

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

October 18, 1996

Mr. William Nathan Thomas Jet Cleaners #8 1346 Gandy Street Jacksonville, Florida 32208

Dear Mr. Thomas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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

Bowman, Sandy

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.

The following sites are closed.

The following sites are no longer using perchloroethylene.

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0310364

JET CLEANERS #8
WILLIAM NATHAN THOMAS
1346 GANDY STREET
JÄCKSONVILLE FL
32208

OW ON YOUR INJUNION ON ON YOUR INJUNION ON YOUR INJUNION

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



CLEANERS

Main Office: 1346 Gandy Street • Jacksonville, FL 32208 • 768-1067

1020-1 N. Edgewood Avenue Jacksonville, FL 32254 Phone: 783-9558

7900-34 103rd. Street Jacksonville, FL 32210 Phone: 772-6681 6855-24 Wilson Boulevard Jacksonville, FL 32210 Phone: 772-6630 3000-61 Dunn Avenue Jacksonville, FL 32218 Phone: 764-4106

8299-1 W. Beaver Street Jacksonville, FL 32202 Phone: 786-7440

7451-30 103rd Street Jacksonville, FL 32210 Phone: 778-8611 1440 Dunn Ave. Ste. 21 Jacksonville, FL 32218-4894 Phone: 757-0853

December 18, 2002

To: General Permit Section
Bureau of air monitoring and mobile sources
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

This letter is to inform the Bureau that effective December 18, 2002 that the Jet Cleaners located at 1440-21 Dunn ave 32218 AIRS ID #0310364 is no longer operating as a cleaning location, the above location has been converted to a drop location only.

We have removed the dry cleaning machine and still on December 18, 2002.

Sincerely

William N. Thomas

Series of the Se

	#03/0364
	T. / 01 -tto
	Jet Ueaners #8
-	spoke with William Nathan
	Spoke with William Nathan Thomas -9/17/96 - propane use approx. 4,800 gal/yr., under
	limits
m 15	1 0 1 1 1 140 - 0 140 0-
p.13	6. add title - Owner 9. add title - Manager
_P.14	1.(a) add date control device installed
	; · · · · · · · · · · · · · · · · · · ·
-	
	1

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	WILLIAM NATARN TROMAS
2.	Site Name (For example, plant name or number):
	JET CLEANERS # 8
3.	Hazardous Waste Generator Identification Number:
	981746696
4.	Facility Location: Street Address: 1440-21 DRNN BVE
	City: JACKSONVICLE County: DUVAL Zip Code: 32218
5.	Facility Identification Number (DEP/Use):
	0310364

Responsible Official

6	Name and Fitte of Responsible Official: WILLIAM YATAA	Momits	
7.	Responsible Official Mailing Address: Organization/Firm: TET CLCANORS Street Address: 1346 GRNTY ST City: TACKSONVILLE County:	DUVAL	Zip Code: 32≥0&
8.	Responsible Official Telephone Number: Telephone: 768 - (06)	Fax: (404)772	.7333

Facility Contact (If different from Responsible Official)

Name and Title of Facility Contact (For example, plant	t manager):
BARBAKA BROOME	
10. Facility Contact Address:	
Street Address: 1440-21 DUNN RVE City: TACKSONVILLE County: D	= WUAL Zip Code: 32218
11. Facility Contact Telephone Number: Telephone: (904) 757 - 0853	Fax: (904)772.7333

RECEIVED

AUG 261 .

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Bureau of Ar Monitoring & Mobile Sources

Facility Information

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

	ļ		Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#	j	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit					横毛。	ingga kana s	<u> </u>			
(1) w/ ref. con	ndenser #	/	25-MAR-88					_		
(2) w/ carbon	adsorber							_		
(3) w/ no cont	trols									
Washer Unit					48.4				Television of	14.
(4) w/ ref. con	ndenser									
(5) w/ carbon	adsorber									
(6) w/ no cont	trols									
Dryer Unit		. 1,2			W _k iz	haller mag		1		Print J.
(7) w/ ref. con										
(8) w/ carbon	adsorber									
(9) w/ no cont	trols									
Reclaimer Unit	- 1	,	Jackson 4.5		refit:	Chylena (1917)		41	en as tropical de	
(10) w/ ref. co	ondenser			_				-		
(11) w/carbon	adsorber									
(12) w/ no cor	ntrols									
(b) If less than	the total qua	re ntii lloi	quired to be ty of perchlons w many? [_	installed [perc)	purchased in	n the latest 12			[]

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4. What control technology is: (Indicate with an "X".)	required on machines	s pursuant to section (5) of	Part II of this notification form?			
Existing large area so Carbon adsorber	urce	Refrigerated condenser				
New small area source Refrigerated condense						
New large area source Refrigerated condense	-					
5. A facility which contains no to Rule 62-213.300, F.A.C. Vexemption criteria or that no su	erify that all steam ar	nd hot water generating uni	o use the general permit pursuant ts on-site meet the following			
boiler HP or less), and (2) are	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 general No such units on-site	ating units exempt					
Equ	ipment Monitoring	and Recordkeeping Infor	mation			
Check all logs which are require	red to be kept on-site	in accordance with the req	uirements of this general permit:			
(a) Purchase receipts and solve	nt purchases					
(b) Leak detection inspection a	nd repair					
(c) Refrigerated condenser tem	perature monitoring					
(d) Carbon adsorber exhaust pe	erc concentration mo	nitoring				
(e) Instrument calibration						
(f) Start-up, shutdown, malfun	ection plan					

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

Surrender of Existing Air Permit(s)

ease indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
<u>WeW</u> Signature	8.23.96 Date

DEP Form No. 62-213.900(2) Effective: 6-25-96 AIRS ID#: 03/036

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	JET Cleaners 7	# 8	DATE: 2/27/97
FACILITY LOCATION:	1440-21 Dur	in AVE.	
	Jackson ville, 1	CL 32218	
Annual Reporting Period:	AUGUST 26	19 <u>96</u> то <u>Fel</u>	rvary 27 1997
Based on each term or conditi	ion of the Title V general air permit, n	ny facility has remained in com	pljance with DEP Rule
62-213.300, Florida Administ	trative Code (F.A.C.), during the perio	od covered by this statement.	¥YES □NO
If NO, complete the following	<i>;</i>	,	
#1. Term or condition of the	general permit that has not been in co.	ntinuous compliance during the	e reporting period stated above:
Exact period of non-complian	ce: from	to	
Action(s) taken to achieve con	npliance:		
Method used to demonstrate of	compliance:		
#2. Term or condition of the	general permit that has not been in co	ntinuous compliance during the	e reporting period stated above:
Exact period of non-complian	ce: from	to	
Action(s) taken to achieve con	npliance:		
Method used to demonstrate of	compliance:		
made in this notification are upon rolling averages of purc year for transfer or combinate	:WILLIAM N. Thomas	my annual consumption of per	chloroethylene solvent, based
	Name (Please Print)	Signature	Dat e

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🂢	COMPLAIN	T/DISCOVERY	RE-INSP	ECTION
TIME IN: /000	TIME OUT:	10:15	AIRS ID#:	03/03	64
TYPE OF FACILITY:	ry Cleaner Set Cleaners 1440-21 [#8 Junn Au		DATE:	27/97
TACILITI LOCATION.	Jacksonville		2218		
RESPONSIBLE OFFICIAL: A	Villiam Nathon	Thomas	PHONE NUMBE	r: <i>904-768</i>	-1067
	the compliance requireme Rule 62-213.300, Florida A			facility is found to	be in
Based on the results of discrepancies were not	the compliance requireme	nts evaluated du	ring this inspection, the	following complia	ance
COMPLIANCE REQ	UIREMENT/PROBI	EM	FOLLOW-UP AC	TION REQUI	RED
					· .
	_				
•					
	,				
	· .		,		
COMMENTS:	·		<u> </u>		
·		•		· .	
					,
The Annual Compliance Certifi		erly certified and	I submitted to the inspec	tor. YES	NO
DATE OF NEXT INSPECTION)N:	(Approxim	<u>/ / /</u>		
INSPECTION CONDUCTED	ВУ:	<u> </u>	nter		·
INSPECTOR'S SIGNATURE	: Jefferry	Please Pr	int)PHONE NUMBE	r: <u>904-63</u>	D-3484
		Page / of /			Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISC	OVERY
AIRS ID#: 03/03 FACILITY NAME: 5 FACILITY LOCATION:	et Clean 1440-21	N: 1000 TIME OUT: DUMM AVE. Ille, FL 32218	10:15
PART I: NOTIFICATION			
(check appropriate box)	<u> </u>		
Existing facility notified DAR	M by 9/1/96		X
2. New facility notified DARM 3	0 days prior to start	up	
3. Facility failed to notify DARM	to use general perr	nit	
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	n form that it is:		
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" gaboth="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr / ` ll/yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	gal/yr / ` ll/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classific	ation	XY DN	
If no, please check the appropria	te classification:	<i>i</i> ·	
	d for a general perm above limits and is	nit as number above not eligible for a general permit	
B. The total quantity of perchlor facility was 2/5 gallons.	octhylenc (perc) pur	rchased within the preceding 12 month	s by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

In Part II-A:

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

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

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

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

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

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?

(check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON COMIA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	GY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ON PE
B. Has the responsible official of an existing large or new large area source also:	

ØY □N

DY DN CHY/A

2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON N/14
	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	DY DN KANA
	Is the perc concentration equal to or less than 100 ppm?	OY ON 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?	OY ON N/4
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON QANIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN GN/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	MO MO			
2. Maintained rolling monthly averages of perc consumption?	MO YO			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	MO M			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מם עם			
4. Maintained calibration data? (for direct reading instruments only)	. DY DN ÉNVA			
5. Maintained exhaust duct monitoring data on perc concentrations?	אם צם <i>N/A</i>			
6. Maintained startup/shutdown/malfunction plan?	COMY ON			
7. Maintained deviation reports?	oy on			
Problem corrected?	OY □N			
8. Maintained compliance plan, if applicable?	CY ON ON/A			

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ey on				
2. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)	6				
Physical detection (airflow felt through gaskets)	d				
Odor (noticeable perc odor)	٧				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					

			····		
If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					□N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					□и
c. Inspected for leaks	s and obvious	signs of w	vear on a weekly basis?	ΟY	□N
d. Kept in a clean an	nd secure area	when not	in use?	ШY	□N
e. Verified for accura	acy by use of	duplicate s	samples (calorimetric only)?	ΟY	מם
3. Has the facility maintained a leak lo	og?			4	ПN
4. The following areas should be check	ked for leaks	by the insp	pector:		
Leak Detected?				Leak	Detected?
Hose connections, fittings, couplings, and valves	ΟY	M Y	Muck cookers	ПY	ÉN
Door gaskets and seating	ΩY	Ć N	Stills	ΟY	DX
Filter gaskets and scating	ΩY	th N	Exhaust dampers	ΠY	ÚN
Pumps	Pumps			ΟY	AN
Solvent tanks and containers	ΩY	ON	Cartridge filter housings	ΟY	GN
Water separators	ΩY	E N			
William Nathan	T) ma	,			

Name of Responsible Official

Inspector's Name (Please Print)

Mus hate

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
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PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	•		IECKLISI	\$ % * p	
TYPE OF INSPECTION:	ANNUAL	> 2	COMPLAINT/I	DISCOVERY (
	RE-INSPECTION	_		The state of the s	・ `く
	ILL-III LETTON	_		Outonito	
0010011	(1, 105	7	mula	8	
AIRS 1D#: <u>03/0364</u>	, ,		v: 1370	TIME OUT: <u>133</u>	50
FACILITY NAME:	Tet Cleaner	5 #8			
FACILITY LOCATION:	1440-21 1	Dun A	lve		
	Jacksonvi	Ile, FC	3221	8	
RESPONSIBLE OFFICIAL :	William N.	Thomas	PHONE: 90	4-768-106	2
CONTACT NAME:	Barbara B	roome	PHONE: <u>9</u> 0	4-757-08	<u>23</u>
					 1
PART I: NOTIFICATION					
(check appropriate box)			•		
1. New facility notified DARM	30 days prior to startup			7	1
2. Facility failed to notify DARI	M to use general permit				1
					
PART II: CLASSIFICATION	Í				
Facility indicated on notification	on form that it is:		□ No notificatio		
(check appropriate box) A.			Drop store/ou	t of business/petrole	
1. Existing small area source		New small ar			,
dry-to-dry only, x < 140 gal/y	-	v-to-dry only, a	~ -		
transfer only, x < 200 gal/yr both types, x < 140 gal/yr		nsfer only, $x < th$ types, $x < 1$			
	001	arraboo, v - r.			
(constructed before 12/9/91)		nstructed on o	r after 12/9/91)		
	(co.		r after 12/9/91)	_	
3. Existing large area source	(co. ce √2 4.	New large ar	r after 12/9/91) ea source		
 Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 	ce 4. 100 gai/yr dry	New large ar	r after 12/9/91) ea source 40 ≤ x ≤ 2,100 g		
3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800	ce 4. 100 gal/yr dry 0 gal/yr trai	New large ar y-to-dry only, l nsfer only, 200	r after 12/9/91) ea source $140 \le x \le 2,100 \text{ g}$ $10 \le x \le 1,800 \text{ gal}$		
 Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 	ce 4. 100 gal/yr dry 0 gal/yr trai gal/yr bot	New large ar y-to-dry only, 1 nsfer only, 200 th types, 140 \(\le \)	r after 12/9/91) ea source 40 ≤ x ≤ 2,100 g		
3. Existing large area sourd dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g	ce 4. 100 gal/yr dry 0 gal/yr trai gal/yr bot	New large ar y-to-dry only, 1 nsfer only, 200 th types, 140 \(\le \)	r after 12/9/91) ea source 40 \le x \le 2,100 g 0 \le x \le 1,800 gal/y x \le 1,800 gal/yr	⁄yr	
 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classical dry of the source of the sourc	ce 4. 100 gal/yr dry 0 gal/yr trai gal/yr bot (co:	New large ar y-to-dry only, 1 nsfer only, 200 th types, 140 ≤ nstructed on only	r after 12/9/91) ea source $140 \le x \le 2,100 \text{ g}$ $10 \le x \le 1,800 \text{ gal/yr}$	⁄yr	
 3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classified in the constructed before 12/9/91 	ce 4. 100 gal/yr dry 0 gal/yr trai gal/yr bot (co:	New large ar y-to-dry only, 10 nsfer only, 200 th types, 140 ≤ nstructed on only □N	r after $12/9/91$) ea source $140 \le x \le 2,100 \text{ g}$ $10 \le x \le 1,800 \text{ gal/yr}$ r after $12/9/91$) Can not determine	⁄yr	
 3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classified in the construction of the construct	ce 4. 100 gal/yr dry 0 gal/yr trai gal/yr bot (co: assification	New large are reto-dry only, 10 sfer only, 200 th types, 140 senstructed on of 12 lb. Instructed on of 15 lb. Instructed on of	r after $12/9/91$) ea source $140 \le x \le 2,100 \text{ g}$ $10 \le x \le 1,800 \text{ gal/yr}$ r after $12/9/91$) Can not determants.	ryr nine bove	
 3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classified in the construction of the construct	ce 4. 100 gal/yr dry 0 gal/yr tran gal/yr bot (con assification appropriate classification y qualified for a general y exceeds above limits a	New large ar y-to-dry only, 1 nsfer only, 200 h types, 140 senstructed on our large ar large	ea source .40 \le x \le 2,100 g .5 \le 1,800 gal/yr r after 12/9/91) Can not determine the for a general p	nine bove permit	ming

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

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	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ПN	ÞXN/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	MN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			~
	if machines are equipped with a carbon adsorber?	ЦY	ЦN	DEN/A
	Is the perc concentration equal to or less than 100 ppm?	$\square Y$	ПΝ	ØN/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,	ΠV		M N/A
	or expansion; and downstream from no other inlet?	u 1	ШN	JALIN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			X N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	M/A

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

PART VI: LEAK DETECTION	AND REPAIRS		
1. Does the responsible official con	nduct a weekly (for small sources, l	bi-weekly) leak detection a	nd repair
inspection?			XXY □N
2. Has the facility maintained a lea	k log?		X □N
3. Does the responsible official che	eck the following areas for leaks?		•
Hose connections, fittings, couplings, and valves	AV ON ON/A	Muck cookers	YAY □N □N/A
Door gaskets and seating	YAY ON ON/A	Stills	XIY ON ON/A
Filter gaskets and seating	XY ON ON/A	Exhaust dampers	YAY ON ON/A
Pumps	TAY ON ON/A	Diverter valves	XX ON ON/A
Solvent tanks and containe	ers YAY ON ON/A	Cartridge filter housings	XY ON ON/A
Water separators	AVID NO EXE		
4. Which method of detection is us	ed by the responsible official?		
Visual examination (conde	ensed solvent on exterior surfaces)		×
Physical detection (airflow	felt through gaskets)		×
Odor (noticeable perc odor)		N N N
Use of direct-reading instru	umentation (FID/PID/calorimetric	tubes)	<u>a</u>
Halogen leak detector			×
If using direct-reading	g instrumentation, is the equipm	ent:	X N/A
a. Capable of dete	ecting perc vapor concentrations in	a range of 0-500 ppm?	□Y □N
b. Calibrated agai (PID/FID only)	inst a standard gas prior to and aft)?	er each use	□Y □N
c. Inspected for le	eaks 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 acc	curacy by use of duplicate samples	(calorimetric only)?	□Y □N
Jeff W	in-ter	6/10/	98
Inspector's Name (Plea	ase Print)	Date of Inspe	ction
When 11	in t	June	. 1999
Intractor's Signatur	iro.	Annrovimate Date of	Next Increation

ADDITIONAL SITE INFORMATION		PRO 100 S. DAN MA APPRO MA SANS ASSESSED
		;-
		à.

DRY CLEANER AIR QUALITY GENERAL PERMIT Bureau of Air Monitoring AIRS ID 0310364 THAN THOMAS THOMAS

,				U
	Do <u>NO</u>	T Remove Label		7
Annual Reporting Period: TANUAR	:->	_19 <u>9%</u> то _	DECEMB	1998
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.			—	h DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in co	ontinuous complianc	ce during the reporting p	period stated above:
Exact period of non-compliance: from		t	0	
Action(s) taken to achieve compliance:	•			
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in co	ontinuous complianc	e during the reporting p	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, base notification are true, accurate and complete. Findoes not exceed 2,100 gallons per year for dry-to	irther, my annual consi	imption of perchloroe	ethylene solvent, based up	on purchase receipts,
RESPONSIBLE OFFICIAL: <u>W)といわ</u> Nam	n N. N. Nom	adhew 2A	Signature	- 2.19.98 Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLAINT	DISCOVERY	RE-INSPECTION
TIME IN: 1340	TIME OUT:	1350	AIRS ID#:	03/03/64
TYPE OF FACILITY: $\mathcal D$	ry Cleaner	·		
FACILITY NAME:	Pet Cleaners =	#8		DATE: 6/10/98
FACILITY LOCATION:	1440-21 Dun	n Ave.		
	cksonville, Fl	322/8	?	
RESPONSIBLE OFFICIAL: W				r: 904-768-1067
	the compliance requirement tule 62-213.300, Florida Ad			facility is found to be in
Based on the results of the discrepancies were note	the compliance requirement	s evaluated durin	g this inspection, the	following compliance
COMPLIANCE REQU	JIREMENT/PROBLE	EM FO	OLLOW-UP AC	TION REQUIRED
				PK
			Bureau of	CEL
			obile Source	TEO TEO
COMMENTS:				
The Annual Compliance Certific	cation form has been proper	ly certified and su	ibmitted to the inspec	tor. YES NO
DATE OF NEXT INSPECTIO	N:	June, 19	<i>199</i>	,
INSPECTION CONDUCTED	ву:	(Approximate H Win- (Please Print	e) He/)	
INSPECTOR'S SIGNATURE:	Jeffry W	into	PHONE NUMBE	r: <u>904-630-2800</u>
	/ /// P2	ge / of /	•	Revised 10/96

TVDE	ΛF	INSPEC	TTON
	O.F.	III DI EL	

TITLE V	HYLENE DRY CLEANERS TO COMPLAINT/DISCOVER TO
AIRS ID#: 03/0364 DATE: 4/22/ FACILITY NAME:	199 TIME IN: 1335 TIME OUT: 1345
1///0 2	1 Dunn Ave.
	ville, FL 32218
	Thomas PHONE: 904-630-1067
CONTACT NAME: Barbara Br	OOM2 PHONE: 904-757-0853
PART I: NOTIFICATION	
(check appropriate box)	
(I∎
1. New facility notified DARM 30 days prior to sta	rtup
 New facility notified DARM 30 days prior to sta Facility failed to notify DARM to use general pe 	· ·
,	· ·
,	· ·
2. Facility failed to notify DARM to use general pe PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box)	· ·
2. Facility failed to notify DARM to use general pe PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	No notification form Drop store/out of business/petroleum 2. New small area source
2. Facility failed to notify DARM to use general pe 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	Proposition form ☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr
2. Facility failed to notify DARM to use general pe 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	No notification form Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
2. Facility failed to notify DARM to use general pe PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	No notification form Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
2. Facility failed to notify DARM to use general pe 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) 3. Existing large area source	No notification form Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Propriet □ No notification form □ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Propriet No notification form Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
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) 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 both types, 140 ≤ x ≤ 1,800 gal/yr	Print No notification form Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
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) 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) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ger facility exceeds above lim	In the second contract of the second contra

Revised 9/15/97

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

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	A	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ПN	X N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	MN/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.			- 4
	if machines are equipped with a carbon adsorber?	ПY	ЦN	ZHN/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПN	XIN/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?	ΠY	ПN	MN/A
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	ZÍN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПИ	XIN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	Xey □N
2. Maintained rolling monthly total of perc consumption?	XY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	YXY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON MANA
4. Maintained calibration data? (for applicable direct reading instruments)	anaka no yo
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N XXN/A
6. Maintained startup/shutdown/malfunction plan?	AS ON
7. Maintained deviation reports?	ava x no ya
Problem corrected?	dy dn Ys n/a
8. Maintained compliance plan, if applicable?	OY ON X

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?					□N
2. Has the facility maintained a leak log?			×Υ	□N	
3. Does the responsible official check the following areas for leaks?			·		
Hose connections, fittings, couplings, and valves	A(A DV	I □N/A	Muck cookers	ΠY	□N 75 N/A
Door gaskets and seating	XY DN	I □N/A	Stills	Y	□N □N/A
Filter gaskets and seating	AX ON	I □N/A	Exhaust dampers	, a	□N Þ ÍN/A
Pumps	X DN	I □N/A	Diverter valves	ПY	□N X N/A
Solvent tanks and containers	XY ON	□N/A	Cartridge filter housings	X	□N □N/A
Water separators	X DN	ı □N/A			
4. Which method of detection is used by th	e responsi	ble official?			
Visual examination (condensed so	lvent on e	xterior surfaces)		×	
Physical detection (airflow felt thro	ough gask	ets)		A A A	
Odor (noticeable perc odor)				×	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector			×		
If using direct-reading instrumentation, is the equipment:			XIN/A	4	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				IJΥ	□N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			ΠY	□N	
c. Inspected for leaks and obvious signs of wear on a weekly basis?			$\Box Y$	□N	
d. Kept in a clean and secure area when not in use?			$\Box Y$	□N	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			ΠY	□N	
		<u></u>			
_ ^			. 4		
Jeff Winter			<u> </u>	9	
Inspector's Name (Please Print))		Date of Inspec	ction	

Approximate Date of Next Inspection

ADDITIONA	L SITE INFORMA	TION:			
		•			
				·	
			•		
				,	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL (COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1335 TIME OUT:	1345 AIRS ID#: 03/0364
TYPE OF FACILITY: Perc. Dry Cleans	ef
FACILITY NAME: JET Cleaners -	#8 DATE: 4-22-99
FACILITY LOCATION: 1440-21 DUI	an Ave.
Joek Sonville,	FL 32218
RESPONSIBLE OFFICIAL: William N. Thom	PHONE NUMBER: 904-768-1867
Based on the results of the compliance requirements excompliance with DEP Rule 62-213.300, Florida Admi	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements endiscrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
COMMENTS:	
<u> </u>	
The Annual Compliance Certification form has been properly	pertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	9(1), 2000
TEI	(Approximate) FF WINTER
INSPECTION CONDUCTED BY: JET	(Plgase Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904-630-3484
Page	

Ade

AIRS ID#: 0 2/0 207	AIRS ID#:	03/0364
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Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Jet Cleaners	#8	DA	TE: 4-22-99
FACILITY LOCATION:	1440-21 Duni	n Ave.		
	Jacksonville,	FL 32212	8	
Annual Reporting Period:	April, 22	_19 <u>98</u> то _	April 6	72 , 19 <u>99</u>
Based on each term or condition of the 62-213.300, Florida Administrative				h DEP Rule
If NO, complete the following:				
#1. Term or condition of the general	permit that has not been in	continuous compliand	æ during the reporting p	period stated above:
Exact period of non-compliance: fro	m	t	0	
Action(s) taken to achieve compliance	æ:			
Method used to demonstrate complia	nce:			
#2. Term or condition of the general	permit that has not been in	continuous complianc	e during the reporting p	period stated above:
Exact period of non-compliance: fro	m	to		
Action(s) taken to achieve compliano	:e:			
Method used to demonstrate complia	nce:			
				
As the responsible official, I hereby of made in this notification are true, act upon rolling averages of purchase re year for transfer or combination faci	curate and complete. Furthe ceipts, does not exceed 2.10	er, my annual consum	ption of perchloroethyl	ene solvent, based
RESPONSIBLE OFFICIAL: WK	Name (Please Print)	5 William S	Signature	<u>4-27.99</u> 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.

BEST AVAILABLE COPY

Jet Cleaners #8

	-Spoke with William Nathan	
1.	Thomas -9/17/96-propane use approx. 4,800 gal./yr., under	
	approx. 4,800 gal lyr, under	
2.	Site limits	
3.	P.13 6. add title—Owner 9. add title—Manager	
	9 add title-Marager	
4.	Fac St	2218
	p. 14 1.(a) add date control device	
5.	installed	
	uns auteo	
49.7%		
(6)	Na	
7.	Re	-
	St.	· 8
	d / W	:32208
8.	R	: ₹
	T	.,
L		
19.	Name and title of Facility Contact (For example, plane manage-).	-
	BARBARA BROOME	
10.	Facility Contact Address:	
	Street Address: 1440-21 DUNN AVE	27718
	City: TACKSONVILLE County: DUUAL Zip Code: E	32218
11	Facility Contact Telephone Number: Telephone: (904) 757-0853 Fax: (904) 772-73	
' '	Telephone: (904) 757-0853 Fax: (901) 772-193	

RECEIVED

AUG 26

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Būreau of A.r Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): WILLIAM NATARN TO SOFF			
2.	Site Name (For example, plant name or number): JET CLEANERS # 8			
3.	Hazardous Waste Generator Identification Number:			
	Facility Location: Street Address: 1440-21 DRIVN BY E City: JACKSONVICLE County: DUVAL Zip Code: 32218			
5. 	Facility Identification Number (DEP Use):			
Responsible Official				

6.	Name and Title of Responsible Official: WILLIAM NATURAL TOO SMITS	OWNER
7.	Responsible Official Mailing Address: Organization/Firm: TET CLEANORS Street Address: 1346 GRNPY ST City: TRCKSONVILLE County: DUVAL	Zip Code: 含220名
8.	Responsible Official Telephone Number: Telephone: (304768 - (06)) Fax: (404772	.7333

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, pla	nt manager):	CION
BARBARA BROOME	MANAGER	V 101-2
10. Facility Contact Address:		
Street Address: 1440-21 DUNN AV City: TACKSONVILLE County: I	E) u U i7 C Zip Code:	32218
11. Facility Contact Telephone Number: Telephone: (904) 757 - 0853	Fax: (904)772-7	3 33

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AUG 26

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

Page 13 of 16

Büreau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit				· :	Walter State				
(1) w/ ref. condenser	#/	05-MAR-88	3-5.88	,					
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		1 1 1	Na Substanti (Sa	1.11		·	٠.		·
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				ellige i	Angligher Series				
(7) w/ ref. condenser				T				[
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	41, 4,			1.1	Andrew Mari				
(10) w/ ref. condenser		T.			T				
(11) w/carbon adsorber							ļ		
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of 2.5	are re	equired to be	installed [_		٦	n the latest 12	2 mor	iths?	
(b) If less than 12 mont Check why it is less	hs, h	ow many? [_			_] New store:	: [] Did	not k	eep records:	<u> </u>
3. What is the facility's so (Indicate with an "X".					nitions founc	in section (3) of	Part II?	
Existing small ar	ea so	urce []	Ne	w sm	nall area sour	ce []		
Existing large are	ea sou	irce [X]	Ne	w lar	ge area sour	ce []		

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

(Indicate with an "X".)	
Existing large area source Carbon adsorber []	Refrigerated condenser [X]
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring 2	and Recordkeeping Information
	in accordance with the requirements of this general permit:
Check all logs which are required to be kept on-site	and Recordkeeping Information
Check all logs which are required to be kept on-site (a) Purchase receipts and solvent purchases	in accordance with the requirements of this general permit:
Check all logs which are required to be kept on-site (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair	in accordance with the requirements of this general permit:
Check all logs which are required to be kept on-site (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	in accordance with the requirements of this general permit:

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

Surrender of Existing Air Permit(s)

Ple	ase indicate	e with an "X" the appropriate selection:
		I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	LXJ	No air permits currently exist for the operation of the facility indicated in this notification form.
		Responsible Official Certification
	this notific statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
	I will pro	mptly notify the Department of any changes to the information contained in this notification.
	MeW Signature	Date S. 23.96
ı	1 1 1	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	*	COMPLAINT/DIS	COVERY	O JAN
AIRS ID#: <u>03/0364</u> I			IN: /0/5 TIP	ME OUT: _	1025
FACILITY NAME:	et Cleaners	#8			
FACILITY LOCATION:	1440-21 D			•	
	Jacksonvi	Ik, F	-L 32212	8	<u> </u>
RESPONSIBLE OFFICIAL:	William N.7	Lomas	_PHONE: <u>9</u> 04-		1067
CONTACT NAME:	Borbara Go	one	_ PHONE:	Same	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to startup				*
2. Facility failed to notify DARN	M to use general permit				۵
PART II: CLASSIFICATION					
Facility indicated on notificatio			☐ No notification f		
Facility indicated on notificatio (check appropriate box)			□ No notification for □ Drop store/out of		etroleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source	on form that it is:		☐ Drop store/out of		etroleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area sourc dry-to-dry only, x < 140 gal/y	on form that it is:	to-dry only	☐ Drop store/out of area source , x < 140 gal/yr	f business/pe	etroleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source	ce 2. I	to-dry only	☐ Drop store/out of area source , x < 140 gal/yr < 200 gal/yr	f business/pe	_
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area sourc dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	ce	to-dry only sfer only, x types, x <	☐ Drop store/out of area source , x < 140 gal/yr < 200 gal/yr	f business/pe	T)
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is: ce	to-dry only asfer only, x in types, x < instructed on the large and to-dry only asfer only, 2 in types, 140	☐ Drop store/out of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	f business/pe	
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal source dry-to-dry only, 200 ≤ x ≤ 1,800 gal source dry-to-dry only, 200 ≤ x ≤ 1,800 gal source dry-to-dry only, 200 ≤ x ≤ 1,800 gal source dry-to-dry only, 200 ≤ x ≤ 1,800 gal source dry-to-dry only, 200 ≤ x ≤ 1,800 gal source dry-to-dry only, 200 ≤ x ≤ 1,800 gal source dry-to-dry only, 200 ≤ x ≤ 1,800 gal source dry-to-dry only, 200 ≤ x ≤ 1,800 gal source dry-to-dry only, 200 ≤ x ≤ 1,800 gal source dry-to-dry only, 200 ≤ x ≤ 1,800 gal source dry-to-dry only, 200 ≤ x ≤ 1,800 gal source dry-to-dry-	on form that it is: ce	to-dry only asfer only, x in types, x < instructed on New large a to-dry only asfer only, 2 in types, 140 in types, 140 instructed on	Drop store/out of area source , $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after $12/9/91$) area source , $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	f business/pe	
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class	on form that it is: ce	to-dry only asfer only, x in types, x < instructed on types are to-dry only asfer only, 2 in types, 140 instructed on types.	☐ Drop store/out of area source , $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91) area source , $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	f business/pe Bureau of Air Monito Mobile Source	2 C C E
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class of the property of the proper	on form that it is: ce	to-dry only asfer only, x in types, x < instructed on types at the large at the large at the large only, 2 in types, 140 instructed on types.	Prop store/out of the area source, $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source, $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine	Bureau of Air Monitoring Bureau of Air Monitoring Bureau of Air Monitoring	
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class of the property of the proper	on form that it is: ce	to-dry only asfer only, x in types, x < instructed on New large a to-dry only asfer only, 2 in types, 140 instructed on	□ Drop store/out of the area source, $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) The area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine the amber above	Bureau of Air Monitoring Bureau of Air Monitoring Bureau of Air Monitoring Bureau of Air Monitoring Bureau of Air Monitoring	

facility was /b0 gallons.

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

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS

TANT V. RECORDREDING RECORDENENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	Xev □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;	TAY ON ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	' OY ON MAN/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MAN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON TANA				
6. Maintained startup/shutdown/malfunction plan?	AN DN				
7. Maintained deviation reports?	DY DN MAN/A				
Problem corrected?	OY ON TANA				
8. Maintained compliance plan, if applicable?	OY ON MANA				

PA	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection a	nd repair
	inspection?			AN ON
2.	Has the facility maintained a leak log?			AN DN
3.	Does the responsible official check the	following areas for leaks	?	1
	Hose connections, fittings, couplings, and valves	TAY ON ON/A	Muck cookers	Y ON ON/A
	Door gaskets and seating	YY ON ON/A	Stills	Y UN UN/A
	Filter gaskets and seating	YY ON ON/A	Exhaust dampers	OY ON SIN/A
	Pumps	Y ON ON/A	Diverter valves	□Y □N XN/A
	Solvent tanks and containers	¶AY □N □N/A	Cartridge filter housings	Y UN UN/A
	Water separators	TAY ON ON/A		
4.	Which method of detection is used by t	he responsible official?		
	Visual examination (condensed s	olvent on exterior surface	s)	X
	Physical detection (airflow felt th	rough gaskets)		*
	Odor (noticeable perc odor)			# # a
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ic tubes)	
	Halogen leak detector			×
	If using direct-reading instr	umentation, is the equip	ment:	XN/A
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	□Y □N
	•	tandard gas prior to and a	fter each use	
	(PID/FID only)?	. 4 . 1		
	-	d obvious signs of wear of		UY UN
	·	ecure area when not in us		
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	□Y □N
	_		,	
	Jeff Winter		March	20, 2000
	Inspector's Name (Please Pring	nt)	Date of Inspection	

March, 200/ Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10/5 TIME OUT: TYPE OF FACILITY: Perc. Dry Cleaner THE OF THE NAME OF THE COMMENTS OF THE OWNERS OF THE	1025 AIRS ID#: 03/0364
FACILITY NAME: SET GRANEIS 77 FACILITY LOCATION: 1440-21 Dunn Sacksonville, FO	Ave. - 322/8
RESPONSIBLE OFFICIAL: William N. Thomas	PHONE NUMBER: 904-768-1067
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
COMMENTS:	
.•	·
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: Maich	200/
INSPECTION CONDUCTED BY: Self \	inroximate) inf(ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904-630-3484
Page	$of _{\underline{\hspace{1cm}}}$. Revised 10/96

AIRS ID#: 03/0364

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

71.	Jet Cleaners =	# <i>1</i> 7		2/20/2m
				: <u> </u>
FACILITY LOCATION: _	1990-21 Dunn	Avl.		
	1440-21 Dunn Jacksonville, FC	32218		
Annual Reporting Period:	April 22,	19 <u><i>99</i></u> то	March 2	20, 20
Based on each term or condit	ion of the Title V general air permit	, my facility has remaine	ed in compliance with Di	EP Rule
62-213.300, Florida Adminis	trative Code (F.A.C.), during the pe	riod covered by this state	ement. YES	□NO
If NO, complete the following	g:			
#1. Term or condition of the	general permit that has not been in	continuous compliance d	during the reporting peri	od stated above:
Exact period of non-compliar	nce: from	to	MAR 2	2000
Action(s) taken to achieve con	mpliance:			
Method used to demonstrate of	compliance:		67	
#2. Term or condition of the	general permit that has not been in	continuous compliance d	luring the reporting period	od stated above:
Exact period of non-complian	ace: from	to		
Action(s) taken to achieve con	mpliance:			
Method used to demonstrate of	compliance:			·
made in this notification are t	thereby certify, based on information true, accurate and complete. Further thase receipts, does not exceed 2,10 ion facilities. Name (Please Print)	er, my annual consumption of gallons per year for dr	on of perchloroethylene	solvent, based

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

Page $\underline{\hspace{1cm}}$ of $\underline{\hspace{1cm}}$.

 Complete items 1, 2, and 3 item 4 if Restricted Deliver. Print your name and addreso that we can return the c Attach this card to the bac or on the front if space per 	/ is desired. ss on the reverse ard to you. k of the mailpiece,	A. Received by (Please Print Clearly) B. Date of D C. Signature Age Add
Article Addressed to:		D. Is delivery address different from ten 1
10 AIRS ID # 03 10 WILLIAM NATHAN THOMA JET CLEANERS #8 1346 GANDY STREET JACKSONVILLE FL 32208	0364001AG S	Bureau of Air Monitoring 3. Service Type Dile Sources Certified Mail
2. Article Number (Copy from ser	vice label	RR
PS Form 3811, July 1999	Domestic	Return Receipt 102595-99-1

	-O 1	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
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	Δ 13	OFF	101/	队儿	USE
} =	1457	Postage	\$	Ţ	
ן ר	ח	Certified Fee			Contract
=	U.U.U.b	Return Receipt Fee (Endorsement Required)			Postmark Here
1 5	_	Restricted Delivery Fee (Endorsement Required)			
1,71	AIRS ID # 0310364001AG WILLIAM NATHAN THOMAS S JET CLEANERS #8				
1					
7000	3	1346 GANDY S	KEEI		
닏	3	© JACKSONVILLI	E FL 32208		
		PS Form 3800, May 2000	And Anti-State Con-	-	See Reverse for Instructions

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on the reverse side?	 Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
ADDRESS completed	AIRS ID 0310364 WILLIAM NATHAN THOMAS WILLIAM NATHAN THOMAS 1346 GANDY STREET JACKSONVILLE FL 32208	4a. Article Number 2 333 6 12 75 7 4b. Service Type Registered Express Mail Return Receipt for Merchandise C 7. Date of Deliver	
s your RETURN	5. Received By: (Print Name) (6. Signature: (Addressee or Agent)	Addressee's Address (Only if requeste and fee is paid)	
i —	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt

۔ US Postal Servic	333 61 6	
Receipt fo		d Mail
No.Inc		AIRS ID 031036
WILLIAM NAT	THAN THOM THAN THOM	AS AS
1346 GANDY S	STREET	
JACKSONVILI	LE FL 32208	
Postage	\$	-
Certified Fee		
Special Delivery Fe	е	
Restricted Delivery	Fee	
Return Receipt Sho		
Whom & Date Deliv		
Return Receipt Showing Date, & Addressee's Ad		
Return Receipt Showing	Idress	

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

AIRS ID 0310364

Do NOT Remove Label

WILLIAM NATHAN THOMAS WILLIAM NATHAN THOMAS 1346 GANDY STREET JACKSONVILLE FL 32208

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

303637

· · · · · · · · · · · · · · · · · · ·				/
JET CLEANERS		20040		
DATE		DESCRIPTION	AMOUNT DEDUCTION	NET AMOUNT
02/20/98	13122 98022	1	200.00	200.00
CHECK DATE 02/23/98	CONTROL NUMBER	TOTALS >	200.00	200.00

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This portion must be attached to remittance for proper handling 25.8141

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

JAN 15 97 TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0310364
JET CLEANERS #8
WILLIAM NATHAN THOMAS
1346 GANDY STREET
JACKSONVILLE FL 32208

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273

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 # 0310364 **JET CLEANERS #8 WILLIAM NATHAN THOMAS** 1346 GANDY STREET JACKSONVILLE FL 32208

DEC 10 98 BEC FOR GOVERNMENT USE ONLY Org.: 37550 1010 EQ: B1 Fund: 20-2-035001 Obi.: 0022792

RECEIVED MAIL ROOM

JET CLEANERS					21285
DATE		DESCRIPTION	AMOUNT	DEDUCTION	NET AMOUNT
12/07/98	14747 981207	0310364-#1	50.00		50,00

50.00

50.00

٩				

CHECK DATE

12/07/98

CONTROL NUMBER

0021285

TOTALS >

339209

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

MAIL ROOM

Do NOT Remove Label

AIRS ID # 0310364

JET CLEANERS #8

WILLIAM NATHAN THOMAS
1346 GANDY STREET
JACKSONVILLE FL 32208

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

Obj.: 002273

DATE		DESCRIPTION	AMOUNT	DEDUCTION	NET AMOUNT
12/06/99	16886 991206		200.00		200.00

JET GLEANERS

CHECK DATE

12/07/99

CONTROL NUMBER

0022948

TOTALS >

22948

200.00

200.00

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 # 0310364

JET CLEANERS #8 WILLIAM NATHAN THOMAS

1346 GANDY STREET

2.3 PW

JACKSONVILLE FL 32208

12-15-100-18

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

...Fund: 20-2-035001

Obj.: 002273

	# 0310364
	Jet Cleaners #8
	Spoke with William Nathan
	Spoke with William Nathan Thomas - 9/17/96
D.15	5. propane - ~ 400 gal/month
	5. propane - ~ 400 gal/month = 4,800 gal/yr.
	PM = 1.92 lb./yr.
	NOX=67.20 /b./yr.
	Co = 9.12 lb/yr. Toc=2.4 lb/yr.

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