ·		DATE: 7-	29-97
FACILITY LOCATION: 795-	A Blanding	Blue	l, Orange Pa	nk,	32073	
RESPONSIBLE OFFICIAL: <u>人</u>	ng Yol Lee		PHONE NU	MBER:	704-276	,-700g
Based on the results of the compliance with DEP Ru				, the faci	lity is found t	o be in
Based on the results of the discrepancies were noted:		s evalua	ated during this inspection	, the foll	owing compli	ance
COMPLIANCE REQUI	REMENT/PROBLE	E M	FOLLOW-UP	ACTI(ON REQUI	RED
Not Maintaining i	olling Perc Lo	3	Maintain Run	ivind	total	for Perc
		ľ				
COMMENTS:				· · · · · · · · · · · · · · · · · · ·		
The Annual Compliance Certificat	tion form has been proper	ly certif	ied and submitted to the in	nspector.	YES	NO NO
DATE OF NEXT INSPECTION	: 9-98					
INSPECTION CONDUCTED B	Y: Christopher	- L	proximate) Scott pase Print)			
INSPECTOR'S SIGNATURE/_	WALL.	h	PHONE NU	MBER:	704-448-	4310

Page___of_

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION:

ANNUAL

A

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 01900 48 DATE: 9-29-97 TIME IN: 9.00 TIME OUT: 9.56

FACILITY NAME: A-1 Cleaners

FACILITY LOCATION: 795-A Blanding BIVD, Drange Park 32073

RESPONSIBLE OFFICIAL: Sung Yol Lee PHONE: 904-276-2008

CONTACT NAME: PHONE:

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<u> </u>	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	□Y □N □Can not determine
If no, please check the appropriate classific	
facility qualified for a ger	
lacinty exceeds above in	nits and is not eligible for a general permit
B The total quantity of perchloroethylene (perc) pu	urchased within the preceding 12 months by this dry cleaning
facility was gallone	
receipts we	ne with bookkeeper

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ZN/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? DY DN ZM/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN ØN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? PY DN DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MO AN 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 DN 2017/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON 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	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	N	 □N/A
	ls the temperature differential equal to or greater than 20° F?	$\Box Y$	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	חח	 □N/A
	ls 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?	ΟY	מם	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	מם	□N/A

The state of the s

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ØÝ □N
2. Maintained rolling monthly averages of perc consumption?	DY DAY
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □N □N/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?	םץ מו מואס אם A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN MN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	PAJ ON
7. Maintained deviation reports?	DY DN PAÑA
Problem corrected?	DY DN ØN/A
8. Maintained compliance plan, if applicable?	DY DN OTTA

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a	weekly (for small sources	s, bi-weckly) leak detection ar	nd repair
	inspection?			MO Y
2.	Has the facility maintained a leak log?)		ØÝ ON
3.	Does the responsible official check the	following areas for leaks		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	ZY ON ON/A
	Filter gaskets and seating	ØY □N □N/A	Exhaust dampers	ØÝ □N □N/A
	Pumps	₽Y □N □N/A	Diverter valves	DY DN USTN/A
	Solvent tanks and containers	ØY □N □N/A	Cartridge filter housings	ey on on/a
	Water separators	ØY □N □N/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed s	solvent on exterior surface	:s)	
	Physical detection (airflow felt th	rough gaskets)		1
	Odor (noticeable perc odor)			T
	Use of direct-reading instruments	ation (FID/PID/calorimet	ric tubes)	
	Halogen leak detector			
	If using direct-reading insti	rumentation, is the equip	ment:	□N/A
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	□Y □N
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	מם עם
	c. Inspected for leaks ar	nd obvious signs of wear o	on a weekly basis?	□Y □N
	d. Kept in a clean and s	secure area when not in us	se?	DY DN
	e. Verified for accuracy	by use of duplicate sample	les (calorimetric only)?	OY ON

Inspector's Name (Please Print)

Inspector's Signature

9-29-97

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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AIRS ID#:	019	004	8

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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A-1 Cleaners	DATE: <u>9-29-97</u>
FACILITY LOCATION: 795-A Rlanding Blud, Orange	Park, 32073
Annual Reporting Period: 9-96 19 TO	9- 1987
Based on each term or condition of the Title V general air permit, my facility has re 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by thi	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compli	ance during the reporting period stated above:
Exact period of non-compliance: from 9-96	10 9-97
Action(s) taken to achieve compliance: mandain Zunning	1stal
Method used to demonstrate compliance: Amual Inspection	·
#2. Term or condition of the general permit that has not been in continuous compli-	RECEIVED
Exact period of non-compliance: from	to 007 3 1003
Action(s) taken to achieve compliance:	Bureau of Action
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on information and belief formed made in this notification are true, accurate and complete. Further, my annual consupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	umption of perchloroethylene solvent, based
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.

Acc/

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A-1 Clean	ers	DATE: 9/18/98
FACILITY LOCATION: 795-A	Blanding Blud	
	Ark , FC 32073	· · · · · · · · · · · · · · · · · · ·
3		
Annual Reporting Period: Sept.	<u>1997</u> 19 93 то _	Sept. 1998 19_
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		1 41
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous compliance	RECEIVED
Exact period of non-compliance: from	10	o <u>מצפו / מרך מר</u>
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		Bureau of Air Monitoring & Mobile Sources
#2. Term or condition of the general permit	that has not been in continuous compliance	e 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, is made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, my annual consump does not exceed 2,100 gallons per year for	ption of perchloroethylene solvent, based

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

\$

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: <u>0190048</u> DATE: <u>9/18/98</u> TIME IN: <u>8:30</u> TIME OUT: <u>8:55</u>
FACILITY NAME: A-1 Cleaners
FACILITY LOCATION: 795-A Blanding Blud
Orange PAIK, FC 32073
RESPONSIBLE OFFICIAL: 5009 Yol Lec PHONE: 904-171-7008
CONTACT NAME:PHONE:
PART I: NOTIFICATION
check appropriate box)
New facility notified DARM 30 days prior to startup

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	□N □Can not determine	
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit		

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	AND NO YOU			
2. Examining the containers for leakage?	MY DN DN/A			
3. Closing and securing machine doors except during loading/unloading?	1 29 7 □N			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אומ אם אם אם			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	איחם אם צו <mark>ל</mark>			
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 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 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?	M Y ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אומם מם צופ			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AND או או או			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	d y On			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אואם אם אואם			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	AY ON			

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?	OY ON
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?	OY 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?	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airslow 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?	и Уфу			
2. Maintained rolling monthly averages of perc consumption?	AD A CA			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	AND און באון און און א			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ANO NO YE			
4. Maintained calibration data? (for applicable direct reading instruments)	ПА ПИ ДО И\Ψ			
5. Maintained exhaust duct menitoring data on perc concentrations?				
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?				
Problem corrected?	OY ON B N/A			
8. Maintained compliance plan, if applicable?	A/אם אם צ קל			

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			•	G Y	ПN
2.	Has the facility maintained a leak log?				Y	ПN
3.	Does the responsible official check the	following a	arcas for leaks?		•	
	Hose connections, fittings, couplings, and valves	≱ Y □	N □N/A	Muck cookers	⊠ Y	□N □N/A
	Door gaskets and scating	A Y 🗆	N □N/A	Stills	XY.	DN DN/A
	Filter gaskets and seating	ABY DV	N □N/A	Exhaust dampers	√ Y	□N □N/A
	Pumps	AD ABA	N □N/A	Diverter valves	¢R∕	□N □N/A
	Solvent tanks and containers	AJA OV	N □N/A	Cartridge filter housings	E Y	□N □N/A
	Water separators	par di	J □N/A			
4.	Which method of detection is used by	he respons	ible official?			
	Visual examination (condensed s	olvent on e	xterior surfaces)		4	
	Physical detection (airflow felt th	rough gask	cets)		\$,
	Odor (noticeable perc odor)				ϕ	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector						
If using direct-reading instrumentation, is the equipment:			מאם	/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			ΠY	□N		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			□N			
	c. Inspected for leaks as	nd obvious	signs of wear on	a weekly basis?	ΩY	□N
	d. Kept in a clean and s		•		ΩY	ПN
c. Verified for accuracy by use of duplicate samples (calorimetric only)?			ΠY	N		
	·	•				
<u></u>						
	Christope, L. Scott	-			alı	8198
	Inspector's Name (Please Print) Date of Inspection					
	MAT DATE 960					
_	Inspector's Signature	V		Approximate Date of	Next 1	Inspection

ADDITIONAL SITE INFORMATION:
Western Artomation
Nevada 35
Nevada 35

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

V
V

TYPE OF INSPECTION: ANNUAL 🔀 COM	IPLAINT/DISCOVERY RE-INSPECTION		
TIME IN: \$ 30 TIME OUT: \$: 55	AIRS ID#: 019004 8		
TYPE OF FACILITY: DRY CIEANER			
FACILITY NAME: A-1 Cleaners	DATE: 9/18/98		
FACILITY LOCATION: 795-A Blanding Blud	<u></u>		
ORANGE PARK, FL 3			
RESPONSIBLE OFFICIAL: Jung Yol Lee	PHONE NUMBER: 904-276-2008		
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administra			
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance		
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED		
•			
·			
<u> </u>			
,			
	·		
ı			
COMMENTS:			
•	·		
	A		
The Annual Compliance Certification form has been properly certification	ried and submitted to the inspector. YES NO NO		
DATE OF NEXT INSPECTION: $9/99$	nrovimata)		
INSPECTION CONDUCTED BY: Christopher L. Scott			
(Please Print)			
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904 448-4310 ¥ 255		

Page___of_

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	CTIO	٧:
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ANNUAL

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SEP 1 4 1999 Bureau of Air Monitoring & Mobile Sources COMPLAINT/DISCOVERY

RE-INSPECTION

·
AIRS ID#: 0190048 DATE: 8-24-99 TIME IN: 17-30 TIME OUT: 17-55
FACILITY NAME: A-1 Cleaners
FACILITY LOCATION: 795 - A Blanding Flod.
_ Drange Fark, FL 32073
RESPONSIBLE OFFICIAL: Sing Yol Lee PHONE: 904-276-2008
CONTACT NAME:PHONE:

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	

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 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	YY ON OCan not determine		
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit			
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 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

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?	XZY.	אם	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	27	אם	ON/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ZY	אם	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	\$\frac{1}{2}	אם	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΟY	ΟN) N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ZEX.	ΩИ	

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

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	ABTA ON				
2. Maintained rolling monthly averages of perc consumption?	WEE YO				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	ANA NO YES				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אין אים אים אין א				
4. Maintained calibration data? (for applicable direct reading instruments)	A/SAED NO AO				
5. Maintained exhaust duct menitoring data on perc concentrations?	DY DN 2 8/VA				
6. Maintained startup/shutdown/malfunction plan?	NO VACT				
7. Maintained deviation reports?	איאם אם אסבג				
Problem corrected?	AVAO NO YÆ				
S. Maintained compliance plan, if applicable?	אימם אם אפני				

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PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			Y	ND		
2.	Has the facility maintained a leak log	?		B Y	ND		
3.	. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	אוחם אם צום	Muck cookers	AY OX	N/A		
	Door gaskets and scating	AND NO YOU	Stills	AN ON	N/A		
	Filter gaskets and seating	XY ON ON/A	Exhaust dampers	\$\$ □1	A/ND 1		
	Pumps	AVA DA DA YA	Diverier valves	DY ON	N/A		
	Solvent tanks and containers	AND NO YES	Cartridge filter housings	ØY D	I DN/A		
	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	A					
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector						
	If using direct-reading in	trumentation, is the equi	pment:	□N/A			
	a. Capable of detection	g perc vapor concentration	s in a range of 0-500 ppm?	OY O	1		
	b. Calibrated against (PID/FID only)?	a standard gas prior to and	after each use		4		
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	DY D	4		
	d. Kept in a clean and secure area when not in use?			OY O	٧ .		
	c. Verified for accura	cy by use of duplicate samp	oles (calorimetric only)?	ום צם	V		
-							

Inspector's Name (Please Print)

Inspector's Signature

8-24-99
Date of Inspection

Approximate Date of Next Inspection

DITIONAL SITE INFORMATION:				-
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AIRS ID#: <u>6/90048</u>

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DRY CLEANER AIR QUALITY GENERAL PERMIT

$S_{o,j}$	nito_
FACILITY NAME: A-1 Cleaners DATE: 9-24	- 39
FACILITY LOCATION: 195-A Blanding Blud	
PACILITY LOCATION: 195-A Blanding Blud Orange Park, FZ 32073	
Annual Reporting Period: Aug 1978 TO Aug 1	99
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DER Rule 52-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
f NO, complete the following:	
1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about	ove:
No rolling total for perc purchase	
Exact period of non-compliance: from Aug 98 to Aug 99	
Action(s) taken to achieve compliance: Maintain Perc log	
Method used to demonstrate compliance: Follow p Inspection	
12. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated ab No leak inspection log / No temperature log	ove:
Exact period of non-compliance: from Aug 98 to Aug 99	
Action(s) taken to achieve compliance: Marwagin log	
Method used to demonstrate compliance: Follow Up Inspection	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the stateme nade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, bas upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons p	sed
pear for transfer or combination facilities.	-
RESPONSIBLE OFFICIAL: Sung Yol Lee Sungfolked Name (Please Print) Signature Date	9-10-
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ANNUAL COMPLIANCE CERTIFICATION FORM

*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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	TITLE V AIR QUAI INSPECTION S	LITY GENERAL SUMMARY REP		Bur	SEP A LESPECTIONS DE L'ANDRE CHIONES MODELLES
TYPE OF INSPECTION:	ANNUAL X	COMPLAINT/DISCO	OVERY	REAL	ISPECTION 95
TIME IN: 12:30	TIME OUT: 125	5	AIRS ID#: 0/	90048	Sour Monitoria
TYPE OF FACILITY: Dry	Chaner				CG 18
FACILITY NAME: A-1	Cleaners			DATE:_	8-24-99
FACILITY LOCATION: 75	5-A Blanding F	31 val			
<u>Dro</u>	ange Park, FL 3			9.45.11	
RESPONSIBLE OFFICIAL:	Dung to I Lee	PH	ONE NUMBER	704-491	5-7570
	the compliance requirements e Rule 62-213.300, Florida Admi			700 acility is four	1-1/6-2008 id to be in
Based on the results of discrepancies were not	the compliance requirements e	evaluated during this i	nspection, the fo	ollowing con	pliance
COMPLIANCE REQ	UIREMENT/PROBLEM	follo	W-UP ACT	ION REQ	UIRED
no rolling total	for Perc	Maintain	log for	- Perc	Purchase
	·				
					·
					:
<u> </u>					
COMMENTS:					<u> </u>
COMMEN 15.					
•					
The Annual Compliance Certification	ication form has been properly	certified and submitte	d to the inspecto	or. YES	Пои
DATE OF NEXT INSPECTION	DN: Ang 200	(Annuarinata)			·
INSPECTION CONDUCTED	BY: Christopher	(Approximate) L. Scott (Please Print)			
INSPECTOR'S SIGNATURE	Mit h	1 12	ONE NUMBER	2: <u>904-</u> 4	148-4810

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Revised 10/96

AIRS ID#: <u>0191048</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A-1 QCGRGPS DATE: 8/23/00
FACILITY LOCATION: 795-A Blanding Blvd
Change Park, FM 32073
Annual Reporting Period: Turk 1999 19 TO TOUR 2000 19
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. ZYES 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:
#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: 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 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 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: 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	
AIRS ID#: 0/90048 DA FACILITY NAME: A FACILITY LOCATION: RESPONSIBLE OFFICIAL:	-1 CLG 795-A B ORANGÉ	ANENS GANDIN PONK	10 BLYD 12 32073	3
CONTACT NAME:				
PART I: NOTIFICATION	· · ·	<u> </u>		
(check appropriate box) 1. New facility notified DARM 30 2. Facility failed to notify DARM				
PART II: CLASSIFICATION	· · · · · · · · · · · · · · · · · · ·			
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification form	
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 < 2,10 transfer only, 200 < x < 1,800	di tr bo (c : □ 4. 00 gal/yr dr gal/yr tr	. New large a ry-to-dry only, ansfer only, 20	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after $12/9/91$) rea source \square $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	/petroleum
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 	di tr bo (c 20 gal/yr di gal/yr tr l/yr bo	ry-to-dry only, ransfer only, x oth types, x < 1 constructed on. New large a ry-to-dry only, ransfer only, 20 oth types, 140 oth types, 140	rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr	/petroleum

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PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY ON ONA			
2. Examining the containers for leakage?	אואם אם אמ			
3. Closing and securing machine doors except during loading/unloading?	DY DN			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	אואם אם צק			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אואל אם אם			
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 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?	אם צק			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם גאָפ			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אוחם אם אף			

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 condenser exceeded 45°F?

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

condenser on a weekly/bi-weekly basis?

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P.	ART VI: LEAK DETECTION AND	REPAIR.	<u>S</u>					
1.	Does the responsible official conduct a	weekly (for small sour	ces, b	i-weekly) leak detection a	nd rep	air	The State of the S
	inspection?					ZZY.		אנ
2.	Has the facility maintained a leak log?					Q^{λ}		N
3.	Does the responsible official check the	gniwollod	g areas for lea	ks?		•		
	Hose connections, fittings, couplings, and valves	BY C	N □N/A		Muck cookers	Øλ	ПN	□N/A
	Door gaskets and scating	βλ c	N □N/A		Stills	ZA	מם	□N/A
	Filter gaskets and scating	by c	אאָם אנ		Exhaust dampers	χ Z :	NO	□N/A
	Pumps	py c	IN DN/A	•	Diverier valves	BA	ПN	□N/A
	Solvent tanks and containers	by c	אותם אם		Cartridge filter housings	βλ	אם	□N/A
	Water separators	by c	אואם אנ					
4.	Which method of detection is used by	the raspor	nsible official?	?				
	Visual examination (condensed s	solvent on	exterior surfa	aces)	•	B		
	Physical detection (airflow felt the	irough ga	skets)			B,		
	Odor (noticeable perc odor)					6,		
	Use of direct-reading instrument	ation (FII	D/PID/calorim	etric	tubes)	۵		
	Halogen leak detector				•			
	If using direct-reading inst	rumentat	ion, is the eq	սնրու	ent:	NON	/A	
	a. Capable of detecting	perc vapo	or concentration	ons in	a range of 0-500 ppm?	ΔŠ	NO.	
	b. Calibrated against a (PID/FID only)?	standard ;	gas prior to ar	nd afte	er each use	ΟY	ПИ	
	c. Inspected for leaks a	nd obviou	s signs of wea	er on a	a weekly basis?	ΩY	ND	
	d. Kept in a clean and	есиге аге	a when not in	use?		ΩY	ΩN	,
!	. c. Verified for accuracy	by use of	duplicate sar	nples	(calorimetric only)?	ΩY	ND	
<u></u>			•					

Fred Alvare 2
Inspector's Name (Please Print)

Inspector's Signature

3/3/00 Date of Inspection

AUG/00

Approximate Date of Next Inspection

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	A DN
2. Maintained rolling monthly averages of perc consumption?	DY DA
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם צעס
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אאָם אָם עאָב
4. Maintained calibration data? (for applicable direct reading instruments)	איאשל אם צם
5. Maintained exhaust duct menitoring data on perc concentrations?	אמלף אם עם
6. Maintained startup/shutdown/malfunction plan?	אם גע
7. Maintained deviation reports?	איאם אם אלק
Problem corrected?	אואם אם אוא
S. Maintained compliance plan, if applicable?	dy on ona

ADDITIONAL SITE INFORMATION:

WESTERN AM FOMATION 35 H.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12:45	TIME OUT: 12:55	AIRS ID#:	0190048
TYPE OF FACILITY:	Cleaner		
FACILITY NAME:	A-1 Cleaners		DATE: 8/23/00
FACILITY LOCATION: 79	5-A Blanding	Blvd	
On	ange Park, A)	32073	
RESPONSIBLE OFFICIAL:	SURG YOU LIKE	PHONE NUMBER	(904)276-2008
	the compliance requirements evalured to the compliance requirement evaluation and th		cility is found to be in
Based on the results of discrepancies were note	the compliance requirements evalued:	nated during this inspection, the fo	llowing compliance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
	·		
	· .		. :
·			
COMMENTS:			
	•		
The Annual Compliance Certific	cation form has been properly certi	ified and submitted to the inspecto	or. YES NO
DATE OF NEXT INSPECTIO	n: Chorast	2001	
INSPECTION CONDUCTED	il a s(l) (Ar	pproximate)	
INSPECTOR'S SIGNATURE:	(PI	lease Print) PHONE NUMBER	: (904)448·43/0×Z
	Page	of	Revised 10/96

IN ARMS - NEVER SENT TO TITLE V AIR QUALITY GENERAL PERMIT TALKAHASSEE INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12:30	TIME OUT: 12:	55AIRS ID#:	0190048
TYPE OF FACILITY:	RY LLGANER	70	
FACILITY NAME: A	-1 LLGANERS	o M	DATE: 3/3/00
FACILITY LOCATION:	795-A BLANDI	Was BOYON	
	ORANGE PARA	- 35L 32003	
RESPONSIBLE OFFICIAL:	SUNG YOU LE	Fig. PHONE NUMBER	(904) 276-200s
	he compliance requirements evaluule 62-213.300, Florida Administr		acility is found to be in
Based on the results of the discrepancies were noted	he compliance requirements evalu	ated during this inspection, the fo	ollowing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACT	TON REQUIRED
•	·		
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COMMENTS:			
The Annual Compliance Certific	ation form has been properly certi	fied and submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION			
		proximate)	
INSPECTION CONDUCTED I		Alvare 2 ease Print)	21216-1-210
INCORPTANCE CLOSE WITH	. /////		2/48-43/0 XT 254
INSPECTOR'S SIGNATURE:		PHONE NUMBER	<u> </u>
	Page /	of /	Revised 10/96



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 # 0190048 CLEANERS SUNG YOL LEE 795-A BLANDING BLVD **ORANGE PARK FL 32073**

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

> Fund: 20-2-035001 Obj.: 002273

0389660

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 # 0190048 A-1 CLEANERS SUNG YOL LEE 795-A BLANDING BLVD **ORANGE PARK FL 32073**

FOR GOVERNMENT USE ONEV Org.: 37550101000 EO: B1

265 302 406 Z 333 660 285 US Postal Service **US Postal Service** Receipt for Certified Mail **Receipt for Certified Mail** No Insurance Coverage Provided. AIRS ID 0190048 Do not use for International Mail (See reverse) SUNG YOL LEE SUNG YOL LEE 795-A BLANDING BLVD AIRS ID#: 0190048 ORANGE PARK FL 32073 SUNG YOL LEE SUNG YOL LEE 795-A BLANDING BLVD **ORANGE PARK FL 32073** \$ Postage Certified Fee Certified Fee Special Delivery Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Return Receipt Showing to Whom Date, & Addressee's Address Date, & Addressee's Address 3800 TOTAL Postage & Fees TOTAL Postage & Fees Postmark or Date Postmark or Date Form Form Fold at line over top of envelope to SENDER: I also wish to receive the Complete items 1 and/or 2 for additional services. following services (for an ■Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this extra fee): card to you. Attach this form to the front of the mailpiece, or on the back if space does not Addressee's Address 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 2. Restricted Delivery Consult postmaster for fee. delivered. Article Number 3. Article Addressed to: 4b. Service Type AIRS ID#: 0190048 Certified ☐ Registered using SUNG YOU LEE ☐ Insured ☐ Express Mail SUNG YOL LEE ☐ Return Receipt for Merchandise ☐ COD 795-A BLANDING BLVD **ORANGE PARK FL 32073** 7. Date of Delivery 8. Addressee's Address (2717); requested and fee is paid 5. Received By: (Print Name)

6. Signature: (Addressee/or Agent)

PS Form 3811, December 1994

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261272

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 24 97

Do NOT Remove Label

AIRS ID#: 0190048

SUNG YOL LEE SUNG YOL LEE 795-A BLANDING BLVD ORANGE PARK FL 32073 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

A S 7	Z 333 63 S Postal Service Receipt for Cert -1 CLEANERS UNG YOL LEE 95-A BLANDING BL DRANGE PARK FL 32	ifie d	# 01900	48
	Postage	\$		
	Certified Fee		 	
	Special Delivery Fee		 	
	Restricted Delivery Fee			
1995	Return Receipt Showing to Whom & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address		 	
900	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date			

· 4	 Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an delivered. 	can return this e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	3
A ADDRESS ASSESSMENT	3. Article Addressed to: AIRS ID # 0190048 A-1 CLEANERS SUNG YOU LEE	4a. Article N 4b. /Service Registers Sexpress I Return Rec	Fype Mail Merchandise COD	an management to
	6. Signature: (Addressee or Agent)	8. Addressee and fee is	e's Address (Only if requested	
-		2595-97-B-0179	Domestic Return Receipt	i

		ce IAIL RECEIPT Only; No Insurançe (Coverage Provided)
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<u></u>	PS Form 38007 Februa	ігу،2000жттыл з түтт5ее	Heverse for Instruction	ns

SSENDER: COMPLETE TO SECURITY Complete items 1, 2, and 2, 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 # 0190048001AG SUNG YOL LEE A-I CLEANERS 795-A BLANDING BLVD	A. Received by (Please Print Clearly) C. Signature D. Is delivery address different from item 1? Yes If YES, enter delivery address below: 3. Service Type
ORANGE PARK FL 32073	Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7.000 0520 0020 93.72 PS Form 3811, July 1999 Domestic Ret	9446 turn Receipt 102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413453 JAN24 2002

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 # 0190048

A-1 CLEANERS SUNG YOL LEE 795-A BLANDING BLVD ORANGE PARK FL 32073

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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0600	A-1 CLEANERS	AIRS ID # 0	190048
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1. Article Addressed to: AIRS ID # 0190 A-I CLEANERS	D. Is delivery address différent from item 1?
SUNG YOL LEE 795-A BLANDING BLVD ORANGE PARK FL 32073	3. Service Type Certified Mail
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 1999 D	omestic Return Receipt 102595-99-M-170

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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

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Do NOT Remove Label

AIRS ID#0190048

SUNG YOL LEE SUNG YOL LEE 795-A BLANDING BLVD **ORANGE PARK FL 32073**

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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		ed Delivery	Fee		
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IN ADDRESS completed on the reverse side?	SENDER: © Complete items 1 and/or 2 for addition © Complete items 3, 4a, and 4b. Print your name and address on the recard to you. Attach this form to the front of the mail permit. Write "Return Receipt Requested" on to the Return Receipt will show to whom delivered. 3. Article Addressed to: SUNG YOL LEE SUNG YOL LEE SUNG YOL LEE 795-A BLANDING BLVD ORANGE PARK FL 32073	everse of this form so that we piece, or on the back if space he mailpiece below the article	4a. Article N 4b. Service Registere	S Co CoO Type ed Mail ceipt for Merchandise	ee's Address ed Delivery ster for fee. Certified Insured	you for using Return Receipt Service.
your RETURN	Received By: (Print Name) Signature: (Addressee or Agent)		8. Addressee's Address (Only if requested and lee is paid)		Thank you	
ls y	PS Form 3811 , December 1994		Domestic Return Receipt		}	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 406796 MAR 5 2001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0190048

A-1 CLEANERS SUNG YOL LEE 795-A BLANDING BLVD **ORANGE PARK FL 32073** FOR GOVERNMENT USE ONLY

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