

### 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. Bharat B. Patel Dixie Cleaners 5711-14 Bowden Road Jacksonville, Florida 32216

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 27, 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

#### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

1.							
	MNO TIVE DEA DIXIE CLEANERS.						
2.	Site Name (For example, plant name or number): 5711-14 Bowden Rd.						
3.	Hazardous Waste Generator Ident	ification Number:					
		F 002 / D03	<i>39</i> ·				
4.	Facility Location: 57//- Street Address:	14 Bowden Rd.					
	City:	County: DUVAL	Zip Code: <b>32216</b> .				
5.	Facility Identification Number (DI	EP Use):					
		0310	7372				
		Responsible Official					
6	Name and Title of Responsible Of Responsible Official Mailing Add	ficial: BHARAT B	PATEL.				
7.	Organization/Firm:	ress: 5911-14 <i>B</i>	owden Ad				
	Street Address: City:	County: DuvA	Zip Code: 32216				
8.	Responsible Official Telephone N		( )				
	Telephone: (904) 731-3	3010 Fax:	( ) -				
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact	t (For example, plant manager)	):				
	. (	- Some)					
10.	Facility Contact Address:						
	Street Address:						
	City:	County:	Zip Code:				
11.	Facility Contact Telephone Number	er:					

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AUG 27 1996

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

Telephone: (

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Fax: ( ) -

Bureau of Air Monitoring & Mobile Sources

# #03/0372

	i i
·	Dixie Cleaners
	-spoke to Bharat Patel-9/18/96-
,	propane use approx. 3,910 gal/yr., under limits
·	under limits
_p./3_	6. add title - Owner
D.14	1.(a) add date control device
	installed; mark out "#2" it
	1.(a) add date control device installed; mark out "#2" if only I machine and initial
	. '
<u> </u>	
<del></del>	,
· ·	
	<del>                                      </del>

#### **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.

			Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device	,	Date Machine Initially	Date Control Device
T	ype of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
E	xample	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	÷	#3	02-MAR-92	02-MAR-9
ᄬ	Vry-to-Dry Unit									
-	(1) w/ ref. condenser	#1	10-00 86		#2					
	(2) w/ carbon adsorber									
	(3) w/ no controls									
W	Vasher Unit							•		
	(4) w/ ref. condenser									
	(5) w/ carbon adsorber									
	(6) w/ no controls									
D	ryer Unit					_	_		_	
	(7) w/ ref. condenser									
	(8) w/ carbon adsorber									
	(9) w/ no controls									
R	eclaimer Unit					<u> </u>	<del>,</del>			
	(10) w/ ref. condenser									
	(11) w/carbon adsorber									
	(12) w/ no controls									
2.	(b) Control devices are  (c) No control devices  (a) What was the total of the control of the control devices  (b) If less than 12 montrol Check why it is less	are requanting gallo	equired to be ity of perchloons ow many? [_,	installed [_oroethylene (	(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?	
Ŋ	Existing large are	ea sou	arce [X]	No	ew lai	rge area sour	ce [	]		

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Ц.

4. What control technology is required on machines pursuant to sectio (Indicate with an "X".)	n (5) of Part II of this notification form?
Existing large area source  Carbon adsorber [] Refrigerated con	ndenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be e	eligible to use the general permit pursuant
to Rule 62-213.300, F.A.C. Verify that all steam and hot water general exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat to boiler HP or less), and (2) are fired exclusively by natural gas except during which propane or fuel oil containing no more than one percent	for periods of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site  []	
# USING PROPANE GAS [city gas]	
Equipment Monitoring and Recordkeeping	ng Information
Check all logs which are required to be kept on-site in accordance with	the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[ <b>X</b> ]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	[*\mathrix]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[ <b>%</b> ]

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)
X	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.  Imptly notify the Department of any changes to the information contained in this notification.
Signature	15 Cetes

Revised 10/10/96

AIRS ID#: 03/0372

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dixio	e Cleaners		DA	TE: 3/31/97
FACILITY LOCATION: 57/	11-14 Bowder	Road		
	sonville, FL			
Annual Reporting Period:	15T 27	_19 <u>96</u> то _	3/3/	19 <u>97</u>
Based on each term or condition of the T 62-213.300, Florida Administrative Code			<u> </u>	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general per	mit that has not been in co	ntinuous 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	:	<del></del>		
#2. Term or condition of the general per	rmit that has not been in co	ontinuous complianc	ce 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 cert made in this notification are true, accure upon rolling averages of purchase receif year for transfer or combination facilitie	ate and complete. Further pts, does not exceed 2,100 es.	, my annual consum gallons per year for	ption of perchloroethyl	ene solvent, based
RESPONSIBLE OFFICIAL:	BHARAT 1	3 PATEL	552	<u> 3131)47</u>
	Name (Please Print)		Signature	Date

<sup>\*</sup>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 X COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: /020 TIME OUT: /04	AIRS ID#: 03/0372
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: DIXIE Cleaners	DATE: 7/31/97
Themal Level Line and the Line	len Rd.
Jackson ville, FC	322/4
RESPONSIBLE OFFICIAL: Bhaiat B. Falel	PHONE NUMBER: (904) /3/-30/O
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluation of the compliance requirements and the compliance requirements are compliance of the compliance requirements and the compliance requirements are compliance of the compliance requirements and the compliance requirements are compliance of the compliance of the compliance requirements are compliance of the compliance of the compliance of the compliance of the compliance requirements are compliance of the compli	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
	·
COMMENTS:	
•	
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	1998
INSPECTION CONDUCTED BY: Jeff k	pproximate)  Sinter  Jease Print)
INSPECTOR'S SIGNATURE: Jeffry Wille	PHONE NUMBER: (904)630-7484
Page	of / Revised 10/96



### Department of Environmental Protection

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

Virginia B. Wetherell Secretary

TO: Holder of Title V Air General Permit

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

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1, 1997. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32399-2400

MECELIVED MAIL ROOM Mar 20 97

✂

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID#: 0310372

MND INC BHARAT B PATEL 5711-14 BOWDEN AVE JACKSONVILLE FL 32216 FOR GOVERNMENT USE ONLY
OF 37550101000 FO: B1

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

Оы.: 002273



#### PERCHLOROETHYLENE DRY CLEANERS

APR 1 1 1997

TITLE V GENERAL PERMIT

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	COMPLIANCE	INSPECTION CHECKLIST	& Mobile Sources				
TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISC					
	RE-INSPECTION	<i>(</i> -					
AIRS ID#:03/03	<u>72                                    </u>	IN: <u>/0.20</u> TIME OUT:	1040				
AIRS ID#: <u>03/0372</u> TIME IN: <u>/020</u> TIME OUT: <u>/040</u> FACILITY NAME: <u>Dixie</u> Cleaners							
FACILITY LOCATION: 5711-14 BOWDEN Rd.  Jackson VIIIC, FC 32216							
·	Jackson	ville, FL 32216					
PART I: NOTIFICATION							
(check appropriate box)							
1. Existing facility notified DA	RM by 9/1/96		×				
2. New facility notified DARM	l 30 days prior to sta	artup	·				
3. Facility failed to notify DAR	M to use general pe	ermit	ם ا				
PART II: CLASSIFICATION							
Facility indicated on notificat (check appropriate box)	ion form that it is:						
<b>A.</b>							
1. Existing small area soundry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	γr	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 soundry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/yr / ` gal/yr l/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,>	00 gal/yr / ` gal/yr l/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 classif	lication	XY ON					
If no, please check the appropr	riate classification:	•					
☐ facility qualif	ied for a general no	rmit as number above					

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 20 gallons.

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#### PART III: GENERAL CONTROL REQUIREMENTS

### Is the responsible official of the dry cleaning facility: (check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?
- 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?

XY	
Deliv	







DY DN BONA

#### PART IV: PROCESS VENT CONTROLS

2. Examining the containers for leakage?

#### 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?

- MO YX
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- XY ON ONA
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- Y ON ON/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?
- XY □N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?
- XY □N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?
- MY ON
- 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?

2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	oy on <i>N/A</i> oy on <i>N/A</i>
	Is the temperature differential equal to or greater than 20° F?	OY ON NA
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?	A/MX NO AO
	Is the perc concentration equal to or less than 100 ppm?	OY ON'NJIA
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?	או/א אם צם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אואל אם אם אם
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON XIVA

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)	· · · · · · · · · · · · · · · · · · ·					
1. Maintained receipts for perc purchased?	>xxx □n					
2. Maintained rolling monthly averages of perc consumption?	X(Y □N					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	XY □N					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	, אם אם					
4. Maintained calibration data? (for direct reading instruments only)	OY ON XXV/A					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON NIH					
6. Maintained startup/shutdown/malfunction plan?	Ma a A					
7. Maintained deviation reports?	XY ON					
Problem corrected?	MU YM					
8. Maintained compliance plan, if applicable?	OY ON XWA					

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

If using direct-r	eading instrumen	itation,	is the equi	pment:			
a. Capa	XX (	ΖИ					
b. Calii (PID							
c. Inspected for leaks and obvious signs of wear on a weekly basis?						X(Y □N	
d. Kep	t in a clean and sec	cure area	a when not	in use?	X(Y	מב	
e. Veri	fied for accuracy by	y use of	duplicate s	amples (calorimetric only)?	(YD)	<b>ц</b> и	
3. Has the facility maintained a leak log?						א⊏	
4. The following areas sh	nould be checked for	or leaks	by the insp	ector:	•		
Leak Detected?					Leak l	Detected?	
Hose connections, fittings, couplings, and valves		ΟY	<b>≥</b> €0	Muck cookers	ΟY	MX	
Door gaskets and	d seating	ПY	Ди	Stills	QΥ	MA	
Filter gaskets an	d scating	ПY	MN	Exhaust dampers	ΟY	χίν	
Pumps		ПY	Ż(N	Diverter valves	ΟY	Жи	
Solvent tanks an	d containers	ПY	×ν	Cartridge filter housings	ΟY	MN	
Water separators	S	ПY	χίν			•	
- Rhocat	B P.t.	)		-			

Name of Responsible Official

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	 	
	,	
		,
		•
·		
	•	

# 03/0372

**BEST AVAILABLE COPY** 

Dixie	Cleaners
PURC	adilli

1. 2. 3.	Site P.14 1.(a) add date control device installed; mark out "#2" if	
	Str only I machine and initial	216.
5	Fac	
(6)		
7.	Re Or Str Cir	: 32216
8.	Re Te	
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 27 1996

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Bureau of Air Monitoring & Mobile Sources

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  MND TIVE. DISA DIXIE CLEANERS.						
2.	Site Name (For example, plant name or number): 5711-14 Bowden Rd						
3.	Hazardous Waste Generator Identification Number:  F 002   D039						
4.	Facility Location: 5711-14 Bowden Rd. Street Address: City: 5A4 County: DUVAL Zip Code: 32216.						
5.1	Facility Identification Number (DEP Use):  0.310372						
	Responsible Official						
6.	Name and Title of Responsible Official:  BHIARAT B PATEL. OWNER  Responsible Official Mailing Address: 5711-14 Bowden Address:						
7.	Responsible Official Mailing Address: 57/1-14 Bowden Address: Organization/Firm:  Street Address: City: County: DuVAL Zip Code: 32216						
8.	Responsible Official Telephone Number: Telephone: (904) 731-3010 Fax: ( ) -						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
10.	Facility Contact Address:						
	Street Address: City: County: Zip Code:						
11.	Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -						

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

	•.		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
	Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
	Example	#1	03-OCT-93	12-NOV-93	3 #2	08-DEC-91		#3	02-MAR-92	02-MAR-9
_	Dry-to-Dry Unit			\ <u></u>	Ω6					
	(1) w/ ref. condenser	#1	10-00 gh	100086.	*					
	(2) w/ carbon adsorber									· · · · · · · · · · · · · · · · · · ·
	(3) w/ no controls									
	Washer Unit								·	·-
	(4) w/ ref. condenser									
	(5) w/ carbon adsorber									
	(6) w/ no controls									
	Dryer Unit				•	<u> </u>	•	•	•	
	(7) w/ ref. condenser				ŀ			_		
	(8) w/ carbon adsorber									
	(9) w/ no controls									
	Reclaimer Unit					····				
	(10) w/ ref. condenser									
	(11) w/carbon adsorber									
	(12) w/ no controls				-					
	(b) Control devices are (c) No control devices	are re	equired to be	installed [			n the letest 1	) m o.	ntho?	
	2.(a) What was the total of [ 180 ]	-	-	oroetnylene	(perc)	purchased i	n the fatest 12	z moi	nuns?	
	(b) If less than 12 mont Check why it is less					_] New store	e: 🌉 Did	not k	eep records:	
	<ol><li>What is the facility's so (Indicate with an "X".</li></ol>					nitions foun	d in section (2	3) of	Part II?	
	Existing small ar	ea so	urce []	N	lew sn	nall area sou	rce [	]		
	Existing large are	ea sou	irce X	N	lew la	rge area sour	-ce [	]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	oursuant to section (5) of Pa	rt II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser	(X)
New small area source Refrigerated condenser		·
New large area source Refrigerated condenser []		
•	·	
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:		
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by no during which propane or fuel oil containing no more	ntural gas except for periods	s of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
* Using PROPANE GAS  [city gas]		
Equipment Monitoring a	nd Recordkeeping Inform	ation
Check all logs which are required to be kept on-site i		
•	n accordance with the requi	
(a) Purchase receipts and solvent purchases		. X.
(b) Leak detection inspection and repair		لخ
(c) Refrigerated condenser temperature monitoring		<u> </u>
(d) Carbon adsorber exhaust perc concentration mon	itoring	[]
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

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

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

Plea	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)
		•.
		No air permits currently exist for the operation of the facility indicated in this notification form.
		Responsible Official Certification
	this notific statements maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
	I will proi	nptly notify the Department of any changes to the information contained in this notification.
		15Cets 8)15196
	Signature	Pate 8/13/31/97

Cel 301241

DRY CLEANER AIR QUALITY GENERAL PERMIT

•	ANNUAL COMPLIANCE	CERTIFICATION F	ORM
	MND INC BHARAT B PATEL 5711-14 BOWDEN AVE JACKSONVILLE FL 32216	MRS ID#0310372	ECEIVED  Bureau of Air Monitoring  Mobile Sources
	Do <u>NOT</u> Ren	nove Label	Sources
Annual Reporting Period:	Jen J 199	77 TO	Jun 1 1998
62-213.300, Florida Administration of NO, complete the following:	on of the Title V general air permit, my factorized code (F.A.C.), during the period code (F.A.C.) are the period code (F.A.C.) are the period code (F.A.C.).	vered by this statement.	<b>□</b> YES □NO
Exact period of non-compliance	ee: from	to	
Action(s) taken to achieve com	pliance:		
Method used to demonstrate co	ompliance:		AN 28
\$2. Term or condition of the g	general permit that has not been in continu	ous compliance during th	e reporting period stated above:
Exact period of non-complianc	e: from	to	
Action(s) taken to achieve com	pliance:		
Method used to demonstrate co	ompliance:		
s the resnansible afficial Ther.	eby certify, based on information and belief for and complete. Further, my annual consumption	on of perchloroethylene solv	vent, based upon purchase receipts,
otification are true, accurate an	r year for dry-to dry facilities or 1,800 gallon.	s per year for transfer or co	mbination facilities.
notification are true, accurate an	r year for dry-to dry facilities or 1,800 gallon.	s per year for transfer or co	mbination facilities.

<sup>\*</sup>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

V
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TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1000 TIME OUT: 1030  TYPE OF FACILITY: Dry Cleaner	AIRS ID#: 03/0372
FACILITY NAME: DIXIE Cleaners	DATE: 3/4/98
FACILITY LOCATION: 57/1-14 BOWD	en Rd.
Jacksonville, FC	322/6
RESPONSIBLE OFFICIAL: Bharn B. Patel	PHONE NUMBER: 904-131-30/0
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	BUILDING TO SERVICE TO
	Moderate Sound Co
	S THE
	·
COMMENTS: All records kept in Complice	ince / UP to date.
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: March	, 1998
INSPECTION CONDUCTED BY:  (Ap)  (P)	proximate)  Jinter  ease Print)
INSPECTOR'S SIGNATURE: Jeffry Un	PHONE NUMBER: 904-630-2800
Page	of Revised 10/96

	COMPLIANCE I				\$ SEL	× ,
TYPE OF INSPECTION:	ANNUAL	×	1	COMPLAINT/DIS	COVERY & Z	0/90
	RE-INSPECTION	N 'C	) 		Soutce	onitor.
AIRS ID#: <u>03/0372</u>	DATE: 3/4/	78 78	ME II	N: /000 TII	ме о <b>ит:</b> <u>/0</u> 3	30
FACILITY NAME:	Dixie C	leaner	<u>ح</u>			
FACILITY LOCATION:	<u> 5711-14</u>	BOWC	kn	Rd.		
	Jackson	· ville,	FL	32214		
RESPONSIBLE OFFICIAL : CONTACT NAME:	Bharat B.	Pater	<u>/</u>	PHONE: <u>904</u> -	731-301	10_
CONTACT NAME:	Same			PHONE: 50	me	
PART I: NOTIFICATION						
(check appropriate box)		7		•		
New facility notified DARM	1 30 days prior to start	tup			7	x
2. Facility failed to notify DAR	M to use general per	mit			ĺ	
	`					
PART II: CLASSIFICATION	1					
Facility indicated on notificati	ion form that it is:			□ No notification for		
(check appropriate box)  A.				☐ Drop store/out of	: business/petroie	um
1. Existing small area sour	rce 🔲	2. New sn	nall aı	rea source		
dry-to-dry only, x < 140 gal/		•		x < 140 gal/yr		
transfer only, x < 200 gal/yr both types, x < 140 gal/yr		transfer or both types	• .	< 200 gal/yr		
(constructed before 12/9/91)	I			or after 12/9/91)		
3. Existing large area sour		4. New la				
dry-to-dry only, $140 \le x \le 2$			-	$140 \le x \le 2,100 \text{ gal/y}$	γ <b>r</b>	
transfer only, $200 \le x \le 1.80$				$0 \le x \le 1,800 \text{ gal/yr}$		
both types, $140 \le x \le 1,800$ (constructed before $12/9/91$ )				$\leq x \leq 1,800 \text{ gal/yr}$ or after 12/9/91)		
5. This is a correct facility c			lN	□Can not determin	e	
If no, please check the				mber abov	·	
∥	ity qualified for a gene					

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 265 gallons.

#### 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? □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? XY 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 □N □N/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?	Xayy □n
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON XXVA
	Is the temperature differential equal to or greater than 20° F?	OY ON MIN/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 <b>X</b> n/a
	Is the perc concentration equal to or less than 100 ppm?	OY ON MAN/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 MIN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON X(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: XY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN MN/A and parts installed w/in 5 days of receipt? □Y □N **X**N/A 4. Maintained calibration data? (for applicable direct reading instruments) □Y □N XN/A 5. Maintained exhaust duct monitoring data on perc concentrations? XXY □N 6. Maintained startup/shutdown/malfunction plan? MAY ON ON/A 7. Maintained deviation reports? XY ON ON/A Problem corrected? □Y □N XN/A 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AND I	REPAIRS .		
1.	Does the responsible official conduct a	weekly (for small sour	ces, bi-weekly) leak detection ar	nd repair
	inspection?			N DN
2.	Has the facility maintained a leak log?			XY □N
3.	Does the responsible official check the	following areas for lea	ks?	
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	Y ON ON/A
	Door gaskets and seating	XY ON ON/A	Stills	XY ON ON/A
	Filter gaskets and seating	YY ON ON/A	Exhaust dampers	Y ON ON/A
	Pumps	XY ON ON/A	Diverter valves	XY ON ON/A
	Solvent tanks and containers	XY ON ON/A	Cartridge filter housings	XY ON ON/A
	Water separators	XY ON ON/A		
4.	Which method of detection is used by the	he responsible official?	,	_
	Visual examination (condensed se	olvent on exterior surfa	aces)	×
	Physical detection (airflow felt the	rough gaskets)		×
	Odor (noticeable perc odor)			¤ ₩ ¥
	Use of direct-reading instrumenta	tion (FID/PID/calorim	etric tubes)	<b>*</b>
	Halogen leak detector			×
	If using direct-reading instr	umentation, is the equ	uipment:	□N/A
	a. Capable of detecting	perc vapor concentration	ons in a range of 0-500 ppm?	XIY □N
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	OY ON NIA		
	c. Inspected for leaks an	XXY □N		
	d. Kept in a clean and so	XÝ □N		
	e. Verified for accuracy	nples (calorimetric only)?	DY ON MA	

Inspector's Name (Please Print)

Jeff Winter

Jack Junte

March, 1998

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
		. n **	
		•	

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST						
TYPE OF INSPECTION:	ANNUAL	M	COMPLAINT	THE COVERS		
THE OF INSPECTION.		,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COM LAM	THE COVERT SE	4	
	RE-INSPECTIO	N L		Source	0	
02/0222	2/10	109	1270	8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(/60	
AIRS 1D#: <u>03/0372</u>			IN: <u>/ 5 / 0</u>	TIME OUT: //	700	
FACILITY NAME:	<u>Dixie G</u>	leanes				
FACILITY LOCATION:						
	Jacks	on ville,	FL 32	216		
RESPONSIBLE OFFICIAL :					10	
CONTACT NAME:		ne	PHONE:	Sone		
PART I: NOTIFICATION					<del></del>	
(check appropriate box)		·			•	
1. New facility notified DARM	30 days prior to star	tup			×	
2. Facility failed to notify DARI	M to use general per	mit		ŕ		
		_				
PART II: CLASSIFICATION			· · ·			
Facility indicated on notification	on form that it is:	<del></del>	☐ No notificati	on form		
(check appropriate box)			☐ Drop store/o	ut of business/petrol	eum	
A. 1. Existing small area source	ce 🗆	2. New small	area source			
dry-to-dry only, $x < 140$ gal/y		dry-to-dry only	, x < 140 gal/ут	_		
transfer only, $x < 200 \text{ gal/yr}$		transfer only, x				
both types, x < 140 gal/yr		both types, x <	• .			
(constructed before 12/9/91)		(constructed on	or after 12/9/91)			
3. Existing large area source	e 💥	4. New large	area source			
dry-to-dry only, $140 \le x \le 2,1$		_	$140 \le x \le 2,100$	gal/yr		
transfer only, $200 \le x \le 1,800$		transfer only, 2	$00 \le x \le 1,800 \text{ gain}$	/ут		
both types, $140 \le x \le 1,800 \text{ g}$	al/yr		$\leq x \leq 1,800 \text{ gal/yr}$	•		
(constructed before 12/9/91)		(constructed on	or after 12/9/91)			
5. This is a correct facility cla	ssification	ND AN	□Can not deter	mine		
If no, please check the a						
	y qualified for a gene			above		
☐ facility	v exceeds above limi	ts and is not eli	gible for a general	permit		

#### 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? □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? Y ON ON/A 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? XY 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 MY 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 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?

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?	XY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		□и 🅦	
	Is the temperature differential equal to or greater than 20° F?	ПY	□N Þ	(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,			G
	if machines are equipped with a carbon adsorber?	ЦY	□N ≯	IN/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	□N Þ	(N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion: is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ПY	□и 🔀	ÎN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ע א□ <b>א</b>	ÍN/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?	ATA ON				
2. Maintained rolling monthly total of perc consumption?	MO VAC				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	XY □N □N/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	□Y □N □N/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XIN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN XN/A				
6. Maintained startup/shutdown/malfunction plan?	XAY □N				
7. Maintained deviation reports?	DY DN XXN/A				
Problem corrected?	ANA KA DO YE				
8. Maintained compliance plan, if applicable?	DY ON XIN/A				

PART	VI: LEAK DETECTION AND I	REPA	IRS					
1. Does	s the responsible official conduct a	weeki	y (for	small sources,	bi-weekly) leak detection a	ind rep	oair	
in <b>sp</b>	ection?					Άχ		□N
2. Has	the facility maintained a leak log?					XX		□N
3. Does	s the responsible official check the	follow	ing a	reas for leaks?		ľ		
	Hose connections, fittings, couplings, and valves	XY	□N	□N/A	Muck cookers	X	□N	□N/A
	Door gaskets and seating	Y	□N	□N/A	Stills	XY	□N	□N/A
	Filter gaskets and seating	XY	ПΝ	□N/A	Exhaust dampers	ΠY	ПN	MN/A
	Pumps	A	□N	□N/A	Diverter valves	XY	□N	□N/A
	Solvent tanks and containers	XY	□N	□N/A	Cartridge filter housings	YY	□N	□N/A
	Water separators	XY	ΠN	□N/A				
4. Whic	th method of detection is used by th	ie resp	onsib	le official?				
	Visual examination (condensed so	lvent	on ex	terior surfaces)		×		
	Physical detection (airflow felt thr	ough (	gaske	ts)		X		
	Odor (noticeable perc odor)					MMMO		
	Use of direct-reading instrumentat	ion (F	ID/PI	D/calorimetric	tubes)	,		
	Halogen leak detector					X		
	If using direct-reading instru	ment	ation,	is the equipme	ent:	MN/	A	
	a. Capable of detecting p	erc va	por co	oncentrations in	a range of 0-500 ppm?	ΠY	ПN	
	b. Calibrated against a sta (PID/FID only)?	andaro	i gas	prior to and afte	r each use	ПΥ	ПN	
	c. Inspected for leaks and	lobvio	ous sig	gns of wear on a	weekly basis?	ΠY	ΠN	
	d. Kept in a clean and sec					ΠY		
	e. Verified for accuracy b				(calorimetric only)?	ΠY	ΠN	
	•	•	•	•	• • •			
=					,			
	Jeff Winter	-			3/12	19	3	
	Inspector's Name (Please Print)	)			Date of Inspec	uon		
	Offmer Winte				March.	21.	)0N	
-	Inspector's Signature			_	Approximate Date of N	ext in	spect	ion

DDITIONAL SI	TE INFORMATION:	

AIRS ID#: 03/0372

Revised 10/10/9€

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: D'XIE	Ckaners		DAT	E: 3/12/99
FACILITY LOCATION: 57//-	14 Bonden	ed.		
	Somville, FC	32216	<del>.</del>	
Annual Reporting Period:	1vch 4, 1	98 to	March	12) 19 <i>9</i> 9
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F				DEP Rule NO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in conti	nuous compliance du	ring the reporting po	eriod stated above:
Exact period of non-compliance: from		to		<u>-</u>
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in conti	nuous compliance du	ring the reporting po	eriod 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, a made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my	annual consumption	of perchloroethyles	ne solvent, based
RESPONSIBLE OFFICIAL: BHA	RAT BPATE	2 ( K	<i>&gt;</i> ₩`	3-12-99
Nan	ne (Please Print)	Sig	nature	Date

Page \_\_\_\_ of \_\_\_\_

<sup>\*</sup>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: 1330	TIME OUT:	1400	ÃIRS ID#:	03/0372
TYPE OF FACILITY:	IC. Dry Clea	wer		
FACILITY NAME:	lixie (kar	ners		_date: 3/12/99
FACILITY LOCATION:	5711-14 BO	wden Ko	<u>()</u>	
	Jack Son VIIIR	JPC.	32216	1 201 2010
RESPONSIBLE OFFICIAL:	sharas Patel		PHONE NUMBER:	904-731-3010
	he compliance requirementule 62-213.300, Florida Ad			cility is found to be in
Based on the results of the discrepancies were noted	he compliance requiremen d:	ts evaluated during	g this inspection, the fo	llowing compliance
COMPLIANCE REQU	IREMENT/PROBLI	EM FO	DLLOW-UP ACT	ON REQUIRED
COMMENTS:				
.*				
The Annual Compliance Certific	ation form has been proper	11	bmitted to the inspector	r. YES NO
DATE OF NEXT INSPECTIO	N:	<del></del>	2000	
Brobb conton committees :	nv.	_ (Approximate		
INSPECTION CONDUCTED	вх:	(Please Print	•	
INSPECTOR'S SIGNATURE:	Jeffyn [	Into	PHONE NUMBER	: 904/630-3484
	/ U / Pa	ageof		Revised 10/96

#### **BEST AVAILABLE COPY**

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUA RE-INS	AL PECTION	СОМІ	PLAINT/DISCOVEI	RY O JAN
AIRS ID#: 03/0372 DATE: 2			<u>40</u> тіме ou	т: <u>//35</u>
FACILITY LOCATION: 57/1	t Patel Same	Iden Rd.	22/6	-3010 ne
2. Facility failed to notify DARM to use ger  PART II: CLASSIFICATION  Facility indicated on notification form tha			notification form	ess/petroleum
<ul> <li>(check appropriate box)</li> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>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)</li> </ul>	dry-to-dr transfer of both type (construct 4. New I dry-to-dr transfer of both type	small area sour ry only, $x < 140$ only, $x < 200$ ga es, $x < 140$ gal/y eted on or after 1 large area sour ry only, $140 \le x$ only, $200 \le x \le$ es, $140 \le x \le 1,8$ eted on or after 1	gal/yr l/yr 'r 12/9/91) ce ≤2,100 gal/yr 1,800 gal/yr 600 gal/yr	ECEIVE  MAR 1 5 2010  ureau of Air Mar
5. This is a correct facility classification  If no, please check the appropriate of facility qualified facility exceeds at a facility was 70 gallons.	classification:  for a general permi	it as number not eligible for a	not determine above a general permit	Mobile Sources

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 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? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

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?	Øv □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON YEN/A
	Is the temperature differential equal to or greater than 20° F?	DY DN AN/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,	<b>\</b>
	if machines are equipped with a carbon adsorber?	DY DN DANA
	Is the perc concentration equal to or less than 100 ppm?	DY DN MN/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 YN/A
	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?	OY ON MAN/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: YAY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? □Y □N **Y**ON/A 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN XN/A YZY □N 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN XXN/A DY DN MAN/A Problem corrected? 8. Maintained compliance plan, if applicable? $\square$ Y $\square$ N

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repair	
	inspection?			X ON	
2.	Has the facility maintained a leak log?			YY □N	
3.	Does the responsible official check the	following areas for leaks	?	'	
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	YY ON ON/A	
	Door gaskets and seating	YY ON ON/A	Stills	XY ON ON/A	
	Filter gaskets and seating	YY ON ON/A	Exhaust dampers	OY ON XIN/A	
	Pumps	Y UN UN/A	Diverter valves	OY ON MANA	
	Solvent tanks and containers	YY ON ON/A	Cartridge filter housings	Y ON ON/A	
	Water separators	YY ON ON/A			
4.	Which method of detection is used by t	the responsible official?		_	
Visual examination (condensed solvent on exterior surfaces)				*	
	Physical detection (airflow felt through gaskets)			4	
	Odor (noticeable perc odor)			*	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector	•		×	
	If using direct-reading instr	umentation, is the equip	oment:	M/A	
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	□Y □N	
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard gas prior to and a	after each use	OY ON	
	c. Inspected for leaks an	nd obvious signs of wear	on a weekly basis?	□Y □N	
	d. Kept in a clean and se	e?	□Y □N		
	e. Verified for accuracy	les (calorimetric only)?	□Y □N		

Jeff Winter
Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMAT	TION:	
·		
	·	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAIN	T/DISCOVERY	RE-INSPE	CTION
TIME IN: 1440	TIME OUT:	145	AIRS ID#:	03/03	72
TYPE OF FACILITY:	rchloroethykn	e Dry	Ckaner		
FACILITY NAME:	Dixie Clean	ners		DATE: 2	12/2000
FACILITY LOCATION:	5711-14 B	owden R	<u>ال</u>		
	Jacksonville	FL 3	2216		
RESPONSIBLE OFFICIAL:	Bharat fate	/	PHONE NUMBER	2. 904-73	<u>1-3010                                  </u>
	he compliance requiremen ule 62-213.300, Florida A			facility is found to	be in
Based on the results of ti	he compliance requirement:	ts evaluated dur	ing this inspection, the	following complian	nce
COMPLIANCE REQU	IREMENT/PROBL	EM :	FOLLOW-UP ACT	TION REQUIR	KED
·					· · · · · · · · · · · · · · · · · · ·
	•				
			<del>.</del>		
COMMENTS:					
			•		
		-1		- x=c\(\)	
The Annual Compliance Certific	1		submitted to the inspect	or. YES	NO
DATE OF NEXT INSPECTIO	N:	(Approxim	ate)		
INSPECTION CONDUCTED	BY:	AF Wir	1-ter		
INSPECTOR'S SIGNATURE:	11.	(Please Pri	pt) PHONE NUMBE	R: 904-630	7-3484
		ageof			Revised 10/96

AIRS ID#: 03/0372

Har.

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

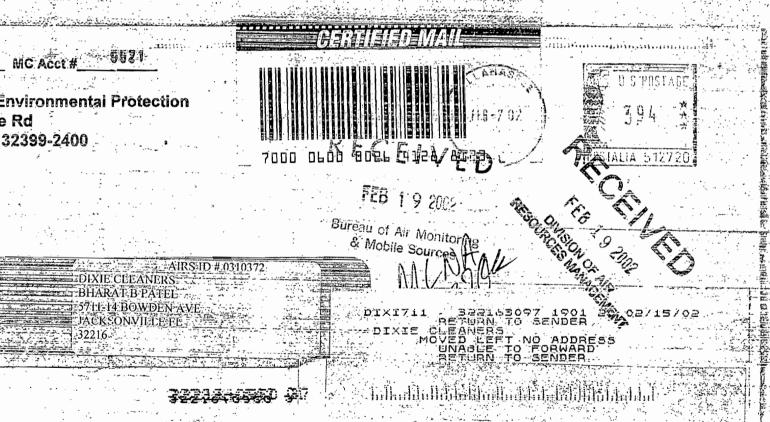
FACILITY NAME:	Dixie C.	kanecs		DATE: 2/2/2000
FACILITY LOCATION:	5711-14	Bowden K	es.	
		nuille, FL		
Annual Reporting Period:	March	12, 19.	99 то <u>Feb.</u>	2) \$200
Based on each term or conditio 62-213.300, Florida Administra	_	-		,
If NO, complete the following:				
#1. Term or condition of the g	eneral permit that ha	as not been in continu	ous compliance during the	reporting period stated above:
Exact period of non-compliance	e: from		to	
Action(s) taken to achieve com	pliance:			
Method used to demonstrate co	mpliance:			
#2. Term or condition of the go	eneral permit that ha	as not been in continu	ous compliance during the r	reporting period stated above:
Exact period of non-compliance	e: from		to	· .
Action(s) taken to achieve com	pliance:			
Method used to demonstrate co	mpliance:			
As the responsible official, I he made in this notification are trupon rolling averages of purchivear for transfer or combination	ue, accurate and con ase receipts, does no n facilities.	nplete. Further, my a	nnual consumption of perch	hloroethylene solvent, based cilities or 1,800 gallons per
RESPONSIBLE OFFICIAL:	BHARAT Name (Plea	BPA15L ase Print)	Signature	Date

<sup>\*</sup>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.

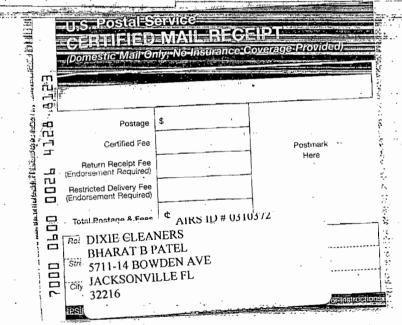
# #0310372

	Dixie Cleaners
	Spoke to Bharat Patel -9/18/96
D.15	5. propane - ~#290/month@.89/gal = 3,910 gal/yr.
	=3,910  gal/yr.
	<u> </u>
	PM = 1.56 / b. / yr.
	NOX = 54.74 /b./yr.
	Co = 7.43 lb./yr. TOC=1.96 lb./yr.
	TOC=1.96 16./yr.
	<del> </del>
-	

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



<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Deliver  C. Signature  Agent  Addresse
1. Article Addressed to:  AIRS ID # 0310372	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
DIXIE CLEANERS BHARAT B'PATEL 5711-14 BOWDEN AVE JACKSONVILLE FL 32216	3. Service Typie Certified Mail  Express Mail Registered  Return Receipt for Merchandis I Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes





### Department of Environmental Protection

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

TO: Holder of Title V Air General Permit

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

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

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

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360858

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** 

 $\checkmark$ 

RECEIVED MAIL ROOM

Do NOT Remove Label

DIXIE CLEANERS BHARAT B PATEL 5711-14 BOWDEN AVE JACKSONVILLE FL 32216

AIRS ID # 0310372

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

301241

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#0310372

MND INC BHARAT B PATEL 5711-14 BOWDEN AVE JACKSONVILLE FL 32216 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

0391475

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 # 0310372

DIXIE CLEANERS BHARAT B PATEL 5711-14 BOWDEN AVE JACKSONVILLE FL 32216 MAIL ROOM

JAN 25 00

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMA. LANCE FOR LAWYER HANDLING

405696 FEB202001

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 # 0310372

DIXIE CLEANERS BHARAT B PATEL **5711-14 BOWDEN AVE** JACKSONVILLE FL 32216 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

Z 333 660 417

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse) Sent to

AIRS ID # 0310372

DIXIE CLEANERS BHARAT B PATEL **5711-14 BOWDEN AVE** JACKSONVILLE FL 32216

	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
Form <b>3800</b>	Postmark or Date	

PLACE STICKER AT TOP OF ENVELOPE  TO THE PIGHT OF RETURN ADDRESS.	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.  1. Article Addressed to:  AIRS ID # 0310372  DIXIE CLEANERS BHARAT B PATEL 5711-14 BOWDEN AVE JACKSONVILLE FL 32216	A. Received by (Please Print Clearly)  B. Date of Delivery  2-9-0  C. Signature  X
	4. Restricted Delivery? (Extra Fee) ☐ Yes .
2. Article Number (Copy from service label)  7000 0600 0026 41  PS Form 3811, July 1999 Domestic Ret	26 6053 turn Receipt 102595-99-M-1789
	•

	Service  MAIL REC  Only; No Insurance (	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
DIXIE CLEANER BHARAT B PATE 5711-14 BOWDER JACKSONVILLE	EL N AVE FL 32216	0310372 — for Instructions

	ver top of envelope to	o ənil is blo	
	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return and to you.		I also wish to receive the following services (for an extra fee):
1	<ul> <li>Print your name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if spa permit.</li> </ul>	ce does not	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
	■Write "Return Receipt Requested" on the mailpiece below the article ■ The Return Receipt will show to whom the article was delivered a		2. 🗆 Restricted Delivery 👸
	delivered.	id the date	Consult postmaster for fee.
	3. Article Addressed to:  AIRS ID # 0310372  DIXIE CLEANERS	4a. Anticle N	
ĺ	AIRS ID # 0310372	4b. Service	
i		☐ Registere	
-	BHARAT B PATEL	☐ Express	Mail Insured
í	5711-14 BOWDEN AVE	☐ Return Re	
{	BHARAT B PATEL 5711-14 BOWDEN AVE JACKSONVILLE FL 32216	7. Date of D	A PROPERTY OF THE PROPERTY OF
j	5. Received By: (Print Name)	8. Addréssé and feé s	A STEE
	6. Signature (Addressee or Agent)	Nosy	1999
	PS Form <b>3811</b> , December 1994	02595-97-B-0179	Domestic Returnil Receipt

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	•	152 047 RAGA
	US Postal Service Receipt for Ce	rtified Mail
B 5'	DIXIE CLEANERS HARAT B PATEL 711-14 BOWDEN AVI ACKSONVILLE FL 32	AIRS ID # 0310372
	Postage	<b> \$</b>
	Certified Fee	
	Special Delivery Fee	
10	Restricted Delivery Fee	
ii 199	Return Receipt Showing to Whom & Date Delivered	
, Apr	Return Receipt Showing to Whom, Date, & Addressee's Address	,
8	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

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on the reverse side?	Of edolerane to dol reno eurite plosens.  Complete items 1 and/or 2 for additional services.  Complete items 3, 45, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write *Return Receipt Requested* on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e can return this e does not e number. d the date	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  Consult postmaster for fee.
your RETURN ADDRESS completed	AIRS ID#: 0310372  MND INC BHARAT B PATEL 5711-14 BOWDEN AVE JACKSONVILLE FL 32216  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X M B Bat el	7. Date of De 2-21-	Type  ad Certified  Mail Insured  ceipt for Merchandise COD  ceilivery  a's Address (Only if requested)
<u>s</u>	PS Form <b>3811</b> , December 1994	ı	Domestic Return Receipt

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	, , P 262 3	02	448	
	US Postal Service Receipt for Ce No Insurance Coverage Do not use for Internation Sent to	Prov	ided.	rse)
BH 57	AIRS ID ID INC IARAT B PATEL 11-14 BOWDEN AVE CKSONVILLE FL 32216		10372	
	Special Delivery Fee	-		_ 
PS Form <b>3800</b> , April 1995	Restricted Delivery Fee			$\exists$
	Return Receipt Showing to Whom & Date Delivered			
	Return Receipt Showing to Whom, Date, & Addressee's Address			
8	TOTAL Postage & Fees	\$	-	
PS Form 3	Postmark or Date 2/17/97			

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PLACE STICKER AT TOP OF ENVELOPES. TO THE RIGHT OF RETURN ADDRESS.	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.  1. Article Addressed to:  AIRS 1D # 0310372001AG BHARAT B PATEL DIXIE CLEANERS	A. Received by (Please Print Clearly)  C. Signature  X  D. Is delivery address different from item 1?  If YES, enter delivery address below:  B. Date of Delivery  Agent  Addressee  Yes  If YES, enter delivery address below:					
JACKSONVILLE FL 32216	3. Service Type Certified Mail					
2-Article Number (Copy from service label) 36153/9						
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789					

· ·	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
31.9			the second second			
53		MCLAL	, USE			
36.1	Postage	\$				
73	Certified Fee		Postmark			
면	Return Receipt Fee (Endorsement Required)		Here			
0.00	Restricted Delivery Fee (Endorsement Required)					
1670	Total 10 AIRS ID # 0310372001AG  BHARAT B PATEL DIXIE CLEANERS					
7000	Street, 5711-14 BOWDEN AVE JACKSONVILLE FL 32216 City, Ste					
<u>.</u>	PS Form 3800, May 2000		See Reverse for Instructions			