



0310362

# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 16, 1996

Mr. Dinesh C. Patel  
President  
Festival Cleaners  
8646 Baymeadows Road  
Jacksonville, Florida 32256

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 20, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/DD

cc: Ms. Lori Tilley, Duval County

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



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

August 30, 2001

Mr. D. C. Patel  
Festival Cleaners  
8646 Baymeadows Road  
Jacksonville, Florida 32256

#0310362

Dear Mr. Patel:

Thank you for providing the Department with the Material Safety Data Sheet (MSDS) on the solvent DF 2000 Hydrocarbon.

The Title V perchloroethylene dry cleaner air general permit only applies to facilities using perchloroethylene as a solvent. Facilities using DF 2000 are exempt from the rules and regulations governing Title V perchloroethylene air general permit dry cleaning operations.

A notification form was mailed to you via certified mail because the existing permit for Festival Cleaners is due to expire September 6, 2001. This form does not need to be completed and submitted to the Department since Festival Cleaners has changed its dry cleaning machine and solvent.

If I can be of further assistance, please call me at 850/921-9583.

Sincerely,

A handwritten signature in cursive script that reads "Sandra Bowman".

Sandra Bowman  
Mobile Source Control Section  
Bureau of Air Monitoring  
and Mobile Sources

SB/

**Bowman, Sandy**

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**From:** Bill Coffman [COFFMAN@coj.net]  
**Sent:** Tuesday, July 06, 2004 2:52 PM  
**To:** Bowman, Sandy  
**Subject:** Dry Cleaners

Sandy the following Facilities should be marked inactive as they are either now drop sites , closed or no longer using perc.

The following are now drop sites.

- 0310400
- 0310362
- 0310364
- 0310367
- 0310484
- 0310474
- 0310461
- 0310416
- 0310370
- 0310410
- 0310495
- 0310365
- 0310446
- 0310435
- 0310411

The following sites are closed.

- 0310498
- 0310481
- 0310502
- 0310391
- 0310490
- 0310412
- 0310476

The following sites are no longer using perchloroethylene.

- 0310417
- 0310371

I am still working on the list so please bear with me. We are trying to be certain that these facilities are actually out of business and have not just moved. If I can be of any assistance Please call.

Thanks Bill Coffman

Festival Cleaners  
8646 Baymeadows Road  
Jacksonville, Florida 32256  
August 18, 2001


Department of Environmental Protection  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee Florida 32399-2400

Dear Ms Bowman,

With reference to your July 27 letter requesting information on the Hydrocarbon solvent we are using to make an applicability determination, please find the M. S.D.S. on the solvent D.F. 2000 Hydrocarbon and additional information supplied by the manufacture, Exxon Mobile.

After reviewing this information please advise me accordingly.

Sincerely,



D. C. Patel

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Product Environmental Profile

AUG 29 2001

Bureau of Air Monitoring  
Mobile Sources

**ExxonMobil**  
*Chemical*

**DF-2000™ FLUID**

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SUMMARY

- Physical Degradation (Atmospheric): Rapid Rate
- Biodegradation: Moderate Rate
- Acute Toxicity to Aquatic Organisms: Not Expected
- Chronic Toxicity to Aquatic Organisms: Not Expected

ExxonMobil Chemical Drycleaning Fluid 2000 (DF-2000™ Fluid) released to water and soil environments is calculated to partition largely to the air with the remaining residues expected to partition predominantly between soil and sediment. Volatilization of DF-2000 Fluid to the air should occur at a relatively rapid rate. In the air, it will degrade through reaction with hydroxyl radicals and is calculated to have an estimated half-life of less than one day. Results of stringent biodegradation testing indicate that DF-2000 Fluid will biodegrade at a moderate rate. However, over extended periods of time in natural environments, nonvolatilized DF-2000 Fluid residues remaining in soil and sediment should be largely biodegraded.

Because DF-2000 Fluid is relatively volatile, it will be largely lost from open aquatic and terrestrial habitats over the course of a few days or less. Because of the low water solubility and volatile loss of this product from aquatic ecosystems, chronic exposures would not be expected unless a continuous long-term release was to occur. Exposure of aquatic organisms to DF-2000 Fluid is not expected to cause acute toxicity, based on studies which demonstrated that media saturated with this product did not produce mortality to the various organisms tested.

The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process. Such information is, to the best of our knowledge and belief, accurate as of the date compiled. However, no representation, warranty or guarantee is made as to its accuracy, reliability or completeness. It is the user's responsibility to satisfy himself as to the suitability and completeness of such information for his own particular use. We do not accept liability of any loss or damage that may occur from the use of this information, nor do we offer any warranty against patent infringement.

Issue Date: 20 Oct 00  
Revision Number: 0

**DF-2000™ FLUID**

<b>ENVIRONMENTAL FATE SUMMARY</b>			
<b>PARAMETER</b>	<b>VALUE</b>		<b>COMMENTS</b>
<b>ENVIRONMENTAL PARTITIONING</b>			
Fugacity Model	96.0%	Air	Product will partition largely to air with small amounts to soil and sediment (based on an average of values determined for selected chemical components)
Mackay Level I:	3.9%	Soil	
	0.1%	Sediment	
Water Solubility:	<1	mg/L	Low
Henry's Law Constant:	>1	Atm·m <sup>3</sup> /mole	Suggests that volatilization from water will occur at a rapid rate
	>100	Pa·m <sup>3</sup> /mole	
Volatilization From Water:			Rapid rate
Half-life (river):	<5	hours	
Half-life (lake):	<6	days	
Octanol/Water Partition Coefficient (Log K <sub>ow</sub> )	6.6 - >7.0	-	Based on values determined for selected chemical components
Soil Adsorption Coefficient (Log K <sub>oc</sub> )	3.5 - 4.1	-	Moderate to high (based on values determined for selected chemical components)
<b>DEGRADATION PROCESSES</b>			
Atmospheric: Half-life	<2	days	Rapid rate based upon hydroxyl radical attack (OH <sup>·</sup> concentration of 1.56E <sup>6</sup> molec/cm <sup>3</sup> )
Biological:	45%	60 days	Moderate rate (results are for a similar product)

**DF-2000™ FLUID**

CLASS: COMMON NAME	SCIENTIFIC NAME	END POINT (1) (mg/L)	DURATION (hours)	EXPOSURE TYPE (2)	COMMENTS
<b>FRESHWATER FISH:</b>					
Fathead minnow	<i>Pimephales promelas</i>	LL0 = 100	96	STATIC	No mortality occurred in a test system that continually maintained the product dispersed throughout the water column.
Fathead minnow	<i>Pimephales promelas</i>	LL0 = 1,000	96	STATIC	No mortality occurred in a test system that continually maintained the product dispersed throughout the water column. Results are for a similar product.
<b>MARINE INVERTEBRATE:</b>					
Crustacean	<i>Chaetogammarus marinus</i>	ELO = 1,000	96	RENEWAL	No mortality at the highest loading tested. Results are for a similar product.
Crustacean	<i>Chaetogammarus marinus</i>	ELO = 10,000	96	RENEWAL	No mortality at the highest loading tested. Results are for a similar product.

- NOTES:
- (1) See Appendix 1.A for definitions.
  - (2) See Appendix 1.B for definitions.
  - (3) Read across from similar product.

**DF-2000™ FLUID**

APPENDIX I

1.A - ENVIRONMENTAL TOXICITY: EFFECT ENDPOINT ABBREVIATIONS

LC*	Lethal concentration
LD*	Lethal concentration when exposed through injection or diet
LL*	Lethal loading
EC*	Effective concentration

\*The number following these abbreviations signifies the percentage of mortality or effected organisms.  
For example:

LC 0	No mortality concentration
LLO	No mortality loading
ELO	No effect loading
ECO	No effect concentration
LC 25	Lethal concentration to 25% of tested organisms
LL 50	Median lethal loading
EC 100	Effective concentration to 100% of tested organisms
LT 50	Lethal threshold concentration to 50% of tested organisms
ET50	Median estimated survival time
NOEC	No Observable Effect Concentration (Chronic tests)
LOEC	Lowest Observable Effect Concentration (Chronic tests)
MATC	Maximum Allowable Toxicant Concentration (Chronic tests)

The following abbreviations specify the effect measured for EC or NOEC endpoints

AB - Abnormalities	EP - Egg production	MI - Migration suppression
AC - AChE activity	EQ - Loss of equilibrium	OX - Oxygen production
AV - Avoidance	EZ - Enzyme activity	PC - Population carrying Capacity
BA - Byssal attachment	FC - Food consumption	PH - Physiological effect
BH - Behavior	FC - Reduced first feeding incidence	PP - Population size reduction
BM - Biomass	FF - Critical flicker rate	PS - Photosynthesis effect
CC - Color change	FL - Fluorescence	PU - Pupation
CD - Cell division	FP - Fecal pellets	RE - Reproduction
CF - Cough frequency	FR - Filtration rate	RG - Regeneration
CH - Chlorophyll	GR - Growth	RR - Respiratory rate
CL - Case leaving	HA - Hatchability	SC - Shell valve closure
DE - Detection of Toxicant	HM - Hemorrhage	SW - Swimming
DT - Detachment	IM - Immobilization	TE - Teratogenesis
DV - Development	IN - Inhibition	UP - Uptake
EM - Emergence	IR - Irritation	VD - Vertebral damage



**DF-2000™ FLUID**

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1.B - ENVIRONMENTAL TOXICITY: EXPOSURE TYPE ABBREVIATIONS

CMIT	Cell multiplication inhibition test.
DIET	Chemical is mixed with food and delivered during feeding.
FLOW-THR	Chemical is mixed with water and delivered continuously to test system via flow-through apparatus (e.g., diluter).
INJECTION	Chemical is delivered directly to specific tissue of organism (e.g. intramuscular via syringe).
IN SITU	Organisms were exposed in their native habitat.
IN VITRO	Chemical exposures were performed on extracts or components from organisms (e.g., enzymes) and not intact organisms.
P	Calculated using a QSAR (Quantitative Structure-Activity Relationship) computer program.
RENEWAL	Exposure media is changed at defined periods (e.g., daily) during the course of the test.
STATIC	Chemical is mixed with exposure media at the start of the test, and media is not changed during the course of the test.

1.C - ENVIRONMENTAL FATE: ABBREVIATIONS

BIODEG	Biodegradation
BIOX	Biological activation
BOD <sub>x</sub>	Biochemical oxygen demand measure after x days
COD	Chemical oxygen demand
SCAS	Semi-continuous activated sludge
TCO <sub>2</sub>	Theoretical CO <sub>2</sub>
ThOD	Theoretical oxygen demand

# REGULATORY DATA SHEET

Hydrocarbon Fluids  
Rev. 3: 8/2000

## DF-2000™ FLUID

### U.S. Regulatory Information

- **OSHA Classification**  
Hazardous - Combustible
- **TSCA Status**  
Listed - CAS #64742-48-9
- **SARA Title III**  
Section 302 and 304 - Not Applicable  
Section 311/312  
Fire  
Section 313 - No Reportables
- **DOT Information**  
Proper Shipping Name: Petroleum  
Distillate, N.O.S.  
Classification: Combustible Liquid  
Identification Number: UN1268, III
- **National Fire Protection Association (NFPA) Code 32**  
Combustible Liquid - Class IIIA
- **CERCLA Release Information**  
Not Subject to Special Reporting
- **RCRA Hazardous Waste Status**  
As sold, not classified as a characteristic hazardous waste
- **Clean Water Act; Oil Pollution Act of 1990**  
Product is classified as an oil. Reporting is required if "harmful quantity" (as defined in 40CFR 110.3) is discharged.

### State Regulatory Information

- **California Proposition 65**  
Risk Assessment concluded no labeling requirements exist for use in drycleaning
- **Coalition of Northeastern Governors (CONEG) Model Legislation**
  - To reduce leaching of selected metals into ground water, maximum limit (100 ppm) set for total lead, cadmium, mercury and hexavalent chromium.
  - Total CONEG metals in this product: <3 ppm

### International Regulatory Information

- **Canada**  
Transportation of Dangerous Goods:  
Not Regulated in Canada  
WHMIS Status  
Class B, Division 3: Combustible Liquids  
Hazardous Products Act - Heavy Naphtha - Hydrotreated : 100%,  
CAS # 64742-48-9  
Listed on DSL: Yes

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### Toxicology Information

MSDS and other health, safety and environmental information are available upon request

DF-2000 is a trademark of Exxon Mobil Corporation.

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AUG 29 2001

Bureau of Air Monitoring  
& Environmental Sources

MATERIAL SAFETY DATA SHEET  
EXXON CHEMICAL COMPANY  
A Division of EXXON CORPORATION

PAGE: 1  
DATE PREPARED: JUL 30, 1999  
MSDS NO.: 92842583

DF-2000 FLUID

SECTION 1 CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME: DF-2000 FLUID  
CHEMICAL NAME:  
Synthetic Aliphatic Hydrocarbon, Hydrotreated 64742-48-9  
CHEMICAL FAMILY:  
Aliphatic Hydrocarbon  
PRODUCT DESCRIPTION:  
Clear colorless liquid.

CONTACT ADDRESS:  
EXXON CHEMICAL COMPANY  
P.O. BOX 3272, HOUSTON, TEXAS 77253-3272

\*\* EMERGENCY TELEPHONE NUMBERS: (24 Hours) \*\*  
\*\* CHEMTREC (800) 424-9300 \*\*  
\*\* EXXON CHEMICAL COMPANY (800) 726-2015 \*\*

NON EMERGENCY TELEPHONE NUMBERS : (8am-5pm M-F)  
FOR HEALTH AND SAFETY INFORMATION CALL : (281) 870-6884  
FOR GENERAL PRODUCT INFORMATION CALL : (281) 870-6000

SECTION 2 COMPOSITION/INFORMATION ON INGREDIENTS

This product is hazardous as defined in 29 CFR1910.1200.  
OSHA HAZARD  
Combustible

SECTION 3 HAZARDS IDENTIFICATION

POTENTIAL HEALTH EFFECTS

EYE CONTACT:  
Slightly irritating but does not injure eye tissue.  
SKIN CONTACT:  
Low order of toxicity.  
Frequent or prolonged contact may irritate and cause dermatitis.  
Skin contact may aggravate an existing dermatitis condition.  
INHALATION:  
High vapor/aerosol concentrations (greater than approximately 1000 ppm)  
are irritating to the eyes and the respiratory tract, may cause headaches,  
dizziness, anesthesia, drowsiness, unconsciousness, and other central  
nervous system effects, including death.  
INGESTION:  
Small amounts of this product aspirated into the respiratory system during  
ingestion or vomiting may cause mild to severe pulmonary injury, possibly

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DF-2000 FLUID

progressing to death.  
Minimal toxicity.

SECTION 4 FIRST AID MEASURES

EYE CONTACT:

Flush eyes with large amounts of water until irritation subsides. If irritation persists, get medical attention.

SKIN CONTACT:

Flush with large amounts of water; use soap if available.  
Remove grossly contaminated clothing, including shoes, and launder before reuse.

INHALATION:

Using proper respiratory protection, immediately remove the affected victim from exposure. Administer artificial respiration if breathing is stopped. Keep at rest. Call for prompt medical attention.

INGESTION:

If swallowed, DO NOT induce vomiting. Keep at rest. Get prompt medical attention.

SECTION 5 FIRE-FIGHTING MEASURES

FLASHPOINT: 147 Deg F. METHOD: TCC ASTM D56  
FLAMMABLE LIMITS: LEL: 1.3 UEL: 8.8 @ 77 Deg F. NOTE: Approximate  
AUTOIGNITION TEMP.: 640 Deg F. NOTE: Approximate

GENERAL HAZARD

Combustible Liquid, can form combustible mixtures at temperatures at or above the flashpoint.

Static Discharge, material can accumulate static charges which can cause an incendiary electrical discharge.

"Empty" containers retain product residue (liquid and/or vapor) and can be dangerous. DO NOT pressurize, cut, weld, braze, solder, drill, grind, or expose such containers to heat, flame, sparks, static electricity, or other sources of ignition; THEY MAY EXPLODE AND CAUSE INJURY OR DEATH.

Empty drums should be completely drained, properly bunged and promptly returned to a drum reconditioner, or properly disposed of.

FIRE FIGHTING

Use water spray to cool fire exposed surfaces and to protect personnel.

Isolate "fuel" supply from fire.

Use foam, dry chemical, or water spray to extinguish fire.

Avoid spraying water directly into storage containers due to danger of boilover.

This liquid is volatile and gives off invisible vapors. Either the liquid or vapor may settle in low areas or travel some distance along the ground or surface to ignition sources where they may ignite or explode.

Continues on page 3

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DF-2000 FLUID

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DECOMPOSITION PRODUCTS UNDER FIRE CONDITIONS

No unusual

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SECTION 6 ACCIDENTAL RELEASE MEASURES

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LAND SPILL

Eliminate sources of ignition. Prevent additional discharge of material, if possible to do so without hazard. For small spills implement cleanup procedures; for large spills implement cleanup procedures and, if in public area, keep public away and advise authorities. Also, if this product is subject to CERCLA reporting (see Section 15 REGULATORY INFORMATION) notify the National Response Center.

Prevent liquid from entering sewers, watercourses, or low areas. Contain spilled liquid with sand or earth. Do not use combustible materials such as sawdust.

Recover by pumping (use an explosion proof or hand pump) or with a suitable absorbent.

Consult an expert on disposal of recovered material and ensure conformity to local disposal regulations.

WATER SPILL

Eliminate sources of ignition. Warn occupants and shipping in surrounding and downwind areas of fire and explosion hazard and request all to stay clear.

Remove from surface by skimming or with suitable adsorbents. If allowed by local authorities and environmental agencies, sinking and/or suitable dispersants may be used in non-confined waters.

Consult an expert on disposal of recovered material and ensure conformity to local disposal regulations.

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SECTION 7 STORAGE AND HANDLING

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ELECTROSTATIC ACCUMULATION HAZARD:

Yes, use proper bonding and/or grounding procedure.

Additional information regarding safe handling of products with static accumulation potential can be ordered by contacting the American Petroleum Institute (API) for API Recommended Practice 2003, entitled "Protection Against Ignitions Arising Out of Static, Lighting, and Stray Currents" (American Petroleum Institute, 1220 L Street Northwest, Washington, DC 20005), or the National Fire Protection Association (NFPA) for NFPA 77 entitled "Static Electricity" (National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101).

STORAGE TEMPERATURE, Deg F:

Ambient

LOADING/UNLOADING TEMPERATURE, Deg F:

Ambient

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Continues on page 4

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STORAGE/TRANSPORT PRESSURE, mmHg:

Atmospheric

LOADING/UNLOADING VISCOSITY, cSt:

2.0

STORAGE AND HANDLING:

Keep container closed. Handle and open containers with care. Store in a cool, well ventilated place away from incompatible materials.

Do NOT handle or store near an open flame, heat or other sources of ignition. Protect material from direct sunlight.

Material will accumulate static charges which may cause an electrical spark (ignition source). Use proper bonding and/or grounding procedures.

Do NOT pressurize, cut, heat, or weld containers. Empty product containers may contain product residue. Do NOT reuse empty containers without commercial cleaning or reconditioning.

SECTION 8 EXPOSURE CONTROLS/PERSONAL PROTECTION

EXPOSURE CONTROLS

The use of mechanical dilution ventilation is recommended whenever this product is used in a confined space, is heated above ambient temperatures, or is agitated.

PERSONAL PROTECTION

For open systems where contact is likely, wear safety glasses with side shields, long sleeves, and chemical resistant gloves.

Where contact may occur, wear safety glasses with side shields.

Where concentrations in air may exceed the limits given in this Section and engineering, work practice or other means of exposure reduction are not adequate, NIOSH/MSHA approved respirators may be necessary to prevent overexposure by inhalation.

WORKPLACE EXPOSURE GUIDELINES

EXXON RECOMMENDS THE FOLLOWING OCCUPATIONAL EXPOSURE LIMITS:

300 ppm total hydrocarbon based on composition.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

SPECIFIC GRAVITY at Deg F:	0.77 at 60
VAPOR PRESSURE, mmHg at Deg F:	1 at 68 Approximate
SOLUBILITY IN WATER, wt. % at Deg F:	Less than 0.01 at 77
VISCOSITY OF LIQUID, cSt at Deg F:	2.1 at 77 Approximate
SP. GRAV. OF VAPOR, at 1 atm (Air=1):	5.90 Calculated
FREEZING/MELTING POINT, Deg F:	Less than -76
EVAPORATION RATE, n-Bu Acetate=1:	Less than 0.1
BOILING POINT, Deg F:	376 to 401

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SECTION 10 STABILITY AND REACTIVITY

STABILITY:

Stable

CONDITIONS TO AVOID INSTABILITY:

Not Applicable

HAZARDOUS POLYMERIZATION:

Will not occur

CONDITIONS TO AVOID HAZARDOUS POLYMERIZATION:

Not Applicable

MATERIALS AND CONDITIONS TO AVOID INCOMPATIBILITY:

Strong oxidizing agents.

HAZARDOUS DECOMPOSITION PRODUCTS:

None

SECTION 11 TOXICOLOGICAL INFORMATION

Please refer to Section 3 for available information on potential health effects.

SECTION 12 ECOLOGICAL INFORMATION

No specific ecological data are available for this product. Please refer to Section 6 for information regarding accidental releases and Section 15 for regulatory reporting information.

SECTION 13 DISPOSAL CONSIDERATIONS

Please refer to Sections 5, 6 and 15 for disposal and regulatory information.

SECTION 14 TRANSPORT INFORMATION

DEPARTMENT OF TRANSPORTATION (DOT):

DOT SHIPPING DESCRIPTION: PETROLEUM DISTILLATE, N.O.S., COMBUSTIBLE LIQUID,  
UN 1268, III

Note: In containers of 119 gallons capacity or less this product  
is not regulated by DOT.

SECTION 15 REGULATORY INFORMATION

TSCA:

This product is listed on the TSCA Inventory at CAS Registry Number  
64742-48-9

Continues on page 6

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Clean Water Act/Oil Pollution Act:

This product is classified as an oil under Section 311 of the Clean Water Act (40 CFR 110) and the Oil Pollution Act of 1990. Discharge or spills which produce a visible sheen on either surface water, or in waterways/sewers which lead to surface water, must be reported to the National Response Center at 800-424-8802.

CERCLA:

If this product is accidentally spilled, it is not subject to any special reporting under the requirements of the Comprehensive Environmental Response, Compensation and Liability Act. We recommend you contact local authorities to determine if there may be other local reporting requirements.

SARA TITLE III:

Under the provisions of Title III, Sections 311/312 of the Superfund Amendments and Reauthorization Act, this product is classified into the following hazard categories:

Fire.

This information may be subject to the provisions of the Community Right-to-Know Reporting Requirements (40 CFR 370) if threshold quantity criteria are met.

=====  
SECTION 16 OTHER INFORMATION  
=====

NOTES:

Care must be taken to ensure garments cleaned with solvents are completely dry before being worn. Drycleaning solvent not totally removed from adsorbent clothing (e.g., shoulder pads, waist bands, etc.) that remains in contact with the skin for prolonged periods may cause skin irritation including redness, swelling and possibly blistering.

Contains approximately 10 ppm BHT as an antioxidant to protect product quality.

HAZARD RATING SYSTEMS:

This information is for people trained in:  
National Paint & Coatings Association's (NPCA)  
Hazardous Materials Identification System (HMIS)  
National Fire Protection Association (NFPA 704)  
Identification of the Fire Hazards of Materials

	NPCA-HMIS	NFPA 704	KEY
HEALTH	1	1	4 = Severe
FLAMMABILITY	2	2	3 = Serious
REACTIVITY	0	0	2 = Moderate
			1 = Slight
			0 = Minimal



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REVISION SUMMARY:

Since February 25, 1999 this MSDS has been revised in Section(s):

1

REFERENCE NUMBER:  
HDHA-C-25233

SUPERSEDES ISSUE DATE:  
February 25, 1999

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This information relates to the specific material designated and may not be valid for such material used in combination with any other materials or in any process. Such information is to the best of our knowledge and belief, accurate and reliable as of the date compiled. However, no representation, warranty or guarantee is made as to its accuracy, reliability or completeness. It is the users responsibility to satisfy himself as to the suitability and completeness of such information for his own particular use. We do not accept liability for any loss or damage that may occur from the use of this information nor do we offer warranty against patent infringement.

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LAST PAGE

Sherman W. Hampton  
SOLVENT APPLICATIONS  
TECHNICAL SUPPORT



EXXON CHEMICAL COMPANY

Intermediates Technology

P.O. Box 5200, Baytown, Texas 77522-5200  
Tel. (713) 425-2810  
Fax (713) 425-3890

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James L. Schreiner, Ph.D.  
STAFF MARKET DEVELOPMENT REPRESENTATIVE  
INTERMEDIATES AMERICAS

EXXON CHEMICAL COMPANY

P.O. Box 3272, Houston, TX 77253-3272  
Tel: (713) 870-8237  
Fax: (713) 588-2524

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Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

July 27, 2001

Mr. D. C. Patel  
Festival Cleaners #0310362  
8646 Baymeadows Road  
Jacksonville, Florida 32256

Dear Mr. Patel:

Thank you for your July 22 letter informing the Department that you have changed your dry clean machine and solvent.

The Title V perchloroethylene dry cleaner air general permit only applies to facilities using perchloroethylene as a solvent. From the information provided in your letter, it is unclear if the "Hydrocarbon" solvent you are using is solely a hydrocarbon or a trade name for a composite solvent. If we are provided with information on the composition of the solvent you are using, then we can make an applicability determination.

Calculations considering all of the criteria provided in Rule 62-213.300(2)(a), Florida Administrative Code (F.A.C.), show that one or more boilers at a facility are insignificant when fired by natural gas if each boiler is no larger than 8.2 MMBtu/hr (243 HP). This applies to both Title V and non-Title V area sources

We look forward to hearing from you. In the meantime if you have additional questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman  
Mobile Source Control Section  
Bureau of Air Monitoring  
and Mobile Sources

SB/

RECEIVED  
JUL 26 2001  
Bureau of Air Monitoring  
& Mobile Sources

Sent by certified mail  
return receipt requested  
# 7099 3400 0010 9275 2129

Festival Cleaners  
8646 Baymeadows Road  
Jacksonville, Florida 32256  
July 22, 2001

Department of Environmental Protection  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee Florida 32399-2400

Title V General Air Permit

Dear Sir,

With reference to Title V General Air Permit, We have changed our Dry Clean machine and solvent from Perc to Hydrocarbon, so I would like to know if I would still get a title V General Air Permit.

We have a 20 HP boiler which runs on Natural Gas and would like to know if this would warrant a need for a title V General Air Permit.

Please advise me accordingly

Yours faithfully,



D. C. Patel

AIRS ID#: 0310362

Revised 10/10/96

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Festival Cleaners DATE: 4/14/97  
 FACILITY LOCATION: 8646 Baymeadows Rd.  
Jacksonville, FL 32256

Annual Reporting Period: August 20 1996 TO April 14 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: 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 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: \_\_\_\_\_

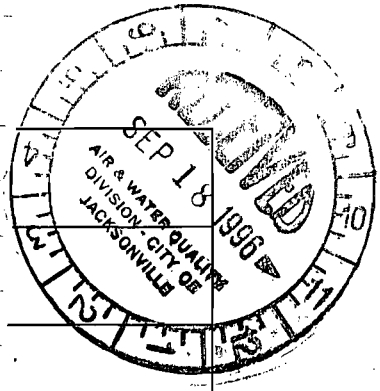
*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: DINESH C PATEL Dinh e Patel 4-14-97  
 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.

# Festival Cleaners

P.14 1.(c) should have an "X"  
P.15 5.(c) not required, mark out "X"  
and initial



1. Facility Name	
2. Site	
3. Hazardous Waste	
4. Facility Street Address	2256
5. Facility City	
6. Name	
7. Title	de: 32256
8. Signature	<i>Kural</i>

9. Name and Title of Facility Contact (For example, plant manager):

10. Facility Contact Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

11. Facility Contact Telephone Number:

Telephone: ( ) - - Fax: ( ) - -

## RECEIVED

AUG 20 1996

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): DINESH. INC
2. Site Name (For example, plant name or number): FESTIVAL CLEANERS
3. Hazardous Waste Generator Identification Number: FLD981860299
4. Facility Location: Street Address: 8646 BAYMEADOWS RD City: JACKSONVILLE County: DUVAL Zip Code: 32256
5. Facility Identification Number (DEP Use): 0310362

## Responsible Official

6. Name and Title of Responsible Official: DINESH. C. PATEL, PRESIDENT.
7. Responsible Official Mailing Address: Organization/Firm: 8646 BAYMEADOWS RD. Street Address: City: JACKSONVILLE County: DUVAL Zip Code: 32256
8. Responsible Official Telephone Number: Telephone: (904) 737-7176 Fax: ( ) -

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -

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AUG 20 1996

### 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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	1	01-NOV-84	01-NOV-86						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed  *ref*

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

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source



4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt   
No such units on-site

### Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring  *Ref*
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Dinh C. Pham  
Signature

8-16-96  
Date

Dinh C. Pham

4-14-97

✓

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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:45 TIME OUT: 1000 AIRS ID#: 0310362  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Festival Cleaners DATE: 4/14/97  
 FACILITY LOCATION: 8646 Baymeadows Rd.  
Jacksonville, FL 32256  
 RESPONSIBLE OFFICIAL: Dinesh C. Patel PHONE NUMBER: (904) 737-7176

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

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: April, 1998  
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter  
(Please Print)

INSPECTOR'S SIGNATURE: *Jeffrey Winter* PHONE NUMBER: (904) 630-7272  
ext. 2219

#0310362

Festival Cleaners

p.14 1.(c) should have an "X"

p.15 5.(c) not required, mark out "X"  
and initial

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): DINESH. INC
2. Site Name (For example, plant name or number): FESTIVAL CLEANERS
3. Hazardous Waste Generator Identification Number: FLD981860299
4. Facility Location: Street Address: 8646 BAYMEADOWS RD City: JACKSONVILLE County: DUVAL Zip Code: 32256
5. Facility Identification Number (DEP Use): 0310362

## Responsible Official

6. Name and Title of Responsible Official: DINESH. C. PATEL, PRESIDENT.
7. Responsible Official Mailing Address: Organization/Firm: 8646 BAYMEADOWS RD. Street Address: City: JACKSONVILLE County: DUVAL Zip Code: 32256
8. Responsible Official Telephone Number: Telephone: (904) 737-7176 Fax: ( ) -

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -

RECEIVED

AUG 20 1996

### 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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	1	01-NOV-86	01-NOV-86						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

(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?

122.6 gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

*existing  
small  
none*

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

### Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- Ⓒ Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.

No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

*Dinah C. Patey*  
Signature

*8-16-96*  
Date



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0310362 TIME IN: 945 TIME OUT: 1000  
FACILITY NAME: Festival Cleaners  
FACILITY LOCATION: 8646 Boymeadows Rd.  
Jacksonville, FL 32256

PART I: NOTIFICATION

(check appropriate box)  
1. Existing facility notified DARM by 9/1/96   
2. New facility notified DARM 30 days prior to startup   
3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)  
A.  
1. Existing small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed before 12/9/91)  
2. New small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed on or after 12/9/91)  
3. Existing large area source   
dry-to-dry only,  $140 < x < 2,100$  gal/yr  
transfer only,  $200 < x < 1,800$  gal/yr  
both types,  $140 < x < 1,800$  gal/yr  
(constructed before 12/9/91)  
4. New large area source   
dry-to-dry only,  $140 < x < 2,100$  gal/yr  
transfer only,  $200 < x < 1,800$  gal/yr  
both types,  $140 < x < 1,800$  gal/yr  
(constructed on or after 12/9/91)  
This is a correct facility classification  Y  N  
If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit  
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 122.6 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?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N   |
| 2. Examining the containers for leakage?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N   |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N   |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N   |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y            | <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

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

If classification 2 has been checked, the machine should be equipped with a 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?   | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?                           | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> 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? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
|--|----------------------------|----------------------------|

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Is the temperature differential equal to or greater than 20° F?	<input type="checkbox"/> Y <input type="checkbox"/> N
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?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Is the perc concentration equal to or less than 100 ppm?	<input type="checkbox"/> Y <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Maintained rolling monthly averages of perc consumption?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Maintained calibration data? <i>(for direct reading instruments only)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	<i>N/A</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>N/A</i>
6. Maintained startup/shutdown/malfunction plan?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
7. Maintained deviation reports?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Problem corrected?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
8. Maintained compliance plan, if applicable?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly leak detection and repair inspection?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	<input checked="" type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>
Odor (noticeable perc odor)	<input checked="" type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input type="checkbox"/>

**If using direct-reading instrumentation, is the equipment:**

- 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)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- 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

3. Has the facility maintained a leak log?  Y  N

4. The following areas should be checked for leaks by the inspector:

	Leak Detected?			Leak Detected?	
Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Door gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Stills	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Filter gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Pumps	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Solvent tanks and containers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Cartridge filter housings	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Water separators	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N			

*Dinesh C. Patel*

Name of Responsible Official

*Jeffrey Winter*

Inspector's Name (Please Print)

*Jeffrey Winter*

Inspector's Signature

*April 14, 1997*

Date of Inspection

*April, 1998*

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for additional site information]

301238

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

DINESH INC DINESH C PATEL 8646 BAYMEADOWS ROAD JACKSONVILLE FL 32256	AIRS ID#0310362
---	-----------------

FEB 2 1998

Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: 1-1- 1997 TO 12-31- 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

RECEIVED  
MAIL ROOM  
JAN 28 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: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: DINESH C. PATEL Dinh C Patel 1-25-98  
 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**

**RECEIVED**  
 JUN - 2 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL  RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: 0310362 DATE: 4-27-98 TIME IN: 1025 TIME OUT: 1045  
 FACILITY NAME: FESTIVAL CLEANERS  
 FACILITY LOCATION: 8646 BAYMEADOWS RD.  
JACKSONVILLE, FL 32256  
 RESPONSIBLE OFFICIAL: DINESH C. PATEL PHONE: 904737-7176  
 CONTACT NAME: Some PHONE: Some

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup   
 2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)

<input type="checkbox"/> No notification form
<input type="checkbox"/> Drop store/out of business/petroleum

**A.**

1. Existing small area source <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification  N Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

**B.** The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 90 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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

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

**If classification 2 has been checked, the machine should be equipped with a 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  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or,  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- 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

Jeff Winter  
Inspector's Name (Please Print)

4/27/98  
Date of Inspection

Jeffrey Winter  
Inspector's Signature

April, 1998  
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for additional site information]

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1025 TIME OUT: 1045 AIRS ID#: 0310362  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Festival Cleaners DATE: 4-27-98  
 FACILITY LOCATION: 8646 Baymeadows Rd.  
Jacksonville, FL 32256  
 RESPONSIBLE OFFICIAL: Dinesh C. Patel PHONE NUMBER: 904-737-7176

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

**RECEIVED**  
 JUN - 2 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: April, 1998  
 (Approximate)

INSPECTION CONDUCTED BY: Jeff Winter  
 (Please Print)

INSPECTOR'S SIGNATURE: *Jeff Winter* PHONE NUMBER: 904-630-2800

✓

RECEIVED

MAR 31 1999  
State of Air Monitoring & Mobile Sources

**PERCHLOROETHYLENE DRY CLEANERS**  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT DISCOVERY   
RE-INSPECTION

AIRS ID#: 0310362 DATE: 3/17/99 TIME IN: 955 TIME OUT: 1015  
 FACILITY NAME: FESTIVAL CLEANERS  
 FACILITY LOCATION: 8646 BAYMEADOWS RD.  
JACKSONVILLE, FL 32256  
 RESPONSIBLE OFFICIAL: DINESH C. PATEL PHONE: 904-737-7176  
 CONTACT NAME: Same 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

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
(check appropriate box)

- No notification form  
 Drop store/out of business/petroleum

- A.
- |  |  |
|--|--|
| <p>1. Existing small area source <input checked="" type="checkbox"/><br/>         dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>         transfer only, <math>x &lt; 200</math> gal/yr<br/>         both types, <math>x &lt; 140</math> gal/yr<br/>         (constructed before 12/9/91)</p>                       | <p>2. New small area source <input type="checkbox"/><br/>         dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>         transfer only, <math>x &lt; 200</math> gal/yr<br/>         both types, <math>x &lt; 140</math> gal/yr<br/>         (constructed on or after 12/9/91)</p>                                  |
| <p>3. Existing large area source <input type="checkbox"/><br/>         dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>         transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>         both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>         (constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/><br/>         dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>         transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>         both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>         (constructed on or after 12/9/91)</p> |
5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 90 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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

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

**If classification 2 has been checked, the machine should be equipped with a 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  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or:  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
  - Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
  - Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
  - Kept in a clean and secure area when not in use?  Y  N
  - Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

JEFF WINTER

Inspector's Name (Please Print)

March 17, 1999

Date of Inspection

*Jeffrey Winter*

Inspector's Signature

March, 2000

Approximate Date of Next Inspection



**ADDITIONAL SITE INFORMATION:**

This section is currently blank, intended for providing additional site information.

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 955 TIME OUT: 1015 AIRS ID#: 0310362  
 TYPE OF FACILITY: PERC. DRY CLEANER  
 FACILITY NAME: FESTIVAL CLEANERS DATE: 3/17/97  
 FACILITY LOCATION: 8646 BAYMEADOWS RD.  
JACKSONVILLE, FL 32256  
 RESPONSIBLE OFFICIAL: DINESH C. PATEL PHONE NUMBER: (904) 737-7176

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

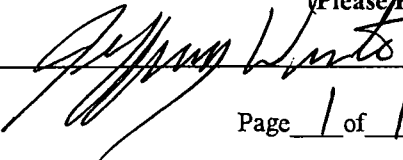
COMMENTS:

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The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: MARCH, 2000  
(Approximate)

INSPECTION CONDUCTED BY: JEFF WINTER  
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 904/630-3484

ACC

AIRS ID#: 0310362

Revised 10/10/96

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Festival Cleaners DATE: 3/17/99  
 FACILITY LOCATION: 8646 Boy Meadows Rd.  
Jacksonville, FL 32256

Annual Reporting Period: April 27, 1998 TO March 17, 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: 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 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: \_\_\_\_\_

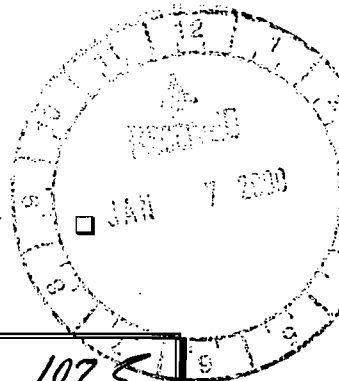
*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: DINESH C. RATER Din C Rater 3-17-99  
 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



TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0310362 DATE: 2/1/2000 TIME IN: 1015 TIME OUT: 1025  
 FACILITY NAME: Festival Cleaners  
 FACILITY LOCATION: 8646 Bay Meadows Rd.  
Jacksonville, FL 32256  
 RESPONSIBLE OFFICIAL: Dinesh Patel PHONE: 904-737-7176  
 CONTACT NAME: Same 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

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
 (check appropriate box)

- No notification form
- Drop store/out of business/petroleum

A.

- |  |  |
|--|--|
| <p>1. Existing small area source <input checked="" type="checkbox"/><br/>                 dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                 transfer only, <math>x &lt; 200</math> gal/yr<br/>                 both types, <math>x &lt; 140</math> gal/yr<br/>                 (constructed before 12/9/91)</p>                       | <p>2. New small area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                 transfer only, <math>x &lt; 200</math> gal/yr<br/>                 both types, <math>x &lt; 140</math> gal/yr<br/>                 (constructed on or after 12/9/91)</p>                                  |
| <p>3. Existing large area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                 transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                 both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                 (constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                 transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                 both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                 (constructed on or after 12/9/91)</p> |
5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 70 gallons.

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MAR 15 2000

Bureau of Air Monitoring  
& Mobile Sources

**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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

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

If classification 2 has been checked, the machine should be equipped with a 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  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**

(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- 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

Jeff Winter  
Inspector's Name (Please Print)

2/11/2000  
Date of Inspection

*Jeff Winter*  
Inspector's Signature

JAN. 2001  
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for site information]



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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1015 TIME OUT: 1025 AIRS ID#: 0310362  
 TYPE OF FACILITY: Perc. Dry Cleaner  
 FACILITY NAME: Festival Cleaners DATE: 2/1/2000  
 FACILITY LOCATION: 8646 Bay Meadows Rd.  
Jacksonville, FL 32256  
 RESPONSIBLE OFFICIAL: Dinesh Patel PHONE NUMBER: 904/737-7176

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

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: JAN. 2001  
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter  
(Please Print)

INSPECTOR'S SIGNATURE: *Jeff Winter* PHONE NUMBER: 904-630-3484

AIRS ID#: 0310362

*Acc*

Revised 10/10/96

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Festival Cleaners DATE: 2/1/2000  
 FACILITY LOCATION: 8646 Baymeadows Rd.  
Jacksonville, FL 32256

Annual Reporting Period: March 17, 19 99 TO February 1, 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: 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 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: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

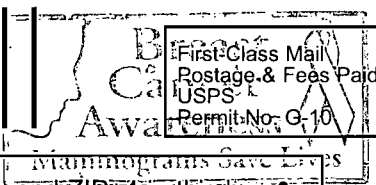
RESPONSIBLE OFFICIAL: DINESH. C. PATEL *D.C. Patel* 2-1-2000  
 Name (Please Print) Signature Date

\*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.

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
7000 0600 0026 4130 3741	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Enc)	
To 10	AIRS ID # 0310362001AG
To DINESH C PATEL	
Rec FESTIVAL CLEANERS	
8646 BAYMEADOWS ROAD	
Stre JACKSONVILLE FL 32256	
City	
PS Form 3800, February 2000	See Reverse for Instructions

SENDER TO THE RIGHT OF RETURN ADDRESS PLACE STICKER AT TOP OF ENVELOPE	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) B. Date of Delivery 6-8</p> <p>C. Signature X <i>Dil. C. Patel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No YES, enter delivery address below:</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">JUN 1 1 2000</p>
<p>1. Article Addressed to:</p> <p>10 AIRS ID # 0310362001AG DINESH C PATEL FESTIVAL CLEANERS 8646 BAYMEADOWS ROAD JACKSONVILLE FL 32256</p>	<p>3. Service Type X Bureau of Air Monitoring &amp; Mobile Sources Mail <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label) 70000600002641303741</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE



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

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

32399+2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

039:021

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 # 0310443  
CARRIAGE CLEANERS  
JIM SEOK SEO  
3920 CONFEDERATE POINT ROAD  
JACKSONVILLE FL 32210

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

RECEIVED  
MAIL ROOM  
JAN 13 00

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

0391012

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 # 0310362  
FESTIVAL CLEANERS  
DINESH C PATEL  
8646 BAYMEADOWS ROAD  
JACKSONVILLE FL 32256

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

RECEIVED  
MAIL ROOM  
JAN 13 00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258120 ✓

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

RECEIVED  
MAIL ROOM

JAN 15 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 0310362

DINESH INC  
DINESH C PATEL  
8646 BAYMEADOWS ROAD  
JACKSONVILLE FL 32256

**FOR GOVERNMENT USE ONLY**

**Org.: 37550101000 EO: B1**

**Fund: 20-2-035001**

**Obj: 002273**



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

301238 ✓

**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

DINESH INC  
DINESH C PATEL  
8646 BAYMEADOWS ROAD  
JACKSONVILLE FL 32256

AIRS ID#0310362

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403802

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 # 0310362

FESTIVAL CLEANERS  
DINESH C PATEL  
8646 BAYMEADOWS ROAD  
JACKSONVILLE FL 32256

Bureau of Air Monitoring  
& Mobile Sources

JAN 26 2011

RECEIVED  
JAN 24 2011

1-24-01  
pd

RECEIVED  
MAIL ROOM

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