

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 3, 1996

Mr. Jae W. Park
Park's Dry Cleaners
5027 Sunbeam Road
Jacksonville, Florida 32257

Dear Mr. Park:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 12, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and 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, F1 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

cc: Ms. Lori Tilley, Duval County

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

P.15 4. Newsmall is not required to be checked



(c), + (f) should be checked

Twin Towers Office Building • 2600 Blairstone Road • Tallahassee, Florida 32399

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(c), + (f) should be checked

Twin Towers Office Building • 2600 Blairstone Road • Tallahassee, Florida 32399

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual	dual owner):					
DATE'S CLEANETS						
2. Site Name (For example, plant name or number):						
Park's Dry Cleaners						
3. Hazardous Waste Generator Identification Number:						
FLD CESQG						
4. Facility Location:	FL					
Street Address: City: County:	Zip Code: 212					
LOSI TONNEUM BY THEKEMY	lle.					
5. Facility Identification Number (DEP Use):						
03/0359						
Responsible Official						
·						
6. Name and Title of Responsible Official:						
Jae w Park owner						
7. Responsible Official Mailing Address: Organization/Firm:						
Organization/Firm: 5027 Sunbeam Rd Street Address:						
City: Jacksonville County: Duval	Zip Code:					
8. Responsible Official Telephone Number:	0-21					
Telephone: $Q(X)T33 - 2600$ Fax: ()	•					
(0) (22)						
Facility Contact (If different from Responsible O	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: ()	_					
receptione. () - rax. ()	-					

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Initially 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	T.#	58 VIII.	REVINI	#7	Durge	1711×88			
(2) w/ carbon adsorber				1	1				
(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									
(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	are re	equired to be	installed [_	X	J	n the latest 12	! mor	nths?	
(b) If less than 12 mont Check why it is less	hs, ho	ow many? [_			_] New store	:: [] Did	not k	eep records:	· []
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
Existing small ar	ea so	urce [X	Νe	ew sn	nall area soui	rce [,	
Existing large are	ea soi	urce []	Nε	w lai	ge area sour	ce [

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Effective: 6-25-96

What control technology is required on machines pursuant to section (5) of Part 11 of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser
New large area source Refrigerated condenser []
A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following emption criteria or that no such units exist on-site:
l steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 iler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment which propane or fuel oil containing no more than one percent sulfur is fired.
I steam and hot water generating units exempt such units on-site
Equipment Monitoring and Recordkeeping Information
neck all logs which are required to be kept on-site in accordance with the requirements of this general permit:
Purchase receipts and solvent purchases
Leak detection inspection and repair
Refrigerated condenser temperature monitoring
Carbon adsorber exhaust perc concentration monitoring
Instrument calibration
Start-up, shutdown, malfunction plan

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Ple	ease indicate	e with an "X" the appropriate selection:
		I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	X	No air permits currently exist for the operation of the facility indicated in this notification form.
		Responsible Official Certification
	this notific statements maintain t comply wi	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade 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 that the terms and conditions of this general permit as set forth in Part II of this notification form. Inputly notify the Department of any changes to the information contained in this notification.
	Signature	Date Department of any changes to the information contained in this notification.
		fle w //ar

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Park's Cleaners
2.	Site Name (For example, plant name or number):
	Park's Dry Cleaners
3.	Hazardous Waste Generator Identification Number:
	FLDCESQG
4.	Facility Location: Street Address:
	City: Zip Code: Zip Code:
	5021 JUNDEUM Rd JAKKIMVILLE Sans
5.	Facility Identification Number (DEP Use):
Til.	0310359
	Responsible Official
6.	Name and Title of Responsible Official:
	Jae w Park owner
7.	Responsible Official Mailing Address:
	Organization/Firm: 5027 Sunbeam Rd
	City County > A 7in Code
	Judesnuille commits. Dural 210 32257
8.	Responsible Official Telephone Number:
	Telephone: $(94)733 - 600$ 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:
II.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		N. J. N. J. J.	, n. 1814 ⁿ		1 2.2		:		Tarkat (SA) is
(1) w/ ref. condenser	T#	88 1/11/2	BRVIII	#7	Dryf	JULYBR		<u> </u>	
(2) w/ carbon adsorber	<u> </u>	100	100	1	Cayas	1			
(3) w/ no controls									
Washer Unit	1.5	i atau mila	1 14 14			7 V 1 4 B			11.15 No. 13.
(4) w/ ref. condenser				i		T		1	
(5) w/ carbon adsorber									_
(6) w/ no controls									
Dryer Unit	11 48	The state of		1.01.3	·		p1 -		NAME OF
(7) w/ ref. condenser			T .					1	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	13.3		9	:		aliya jaran in			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls					-				
 (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the contr	are ro	equired to be ity of perchlons ow many? [_	installed [_ oroethylene (perc)				nths?	
	tnan	12 months:	New owner:		_] New store	: [] Did	not k	eep records:	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machine (Indicate with an "X".) 	s 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 [X]	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following e:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment re than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Fauinment Monitoring	and Recordkeeping Information
	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	<u>[X]</u>
(b) Leak detection inspection and repair	LX
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mo	nitoring []
(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)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ι X I	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 s 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.
I will prod	mptly notify the Department of any changes to the information contained in this notification. J 6 96 Date

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

Bowman, Sandy

From:

Bill Coffman [COFFMAN@coj.net]

Sent:

Friday, September 02, 2005 8:18 AM

To:

Bowman, Sandy

Cc:

Wayne Tutt

Subject: Arms database

Sandy

The following sites are no longer in operation, or are no longer using perc. Please remove them for the active site list in ARMS. We are currently in the process of determining what sites are valid perc sites and which are drop or out of business. This process is ongoing and will take a while.

0310359 No Cleaner at this location

0310510 Vacant Building

0310482 Drop Store

0310437 Drop Store

0310453 Closed

0310374 No longer using process

Site 0310504 and 0310525 are not showing up in the ASGP database, but are in the ARMS database both are active Dry Cleaners

Thanks Bill Coffman

AIRS ID#: 03/0359

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Park'S Dry Cleaners DATE: 2	112/97
FACILITY LOCATION: 5027 Sunbeam Rd.	
Jacksonville, FC 32257	
Annual Reporting Period: August 12 1996 TO February 12	19 <u>97</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Ru 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period state.	ted above:
Exact period of non-compliance: fromtoto	
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 state	ed above:
Exact period of non-compliance: fromto	
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 st made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solven upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gally year for transfer or combination facilities.	nt, based
RESPONSIBLE OFFICIAL: Name (Please Print) 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🗸	COMPLAINT/DISCOVERY RE-INSPECTION				
TIME IN:TIME OUT:	10:20 AIRS ID#: 03/0359				
TYPE OF FACILITY: Dry Cleaner					
FACILITY NAME: Park's Cleaner	DATE: 2/12/97				
FACILITY LOCATION: 5027 Sunbe	eam Rd.				
Jackson ville , 7	2 32257				
RESPONSIBLE OFFICIAL: Jae W. Kork	PHONE NUMBER: 733-8608				
Based on the results of the compliance requirements e compliance with DEP Rule 62-213.300, Florida Admi	evaluated during this inspection, the facility is found to be in instrative Code (F.A.C.).				
Based on the results of the compliance requirements e discrepancies were noted:	valuated during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
	·				
	·				
	·				
· .	· ·				
COMMENTS:	•				
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION: 2//	2/98				
INSPECTION CONDUCTED BY: Jeffrey Winter					
INSPECTOR'S SIGNATURE:	(Please Print) PHONE NUMBER (904) 630-3484				
	1 6 1				

PERCHLOROETHYLENE'DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	COMPLAINT/DISC	OVERY .
AIRS ID#: 03/035 FACILITY NAME: Paracility LOCATION:	59_ time 1 vk's Dry 5027	n: <u>1000</u> time out: Cleaners Sunbeam Kd.	10:20
	acksonvi	1/2, FL 32257	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DARM	Л by 9/1/96		9
2. New facility notified DARM 30	days prior to star	tup	
3. Facility failed to notify DARM	to use general per	mit	۵
	.*		
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	form 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,="" yı=""><td>gal/yr /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></x<2,></td></x<2,>	gal/yr /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></x<2,>	
This is a correct facility classifica	tion	MY ON	
If no, please check the appropriate	e classification:		
		nit as number above not eligible for a general permit	
B. The total quantity of perchloro facility was 100 gallons.	ethylene (perc) pu	rchased within the preceding 12 months	s by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 DY DN DNA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? OY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/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? OY ON 6. Conducted all temperature monitoring after an appropriate cooldown period and after

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

verifying that the coolant had been completely charged?

on dry-to-dry, reclaimer, and dryer machines on a weekly basis?

OY ON

OY ON

2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	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? 2. Maintained rolling monthly averages of perc consumption? 3. 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? OY ON DY DN CHYLA 4. Maintained calibration data? (for direct reading instruments only) DY CHY 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON 6. Maintained startup/shutdown/malfunction plan? DY ON 7. Maintained deviation reports? Problem corrected? DY ON ON/A 8. Maintained compliance plan, if applicable?

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

If using direct-reading instrume					
a. Capable of detecting p	Zery 🗆	IN			
b. Calibrated against a s (PID/FID only)?	□Y @	N			
c. Inspected for leaks an	d obvious	signs of wear on	a weekly basis?	CYY C	IN
d. Kept in a clean and se	cure area	when not in use?		97 0	IN .
e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?	OY G	M
3. Has the facility maintained a leak log?				DY ON	
4. The following areas should be checked					
	Leak Detected?				
Hose connections, fittings, couplings, and valves	ΠY	UN	Muck cookers	ΩY	<u>ON</u>
Door gaskets and seating	ΠY	DEN	Stills	ΠY	2 N
Filter gaskets and seating	\Box Y	E N	Exhaust dampers	ΠY	AN
Pumps	ΠY	P N	Diverter valves	ΠY	ØN
Solvent tanks and containers	ΠY	LEI N	Cartridge filter housings	ΠY	ÚN
Water separators	ПΥ	CEN			

Inspector's Name (Please

pector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		1 10 5 30 30
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	•	•
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DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0310359

PARK'S CLEANERS
JOE W PARK
5027 SUNBEAM ROAD
JACKSONVILLE FL 32257

Do NOT Remove Label

	Do NOT Remove Label	ing
Annual Reporting Period:	19TO	19
	V general air permit, my facility has remained in comp. A.C.), during the period covered by this statement.	<u> </u>
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:
81		Ta .
Exact period of non-compliance: from	to	FE ACC
Action(s) taken to achieve compliance:		2 25
Method used to demonstrate compliance:		98
#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	to	
Action(s) taken to achieve compliance:	•	
Method used to demonstrate compliance:		
	·	
notification are true, accurate and complete. F	ed on information and belief formed after reasonable inqui urther, my annual consumption of perchloroethylene solve o dry facilities or 1,800 gallons per year for transfer or con	nt, based upon purchase receipts,
RESPONSIBLE OFFICIAL: Name Name	e (Please Print) Park Augustine	Mark /sg/gd

*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

TWDE	ΔE	TAICDE	CTTON	T
IIPL	Uľ	INSPE	CTION	١

13



PERO	CHLOROETHYL TITLE V GENI COMPLIANCE INSPI	ERAL PE	RMIT EL S
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	×	COMPLAINT/DISCOVERY OF THE COMPLAINT OF
AIRS ID#: 03/03/59 FACILITY NAME:	5027 Sun L Jackson VI	leaner	
CONTACT NAME:	Sane	_	PHONE: Same

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

Facility indicated on notification form that it is:	No notification form			
(check appropriate box)	☐ Drop store/out of business/petroleum			
A.	•			
1. Existing small area source	2. New small area source			
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr			
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr			
both types, x < 140 gal/yr	both types, $x < 140$ gal/yr			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
3. Existing large area source	4. New large area source			
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100$ gal/yr			
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr			
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
5. This is a correct facility classification	Y			
If no, please check the appropriate classific	eation:			
• • • • •	neral permit as number above			
· •	nits and is not eligible for a general permit			
iacinty crosses above in	ins and is not engine for a general permit			
D. The total quantity of narchiarcathylana (narc) n	urchased within the preceding 12 months by this day cleaning			
	urchased within the preceding 12 months by this dry cleaning			
facility was 1. Zgallons.				

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) AY ON ON/A 1. Storing perchloroethylene in tightly sealed 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 sealed containers for at Y ON ON/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber □Y □N **∀**N/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) 1. Equipped all machines with the appropriate vent controls? Y 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 AVID ND YA 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 XY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after 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, reslaimer, and dryer machines on a weekly basis?	ПY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□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?	ПY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	□N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ПY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□и	□N/A

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

PART VI: LEAK DETECTION AND	REPA	IRS				
1. Does the responsible official conduct a	weeki	y (for	small sources,	bi-weekly) leak detection a	nd rep	pair
inspection?					X	□N
2. Has the facility maintained a leak log?	•				Y	□N
3. Does the responsible official check the	follow	ing a	reas for leaks?		,	
Hose connections, fittings, couplings, and valves	YY	□N	□N/A	Muck cookers	XY	□N □N/A
Door gaskets and seating	AX	ПN	□N/A	Stills	Y	□N □N/A
Filter gaskets and seating	AX	ΠN	□N/A	Exhaust dampers	ΣΥ	□N □N/A
Pumps	AA	ΠN	□N/A	Diverter valves	YY	□N □N/A
Solvent tanks and containers	AX.	ΠN	□N/A	Cartridge filter housings	XY	□N □N/A
Water separators	AX	ΠN	□N/A			
4. Which method of detection is used by t	he resp	onsit	ole official?			
Visual examination (condensed s	olvent	on ex	terior surfaces)		X	
Physical detection (airflow felt th	rough	gaske	ets)		Ā	
Odor (noticeable perc odor)					X X X	
Use of direct-reading instrumenta	ation (F	TD/P	ID/calorimetric	tubes)		
Halogen leak detector						
If using direct-reading instr	ument	ation	, is the equipm	ent:	M/N/	Α
a. Capable of detecting	perc va	por c	oncentrations in	a range of 0-500 ppm?	'UY	□N
b. Calibrated against a s (PID/FID only)?	tandar	d gas	prior to and afte	er each use	ΠY	□N
c. Inspected for leaks an	ıd obvi	ous si	igns of wear on a	a weekly basis?	ΠY	□N
d. Kept in a clean and so	ecure a	rea w	hen not in use?		□Y.	□N
e. Verified for accuracy	by use	of du	plicate samples	(calorimetric only)?	ПY	□N
-						
To () 1: 100	-			01. 12	J	99 V
Inspector's Name (Please Prin	1t)			Date of Insper	ction	110
imposition of remote (a reason in in-) bytt of mape		

4 of 5

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
·		
,		
·		
·		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT	/DISCOVERY	RE-INSPECT	ION
TIME IN: 1400	TIME_OUT:	1430	AIRS ID#:	03/035	9
TYPE OF FACILITY: \int	Sy Cleaner	· .			-/
FACILITY NAME:	Varks Dry	Cleane	١٢٤	DATE:	<u> 199</u>
FACILITY LOCATION:	5027 Súnd	seam	Qd.		
·)ackson ville	FC 32	2257	0.4.000	7/ 100
RESPONSIBLE OFFICIAL:	Jae W. fark		PHONE NUMBE	CR: 904-735-	<u>8600</u>
	the compliance requirements Rule 62-213.300, Florida Ad			facility is found to be i	n
Based on the results of discrepancies were note	the compliance requirements	evaluated duri	ng this inspection, the	following compliance	
COMPLIANCE REQU	UIREMENT/PROBLE	M F	OLLOW-UP AC	TION REQUIRE	D
				•	
			P		
			Surgar 2	K/2	
			THE TANK	ing CO	
			Out on to	\$,
COMMENTS:					
	·				
The Annual Compliance Certific	cation form has been properl	y certified and s	ubmitted to the inspec	ctor. YES	NO
DATE OF NEXT INSPECTIO	ON:	20/9,	1999	,	
INSPECTION CONDUCTED	BY:	(Approxima De (T) (Please Prin	Vinter		
INSPECTOR'S SIGNATURE	: <i>I</i>	1 Late	-	er: 904-630-	2200
		ra of		, p	exised 10/06

Acc

AIRS ID#: 03/0359

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Park's Cleaners	DATE: 7/13/98
FACILITY LOCATION: 5027 Sunbeam Rd.	
Jackson Ville, FL 32257	
Annual Reporting Period: Feb. 12 1997 TO 1997	rly 13 19 <i>98</i>
Based on each term or condition of the Title V general air permit, my facility has remained in	compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement	YES NO
If NO, complete the following:	,
#1. Term or condition of the general permit that has not been in continuous compliance during	g the reporting period stated above:
Exact period of non-compliance: fromto	Sur Yul
Action(s) taken to achieve compliance:	Birth 1
Method used to demonstrate compliance:	Surface O
#2. Term or condition of the general permit that has not been in continuous compliance during	g the reporting period stated above:
Exact period of non-compliance: fromto	
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 in this notification are true, accurate and complete. Further, my annual consumption of upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signal	Perchloroethylene solvent, based dry facilities or 1,800 gallons per

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COI	MPLAINT/BA	SCOVERY		
AIRS 1D#: <u>03/0359</u> d		TIME IN:(ZO T	ME OUT	740	
FACILITY NAME:	ark's Dry	Cleaners	"S. 185	5 C) ———	
FACILITY LOCATION:	5027 Su. Jacksonvi	ubeam x	21. ************************************	<u>り</u> ア イ フ		
RESPONSIBLE OFFICIAL : _	Jae Par	,	DNE: <u>904</u> -		600	
CONTACT NAME:	Some	PHO	NE:	Some		
PART I: NOTIFICATION						
(check appropriate box)					_	
1. New facility notified DARM 30				. *	A	
2. Facility failed to notify DARM	to use general permit				0	
- · · · · · · · · · · · · · · · · · · ·						
PART II: CLASSIFICATION					- (400	
Facility indicated on notification	form that it is:		o notification f		oleum	
Facility indicated on notification (check appropriate box) A.	. /	□ Di	rop store/out o		oleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source	≱ 2. N	□ Di ew smail area sou	rop store/out o		oleum	
Facility indicated on notification (check appropriate box) A.	2. N	□ Di	rop store/out o rce 0 gai/yr	f business/petr	oleum	
Facility indicated on notification (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	2. N dry-t trans both	[ew small area son to-dry only, $x < 14$ after only, $x < 200$ g types, $x < 140$ gal	rop store/out o Irce 0 gal/yr gal/yr /yr	f business/petr	oleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. N dry-t trans both	ew small area so o-dry only, $x < 14$ after only, $x < 200$ g	rop store/out o Irce 0 gal/yr gal/yr /yr	f business/petr	oleum	
Facility indicated on notification (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	2. N dry-te trans both (cons 0 gal/yr gal/yr trans /yr both	[ew small area son to-dry only, $x < 14$ after only, $x < 200$ g types, $x < 140$ gal	rop store/out of gailyr gailyr /yr 12/9/91) rce x \le 2,100 gailyr ,800 gailyr	f business/petr	oleum	
Facility indicated on notification (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 transfer only, 200 ≤ x ≤ 1,800 gal/both types, 140 ≤ x ≤ 1,800 gal/yr	2. N dry-t trans both (cons dry-trans) O gai/yr dry-trans; /yr both (cons	lew small area sono-dry only, $x < 14$ after only, $x < 200$ g types, $x < 140$ gal structed on or after lew large area sono-dry only, $140 \le x \le 1$ types, $140 \le x \le 1$ structed on or after structed on or after large area or after large area.	rop store/out of gailyr gailyr /yr 12/9/91) rce x \le 2,100 gailyr ,800 gailyr	f business/petr	oleum	
Facility indicated on notification (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 transfer only, 200 ≤ x ≤ 1,800 gal/(constructed before 12/9/91) 5. This is a correct facility class If no, please check the approach is a correct facility of facility of facility of facility of facility of the constructed before 12/9/91.	2. N dry-trans both (consum of trans) O gai/yr dry-trans/yr both (consum of trans)	lew small area son o-dry only, x < 14 after only, x < 200 g types, x < 140 gal structed on or after only, 200 \le x \le types, 140 \le x \le 1 types, 140 \le x \le x \le 1 types, 140 \le x \le x \le 1 types, 140 \le x \	rop store/out of gal/yr gal/yr /yr 12/9/91) rce x ≤ 2,100 gal/yr ≤ 1,800 gal/yr 12/9/91) n not determin abov	f business/petr	oleum	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) XY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? Y ON ON/A 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 MY ON ON/A least 24 hours prior to disposai? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/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) $\Box Y \Box N$ 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN 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? OY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? $\square Y \square N$

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?	ΩY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□N	□N/A
	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?	ПY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠN	□N/A
	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ΠN	□N/A
	•			
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□N	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	XX.ON				
2. Maintained rolling monthly total of perc consumption?	MC VEC				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or;	AVA UN DIVA				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON XINA				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XXI/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON X				
6. Maintained startup/shutdown/malfunction plan?	ARY ON				
7. Maintained deviation reports?	A/KING YO				
Problem corrected?	OY ON MANA				
8. Maintained compliance plan. if applicable?					

P.	ART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?	XY ON						
2.	Has the facility maintained a leak log?	M□ Y						
3.	Does the responsible official check the following areas for leaks?	r						
	Hose connections, fittings, couplings, and valves $\square N \square N/A$ Muck cookers	XIY ON ON/A						
	Door gaskets and seating □N □N/A Stills	≱ A □N □N\A						
	Filter gaskets and seating Say IN IN/A Exhaust dampers	OY ON KAN/A						
	Pumps	OY ON XINA						
	Solvent tanks and containers $\square N \square N / A$ Cartridge filter housings	AVO NO VÀ						
	Water separators							
4.	Which method of detection is used by the responsible official?							
	Visual examination (condensed solvent on exterior surfaces)	A A A						
	Physical detection (airflow felt through gaskets)	×						
	Odor (noticeable perc odor)	×						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector							
	If using direct-reading instrumentation, is the equipment:	XN/A						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	□Y □N						
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 	□У □И						
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	אם צם						
	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)?	□Y □N						
	·							

Inspector's Name (Please Print)

My July
Inspector's Signature

May 26 1999 Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		 	
			1
	,		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COM	PLAINT/DIS	COVERY	RE-INSPECTION
TIME IN: 90	20 TIME OUT	:	740	AIRS ID#:	03/0359
TYPE OF FACILITY:	Perc. Dry	CRane			
FACILITY NAME:	Parks D	ry C/E	eaners		DATE: 5/26/99
FACILITY LOCATION:	5027	Sunbe	am Re	١.	
	Jackson	ville,	FC 3	2257	·
RESPONSIBLE OFFICIAL:_	Jae F	ark		PHONE NUMBER	904-733-8600
Based on the results o compliance with DEP					acility is found to be in
Based on the results o discrepancies were no		irements evalu	ated during th	is inspection, the fo	ollowing compliance
COMPLIANCE REC	QUIREMENT/PR	OBLEM	FOL	LOW-UP ACT	ION REQUIRED
					
					,
-					· · · · · · · · · · · · · · · · · · ·
COMMENTS:					
The Annual Compliance Certi	fication form has beer	n properly certi	fied and subm	itted to the inspecto	or. YES NO
DATE OF NEXT INSPECTI	ION:	Mo	y, 20	000	
		To C	próximate)	lec	
INSPECTION CONDUCTE	D BY:	JEST	<u></u>	her	
INSPECTOR'S SIGNATUR	E: Jeffre	y Win	#	PHONE NUMBER	:: 904/630-3484
		Page	of		Revised 10/96

Acc

AIRS 1D#: 03/0359

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Park's Dr	y Cleaners		DAT	E: 5/26/99
FACILITY LOCATION: _	5027	Sunbeam	Rd.		,
		nville, FC	32257	7	
		(4.112)			
Annual Reporting Period:	Moy	<u>26 j</u> 19	<i>9</i> 7 то	May a	26, 19 <i>9</i> 7
Based on each term or condi	-	-	-	\ <u>-</u> -\	
62-213.300, Florida Admini	strative Code (F.A.C.), during the period co	overed by this states	nent. XIYES	□NO
If NO, complete the following	ıg:				
#1: Term or condition of the	general permit that	has not been in contin	uous compliance du	iring the reporting pe	riod stated above:
Exact period of non-complia	nce: from		to		
Action(s) taken to achieve co	ompliance:				
Method used to demonstrate	compliance:				
			_		
#2. Term or condition of the	general permit that	has not been in contin	uous compliance du	uring the reporting pe	riod stated above:
Exact period of non-complia	nce: from		to		
Action(s) taken to achieve co	ompliance:				
Method used to demonstrate					
read as to demonstrate	compnunce.				,
As the responsible official, I made in this notification are upon rolling averages of pur year for transfer or combinate RESPONSIBLE OFFICIAL	true, accurate and conclusion receipts, does to tion facilities.	omplete. Further, my	annual consumption	n of perchloroethyler	ne solvent, based
		-			

Page / of /

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



Department of Environmental Protection

Jeb Bush Governor Division of Air Resource Management 2600 Blair Stone Road, MS 5510 Tallahassee, Florida 32399-2400

Colleen M. Castille Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 310359 10 PARK'S DRY CLEANERS 5027 Sunbeam Rd JACKSONVILLE, FL 32257

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.



leb Bush Governor

Department of **Environmental Protection**

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

Colleen M. Castille Secretary

December 6, 2004

NOTICE OF ANNUAL OPERATION FEE

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year 2004. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by March 1, 2005, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Bruce Thomas at 850/921-7744 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief Bureau of Air Monitoring

and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

ATTENTION:

The Title V Air General Permit is *NOT* transferable and does not follow a change in ownership of the facility. If you are a new owner and have not submitted a notification form, please contact Bruce Thomas at 850/921-7744.



POSTAGE REQUIRED

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400

CA / MA JOHN SOLING STREET OF THE SOLING SOL

<u> հայաստանը գույլունակակականի</u>

POSTAL

AIRS ID# 310359 10 PARK'S DRY CLEANERS 5027 Sunbeam Rd JACKSONVILLE, FL 32257

Return to Sender Business closed -Not at This address

NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

This portion must be attached to remittance for proper handling 30/500

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#0310359

PARK'S CLEANERS
JOE W PARK
5027 SUNBEAM ROAD
JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FULL

0355273

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

- 38 -

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0310359

PARK'S DRY CLEANERS JOE W PARK 5027 SUNBEAM ROAD JACKSONVILLE FL 32257 FOR GOVERNMENT USE ONE Org.: 37550101000 EO: B1

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Fund: 20-2-035001 Obj.: 002273



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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 # 0310359 PARK'S DRY CLEANERS JOE W PARK 5027 SUNBEAM ROAD JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONL Org.: 37550101000 EO: B1 Fund: 20-2-035001

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 401753

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 # 0310359 PARK'S DRY CLEANERS JOE W PARK 5027 SUNBEAM ROAD

JACKSONVILLE FL 32257

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PS Form 3811, July 1999	Domestic Retu	urn Receipt	*	102595-99-M-1789

UNITED STATES POSTAL SERVICE



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

DARMIMOBILE SOURCE CONTROL PROGRAM DEPT. OF ENTRICHMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

Bureau of A.r Monitoring & Mobile Sources MAR 2 1 2002



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0310359
PARKS DRY CLEANERS
11631 SUMMER HAVEN BLVD N
JACKSONVILLE FL 32258-2542

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID#: 0310359

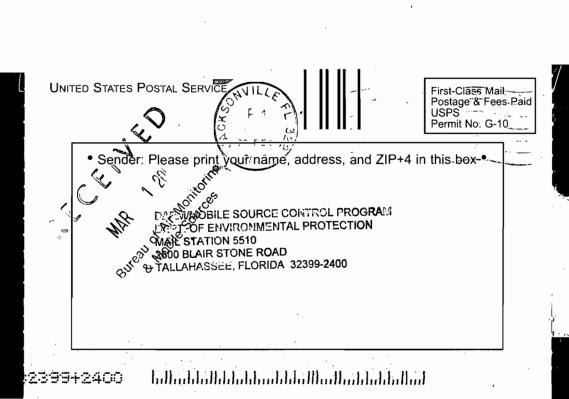
PARK'S CLEANERS
JOE W PARK
5027 SUNBEAM ROAD
JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273

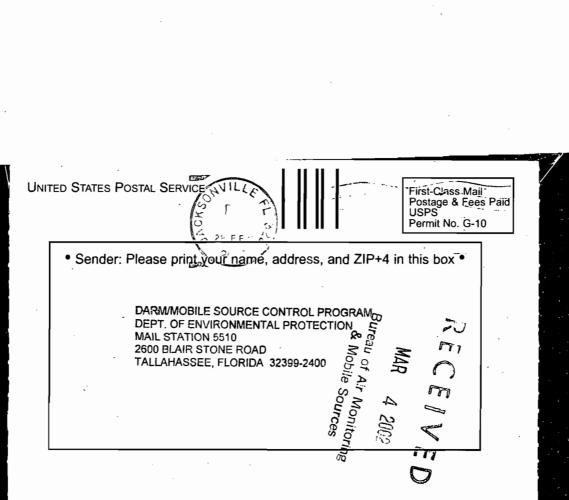
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7000	Ch,			
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COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** ■ Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse C. Signature so that we can return the card to you. ☐ Agent ■ Attach this card to the back of the mailpiece, ☐ Addressee or on the front if space permits. ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: AIRS ID# 0310359 PARKS DRY CLEANERS 11631 SUMMER HAVEN BLVD N JACKSONVILLE FL 32258-2542 3. Service Type Certified Mail Registered ☐ Express Mail ☐ Return Receipt for Merchandise Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) Yes



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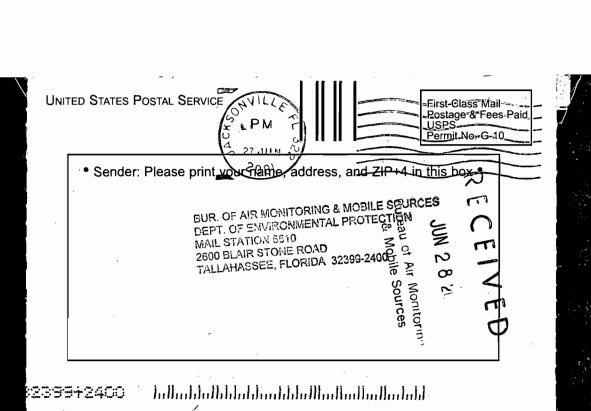
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5027 SUNBEAM ROAD JACKSONVILLE FL 32257	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 1999 Dome	estic Return Receipt 102595-99-M-1789



ADDRESS completed on the reverse side?	SENDER: Ol. edoleration of our land of services. 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. 3. Article Addressed to: AIRS ID#: 0310359 PARK'S CLEANERS JOE W PARK. 5027 SUNBEAM ROAD JACKSONVILLE FL 32257	e can return this e does not e number. dthe date 4a Article N 4b. Service Registere Express	2. Restricte Consult postmas umber Type ed Mail ceipt for Merchandise ellivery	s (for an e's Address d Delivery ter for fee. Certified	you for using Return Receipt Service.
Is your RETURN	5. Received By: (Print Name) 6. Signature (Addressee or Agent) PS Form 3811, December 1994		e's Address (Only i	· ·	Thank

. P .265 302 447 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID#: 0310359 PARK'S CLEANERS JOE W PARK **5027 SUNBEAM ROAD** JACKSONVILLE FL 32257 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date

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5027 SUNBEAM ROAD JACKSONVILLE FL 32257	3. Service Type Certified Mail		
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Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400



RECEIVED

Bureau of Air Monitoring & Mobile Sources

JOE W PARK 5027 SUNBEAM ROAD

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PARK'S DRY CLEANERS

JOE W PARK

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5027 SUNBEAM ROAD
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JACKSONVILLE FL.

City, Stab 32257

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

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STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

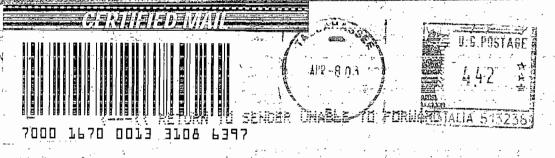
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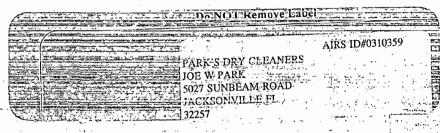
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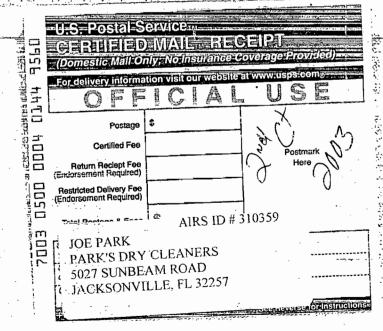
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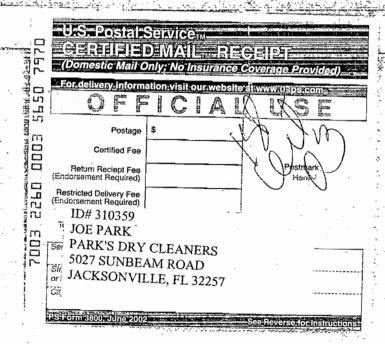
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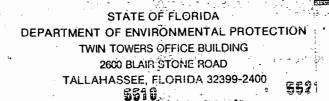


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JOE PARK

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	2,399	City, State, ZIP. #0310339

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Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400



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AIRS ID# 310359 1stC PARK'S DRY CLEANERS 5027 Sunbeam Rd JACKSONVILLE, FL 32257



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Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired.

Print your name and address on the reverse ☐ Agent ☐ Addressee so that we can return the card to you.

Attach this card to the back of the mailpiece, B. Received by (Printed Name) C. Date of Delivery or on the front if space permits. 1: Article Addressed to: if YES, enter delivery address below: AIRS ID# 310359 1stC PARK'S DRY CLEANERS 5027 Sunbeam Rd 3. Service Type JACKSONVILLE, FL 32257 Certified Mail ☐ Express Mail Registered---Return-Receipt-for-Merchandise Insured Mail ☐ C.O.D. ☐ Yes 7004 2510 0002 3939 3431 (Transfer from service label) PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4081

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Department of Environmental Protection 2600 Blair Stone Rd

Tallahassee FL 32399-2400



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AIRS ID# 310359 3rd Cert04 PARK'S DRY CLEANERS 5027 Sunbeam Rd JACKSONVILLE, FL 32257

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NO FORWARD ORDER ON FILE UNABLE TO FORWARD

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(Transfer from service label)
PS Form 3811, February 2004

2. Article Number

Domestic Return Receipt

4. Restricted Delivery? (Extra Fee)

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☐ Yes

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