

# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 29, 1997

Mr. Vi N. Kol Superb Cleaners, Inc. 1177-1 Park Avenue Orange Park, Florida 32073

Facility No. 0950355

Dear Mr. Kol:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 4, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Rick Banks, Northeast District

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

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	SUPER'B CLEANERS, INC						
2.	Site Name (For example, plant name or number):						
	SUPERB CLEANERS, INC						
3.	Hazardous Waste Generator Identification Number:						
4.	Facility Location:						
	Street Address: 1177-1 PARK AVE.						
	City: ORANGE PARK County: CLAY Zip Code: 32073						
5.	Facility Identification Number (DEP Use):						
	Olgoos						
198日北	。1995年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年の1996年の1996年の1996年の1996年の19 1996年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年後の1996年						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	VI N. KOL PRIESIDENT						
7.	5 · · · · · · · · · · · · · · · · · · ·						
	Organization/Firm: Street Address: SAME						
	City: County: Zip Code:						
8.	Responsible Official Telephone Number:						
	Telephone: (904) 269 - 5269 Fax: ( )						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
-							
10.	Facility Contact Address:						
	Street Address:						
	City: County: Zip Code:						
11	Facility Contact Telephone Number:						
	Telephone: ( ) - Fax: ( ) -						

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

### **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
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example .	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	01-AUG-90	1-AUG-90						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber	_								
(6) w/ no controls									
Dryer Unit		•	•		•	•			
(7) w/ ref. condenser									
(8) w/ carbon adsorber		i							
(9) w/ no controls		_							
Reclaimer Unit								I	1
(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 q	are re	equired to be	installed [_	V	purchased in	n the latest 12	! mor	nths?	
(b) If less than 12 monti Check why it is less					_] New store	: [] Did	not k	eep records:	
3. What is the facility's son (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
Existing small are	ea so	urce [_X]	Ne	w sn	nall area sour	ce [			
Existing large are	a sou	ırce []	Ne	w lai	rge area sour	ce []			

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<ol> <li>What control technology is required on machines (Indicate with an "X".)</li> </ol>	pursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser []
New small area source Refrigerated condenser []	
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
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment a 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	
(f) Start-up, shutdown, malfunction plan	

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

# Surrender of Existing Air Permit(s)

	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 notif statemen 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 its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	100 <u>4/8/97</u>

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

# #0950355

	,, 0,70000
	0 1.01-
	Superb Cleaners
	1.(c) should have an "X"
7.15	5.(c)+5.(d) not required.
P	1.(c) should have an "X" 5.(c) +5.(d) not required, mark out "yes" and initial
D 1/2	Surrender of existing air permot(s)—select one and add an "X"
γ.,,σ	Dermotici-select one and
	and an 11411
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	1

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	Superb Cleaners + Time	
2.	Suferb Cleaners, FNC Site Name (For example, plant name or number):	
	Superb Cleaners, INC.	
3.	Hazardous Waste Generator Identification Number:	
	Facility Location: Street Address: 1177-1 PARK AVE	
	City: Clay FL 32073	
5.	Facility Identification Number (DEP Use): 095035	5
	Responsible Official	
6.	Name and Title of Responsible Official:	
	V; N. KOL President	
	Responsible Official Mailing Address: Organization/Firm:	
	Street Address: SAME	
	City: County: Zip Code:	
	Responsible Official Telephone Number: Telephone: (904) 269 - 5269 Fax: ( ) -	
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
10.	Facility Contact Address:	
	Street Address:	
	City: County: Zip Code:	
11.	Facility Contact Telephone Number:	$\dashv$
	Telephone: ( ) - Fax: ( ) -	
	<del>-</del>	

RECEIVED

NOV 4 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		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	lD	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		1990							
(1) w/ ref. condenser			th' mac	hir	14				
(2) w/ carbon adsorber			KINA						
(3) w/ no controls		-							
Washer Unit									,
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				•					1
(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 [100 - 110]	are re luant galle	equired to be ity of perchlons	installed [_	NA perc)	J	n the latest 12	2 mor	nths?	
<ul><li>(b) If less than 12 mont Check why it is less</li><li>3. What is the facility's so (Indicate with an "X".</li></ul>	than	12 months:	New owner:  based on the	[e defi	_				
Existing small ar	ea so	urce 【【】	Ne	w sm	nall area sour	rce [	]		
Existing large are	a soi	ırce [ ]	Ne	w lar	ge area sour	ce ſ	1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

<del>-</del> -	pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)	NONE
Existing large area source	
Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	inits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	<b>Yes</b>
•	
Equipment Monitoring as	nd Recordkeeping Information
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[ <b>*/es</b> ]
(b) Leak detection inspection and repair	( Yes
(c) Refrigerated condenser temperature monitoring	[ <b>Yes</b> ]
(d) Carbon adsorber exhaust perc concentration moni	itoring [ <b>Yes</b> ]
(e) Instrument calibration	[ <b>Yes</b> ]
(f) Start-up, shutdown, malfunction plan	( <b>)/2</b>

DEP Form No. 62-213.900(2)

Effective: 6-25-96

### Surrender of Existing Air Permit(s)

	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 notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in Part II of this form, of the facility addressed in Cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the standed 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.

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

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SUPE FACILITY LOCATION: 1/77	-1 PARK	AVE		TE: 4/10/97
DRAN	BE PARK	, CLAY, FL	32073	
Annual Reporting Period:	SAT 1	19 <b>96</b> TO	APR 10	19 <u>97</u>
Based on each term or condition of the Ti 62-213.300, Florida Administrative Code	-	· •		LDEP Rule
If NO, complete the following:				
#1. Term or condition of the general per	nit that has not been	in continuous compliand	ce during the reporting	period stated above:
Exact period of non-compliance: from		t	0	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general per	nit that has not been	in continuous complianc	ce during the reporting	period stated above:
Exact period of non-compliance: from		to		
Action(5) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify made in this notification are true, accurate upon rolling averages of purchase receipt year for transfer or combination facilities	te and complete. Fur ts, does not exceed 2,	ther, my annual consum	ption of perchloroethy	lene solvent, based
RESPONSIBLE OFFICIAL:	Name (Please Print)		Signature	4/10/97 Date

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

Page \_\_\_\_\_ of \_\_\_\_.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [	COMPLAINT/DISCOVERY RE-INSPECTION
	10:42 AIRS ID#: 0950355 0190050
TYPE OF FACILITY: DRY (LEANE	
	ANERS, INC. DATE:
201115	
RESPONSIBLE OFFICIAL: VIN. KO	Cont 200 (-10
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Ada	s evaluated during this inspection, the facility is found to be in ministrative Code (F.A.C.).
Based on the results of the compliance requirements discrepancies were noted:	s evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	M FOLLOW-UP ACTION REQUIRED
·	
	·
COMMENTS:	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly	y certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	(Approximate)
INSPECTION CONDUCTED BY:	(Approximate)  P. D. BANKS (Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904 -448-4310

Page\_\_\_

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTIO	COMPLAINT/DISC	COVERY				
FACILITY NAME:	ERB CO	IN: 10:00 TIME OUT: LEAWERS, INC. PARK AVE PARK, CLAY, FL					
D. DEL MONTON					ı		
PART I: NOTIFICATION					ſ		
(check appropriate box)							
Existing facility notified DARM by				· @			
2. New facility notified DARM 30 day	•	•					
3. Facility failed to notify DARM to u	ise general per	mit					
PART II: CLASSIFICATION							
Facility indicated on notification for (check appropriate box)	m that it is:						
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>'yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td><td>^ مست</td><td></td></x<2,></td></x<2,>	'yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td><td>^ مست</td><td></td></x<2,>		^ مست			
This is a correct facility classification		ŮY □N					
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>B.</b> The total quantity of perchloroethy facility was gallons.	lene (perc) pu	rchased within the preceding 12 month	s by this <b>dr</b> y	cleaning			

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

PART III: GENERAL CONTROL REQUIREMENTS

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

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?	DN Ž					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □N					
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	DY ON TO MA					
4. Maintained calibration data? (for direct reading instruments only)	DY ON DWA					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WA					
6. Maintained startup/shutdown/malfunction plan?	DAY CÌN					
7. Maintained deviation reports?	DY ON					
Problem corrected?	DAY ON					
8. Maintained compliance plan, if applicable?	OY ON DANA					

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly leak detection and repair inspection?	EY 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)	<b>9</b>				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					

If using direct reading instrume	natutio-	is the equipment	<del>=</del> _		
If using direct-reading instrume					13.7
a. Capable of detecting p	-			OY O	IN
b. Calibrated against a s (PID/FID only)?	tandard g	gas prior to and aft	ler each use	OY O	IN
c. Inspected for leaks an	d obviou	s signs of wear on	a weekly basis?	OY O	IN
d. Kept in a clean and so	ecure area	a when not in use?	•	OY O	IN
e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?	OY O	IN
3. Has the facility maintained a leak log?				DY 0	IN
4. The following areas should be checked	for leaks	by the inspector:			
TY	Leak Detected?				
Hose connections, fittings, couplings, and valves	DY	□N	Muck cookers	ΟY	□N
Door gaskets and seating	DY	□N	Stills ,	<u>uy</u>	N
Filter gaskets and seating	DY	□N	Exhaust dampers	ΟY	□N
Pumps	DY	□N	Diverter valves	DY	ND
Solvent tanks and containers	DY	□N	Cartridge filter housings		ПΝ
Water separators	ΠY	□N			
V. W. KOC Name of Responsible Officia	.1				

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Inspector's Signature

4/98
Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0190050 SUPERB CLEANERS INC VI N KOL 1177-1 PARK AVE **ORANGE PARK FL 32073** Do NOT Remove Label TO 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 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: 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 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: V: N. KOL

Signature

Name (Please Print)

<sup>\*</sup>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.

RECEIVED DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM MAR 1 3 1998 Bureau of Air Monitoring & Mobile Sources RECEIVED AIRS 1D#0190050 SUPERB CLEANERS INC VINKOL 1177-1 PARK AVE FEB 24 1998 **ORANGE PARK FL 32073** DEPT. OF ENV. PROTECTION NORTHEAST DISTRICT - JAX Do NOT Remove Label 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 ⊔אo 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: 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:

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 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: V: N. Kol V w lee 2/1

Name (Please Print) Signature

Method used to demonstrate compliance:

<sup>\*</sup>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

iK,

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUA RE-INSI	PECTION COMPLAINT/DISCOVERY OF THE POLICE OF
0/4000	APR 98 TIME IN: 8:20 TIME OUT: 9:40
AIRS ID#: 695 0333 DATE: /	HR 18 TIME IN: 6 100 TIME OUT: 7:50
FACILITY NAME: SUPERB CU	EANERS
FACILITY LOCATION: 1177	PARK AUE.
ORANGE	FARK, FL. 32073
RESPONSIBLE OFFICIAL : $\frac{V_i}{N}$	. Кос phone: 904-269-5269
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days price	or to startup
2. Facility failed to notify DARM to use ger	-
PART II: CLASSIFICATION	
Facility indicated on notification form tha	
Facility indicated on notification form that (check appropriate box)	t it is:   □ No notification form  □ Drop store/out of business/petroleum
Facility indicated on notification form that	☐ Drop store/out of business/petroleum
Facility indicated on notification form that (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
Facility indicated on notification form that (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that (check appropriate box)  A.  1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  5. This is a correct facility classification If no, please check the appropriate of facility qualified in	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN DAVIA
2. Examining the containers for leakage?	OY ON WON/A
3. Closing and securing machine doors except during loading/unloading?	ØY □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON DAVA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	\$ <b>0</b> Y <b>0</b> N <b>0</b> N/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 refe (complete A below).	rigerated 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 minstalled 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?	₽ <sup>V</sup> □ <sup>M</sup>
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVA ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אואם אם צם
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	dy on
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	MY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MD A C

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?	מם עם
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
ls 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?	□Y □N □N/A

### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MY DN 1. Maintained receipts for perc purchased? AL DN 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: MY ON ON/A 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 BOY ON ON/A and parts installed w/in 5 days of receipt? DY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN **10**N/A 5. Maintained exhaust duct monitoring data on perc concentrations? YOU YEE 6. Maintained startup/shutdown/malfunction plan? AMO NO YOU 7. Maintained deviation reports? AYM UN UN/A Problem corrected? AYAD NO YE 8. Maintained compliance plan, if applicable?

### PART VI: LEAK DETECTION AND REPAIRS

Ţ.	Does the responsible official conduct a	weekly (for small source:	hi-weekly) leak detection ar	id repair
•	inspection?	(10, 111111 Julian)	,, 0	MY □N
2	Has the facility maintained a leak log?			Mari ⊒N
	Does the responsible official check the		9	<b>4</b> 1 <b>3</b> 1,
٥.	•	Tollowing areas for leaks.	; 	
	Hose connections, fittings, couplings, and valves	AND ND YA	Muck cookers	ØY ON ON/A
	Door gaskets and seating	SON ON ON/A	Stills	MANO NO YO
	Filter gaskets and seating	VAY ON ON/A	Exhaust dampers	YDY ON ON/A
	Pumps	ØY ON ON/A	Diverter valves	MY ON ON/A
	Solvent tanks and containers	AND NO YA	Cartridge filter housings	MAY ON ON/A
	Water separators	QY ON ON/A		
4.	Which method of detection is used by t	he responsible official?		
	Visual examination (condensed se	olvent on exterior surface	s)	Ø
	Physical detection (airflow felt th	rough gaskets)		P2
ĺ	Odor (noticeable perc odor)			赵
	Use of direct-reading instrumenta	ation (FID/PID/calorimetr	ic tubes)	
	Halogen leak detector			
	If using direct-reading instr	umentation, is the equip	oment:	□N/A
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	standard gas prior to and a	after each use	מם עם
	c. Inspected for leaks ar	nd obvious signs of wear o	on a weekly basis?	OY ON
	d. Kept in a clean and s	ecure area when not in us	e?	OY ON
	e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	מם צם
			·	

CHRISTOPHER	L.	Sco	TT
Increase 'a Maria	M1	D-:-+)	

Inspector's Signature

4/9/9 8.
Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	*
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	•
	!
	4. •
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	•
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<i>‡.</i>	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	INSPECT	TON SUN	MARY REPORT	
TYPE OF INSPECTION:	ANNUAL 🗹	CON	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 8:20	TIME OUT:_	9:10	AIRS ID#:	950335 0190050
TYPE OF FACILITY: DRY	CLEANER			
FACILITY NAME: SUPE	ERB CLEANE	ERS.		DATE: 9 Apr 98
FACILITY LOCATION: 11-	77 PARK A	WE.		<u> </u>
0	ANGE PARK	, FC.		
RESPONSIBLE OFFICIAL: V	i N. KOL		PHONE NUMBER	:904-269-5269
compliance with DEP	Rule 62-213.300, Florid	la Administ		
Based on the results of discrepancies were not		ments evalu	ated during this inspection, the fo	ollowing compliance
COMPLIANCE REQ	UIREMENT/PRO	BLEM	FOLLOW-UP ACT	ION REQUIRED
	•			
-				
·				ア 
<del></del>				PA T
				VED 1998 Monitoring Sources
				ng
COMMENTS:				
COMMENTS.				
The Annual Compliance Certifi	cation form has been n	roperly certi	fied and submitted to the inspecto	or. YES NO
DATE OF NEXT INSPECTION		opony coru	nou and submitted to the hispecto	
		(Ap	proximate)	
INSPECTION CONDUCTED	BY: CHRISTOPH	HER O	L. Scott	

INSPECTOR'S SIGNATURE 2

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? \$5000E | V E D

Do NOT Remove Label

DEC 2 9 1999

...

& Møbile Sources
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

1177-1 PARK AVE ORANGE PARK FL 32073

SUPERB CLEANERS

VI N KOL

CERTIFIED

AIRS ID # 0190050

Z 420 297 059

MAIL

(9)

O (EEC. 22.99) X

CERTIFIED

SUPERB CLEANERS 1177-1 Park Avenue Orange Park, FL 32073

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

> > أسالينا بالسابان السالييان المسالين

RETURN RECEIPT REQUESTED



## THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302621

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** 

FEB 13 S3

Do NOT Remove Label

SUPERB CLEANERS INC VI N KOL 1177-1 PARK AVE ORANGE PARK FL 32073 AIRS ID#0190050

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

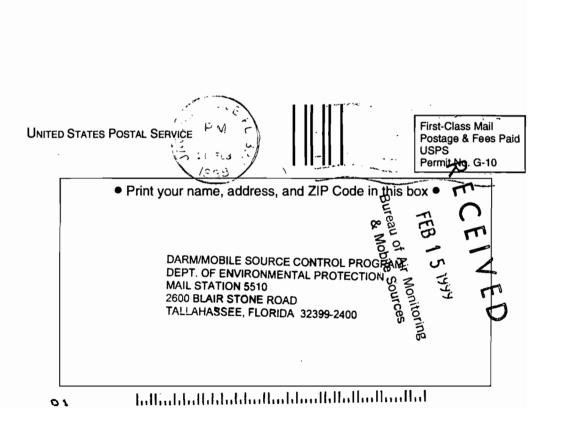
Fund: 20-2-035001 Obj.: 002273

Z	333	PP0	287	
US Postal Se Receipt		rtified	Mail	
SUPERB CLE VI N KOL 1177-1 PARK ORANGE PAI	AVE	NC	RS ID 0190	050
Postage		\$		
Certified Fee				
Special Deliver	y Fee			
Restricted Deliv	ery Fee			
Return Receipt Whom & Date D				
Return Receipt Sh Date, & Addressee		n,		
TOTAL Postag	e & Fees	\$		
Return Receipt Whom & Date I Return Receipt Sh Date, & Addressee TOTAL Postag Postmark or Da	ite			

on the reverse side?	SENDER:  - Complete items 1 and/or 2 for additional services.  - Complete items 3, 4a, and 4b.  - Print your name and address on the reverse of this form so that we card to you.  - Attach this form to the front of the mailpiece, or on the back if space permit.  - Write "Return Receipt Requested" on the mailpiece below the article.  - The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.		Receipt Service.	
ADDRESS completed	3. Article Addressed to:  AIRS ID 0190050  SUPERB CLEANERS INC VI N KOL 1177-1 PARK AVE ORANGE PARK FL 32073	4a. Article Number  2 333   000 287  4b. Service Type  Registered Express Mail Return Receipt for Merchandise  COD  7. Date of Delivery			for using Return
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994	8. Addressee and fee is	Domestic Best		Thank you

. , z 333 613 060 <sup>[9</sup>	9.9
US Postal Service Receipt for Certified Mail	
AIRS ID # 0190	0050
SUPERB CLEANERS	7050
VINKOL .	
1177-1 PARK AVE	
ORANGE PARK FL 32073	
Postage \$	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees \$	
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address  TOTAL Postage & Fees  Postmark or Date	

۔ ۔	SENDER:	t line over	Fold a	•
'se side?	© Complete items 1 and/or 2 for additional services.  © Complete items 3, 4a, and 4b.		I also wish to receive the following services (for an extra fee):	
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	1. Addressee's Address		
the	<ul> <li>Write "Return Receipt Requested" on the mailpiece below the article.</li> <li>The Return Receipt will show to whom the article was delivered an</li> </ul>	e number. d the date	2. Restricted Delivery	Service
	delivered.	u trie date	Consult postmaster for fee.	eceipt
ADDRESS completed on	3. Article Addressed to:  AIRS ID # 0190050  SUPERB CLEANERS VI N KOL  1177-I PARK AVE  ORANGE PARK FL 32073	4a. Article Number  2 333 6 13 0 6 0  4b. Service Type  Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery		you for using Return Rec
your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  2	Addressee's Address (Only if requested and fee is paid)		
<u> </u>	PS Form <b>3811</b> , December 1994	2595-97-B-0179	Domestic Return Receipt	





0360942

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

SUPERB CLEANERS VI N KOL 1177-1 PARK AVE ORANGE PARK FL 32073

AIRS ID # 0190050

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>X</b>	COMPLAINT/DISCOVE	RY 🗆
	10 1101 2011011			
AIRS 1D#: 0/90054				ut: <u>//4/</u> 5
FACILITY NAME: SU				
facility location: //				
·	on ANGE	PA	124 FC 32	073
RESPONSIBLE OFFICIAL:	VI 11. 1	506	_phone: <u>(904)</u> 2	69-5269
CONTACT NAME:			_ PHONE:	
			RECEIVE	
PART I: NOTIFICATION				
(check appropriate box)			MAY 1 4 1999	
1. New facility notified DARM 30			Bureau of Air Monito	oring =
2. Facility failed to notify DARM	to use general permit	: 	& Mobile Sources	~   I
				·
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)  A.	i form that it is:		☐ No notification form ☐ Drop store/out of busin	ness/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)	dr tra bo	ansfer only, $x$ th types, $x < x$	r, x < 140 gal/yr r < 200 gal/yr	<b>\</b>
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$ )	00 gal/yr dr gal/yr tra .Vyr bo	ansfer only, 2 oth types, 140	area source  7, $140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$ The or after $12/9/91$ )	
5. This is a correct facility class	ssification	Y DN	□Can not determine	
If no, please check the ap				
	qualified for a genera exceeds above limits		gible for a general permit	

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchlorocthylene 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 Il-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?

AVA DA DAVA

AVA DA DAVA

AVA DA DAVA

אם עלם

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	ΩΝ	
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?	ПΥ	רוא	□N/A
	Is the perc concentration equal to or less than 100 ppm?			DN/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?		_	ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: XY DN DN/A 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? DY DN DXNA 4. Maintained calibration data? (for applicable direct reading instruments) אאקל אם עם אוא 5. Maintained exhaust duct menitoring data on perc concentrations? 6. Maintained startup/shutdown/inalfunction plan? SY ON ON/A 7. Maintained deviation reports? A/NO NO YK Problem corrected? אואם אם צואַא 8. Maintained compliance plan, if applicable?

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?			אם אס			
2.	Has the facility maintained a leak log	?	•	אם אָצפּ			
3.	Does the responsible official check th	e following areas for leak	s?				
	Hose connections, fittings, couplings, and valves	אואם אם על	Muck cookers	אום אם אום			
ı	Door gaskets and scating	AND ND YA	Stills	YY ON ON/A			
	Filter gaskets and seating	AVO NO NA	Exhaust dampers	YY ON ON/A			
	Pumps	AINO NO Y	Diverter valves	אוחם אם צאפ			
	Solvent tanks and containers	AL ON ONIA	Canridge filter housings	DY ON ON/A			
	Water separators	MY ON ON/A					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	<b>À</b>					
	Physical detection (airflow felt	<b>)</b>					
Odor (noticeable perc odor)							
	Use of direct-reading instrumen	´ 🗅					
	Halogen leak detector						
	If using direct-reading ins	trumentation, is the equ	ipment:	Q€\/A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			מם עם			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			מם עם			
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON			
	d. Kept in a clean and secure area when not in use?			DY DN .			
	c. Verified for accuracy by use of duplicate samples (calorimetric only)?			אם אם			
-							
	,			,			

Inspector's Signature

Approximate Date of Next Inspection

### ADDITIONAL SITE INFORMATION:

FLOURMATIC BLUE TIGER AIRS ID#: 0190050

Revised 10/10/9

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SUPONS  FACILITY LOCATION: 1/77  ONANG	DRY	CLEANER	DATE:	4/13/99
FACILITY LOCATION: 1/77	PARK	AVE		
ONANI	CE PAR	4 FL 320	73	
		-		
Annual Reporting Period:		19 <u>98</u> TO	oril.	189
Based on each term or condition of the Titl	e V general air permi	, my facility has remained i	n compliance with DEI	Rule
62-213.300, Florida Administrative Code (	F.A.C.), during the pe	riod covered by this stateme	ent. YES	ОиО
If NO, complete the following:				•
#1. Term or condition of the general permi	it that has not been in	continuous compliance duri	ing the reporting period	stated above:
	•		•	
Exact period of non-compliance: from		το		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	•			
#2. Term or condition of the general permi	it that has not been in	continuous compliance dur	ing the reporting peri∝	i stated above:
<u> </u>				
Exact period of non-compliance: from		to		·
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		·		
				<del></del>
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Furth does not exceed 2,10	er, my annual consumption 10 gallons per year for dry-l	of perchloroethylene s	olvent, based
RESPONSIBLE OFFICIAL: V/	M. WOL	- Wind	Li Kod	4/13/99
Na	me (Please Print)	Sign	ıature	Date

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

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 11.30 TIME OUT: 11.30  TYPE OF FACILITY: DRY CLEARVER	45 AIRS ID#: 01900 50			
FACILITY NAME: SUPERB CLEATVE	CAS DATE: 4/13/94			
FACILITY LOCATION: 1/77 PARS 15	7 VE 2073			
RESPONSIBLE OFFICIAL: VI XI. KOL PHONE NUMBER: 904) 269-5269				
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			
COMMENTS:	· .			
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO			
DATE OF NEXT INSPECTION: (An	proximate)			
INSPECTION CONDUCTED BY: Fred Alvare Z				
INSPECTOR'S SIGNATURE: PHONE NUMBER: YT 254				
The /	Davised 10/06			

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

DRY CLEANERS
PERMIT
ON CHECKLIST

TYPE OF INSPECTION:

ANNUAL

**RE-INSPECTION** 

A

COMPLAINT/DISCOVERY

AIRS ID#: 0/90050	DATE: 5/23/00 TIME IN: 1:35 TIME OUT: 1:45
FACILITY NAME: 5	YPGRS CHEANGES
FACILITY LOCATION:	1177 PARK AVE
	ORANGE PARK PL 32073.
RESPONSIBLE OFFICIA	L: VI N. 402 PHONE: (904) 269-5269
CONTACT NAME:	PHONE:

PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to star	tup	
2. Facility failed to notify DARM to use general per	mit -	
L		
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	□ 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 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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )	
5. This is a correct facility classification  If no, please check the appropriate classific  facility qualified for a genuing statement of the second	ation:	
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 sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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?

PART III: GENERAL CONTROL REQUIREMENTS

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 locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed □Y □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N □N/A
Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	
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?	□Y □N □N/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? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: MY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY DN ZN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? □N □N/A 7. Maintained deviation reports? □N □N/A Problem corrected? □N □N/A 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			DY ON
2.	Has the facility maintained a leak log	?		MY ON
3.	Does the responsible official check the	e following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	מאם מם עם
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	AY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	אום אם עם אם
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/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 through gaskets)			ø
	Odor (noticeable perc odor)			ø
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
	Halogen leak detector			
	If using direct-reading instrumentation, is the equipment:			<b>Σ</b> Ν√/A
	a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	OY ON
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			□Y □N
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			DY DN .
	d. Kept in a clean and secure area when not in use?			· DY DN
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON
			•	

Inspector's Name (Please Print)
Inspector's Signature

5/23/00

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMA	ATION:
	ELOURMANC BY AMA UMIVERSAR
morel. Mysl	

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNU	al ∭ com	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 13:35 T	IME OUT: /3:4	AIRS ID#:	0190050
TYPE OF FACILITY:	LLEANER		
FACILITY NAME: SUPE	B CLEA	WERS	DATE: 5/23/00
FACILITY LOCATION: //77	PARK A	1E	
CAA	WG PAR	K FL 320	773 .
RESPONSIBLE OFFICIAL: 1/1 /4	1 402	PHONE NUMBER	1: (904) 269526
Based on the results of the complication compliance with DEP Rule 62-21			acility is found to be in
Based on the results of the complidiscrepancies were noted:	ance requirements evalua	ated during this inspection, the f	following compliance
COMPLIANCE REQUIREME	ENT/PROBLEM	FOLLOW-UP ACT	TON REQUIRED
. •			3
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		D <sub>0</sub>	
		ureau of Air	
· .		Sources	Monitoring (Care)
COMMENTS:			
		•	
			·
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES  NO			
DATE OF NEXT INSPECTION: April 2001			
	(Ap	proximate)	
INSPECTION CONDUCTED BY:	P (CG)	ALVALE 7 pase Print)	(901) 1115-112
INSPECTOR'S SIGNATURE:		PHONE NUMBER	704)448-43/0
	Page	of <u></u>	Revised 10/96

## AIRS ID#: 0/90050 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SUPERB CLEANCRS DA	ATE: 5/23/00			
FACILITY LOCATION: 1177 PARK AVE				
FACILITY NAME: SUPERB CLEANCRS  FACILITY LOCATION: 1177 PARK AUE  0.1 FL 32073	· .			
Annual Reporting Period: April 1999 TO April	2.000 49			
Based on each term or condition of the Title V general air permit, my facility has remained in compliance wi 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	th DEP Rule			
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: 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 made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethy upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities of year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	vlene solvent, based			

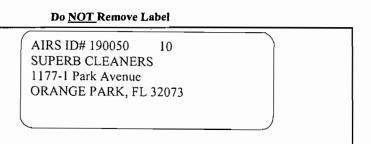
<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

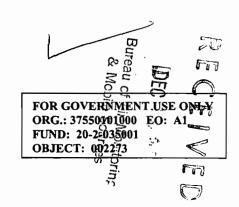
443242 DEC13284

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

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# 190050 VI KOL SUPERB CLEANERS 1177-1 PARK AVE ORANGE PARK FL 32073





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**TOTAL AMOUNT DUE: \$50.00** 

420556 DEC12 2002

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SUPERB CLEANERS VI N KOL 1177-1 PARK AVE ORANGE PARK FL 32073

AIRS ID#0190050

FOR GOVERNMENTS SE ONLY Org.: 37550101000 E GANGE Fund: 20-2-035001

Obj.: 002273

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7000	City, S ORANGE PARK FL 32073			
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L	PS Form 3800; Februa	ary 2000 - 17.	See Reverse for Instructions	

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery    D/2 f/ 0/    C. Signature
1. Article Addressed to:  10 AIRS ID # 0190050001AG  VI N KOL  SUPERB CLEANERS 1177-1 PARK AVE	D. Is delivery address different from item.1? Yes  If YES, enter delivery address below.
ORANGE PARK FL 32073	3. Service Type  Certified Mail
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2. Article Number (Copy from service label)	

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SUPERB CLEANERS

FOR COVERNMENTS TEE ANILY

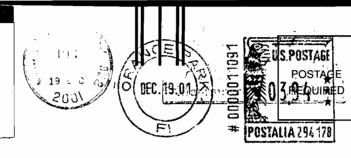
SUPERB CLEANERS VI N KOL 1177-1 PARK AVE **ORANGE PARK FL 32073** 

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

400108

SUPERB CLEANERS 1177-1 Park Avenue Orange Park, FL 32073





CERTIFIED

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

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1177-1 PARK AVE ORANGE PARK FL 32073 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Fund: 20-2-035001 Obj.: 002273