

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 14, 1996

Mr. Joe Patel Koretizing Cleaners 1438 Edgewood Avenue West Jacksonville, Florida 32208

Dear Mr. Patel:

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

Stolly Ridge

/DD

cc: Ms. Lori Tilley, Duval County

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	KORETIZING CLEANERS INC.
2.	Site Name (For example, plant name or number):
	GORETIZING CLEAMERS.
3.	Hazardous Waste Generator Identification Number:
	FLD 063 287 858
4.	Facility Location:
	Street Address: 1438 EDGEWOOD AVE WEST City: JACKSONVILLE FL County: OUVAL Zip Code: 32208
5.	Facility Identification Number (DEP Use):
	03/0370
	Responsible Official
(0)	ATTENDED TO THE OFFICE I
©,	Name and Title of Responsible Official: RAVI OR JOE PATEL PRESI - Vice Presi
7.	Responsible Official Mailing Address:
	Organization/Firm: KORETIZING CLEANERS INC. Street Address: 1438 EAGEWOOD AUE WEST
	City: JACKSONVILLE FL County: DUVAL Zip Code: 32208
8.	Responsible Official Telephone Number:
	Telephone: (904) 765 - 7131 Fax: () -
	Facility Contact (If different from Responsible Official)
	- 101100 (21 0110101 100 Position)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address: City: County: Zip Code:
	Zip Couc.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: (·) -

RECEIVED

AUG 2 6 1996

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

Bureau of Air Monitoring & Mobile Sources

#0310370

. . .

	25 (4
-	Koretizing Cleaners
	- spoke with Joe Patel - 9/16/96
. •	
D.13	6. The R.O. Should be Joe Patel-
	verity his signature on page 16
	verify his signature on page 16 With him - mark out "Ravior"
	and "Pres Vice Pres." and
	initial, add correct title-Sec.
D.14	1.6 add 11X"
P.15	1 ./
<i>,</i> .	7.020 gal. /vr. (\$100/wk. @ ~.74/gal.)-
	11 Under (IMITS)
	5(c) not required, mark out "X"
	and initial
*	
-	
-	

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-9
Dry-to-Dry Unit	1,1		*	;					
(1) w/ ref. condenser		7-14-83	1- 14-83						
(2) w/ carbon adsorber			1 1						
(3) w/ no controls									
Washer Unit						3.5			Facilities (pr. 1
(4) w/ ref. condenser		1							l
(5) w/ carbon adsorber									
(6) w/ no controls							····		
Dryer Unit		r propinski s			and the light stage			The state of the s	Control of the contro
(7) w/ ref. condenser			1						
(8) w/ carbon adsorber							 		
(9) w/ no controls					-				
Reclaimer Unit	aji na	o pytike ist .	egine and the second	. /			i de		
(10) w/ ref. condenser		<u> </u>	T				T		i i
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are requant	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large are					ge area sour		J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on mach (Indicate with an "X".)	ines pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
to Rule 62-213.300, F.A.C. Verify that all steam exemption criteria or that no such units exist on All steam and hot water generating units on-site boiler HP or less), and (2) are fired exclusively	e (1) have a total heat input of 10 million BTU/hr or less (298 by natural gas except for periods of natural gas curtailment
during which propane or fuel oil containing no All steam and hot water generating units exemp	
No such units on-site	
* PROPANE GAS	
Equipment Monitor	ing 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	[<u>X</u>]
(b) Leak detection inspection and repair	[<u>X</u>]
Refrigerated condenser temperature monitor	ing [X]
(d) Carbon adsorber exhaust perc concentration	monitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[X]

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

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
[×]	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notifi 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.						
Signature	Date						

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
KORETIZING CLEANER INC.
2. Site Name (For example, plant name or number):
KORETIZING CLEANELS. I
3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number: No Dry cleaning Done of the Location at 1438 Edgeword 4. Facility Location: 2261-1=daewood Avc (4)
Street Address:
City: Jacksunville County: Dural Zip Code: 32209
5. Facility Identification Number (DEP Use):
种产了工作业。""你们是一种对于"自己的专工","自己的专工"的主义等。"你,这
Responsible Official
6. Name and Title of Responsible Official:
RAVI PATEL (Presi) Or JUE PATEL (V. Presi)
7 Responsible Official Mailing Address:
Organization/Firm: Korekizmy CI Bni. Street Address: 226)-1 Evjeword Ave Cu) City: TACKIMVILC County: DUVM. FL 32209
City: Zip Code:
SHOKIWALIC DARM. HT 35706
8. Responsible Official Telephone Number: Telephone: (今がり 7 (し - リノス) Fax: () -
1 receptions: (2/3/) / 66 / 1 2/
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 2 6 1996

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Machine Initially Purchased	Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed		Date Machine Initially Purchased	Date Control Device Installed
l .	110	Turchased	mstaned	110	i dichased	mstaried	110	Turchased	mstaricu
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	7								
(1) w/ ref. condenser									
(2) w/ carbon adsorber	•								
(3) w/ no controls									
Washer Unit	- :	1.44							
(4) w/ ref. condenser									
(5) w/ carbon adsorber	•								
(6) w/ no controls									
Dryer Unit	-75.13			·	Paragraman			İstin ili Kuş	1.8 1
(7) w/ ref. condenser			1						
(8) w/ carbon adsorber	•								
(9) w/ no controls									
Reclaimer Unit	-1.1	18 (84) 18						ar in the	
(10) w/ ref. condenser									
(11) w/carbon adsorbe	r								
(12) w/ no controls									
(b) Control devices and (c) No control devices 2.(a) What was the total [s are requant gallo	equired to be ity of perchlons ow many? [_	installed [_ proethylene (perc)	_] purchased in				
						d in section (

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	KORETIZING CLEAMERS INC.
2.	Site Name (For example, plant name or number):
	KORETIZING CLEAMERS.
3.	Hazardous Waste Generator Identification Number:
	FLD 063 287 858
4.	Facility Location: Street Address: 1438 EDGEWOOD AUE WEST City: JACKSONVILLE FL County: DUVAL Zip Code: 32208
5.	Facility Identification Number (DEP Use): 0310370
	Responsible Official
	Name and Title of Responsible Official: RAVI OR JOE PATEL PRESI - Vice Presi
7.	Responsible Official Mailing Address: Organization/Firm: KORETIZING- CLEANERS INC. Street Address: 1438 EAGEWOOD AUE WEST City: JACKSONVILLE FL County: DUVAL Zip Code: 32208
8.	Responsible Official Telephone Number: Telephone: (904) 765 - 7131 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 2 6 1996

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
· ·		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		.	_						
(1) w/ ref. condenser		7-14-83	7-14-83						
(2) w/ carbon adsorber		1	1 19						
(3) w/ no controls									
Washer Unit		•		<u> </u>		ı			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls					-				
Dryer Unit								1.	5.5
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	5		1		· · · · · .			1 d .	·
(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? [
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi	ication only.) Ne	ew sn	nitions found nall area sour	rce [3) of]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II (Indicate with an "X".)	of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenser []	J ,
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 to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-sit 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 milli boiler HP or less), and (2) are fired exclusively by natural gas except for periods of na 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 []	
* PROPANE GAS	
	,
Equipment Monitoring and Recordkeeping Information	
Check all logs which are required to be kept on-site in accordance with the requirement	nts of this general permit:
(a) Purchase receipts and solvent purchases	ا
(b) Leak detection inspection and repair	_
(c) Refrigerated condenser temperature monitoring	ال
(d) Carbon adsorber exhaust perc concentration monitoring	٦
(e) Instrument calibration	٦
(f) Start-up, shutdown, malfunction plan	J

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

Surrender of Existing Air Permit(s)

lease 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 facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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.
	Maty 8/16/96.
Signatur	Date

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



DARM Home | ASGP Home | Facilities | Inspections | Reports |

Perchloroethylene Inspection

General Information

KORETIZING CLEANERS	1438 EDGE\ JACKSONVI	WOOD AVE WEST	0310370
INSPECTION TYPE: ANNUA	L INSPECTION (INS2)		D O'DONNELL (ODONNELL_K
	DATE: 9/24/2003	TIME IN:	TIME OUT:
_		ATIO	
RESPONSIBLI	OFFICIAL: RAVINDRA K P.		
	CONTACT:	Phone:	
In Compliance: Mino	r Non-Compliance: C	Significant Non	-Compliance: C
ADDITIONAL SITE INFORMATION:			
Inspection Status: Con	pplete . Upda	ate Inspection Delete Ir	spection
	Inspectio	on Checklist	
Matification	General Controls Vent	Controls Recordkeeping	
Notification	General Controls Vent	controls Record Reeping	Leak Detection
Part I: Notification			
	No compressions	ADM 00 In a colonia de la	
	<u>-</u>	ARM 30 days prior to startu DARM to use general perm	•
***************************************	racility lailed to flothly i		
Part II: Classification			
Γ	No notification form		Drop store/out of busn/petroleum
A: Facility indicated on notifica			_
Existing small area source:		New small area source	
3. Existing large area source:		4. New large area source	
5. This is a correct facility clas	sification:		
	opriate classification: Facility qualified for a gener Facility exceeds above limit		
B. The total quantity of perchlodry cleaning facility is	proethylene purchased in th	e preceding 12 months by	the

Justivate 576/2004

PERCHLOROETHYLENE DRY CLEANERS

	TITLE V GENI	ERAL PERMIT	
	COMPLIANCE INSPI	ECTION CHECKLIST	8 4 K
TYPE OF INSPECTION:	ANNUAL	COMPLAIN	T/DISCOVER T/OS/S/S/S/S/S/S/S/S/S/S/S/S/S/S/S/S/S/S
	RE-INSPECTION	o	NOW A SU
			63 4
AIRS ID#: <u>03/0370</u>) _{DATE:} 6/30/98		
FACILITY NAME: <u>k</u>	coretizing C	leaners	
FACILITY LOCATION:	1438 Edge NO	od Ave. W.	
	Jacksonville	, FL 32208	8
RESPONSIBLE OFFICIAL :	: Ravi Patel	PHONE:	704-765-7131
CONTACT NAME:	Some	PHONE:	Same
TARE NOMERO A PROM			
PART I: NOTIFICATION			
(check appropriate box)	=		
(check appropriate box) 1. New facility notified DARM	1 30 days prior to startup		×
	•		×
New facility notified DARM	•		×
New facility notified DARM	RM to use general permit		×
New facility notified DARM Facility failed to notify DAR	RM to use general permit	□ No notifica	0
1. New facility notified DARM 2. Facility failed to notify DAF PART II: CLASSIFICATIO Facility indicated on notificat (check appropriate box)	RM to use general permit		
1. New facility notified DARM 2. Facility failed to notify DAF PART II: CLASSIFICATIO Facility indicated on notificat (check appropriate box) A.	RM to use general permit N tion form that it is:	☐ Drop store	ation form
1. New facility notified DARM 2. Facility failed to notify DAF PART II: CLASSIFICATIO Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou	N tion form that it is:	☐ Drop store	ation form
1. New facility notified DARM 2. Facility failed to notify DAF PART II: CLASSIFICATIO Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	RM to use general permit N tion form that it is: rce //yr dry-tr trans	Drop store New small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr	ation form
1. New facility notified DARM 2. Facility failed to notify DAF PART II: CLASSIFICATIO Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	RM to use general permit N tion form that it is: rce /yr dry-trans both	☐ Drop store New small area source to-dry only, x < 140 gal/yr sfer only, x < 200 gal/yr types, x < 140 gal/yr	ation form c/out of business/petroleum
1. New facility notified DARM 2. Facility failed to notify DAF PART II: CLASSIFICATIO Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	RM to use general permit N tion form that it is: rce /yr dry-trans both	Drop store New small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr	ation form c/out of business/petroleum
1. New facility notified DARM 2. Facility failed to notify DAF PART II: CLASSIFICATIO Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	RM to use general permit N tion form that it is: rce //yr trans both (con.	☐ Drop store New small area source to-dry only, x < 140 gal/yr sfer only, x < 200 gal/yr types, x < 140 gal/yr	ation form c/out of business/petroleum
1. New facility notified DARM 2. Facility failed to notify DAF PART II: CLASSIFICATIO Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 < x < 2	RM to use general permit N tion form that it is: rce 2. N dry-t r trans both) (con-	Drop store New small area source to-dry only, $x < 140 \text{ gal/yr}$ sfer only, $x < 200 \text{ gal/yr}$ types, $x < 140 \text{ gal/yr}$ structed on or after 12/9/91 New large area source to-dry only, $140 \le x \le 2,10$	ation form c/out of business/petroleum 1) 1) 20 gal/yr
1. New facility notified DARM 2. Facility failed to notify DAF PART II: CLASSIFICATIO Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	RM to use general permit N tion form that it is: rce 2. N dry-trans both (con- cre 4. N 2,100 gal/yr dry-trans 00 gal/yr trans	Drop store New small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after $12/9/91$ New large area source to-dry only, $140 \le x \le 2,10$ sfer only, $200 \le x \le 1,800$ g	ation form c/out of business/petroleum 1) 10 gal/yr gal/yr
1. New facility notified DARM 2. Facility failed to notify DAF PART II: CLASSIFICATIO Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 < x < 2	RM to use general permit N tion form that it is: rce	Drop store New small area source to-dry only, $x < 140 \text{ gal/yr}$ sfer only, $x < 200 \text{ gal/yr}$ types, $x < 140 \text{ gal/yr}$ structed on or after 12/9/91 New large area source to-dry only, $140 \le x \le 2,10$	ation form //out of business/petroleum 1) 10 gal/yr gal/yr //yr

Revised 9/15/97

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

facility qualified for a general permit as number

 $\square N$

facility exceeds above limits and is not eligible for a general permit

□Can not determine

5. This is a correct facility classification

If no, please check the appropriate classification:

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) XY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at 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? Y ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the XY ON ON/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 XY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS

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

PA	ART VI: LEAK DETECTION AND	REPAIRS				
1.	Does the responsible official conduct a	weekly (for	small sour	ces, bi-weekly) leak detection ar	nd rep	air
	inspection?				YY	□N
2.	Has the facility maintained a leak log?				YY	□N
3.	Does the responsible official check the	following a	reas for lea	ks?	,	
	Hose connections, fittings, couplings, and valves	- X Y □N	□N/A	Muck cookers	XY	□N □N/A
	Door gaskets and seating	XYY DN	· □N/A	Stills	YY	□N □N/A
	Filter gaskets and seating	MO AM	□N/A	Exhaust dampers	YY	□N □N/A
	Pumps	AY ON	□N/A	Diverter valves	X Y	□N □N/A
	Solvent tanks and containers	ATY ON	□N/A	Cartridge filter housings	XY	□N □N/A
	Water separators	XY □N	□N/A			
4.	Which method of detection is used by	the responsib	ole official	?		
	Visual examination (condensed s	solvent on ex	terior surf	aces)	X	
	Physical detection (airflow felt th	rough gaske	ets)		严贝应	
	Odor (noticeable perc odor)				X	
	Use of direct-reading instrument	ation (FID/P	ID/calorim	netric tubes)		
	Halogen leak detector				X	
	If using direct-reading instr	rumentation	, is the eq	uipment:	XN/	'A
	a. Capable of detecting	perc vapor c	concentration	ons in a range of 0-500 ppm?	DY	□N
	b. Calibrated against a (PID/FID only)?	standard gas	prior to a	nd after each use	ПY	□N
	c. Inspected for leaks a	nd obvious s	igns of wea	ar on a weekly basis?	ŪΥ	□N
	d. Kept in a clean and s	secure area v	vhen not in	use?	ПY	□N
	e. Verified for accuracy	by use of du	iplicate sar	nples (calorimetric only)?	ΠY	□N
				<u> </u>		
		,				
	Jeff Winter					
	Inspector's Name (Please Pri	nt)		Date of Inspe	ction	
	alhun Vin	1	-	June	, 19	199
	Inspector's Signature			Approximate Date of 1	Next I	nspection

ADDITIONAL SITE INFORMATION:		
-		
·		
	•	
ı		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

·		WIARI KEI OKI	• <u> </u>
TYPE OF INSPECTION:	ANNUAL X COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1400	TIME OUT:/	430airs id#:0	3/0370
TYPE OF FACILITY: \mathcal{L}	ry Cleaner		
FACILITY NAME:	Coretizing Clear	ners	DATE: 6/30/98
FACILITY LOCATION:	1438 Eage WOOD	Ave. W.	
	Jackson Wille, FL	_ 32208	
RESPONSIBLE OFFICIAL:	Ravi fatel	PHONE NUMBER:	904-765-7131
	the compliance requirements evalua Rule 62-213.300, Florida Administra		lity is found to be in
Based on the results of discrepancies were note	the compliance requirements evaluated:	ated during this inspection, the foll-	owing compliance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	ON REQUIRED
			P
		Ø	<u> </u>
		Bureo.	0. 10
		200	Pit Montage 2
			ing .
COMMENTS:			
COMMENTS.	•		
•			
The Annual Compliance Certific	cation form has been properly certifi	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	N: Juh	c, 1999	
INSPECTION CONDUCTED	BY: Jeff V	entimate) 'wfer ease Print)	
INSPECTOR'S SIGNATURE	////		904-630-2800
	Page /	of /	Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2.	Site Name (For example, plant name or number):
	Site Name (For example, plant name or number): CORETIZING CLEAMERS
3.	Hazardous Waste Generator Identification Number:
	FLD 063 287 858
4.	Facility Location:
	Street Address: 1438 ENGEWOOD AUR WEST City: JACKSONVILLE FL County: DUVAL Zip Code: 32208
	City: JACKSONVILLE FL County: DUVAL Zip Code: 32208
5:1	sFacility Identification, Number (DEP) Use)
1401	
	Responsible Official
6.	Name and Title of Responsible Official:
	RAVI OR JOE PATEL PREST - VICE Prest
7.	Responsible Official Mailing Address:
	Organization/Firm: KORETIZING- CLEANEIRS INC.
	Street Address: 1438 EAGEWOOD AUE WEST City: JACKSONVILLE FL County: NUML Zip Code: 32208
	City: JACKSUNUILLE FL County: DUVAL Zip Code: 32208
8.	Responsible Official Telephone Number:
	Telephone: $(904) 765 - 7131$ Fax: ()
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
· ·	rume and ruse of racinty contact (1 of example, plant manager).
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11	Facility Contact Telephone Number
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
	•

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

Page 13 of 16

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control	ļ	Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit				· ·	<i>TUO</i> 3	1490			
(1) w/ ref. condenser		7-14-83	7-14-83		10/86	10/86	Γ	<u> </u>	
(2) w/ carbon adsorber	_	1	 	<u> </u>	10/30	1700	_		
(3) w/ no controls							_		
Washer Unit								' .	1.1
(4) w/ ref. condenser	-	T .			1			T	1
(5) w/ carbon adsorber	 	-			1				
(6) w/ no controls	_			\vdash					
Dryer Unit	: .	. Propa	<u> </u>						
(7) w/ ref. condenser			I		1		T	1	
(8) w/ carbon adsorber		1		† · · · ·					
(9) w/ no controls				T					
Reclaimer Unit									
(10) w/ ref. condenser				\Box		I			
(11) w/carbon adsorber		_					1		
(12) w/ no controls							 		
(b) Control devices are (c) No control devices 2.(a) What was the total [quan gall	required to b tity of perch lons how many? [e installed [_loroethylene	(perc) purchased				: []
3. What is the facility's so (Indicate with an "X". Existing small a Existing large an	Sele rea s	ource [**	fication only) lew s	finitions four mall area sou arge area sou	ırce [J	Part II?	
			•				1		

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

 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
•	
•	units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following::
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment re than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
* PROPANE GAS	
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	e in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[<u>X</u>]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[<u>×</u>]
(d) Carbon adsorber exhaust perc concentration mo	onitoring
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[×]

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:	
	I hereby surrender all existing air permits authorize facility indicated in this notification form; specification form;	• .
[<u>×</u>]	No air permits currently exist for the operation o this notification form.	f the facility indicated in
	. `	
	Responsible Official Cert	tification
this notif statemen maintain	dersigned, am the responsible official, as defined in fication. I hereby certify, based on information and its made in this notification are true, accurate and of the air pollutant emissions units and air pollution with all terms and conditions of this general permit	belief formed after reasonable inquiry, that the complete. Further, I agree to operate and control equipment described above so as to
I will pro	omptly notify the Department of any changes to the	information contained in this notification.
Signatur	Mary	Date 6 30 98

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	X C	OMPLAINT/DISCOVERY	
AIRS 1D#: <u>03/0370</u>		7_ TIME IN: _	9/5 Tameroute	<u>9:30</u>
FACILITY NAME:	Koretizing	Cleane	Soly Onic	
FACILITY LOCATION:		gewood x	_	
	Jackson	ville, FL	32208	
RESPONSIBLE OFFICIAL :	Ravi or Joe	fatel pr	HONE: 404/765-	713/
CONTACT NAME:	Doe Vote	<u> </u>	IONE: Jour	ع
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup	1		`₩
2. Facility failed to notify DAR				
,				
PART II: CLASSIFICATION				41 - 1 AM AM A
PART II: CLASSIFICATION Facility indicated on notification (check appropriate box)			No notification form Drop store/out of business/p	etroleum
Facility indicated on notification	ce 2. dr		Drop store/out of business/p source 140 gal/yr 0 gal/yr gal/yr	etroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ce 2. ce dry tra bo (cc tre 100 gal/yr gal/yr tra lal/yr bor	New small area a y-to-dry only, x < ansfer only, x < 20 oth types, x < 140 gonstructed on or at New large area s	Drop store/out of business/p source 140 gal/yr 0 gal/yr gal/yr ter 12/9/91) source $\leq x \leq 2,100 \text{ gal/yr}$ $x \leq 1,800 \text{ gal/yr}$ $\leq 1,800 \text{ gal/yr}$	etroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 gr	ce 2. dry tra bo (cc loop gal/yr tra lal/yr (cc loop gal/yr tra lal/yr bo (cc loop gal/yr tra lal/yr bo (cc loop gal/yr tra lal/yr tra lal/yr (cc loop gal/yr tra lal/yr (cc loop gal/yr tra lal/yr tra lal/yr (cc loop gal/yr tra lal/yr tra lal/yr (cc loop gal/yr tra lal/yr tra lal/yr tra lal/yr (cc loop gal/yr tra lal/yr (cc loop gal/yr tra lal/yr	New small area a y-to-dry only, x < 20 of the types, x < 140 go onstructed on or af New large area sy-to-dry only, 140 onsfer only, 200 \le the types, 140 \le x \le the types, 140 \le the types, 140 \le x \le the types, 140 \le the types,	Drop store/out of business/p source 140 gal/yr 0 gal/yr gal/yr ter 12/9/91) source $\leq x \leq 2,100 \text{ gal/yr}$ $x \leq 1,800 \text{ gal/yr}$ $\leq 1,800 \text{ gal/yr}$	etroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility class of the property of the proper	ce 2. cr dr tra bo (cc te 4. 100 gal/yr dr gal/yr bor (cc assification	New small area a y-to-dry only, x < 20 on the types, x < 140 go on tructed on or at New large area sy-to-dry only, 140 on sfer only, 200 < the types, 140 < x < 0 on tructed on or af y \begin{align*} \Pi &	Drop store/out of business/p source 140 gal/yr 0 gal/yr gal/yr ther 12/9/91) source $\leq x \leq 2,100 \text{ gal/yr}$ $x \leq 1,800 \text{ gal/yr}$ $1,800 \text{ gal/yr}$ ther 12/9/91) Can not determine	etroleum

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

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

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

PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			XY	_ □N		
2.	Has the facility maintained a leak log?			YY	иD		
3.	Does the responsible official check the	following areas for leaks?					
	Hose connections, fittings, couplings, and valves	AND ND YA	Muck cookers	AX	□N □N/A		
	Door gaskets and seating	YAY ON ON/A	Stills	XY	□N □N/A		
	Filter gaskets and seating	YAY ON ON/A	Exhaust dampers	ПY	ANAR NO		
	Pumps	Y ON ON/A	Diverter valves	QY	ON DANA		
	Solvent tanks and containers	Aאמם מם צאלי	Cartridge filter housings	$\not \! \! \! \! \! \! \! /_{\! Y}$	□N □N/A		
	Water separators	YAY ON ON/A					
4. Which method of detection is used by the responsible official?			. ,				
	Visual examination (condensed solvent on exterior surfaces)			X			
	Physical detection (airflow felt the	rough gaskets)		×			
	Odor (noticeable perc odor)			10 女女			
	Use of direct-reading instrumenta	ition (FID/PID/calorimetric	c tubes)				
	Halogen leak detector			A			
	If using direct-reading instru	umentation, is the equipn	nent:	ANY A	A		
	a. Capable of detecting J	perc vapor concentrations i	in a range of 0-500 ppm?	□Y	□N		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				ΠY	□N		
	c. Inspected for leaks an	nd obvious signs of wear on	a weekly basis?	□Y	□N		
	d. Kept in a clean and secure area when not in use?				□N		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				□N		

Jeff Winter
Inspector's Name (Please Print) Jeffrey Vinta Justifior's Signature

May, 2000
Approximate Date of Next Inspection

May 7, 1999
Date of Inspection

ADDITIONAL SITE INFORMAT	TON:	
		,
·		

AIRS ID#:	0310370	
$\alpha \mathbf{m} \mathbf{m} \mathbf{m}$.	0010010	

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Kovet FACILITY LOCATION: 143 Jack	izing Cle	aners	· 	DATE: 5/7/99
FACILITY LOCATION: 143	38 Edge W	ood Ave.		
Jack	Sonville, F	Z 322	08	
Annual Reporting Period:	1ay 7,	_19 <u>98</u> то	May	7) 1999
Based on each term or condition of the Title	: V general air permit	my facility has ren	nained in compliance	with DEP Rule
62-213.300, Florida Administrative Code (F				
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in	continuous complia	nce during the report	ing period stated above:
Exact period of non-compliance: from		<u></u>	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 complia	nce during the report	ing period stated above:
6				
				
Exact period of non-compliance: from		<u> </u>	to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, made in this notification are true, accurate a upon roiling averages of purchase receipts,	and complete. Furthe	r, my annual consu	mption of perchloroe	ethylene solvent, based
year for transfer or combination facilities.			M street	مما الم
REST ONSIBLE OFFICIAL.	TIMBRA. K-P	ATEL	Missing	517199
Nar	ne (Please Print)		Signature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🛛	COMPLAINT/E	DISCOVERY _	RE-INSPECTION	
TIME IN: 915	TIME OUT:	930	AIRS ID#:	03/0370	
TYPE OF FACILITY:	erc. Dry CK	raner .			_
FACILITY NAME:	ovetizing (leaners		DATE: <i>5/7/99</i>	<u>7 </u>
FACILITY LOCATION:	1438 Edgew			· · · · ·	
	Jackson ville,	FL 32	208	0.1/	
RESPONSIBLE OFFICIAL:	Cavi or Joe 7	atel	PHONE NUMBE	r: <u>904/765-7131</u>	
	the compliance requirements			facility is found to be in	
Based on the results of t discrepancies were note	the compliance requirements d:	evaluated during	this inspection, the	following compliance	
COMPLIANCE REQU	JIREMENT/PROBLE	M FO	LLOW-UP AC	TION REQUIRED	
	_			<u> </u>	
					_
				•	
COMMENTS:					
The Annual Compliance Certific	cation form has been properl	y certified and sub	omitted to the inspec	tor. YES NO	
DATE OF NEXT INSPECTIO	N:	May, 2	000		
		(Approximate)	nter		
INSPECTION CONDUCTED	BY:	(Please Print)	nier	· · ·	
INSPECTOR'S SIGNATURE:	allrun	Winter	_PHONE NUMBE	R: 904/630-3484	l
		1.1	_	7	
•	Pag	geoi		Revised 10)/96

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	UAL COMPLAINT/DISCOVERY	liki o
RE-II	NSPECTION	
AIRS ID#: <u>03/0370</u> date:_	3/27/2000 TIME IN: 945 TIME OUT: /	000
FACILITY NAME: KOPET	izing Cleaners	· .
FACILITY LOCATION: 143	88 Edge wood Ave. W.	
Ja	CKSONVIlle, FL 32208	
_	-or- Joe Potel PHONE: 904-765-71	3/_
CONTACT NAME: JOR	Potel PHONE: Same	
PART I: NOTIFICATION		
(check appropriate box)		
	anion to standard	~
1. New facility notified DARM 30 days p	•	
2. Facility failed to notify DARM to use	general permit	
PART II: CLASSIFICATION	·	
Facility indicated on notification form t		
Facility indicated on notification form t (check appropriate box)	that it is: No notification form Drop store/out of business/petro	oleum
Facility indicated on notification form t	Drop store/out of business/petrol 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)	APR -
Facility indicated on notification form to (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petrol 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	
Facility indicated on notification form (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petrol dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)	APR - 5

facility was

_gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at 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) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 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?	□Y □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AN ON
2. Maintained rolling monthly total of perc consumption?	ATA ON
3. Maintained leak detection inspection and repair reports for the following:	<i>'</i>
a. documentation of leaks repaired w/in 24 hrs? or;	XY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON MIN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ANA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON \$\text{N/A}
6. Maintained startup/shutdown/malfunction plan?	-AT ON
7. Maintained deviation reports?	Y ON TOWN/A
Problem corrected?	□Y □N XAN/A
8. Maintained compliance plan, if applicable?	OY ON MIN/A

PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			Y	□N	
2.	Has the facility maintained a leak log?	?		A	□N	
3.	Does the responsible official check the	e following areas for leaks	?	(
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	A Y	□N □N/A	
	Door gaskets and seating	YAY ON ON/A	Stills	1	□N □N/A	
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	□Y (□n p an/a	
	Pumps	STY ON ON/A	Diverter valves	□Y (□n ya n/a	
	Solvent tanks and containers	TO UN UN/A	Cartridge filter housings	DAY (□N □N/A	
	Water separators	AND NO AND				
4.	Which method of detection is used by	the responsible official?		~		
	Visual examination (condensed	solvent on exterior surface	s)	A X X O		
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)				,	
	Use of direct-reading instrument	tation (FID/PID/calorimetr	ic tubes)			
	Halogen leak detector					
	If using direct-reading inst	rumentation, is the equip	ment:	N/A	\ .	
	a. Capable of detecting	g perc vapor concentrations	in a range of 0-500 ppm?	'DY (□N	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	fter each use	□Y (□N	
	c. Inspected for leaks a	and obvious signs of wear o	on a weekly basis?	□Y (□N	
	d. Kept in a clean and	secure area when not in use	e?	□Y (□N	
	e. Verified for accuracy	les (calorimetric only)?	□Y	□N		

3/27/2000

Date of Inspection

March, 200/

Approximate Date of Next Inspection

ADDITIONAL SITE INFOR	1ATION:	
	· ·	
-		
	•	
,		

AIRS ID#: 03/0370

Ho

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: FACILITY LOCATION: _	Koretizing	Cleaners	,	DATE: 3/27/2000
FACILITY LOCATION: _	1438 Ed	gewood Au	re. W.	
	Jacksonv	ille, EL.	32208	
	<u> </u>			_
Annual Reporting Period:	May 7	19 <u>99</u>	то	:4 27, *200
Based on each term or condi- 62-213.300, Florida Adminis	-	•		<u></u>
If NO, complete the followin	g:			
#1. Term or condition of the	general permit that has no	t been in continuous	compliance during the rep	orting period stated above:
Exact period of non-compliant	nce: from	·	to	
Action(s) taken to achieve co	mpliance:			
Method used to demonstrate	compliance:			
#2. Term or condition of the	general permit that has no	t been in continuous	compliance during the rep	orting period stated above:
Exact period of non-complian	nce: from		to	
Action(s) taken to achieve co	mpliance:			
Method used to demonstrate	compliance:			·
As the responsible official, I made in this notification are upon rolling averages of purcyear for transfer or combinat	true, accurate and complet chase receipts, does not exciton facilities.	e. Further, my annuc ceed 2,100 gallons pe	al consumption of perchlo	roethylene solvent, based
	(2 10100 I	,	0	

^{*}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/D	ISCOVERY	RE-INSPE	CTION
TIME IN: 945	TIME OUT:	1000	AIRS ID#:	03/037	20
TYPE OF FACILITY:	erc. Dry Clea	ner			<i></i>
FACILITY NAME:	coretizing (<u>Jeaners</u>		DATE: <u>3/</u>	27/2000
FACILITY LOCATION:	1438 Esgewa		. W.		· · · · · · · · · · · · · · · · · · ·
	Jack Sonville	FL	32208		
RESPONSIBLE OFFICIAL:	Kavi or Joe x	atel	_PHONE NUMBE	IR: <u>904-16.</u>	5-7/3/
	the compliance requirements tule 62-213.300, Florida Adn			facility is found to	be in
Based on the results of t discrepancies were note	the compliance requirements d:	evaluated during	this inspection, the	following complian	ace
COMPLIANCE REQU	JIREMENT/PROBLE	M FO	LLOW-UP AC	TION REQUIR	ED
			`		
	_			_	
	s				
	•				
COMMENTS:					
				-	
The Annual Compliance Certific	cation form has been properly	certified and sub	mitted to the inspec	tor. YES	NO
DATE OF NEXT INSPECTIO	N:	Tarch, o	100/		
DV0DW0DW0DV0DV0DV0DV0DV0DV0DV0DV0DV0DV0DV0DV0DV0	Tel	(Approximate) Wind	e C		
INSPECTION CONDUCTED	BY:	(Please Print)		· · ·	
INSPECTOR'S SIGNATURE:	: Jeffyn L	Inte	_PHONE NUMBE	CR: 904-63	30- <i>3484</i>
,	Page	e / of / .			Revised 10/96

	#0310370
1	9 9
	Koretizing Cleaners
	Not occur y oran a s
7.15	5. propane hower - \$ 100 lwk.
7-1-	5. propane boiler - \$100/wk. @ N. 74/gal. (1/69-79/gal.) = 7,027gal./yr.
	= 7,027 gal./yr.
i	
	PM = 2.81 lbs/yr
	NDx = 98.38 lbs/yr
	Co = 13.35 bs/yr. TOC = 3.51 bs/yr.
	TOC = 3.51 bs/yr.
;	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	-
<u></u>	

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 # 0310370

KORETIZING CLEANERS RAVI PATEL 1438 EDGEWOOD AVE WEST JACKSONVILLE FL 32208

FOR GOVERNMENT USE ONLY Org.: 37550101000 ©: AIZ Fund: 20-2-035001

Obj.: 002273

Koretizing Cleaners Inc. 1438 Edgewood Ave (W) Jacksonville, FL 32208



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



301808

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

NECEIVED NAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB -5 93

Do NOT Remove Label

AIRS ID#0310370

KORETIZING CLEANERS INC RAVI PATEL 1438 EDGEWOOD AVE WEST JACKSONVILLE FL 32208 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258694

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 22 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0310370

KORETIZING CLEANERS INC RAVI PATEL 1438 EDGEWOOD AVE WEST JACKSONVILLE FL 32208 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 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 # 0310370

KORETIZING CLEANERS RAVI PATEL 1438 EDGEWOOD AVE WEST JACKSONVILLE FL 32208

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

Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only,*No Insurance Coverage Provided)				
5407					
7.2	OFF			, US	
77	Postage	\$			
F -	Certified Fee			Postn	nark
4	Return Receipt Fee (Endorsement Required)			He	re
000	Restricted Delivery Fee (Endorsement Required)				
T 10 AIRS ID # 0310370001AG RAVI PATEL KORETIZING CLEANERS					
	isin 1438 EDGEWOOD AVE WEST				
Str. 1438 EDGEWOOD AVE WEST JACKSONVILLE FL 32208					
	PS Form 3800, May 2000			See Revers	se for Instructions

RICHT OF P					
NOITO 38 NOITO SECULOR DE BICHT OF DE	COMPLETE THIS SECTION ON DELIVERY				
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery				
Article Addressed to:	D. Is delivery address different from tem (2) bes If YES, enter delivery address below:				
	1 200				
10 AIRS ID # 0310370001AG RAVI PATEL KORETIZING CLEANERS	Bureau of Air Monitoring & Mobile Sources				
1438 EDGEWOOD AVE WEST	3. Service Type				
JACKSONVILLE FL 32208	Certified Mail				
Į.	4. Restricted Delivery? (Extra Fee)				
2. Article Number (Copy from service label) 6/540/					
PS Form 3811 , July 1999 Domestic Return Receipt 102595-99-M-1789					

United States Postal Service

PM
Postage & Fees Raid
USS

PM
Postage & Fees Raid
USS

Permittog G10

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