En+10/28/97 RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

OCT 2 4 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	T.W. VENTURES, INC.
2.	Site Name (For example, plant name or number):
	SILVER HANGER CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD-984-249-862
4.	Facility Location:
	Street Address: 305-E BLANDING BLUD. City: ORANGE PARK County: CLAY Zip Code: 32073
	City: ORANGE PARK County: CLAY Zip Code: 32073
5.	Facility Identification Number (DEP Use):
	0/90054
4:	ang 4800 km minoritan na mga para mga inaka ing 1860 km mga mga na ga ang 1960 km ng 1960 mga ing 1960 ng 1960 Tang 480 km ng 1960 ng
	Responsible Official
6.	Name and Title of Responsible Official:
	JAMES TIFFANY - V.P.
7.	Responsible Official Mailing Address: Organization/Firm: 51L VER HANGER CLEANERS ORGANIZATION/FIRM: 51L VER HANGER CLEANERS
	Organization/Firm: 512 Ven HANGETE CELEVINE Street Address: 305-E BLANDING BLVD:
	City: ORANGE PARK County: CLAY Zip Code: 32073
8.	
	Telephone: (904) 272-0054 Fax: () -
	Facility Contact (If different from Responsible Official)
9	Name and Title of Facility Contact (For example, plant manager):
٠.	•
	SAME
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11	Facility Contact Talankana Number
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Perchloroethylene Dry Cleaning Facility Notification

9CT 2 4 1997

Facility Name and Location

Bureau of Air Monitoring

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	T.W. VENTURES, INC.
2.	Site Name (For example, plant name or number):
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	City: ORANGE PARK County: CLAY Zip Code: 32073
5.	Facility Identification Number (DEP Use):
	24 7 0/90054 ×
100000	
	Responsible Official
6.	Name and Title of Responsible Official:
	JAMES TIFFANY - V.P.
7.	Responsible Official Mailing Address: Organization/Firm: 51L VER HANGER CLEANERS ORGANIZATION BLUD:
	Street Address: 305-E BLANDING BLVD.
	City: ORANGE PARK County: CLAY Zip Code: 32073
	City: ORANGE PARK County: CLAY Zip Code: 32073
8.	Responsible Official Telephone Number:
	Telephone: (904) 272-0054 Fax: () -
	Facility Contact (If different from Responsible Official)
	ruemty contact (it direction responsible official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAME
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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princtional All to usern. Secretary &

#0190054

	Silver Hanger Cleaners
P./5	5. (d) not required, mark out

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example .	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	#/	12 Dec 92	12 Dec 92						_
(2) w/ carbon adsorber								<u> </u>	
(3) w/ no controls									
Washer Unit		•	•		•	•	•	•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber	l								
(6) w/ no controls	i								
Dryer Unit		•			•	•			
(7) w/ ref. condenser									
(8) w/ carbon adsorber		_							
(9) w/ no controls				1		_			
Reclaimer Unit		•	•		•	•		•	
(10) w/ ref. condenser									
(11) w/carbon adsorber	İ								
(12) w/ no controls	ļ								
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons (b) If less than 12 months, how many? [months									
·									
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3) of	Part II?	
ery Existing small a	ea so	urce []	Ne	ew sm	nall area sour			·	
Existing large ar	ea soi	urce []	Ne	ew lai	rge area sour	ce [)		

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form' (Indicate with an "X".)	?
Existing large area source Carbon adsorber [] Refrigerated condenser []	
New small area source Refrigerated condenser [X_]	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursua 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:	ınt
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	it:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

lease indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form. In the definition of this general permit as set forth in Part II of this notification.
Signature	mer Toffony 10/18/97 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	ON COMPLAINI/DISCOVERY
AIRS ID#: 0190054 DATE: 7/9/9 FACILITY NAME: Silver Hanger FACILITY LOCATION: 305-E BI OTONGE PARK RESPONSIBLE OFFICIAL: JAMES T. S CONTACT NAME:	Cleaners anding Blud, FL 32073
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe	•
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ 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	YOY ON OCan not determine
	cation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) perchloroethylene (pe	urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DN DN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? □N □N/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 scaled containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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 cheeked, 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? □N □N/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 Y DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated אם עם 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? □N □N/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

₿.	. 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	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ls the temperature differential equal to or greater than 20° F?			□N/A □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?	ΩY		□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	□N	□N/A
—				
PA	ART V: RECORDKEEPING REQUIREMENTS			ľ
	- About the Afficials			
	as the responsible official: heck appropriate boxes)			
1.		Z ZIY	₪	
	heck appropriate boxes)	Ø Y	NO NO	7
2.	heck appropriate boxes) Maintained receipts for perc purchased?	∕ ØY	אם אם	7
2.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	<i>Z</i> Y ØY <i>Y</i> Y	N	, □N/A
2.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	ZZY ZZY ZZY ZZY ZZY	N) □N/A □N/A
3.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	~) □N/A □N/A
 3. 4. 	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ΒY	ΠN	
 3. 5. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for applicable direct reading instruments)	ΒY	ΠN	P N/A
 3. 4. 6. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments) Maintained exhaust duct menitoring data on perc concentrations?	□Y □Y	N N N	P N/A

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errail Light

A Garage

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YY ON ON/A

8. Maintained compliance plan, if applicable?

r			- <u></u>			
PART	VI: LEAK DETECTION AND	REPAIR	S			
1. Does	s the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection as	nd rep	air
insp	ection?				PY	N
2. Has	the facility maintained a leak log?				K Y	ПN
3. Does						
	Hose connections, fittings, couplings, and valves	4 1Y [IN □N/A	Muck cookers	Y	□N □N/A
<i>^</i> :.	Door gaskets and seating	∮ 11Y □	DN □N/A	Stills	ψY	□N □N/A
	Filter gaskets and seating	₽ Y □	IN □N/A	Exhaust dampers	ΔY	□N □N/A
	Pumps	₽ Y □	IN □N/A	Diverter valves	ψY	□N □N/A
	Solvent tanks and containers	ØY □	N □N/A	Cartridge filter housings	4	□N □N/A
	Water separators	9 Y	IN □N/A			
4. Whi	ch method of detection is used by t	he respor	sible official?			
	Visual examination (condensed s	olvent on	exterior surfaces)	52	
	Physical detection (airflow felt th	rough ga	skets)		Ø	
	Odor (noticeable perc odor)				図	
*	Use of direct-reading instrumenta	ation (FII	D/PID/calorimetri	c tubes)		
	Halogen leak detector					
	If using direct-reading instr	umentat	ion, is the equipr	ment:		'A
	a. Capable of detecting	perc vapo	or concentrations	in a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a s (PID/FID only)?	standard ;	gas prior to and a	fter each use	ΠY	□N
	c. Inspected for leaks ar	id obviou	s signs of wear or	a weekly basis?	\Box Y	\square N
	d. Kept in a clean and s	ecure are	a when not in use	?	ПΥ	□N
,	c. Verified for accuracy	by use of	duplicate sample	es (calorimetric only)?	$\Box Y$	□N
	•					
7		•	·			•

*	
Christopher L. Scott	7/9/98
Inspector's Name (Please Print)	Date of Inspection
CHall It	7/99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	-
	6
•	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	. 👿 сом	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 8:30 TIM	E OUT: 9:15	AIRS ID#:	190054
TYPE OF FACILITY: DRY CLEANE	R		<u> </u>
FACILITY NAME: Silver Hanger	Cleaners		DATE: <u>7/9/98</u>
FACILITY LOCATION: 305 - E T	BLANDING BLI	Av	<u></u>
ORANGE PARK			
RESPONSIBLE OFFICIAL: JAMES T	TIFFANY	PHONE NUMBER	2: <u>904-272-0054</u>
Based on the results of the compliance compliance with DEP Rule 62-213.3			facility is found to be in
Based on the results of the compliant discrepancies were noted:	ce requirements evalua	ated during this inspection, the	following compliance
COMPLIANCE REQUIREMEN	T/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
	•		
			Δ
			The same of the sa
		4	
		\$	
			DOILE SOURCE SOU
		•	
		-	S TIME
	·		
			•
COMMENTS:			· · · · · · · · · · · · · · · · · · ·
		·	
The Annual Compliance Certification form h	as been properly certif	ied and submitted to the inspect	tor. YES NO
DATE OF NEXT INSPECTION:	7/99		
7.00		proximate)	
INSPECTION CONDUCTED BY: Chr.	a / Copher L.	asg/Print)	
INSPECTOR'S SIGNATURE:	- K- K	PHONE NUMBE	r: <u>904-448-4310</u>

Page___of_

Revised 10/96

ACC

AIRS ID#	: 019000	54

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 5. IVEN HAnger Cleaners DATE: 7/9/98	
FACILITY LOCATION: 305-E Blanding Blud.	
Orange Park, Fl 32073	
Annual Reporting Period: July 97 19 TO July 98 19	
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 52-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ZYES NO	
I 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	2:
Action(s) taken to achieve compliance:	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
is the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statement hade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based pon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per ear for transfer or combination facilities. PESPONSIBLE 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

TYPE OF INSPECTION:

X

COMPLAINT/DISCOVERY

RE-INSPECTION	/
AIRS ID#: 0190054 DATE: 7/2//	99 TIME IN: 1130 TIME OUT: 2:00
FACILITY NAME: SILVER 147	MUGA CLEANERS
FACILITY LOCATION: 305-E	BLANDING BLVD
ORANGE	PARK FL 32073
RESPONSIBLE OFFICIAL: JAMES	MFANYPHONE: (904) 272-0054
CONTACT NAME:	PHONE:
	70
PART I: NOTIFICATION	
(check appropriate box)	Real No.
New facility notified DARM 30 days prior to start:	
2. Facility failed to notify DARM to use general perm	nit B. P. C.
PART II: CLASSIFICATION	6 Q
Facility indicated on notification form that it is:	O No Routication form
(check appropriate box)	☐ Drop store/out of business/petroleum
	2. New small area source
1	dry-to-dry only, x < 140 gal/yr /\tansfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yτ
(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, $140 \le x \le 2,100 \text{ gaVyr}$
	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	Y DN DCan not determine
If no, please check the appropriate classificat	
	eral permit as number above ts and is not eligible for a general permit
Tacing exceeds above into	and is not engine for a general permit
	chased within the preceding 12 months by this dry cleaning
facility was 36 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 sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

In Part II-A:

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

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

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

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

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

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?

DY ON ON/A
OY ON ON/A
OY ON ON/A

DA DA

AND NO YOU

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?	מם עם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DN/A
3.	Measured and recorded the pere 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?	□Y □N □N/A
ŀ	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?	· .DY DN DN/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?	DY DN DN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AA DN
2. Maintained rolling monthly averages of perc consumption?	DY DN
3. Maintained leak detection inspection and repair reports for the following:	. /
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם עקס
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ארם אם זאל ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	אלאָען אם צם
5. Maintained exhaust duct menitoring data on perc concentrations?	אוא אל אם עם
6. Maintained startup/shutdown/malfunction plan?	אם יאס
7. Maintained deviation reports?	אוחם אם צאל
Problem corrected?	AND NO YE
S. Maintained compliance plan, if applicable?	אומם אם צו ק

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small source	es, bi-weckly) leak detection a	nd repair
inspection?			אם צובע∕
2. Has the facility maintained a leak log	?		ZZY ON
3. Does the responsible official check th	e following areas for leak	s?	• •
Hose connections, fittings, couplings, and valves	AN DN DN/A	Muck cookers	N/A NO YO
Door gaskets and scating	AND NO YO	Stills	AND NO YES
Filter gaskets and seating	AY ON ON/A	Exhaust dampers	AND NO YES
Pumps	BY ON ON/A	Diverier valves	אואם אם אוא
Solvent tanks and containers	אואם אם עם	Cartridge filter housings	AND NO YIE
Water separators	Y 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 t	through gaskets)		
Odor (noticeable perc odor)			1
Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)	΄Ω
Halogen leak detector		•	
If using direct-reading ins	trumentation, is the equi	ipment:	XXIVA
a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	אם צם,
b. Calibrated against a (PID/FID only)?	a standard gas prior to and	i after each use	OY ON
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?	, אם צם
c. Verified for accurac	by use of duplicate sam	ples (calorimetric only)?	מע מע

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
·	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMP	LAINT/DISCOVERY	<i>t</i> 🗌	RE-INSPECTIO	и
TIME IN:	TIME OUT:		AIRS	1D#: <i>O</i>	190054	
TYPE OF FACILITY:	RY CUSA.	NGR				100
FACILITY NAME: 5/6	YOR HAT	NGGR	CLEMN	ias	date: 7/2/	199
FACILITY LOCATION:	205-EB	GNO	ING BLI	10	7 2	
	1/2/1/ GE	7 Can	K FL	320	(1) (1) (2) (2)	2-0051
RESPONSIBLE OFFICIAL:	JAMES 1	<u> </u>	PHONE I	NUMBER:	701) 2/1	005
	the compliance requirem Rule 62-213.300, Florida			ion, the facil	ity is found to be in	· · ·
Based on the results of discrepancies were not	the compliance requiremed:	nents evaluat	ed during this inspect	ion, the follo	owing compliance	·
COMPLIANCE REQ	UIREMENT/PROB	BLEM	FOLLOW-U	JP ACTIO	N REQUIRED	
						,
	· · · · · · · · · · · · · · · · · · ·					
						:
<u> </u>						
						
<u> </u>						
						•
					•	
COMMENTS:		•				
						•
The Annual Compliance Certifi	110	operly certific	ed and submitted to the	ne inspector.	YES N	O
DATE OF NEXT INSPECTIO	JN:	(App	roximate)			•
INSPECTION CONDUCTED) BY: <i>F</i>	-ed	Alvarez	2		
		(Ple	ise Print)		448-431	6
INSPECTOR'S SIGNATURE	:///		PHONE !	NUMBER:_	XT	254
		Page 6	f.		Rev	rised 10/96

Revised 10/10/96

AIRS ID#: 0190054

Alle

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		· · · · · · · · · · · · · · · · · · ·
FACILITY NAME: SILVER	HANGER CC	EANGRS DATE: 7/21/9 BLVD 32073
FACILITY LOCATION: 305 E	BLANDING	BLVO
- ARAM	IGE PARK FL	32073
,	· _	
Annual Reporting Period:	19 <u>98</u> то	JUNE 6 1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous compl	liance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		·
Method used to demonstrate compliance:		
#2. Term or condition of the general permit	that has not been in continuous compl	liance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
made in this notification are true, accurate	and complete. Further, my annual con	d after reasonable inquiry, that the statements assumption of perchloroethylene solvent, based or for dry-to dry facilities or 1,800 gallons per
RESPONSIBLE OFFICIAL: Name of the Name of	ne (Please Print)	Signature Date
· · · · · · · · · · · · · · · · · · ·		

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COI	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 8 WWW 5 0205 TIME OUT: 2/30	AIRS ID#: 0190054
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: SIVER HANGER	DATE:8/2/00
FACILITY LOCATION: 305-E BONDING P	
Orange Park, Florida	32073
RESPONSIBLE OFFICIAL:	PHONE NUMBER: (904)272-0054
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluation of the compliance requirements and the compliance requirements are compliance of the compliance requirements and the compliance requirements are compliance of the compliance of the compliance requirements are compliance of the compliance of the compliance requirements are compliance of the compli	
Based on the results of the compliance requirements evaluation discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	<u> </u>
<u>·</u>	+
COMMENTS:	<u> </u>
The Annual Compliance Certification form has been properly cert	tified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: July	2001
INSPECTION CONDUCTED BY: #FATHER W	pproximate)
INSPECTOR'S SIGNATURE:	Please Print) PHONE NUMBER: (904) 448-4310x
Page	of . Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT



	COMPLIANCE	INSPECTION C	CHECKLIST	1 NO	/ \
TYPE OF INSPECTION:	ANNUAL	Q	COMPLAINT/DIS	COVERY	
	RE-INSPECTIO	ON 🗆			
	(T)	Val.	7.75		
AIRS ID#: 0190054	DATE:	12100 TIME	N: ###5 TIM	ие оит: <u>2</u>	:30_
FACILITY NAME:	ver Hango	DY .			
FACILITY LOCATION:	305-E B1	anding (Blyd		
_(Iranae F	ark JF	1 32073		
RESPONSIBLE OFFICIAL :	1000 SG	cowin newar	PHONE: (904)	272-00	54
CONTACT NAME:					

PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM	I 30 days prior to sta	rtup			۵
2. Facility failed to notify DAF	M to use general pe	rmit			a
PART II: CLASSIFICATION	١				
Facility indicated on notificat (check appropriate box)	on form that it is:	,	☐ No notification f ☐ Drop store/out o		roleum
A.	,	2. November 11		77	
1. Existing small area soundry-to-dry only, x < 140 gal		2. New small dry-to-dry only	area source /, x < 140 gal/yr	4	
transfer only, x < 200 gal/yr		transfer only, x	< 200 gal/yr		
both types, x < 140 gal/yr		both types, x <	140 gal/yr ı or after 12/9/91)		
(constructed before 12/9/91)	ı	(constructed of	1 of after 12/9/91)		
3. Existing large area sour		4. New large			
dry-to-dry only, $140 \le x \le 2$			x' , 140 $\le x \le 2,100 \text{ gal/}$	yr	
transfer only, $200 \le x \le 1.80$ both types, $140 \le x \le 1.800$	• •		$0.00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$		
(constructed before 12/9/91)		• •	or after 12/9/91)		
5. This is a correct facility c	lassification	DY ON	□Can not determin	ie	
If no, please check the	appropriate classific	cation:		•	
☐ facil	ity qualified for a ge	neral permit as n	umber abov		
☐ facil	ity exceeds above lir	mits and is not eli	gible for a general per	mit	

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? DY DN DN/A 3. Closing and securing machine doors except during loading/unloading? OY ON 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ØY ON ON/A 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) ØÝ □N 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated OY ON condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON verifying that the coolant had been completely charged?

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the res	sponsible official conduct a w	veekly (for small sources, l	oi-weekly) leak detection ar	nd repair	
inspection?				OJY~ □N	
2. Has the facil	lity maintained a leak log?			DAY ON	
3. Does the res	sponsible official check the fo	ollowing areas for leaks?			
	connections, fittings,				
coup	lings, and valves	ØY □N □N/A	Muck cookers	ØÝ □N □N/A	
Door g	gaskets and seating	□Y □N □N/A	Stills	OPÝ □N □N/A	
Filter	gaskets and seating	QÝ ON ON/A	Exhaust dampers	DY ON ON/A	
Pumps	s .	ŒÝ □N □N/A	Diverter valves	©Y □N □N/A	
Solver	nt tanks and containers	□Y □N □N/A	Cartridge filter housings	OY ON ON/A	
Water	separators	MY ON ON/A			
4. Which meth	nod of detection is used by th	e responsible official?	~		
Visual	l examination (condensed so	lvent on exterior surfaces)	and the second		
Physic	cal detection (airflow felt thro	ough gaskets)		<u> </u>	
Odor ((noticeable perc odor)			©	
Use of					
Halog					
If	using direct-reading instru	mentation, is the equipm	ent:	⊉ n∕A	
	a. Capable of detecting p	erc vapor concentrations in	n a range of 0-500 ppm?	OY ON	
		andard gas prior to and afte	er each use		
	(PID/FID only)?		·	OY ON	
	c. Inspected for leaks and	l obvious signs of wear on	a weekly basis?	OY ON	
	d. Kept in a clean and sec	cure area when not in use?		OY ON	
,	e. Verified for accuracy b	by use of duplicate sample	s (calorimetric only)?	QY QN	
81210					
HOALLOD WILMIN = 121/00(3)					
Inspector's Name (Please Print) Date of Inspection					
-116	71.		1 1 000	· > 1	
	XXX M WAN	·	July 200	Newt Incression	
1	Inspector's Signature	•	Approximate Date of	mext 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?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		′A
	Is the temperature differential equal to or greater than 20° F?		Ά
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?		Ά
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	Ά.
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON	Ά.

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

ı					
ı	A	DDITIONA	T CITE	INCODMA	TION.
	\sim	DDITIONA	1. 01111	TITE CONTRACT	

Multimatic Shop Star

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

	MA
\cup	

	COMPLIANCE 1	INSPECTION C	HECKLIST	V	
TYPE OF INSPECTION:	ANNUAL	V	COMPLAINT/DIS	COVERY	
	RE-INSPECTIO	N 🗆			
)			
AIRS ID#: 19049	DATE: 12:45	8/23/00 TIME I	N: 12:55 TIM	Æ OUT:	2:55_
FACILITY NAME:	Cleaner	8			
FACILITY LOCATION:	795-A	Blandin	a Blvd		
·	Orange 4	ark FI	32073		· ·
RESPONSIBLE OFFICIAL	Surg yo	Les	PHONE: (904) 276	-2008
CONTACT NAME:			_PHONE:		
					
PART I: NOTIFICATION			······································		<u> </u>
(check appropriate box)					
1. New facility notified DARN	1 30 days prior to star	rtup			
2. Facility failed to notify DAI	RM to use general per	rmit			<u> </u>
PART II: CLASSIFICATIO	N				
Facility indicated on notificat	ion form that it is:	,	☐ No notification f		
(check appropriate box) A.			☐ Drop store/out o	f business/pe	troleum
1. Existing small area sou	rce 🚨	2. New small a	area source	Q	
dry-to-dry only, x < 140 ga			, x < 140 gal/yr		
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	r	transfer only, x both types, x <			
(constructed before 12/9/91)	·	or after 12/9/91)		
3. Existing large area sou	rce 🖸	4. New large a		D	
dry-to-dry only, $140 \le x \le 2$			$x \le 2,100 \text{ gal/}$	yr	
transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$		•	$00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$		
(constructed before $12/9/91$	•		or after 12/9/91)		
5. This is a correct facility of	classification	DY ON	□Can not determin	ie .	
If no, please check the	e appropriate classific	cation:			
☐ faci	lity qualified for a ge	neral permit as ni			
☐ faci	lity avceads above lin	nite and is not ali	gible for a general per	mit	

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 125 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? DAY DN 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? CY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? QY-ON ON/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) Þν ΠΝ 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ØY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated אם ערלי condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the QY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ZY DN verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y □N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A	A.
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A	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?		_
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?		
			Α.
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A	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 DN 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY 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 DY DN CYN/A and parts installed w/in 5 days of receipt? DY ON DAYA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? MY ON 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN @N/A Problem corrected? OY ON DN/A 8. Maintained compliance plan, if applicable?

PAF	RT VI: LEAK DETECTION AND I	REPAIRS					
1. E	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
i	nspection?		·	OY ON			
2. F	las the facility maintained a leak log?			DY ON			
3. E	Does the responsible official check the	following areas for leaks?	,				
	Hose connections, fittings, couplings, and valves	ØY □N □N/A					
	Door gaskets and seating	DY ON ON/A	Stills	QÝ ON ON/A			
	Filter gaskets and seating	CHY ON ON/A	Exhaust dampers	ØÝ ON ON/A			
	Pumps	OY ON ON/A	Diverter valves	ON ON/A			
,	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ON ON/A			
	Water separators	QY ON ON/A					
4. V	Which method of detection is used by	the responsible official?					
Visual examination (condensed solvent on exterior surfaces)				e e			
Physical detection (airflow felt through gaskets)							
Odor (noticeable perc odor)							
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				ā			
Halogen leak detector							
	If using direct-reading instr	umentation, is the equip	ment:	□N/A			
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	fter each use	OY ON			
	c. Inspected for leaks a	nd obvious signs of wear o	on a weekly basis?	OY ON			
	d. Kept in a clean and secure area when not in use?			- □Y □N			
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON				
	No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		NZ				
	11 -						

HEATHER WINN
Inspector's Name (Please Print)

August 2001

Inspector's Signature

Approximate Date of Next Inspection

WESTERN AUTOMATION 35# airs id#: <u>0190054</u>

Revised 10/10/96

Alks 1D#: <u>019(00.55</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM 1 28

<u></u>	0.17 for t
FACILITY NAME: SILVER HANGER	STATE OF FLORIDA DEP - NE DISTRIPATE:
FACILITY LOCATION: 305-E Blanding Plyd	JACKSONVILLE
Orange Park, Florida 3	2073
	A
Annual Reporting Period: July 99 19 TO	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:	
If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous com	D. P. IX
	ying S
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	·
#2. Term or condition of the general permit that has not been in continuous com	pliance 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, based on information and belief form made in this notification are true, accurate and complete. Further, my annual cupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	onsumption 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.

HIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301511

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 ROOM

Do NOT Remove Label

AIRS ID#0190054

T.W. VENTURES INC JAMES TIFFANY 305-E BLANDING BLVD ORANGE PARK FL 32073 FEB - 2 98

We read to the first of the firs

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403800

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 # 0190054

SILVER HANGER CLEANERS CHRIS GOODW!N 305 E BLANDING BLVD ORANGE PARK FL 32073 FOR GOVERNMENTAUSE ONLY:
Org.: 37550101000 EQ: AI
Fund: 20-2-035001 F
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389668

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 # 0190054 SILVER HANGER CLEANERS JAMES TIFFANY 305-E BLANDING BLVD ORANGE PARK FL 32073 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B GOVERNMENT USE ONLY OBJ.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0362968

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 # 0190054

SILVER HANGER CLEANERS JAMES TIFFANY 305-E BLANDING BLVD ORANGE PARK FL 32073 RECEIVED MAIL ROOM MAR -3 99

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

JA 30:	Z 333 US Postal Service LVER HANGER CLEA MES TIFFANY 5-E BLANDING BLVI RANGE PARK FL 320)	
	ر المار الما		
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
2	Restricted Delivery Fee		
99	Return Receipt Showing to Whorn & Date Delivered		
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
3	TOTAL Postage & Fees	\$	
PS Form 3800, April 1995	Postmark or Date		

SSOJOPE UJNJOJ OJUJ JOJUJ OJUJ OJUJ OJUJ OJUJ O	ve can return this ace does not cle 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. Article Addressed to: AIRS ID # 0190054 SILVER HANGER CLEANERS JAMES TIFFANY 305-E BLANDING BLVD ORANGE PARK FL 32073	# 0190054 4a. Article Number 2 3 3 667 00 4b. Service Type Registered Express Mail Return Receipt for Merchandise 7. Date of Detivery	
5. Received By: (Print Name) 6. Signature ((Addressee or Agent) PS Form 3811. December 1994	8. Addresse and fee is	Domestic Return Receipt

		C	
•	" Z 333	PI3 OPS "W	
S	US Postal Service Receipt for Cer No Insurance Coverage SILVER HANGER CL AMES TIFFANY 505-E BLANDING BL	Provided AIRS ID # 019005 EANERS	4
	ORANGE PARK FL 32		
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
10	Restricted Delivery Fee		
1996	Return Receipt Showing to Whom & Date Delivered	-	į
, April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

~	DE OVER top of envelope to			-
'se side?	■Complete items 1 and/or 2 for additional services. ■Complete items 3, 4a, and 4b. ■Print your name and address on the reverse of this form so that we card to you.	can return this	I also wish to receive the following services (for an extra fee):	a i
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	 Addressee's Address 	Service
the re	■Write "Return Receipt Requested" on the mailpiece below the article		2. Restricted Delivery	Se
on th	The Return Receipt will show to whom the article was delivered and delivered.	d the date	Consult postmaster for fee.	eceipt
ADDRESS completed	AIRS ID # 0190054 SILVER HANGER CLEANERS JAMES TIFFANY 305-E BLANDING BLVD ORANGE PARK FL 32073	4b. Service Registere Express I Return Rec	Type ad Certified Mail Insured Delivery (3)	you for using Return R
s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee and fee is	a's Address (Only if requested paid)	Thank
	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt	