

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 13, 1996

Mr. Chung-keun Shin President Ortega Cleaners 5393 Roosevelt Boulevard Jacksonville, Florida 32210

Re: Facility I.D. No. 0310381

Dear Mr. Shin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

Please note that in January 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/jw

cc: Ms. Lori Tilley, Duval County

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

RECEIVED

PERCHLOROETHYLENE DRY CLEANER

AIR GENERAL PERMIT NOTIFICATION FORM Sureau of Air Monitoring Part III. Notification of Intent to Use General Permit Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
Ortega cleaners
3. Hazardous Waste Generator Identification Number:
GAD 981269095
4. Facility Location: Street Address: \$393 Roosevelt BLVD. #18
City: Jackson Ville County: Dural Zip Code: 322/0
5; Facility Identification Number (DEP Use ONLY - do not fill in):
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Responsible Official
6. Name and Title of Responsible Official:
Tid.
7 (500)
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 2139 Harbon Lake DR.
1101001
City: Orange park County: Clay Zip Code: 32003
8. Responsible Official Telephone Number:
Telephone: (904) 329 - £160 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
11. Facility Contact Telephone Number: Telephone: () - Fax: () -
But sources () - Fax: () - Bundent Sunces
DEP Form No. 62-213.900(2) 14 12x. () sayon 8 sayon 8 sayon 8 sayon 10x
DEP Form No. 62-213.900(2) 14
Effective: 2/24/99
DEP Form No. 62-213.900(2) Effective: 2/24/99 14 1007 7 1007 3 100
A 13 2

Facility Information 1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Control Device Installed Date Initially Purchased Status Control Device Required* From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") (RQ/CA/None required Samo Existing/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? How many dryers/reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: Control Device Required* Date Control Device Installed Date Initially Purchased Status From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required RC = refrigerated condenser CA = carbon adsorber *CONTROL DEVICE KEY: 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? $\mathcal{P}()$] gallons (You must fill this in) (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [____] Did not keep records: [____]

DEP Form No. 62-213.900(2)

Effective: 2/24/99

New store: New machine New machine

Unopened store [] (date of expected opening _____

3. What is the facility's source classification based on the definit Indicate with an "X". Select one classification only.)	tions found in section (3) of Part II?
Small Area Source	palin par param Robert Company (1997)
Transfer only on-site (used less	than 140 gallons of perc per year) than 200 gallons of perc per year) than 140 gallons of perc per year)
Large Area Source	
Transfer only on-site (used 200	 - 2,100 gallons of perc per year) - 1,800 gallons of perc per year) - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant to (Indicate with an "X".)	section (5) of Part II of this notification form?
	lew machines at small area source Lefrigerated condenser []
	New machines at large area source Refrigerated condenser
5. A facility which contains non-exempt emissions units shall in Rule 62-213.300, F.A.C. Verify that all steam and hot water ge exemption criteria or that no such units exist on-site (see attached). All steam and hot water generating units exempt No such units on-site	enerating units on-site meet the following ed memo for the criteria).
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating: [/O] [
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 6 fuel oil	No. 4 fuel oil Other (please list)
6. Equipment Monitoring and Recordkeeping Information	
Check all logs which are required to be kept on-site in accordan	nce with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addition log	
(b) Leak detection inspection and repair	لبكا
(c) Refrigerated condenser temperature monitoring	لكا
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Startup, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

7. Surrender of Existing DEP Air Permit(s)

DEP Form No. 62-213.900(2) Effective: 2/24/99

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):										
•	Oh-Suna Coro										
2.	Site Name (For example, plant name of n	umber):									
	•						'				
3	Ortega Clean Hazardous Waste Generator Identification	P \ S									
٥.	•	ii ivaiiioci.					•				
	GAD 981269095										
4.	Facility Location:										
	Street Address: £393 Roosevelt City: Jacksonville	<i>BLVD</i> - County: D ₁	المين			Zip Code:	222/0				
	Jacksony ille	, , , , , , , , , , , , , , , , , , ,	uvai			Z.p oout	3 ~~ ~ ~				
5.	Facility Identification Number (DEP Use):					-				
						031	0381				
	1	Responsible	Official								
6.	Name and Title of Responsible Official:										
0.		ort	ega c sident	lea	ner	ۍ					
	Chung-keun Shin	pre	sident	<u> </u>							
7.	1 0	· 									
	Organization/Firm: Oh-Sung C Street Address: 5393 Roosevelt	BLVD.									
	City: Jacksonville	County:	Duval			Zip Co	ode: 322/0				
•	D 21 000 1 T 1 1 N 1										
8.	Responsible Official Telephone Number: Telephone: (904) 389 - 5760		Fax:	(`	_					
	Telephone: (704)507 8 700		I u/t.	`	,						
			_								
	Facility Contact (l	lf different f	rom Resp	onsib	le Of	ficial)					
9.	Name and Title of Facility Contact (For e	xample, plar	nt manager	r):							
	•	• • •	_	•							
10	Parilles Company Address.	·									
10.	Facility Contact Address:										
	Street Address:										
	City:	County:				Zip Code:					
1 T	Facility Contact Telephone Number:										
11.	Telephone: () -		Fax:	()	•					
	,			`							
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Bureau of Air Monitoring & Mobile Sources

	#0310381
•	N
	Ortega Cleaners
p.14	1.(c) add "X" 5.(c) not required, mark out "X" and initial
p.15	5.(c) not required, mark out "X"
	and initial
The same support to the sa	
,	
	3
	
<u></u>	
y	

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	l	12-NOV-93		08-DEC-91	misianea		02-MAR-92		
Dry-to-Dry Unit	- 1 s				i de el .					
(1) w/ ref. condenser	"Y	OF-DEC-AP	AP-NEC-PP	<u> </u>	<u> </u>			<u> </u>		
(2) w/ carbon adsorber	7	W MC au	DU DEC VU	_						
(3) w/ no controls										
Washer Unit	1 m		Fastity) ,		National Lag	1			ri ya Asti ili	
(4) w/ ref. condenser										
(5) w/ carbon adsorber										
(6) w/ no controls										
Dryer Unit	14 Th.			4,20 °				in Paul Best.		
(7) w/ ref. condenser										
(8) w/ carbon adsorber										
(9) w/ no controls										
Reclaimer Unit			Maria da Maria							
(10) w/ ref. condenser										
(11) w/carbon adsorber										
(12) w/ no controls							ĺ			
(b) Control devices are required, but not yet installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []										
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sm	nall area sour	rce []	3) of :	Part II?		
Existing large are	ta soi	11 Ce	Ne	w lai	ge area sour	CC	ı			

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 d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	ГХJ
Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:								
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)									
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification								
this notific statements maintain i comply wi	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form. I will promptly notify the Department of any changes to the information contained in this notification.								
<u> </u>	<u>J-29-96</u> Date								



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 23, 1996

Mr. Chung-keun Shin President Ortega Cleaners Jacksonville, Florida 32210

Re: Facility I.D. No. 0310381

Dear Mr. Shin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

Please note that in January 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.

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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/jw

cc: Ms. Lori Tilley, Duval County

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

PERCHLOROETHYLENE DRY CLEANERS

	TITLE V G COMPLIANCE IN	SENERAL PER INSPECTION (Surgar VIII
TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/I	DISCO WEEKS . 49
	RE-INSPECTION	1 0		Nonitorii
AIRS ID#: <u>03/038/</u>			in: <u>1430</u>	TIME OUT: /500
FACILITY NAME:	rtega Cle	ganers		
FACILITY LOCATION:	5393 Ro	osevelt		
	Jacksonvi	ilk, FL	32210	
RESPONSIBLE OFFICIAL :	Chung-ker	on Shin	_ PHONE: <u>9</u> 04	1-389-5760
RESPONSIBLE OFFICIAL :	So	ne	_ PHONE:	Jane
PART I: NOTIFICATION				
(check appropriate box)		<u></u>	,	
1. New facility notified DARM	30 days prior to startu	ap qu		×
2. Facility failed to notify DAR	M to use general perm	ນit 		
PART II: CLASSIFICATION			May - Maria	
Facility indicated on notificati (check appropriate box) A.	on form that it is:		☐ No notification☐ Drop store/ou	on form at of business/petroleum
1. Existing small area sour	· · · · · · · · · · · · · · · · · · ·	2. New small a		٥
dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr		dry-to-dry only, transfer only, x	x < 140 gal/yr	
both types, x < 140 gal/yr		both types, x <		
(constructed before 12/9/91)			or after 12/9/91)	
3. Existing large area sour		4. New large a		
dry-to-dry only, $140 \le x \le 2$,			$140 \le x \le 2,100 \text{ g}$	
transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g			$00 \le x \le 1,800 \text{ gal/}$	
(constructed before $12/9/91$)			$\leq x \leq 1,800 \text{ gal/yr}$ or after 12/9/91)	
5. This is a correct facility cla	assification [Y DN	□Can not determ	nine
If no, please check the a				
	y qualified for a gener y exceeds above limits			bove permit

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

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?	QY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠИ	□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?	ЦY	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠИ	□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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)	The second secon					
1. Maintained receipts for perc purchased?	X Y □N					
2. Maintained rolling monthly total of perc consumption?	X □N					
3. Maintained leak detection inspection and repair reports for the following:	,					
a. documentation of leaks repaired w/in 24 hrs? or;	X ON ON/A					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	, □Y □N □N/A					
4. Maintained calibration data? (for applicable direct reading instruments)	AVA X NO YO					
5. Maintained exhaust duct monitoring data on perc concentrations?	AVN E NO YO					
6. Maintained startup/shutdown/malfunction plan?	XX □N					
7. Maintained deviation reports?	OY ON XXN/A					
Problem corrected?	AVAK NO YO					
8. Maintained compliance plan, if applicable?	OY ON XXIVA					

PART	VI: LEAK DETECTION AND	REPA	IRS							
1. Doe	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair									
insp	pection?					XY		N		
2. Has	the facility maintained a leak log	?				YY		N		
3. Doe	s the responsible official check the	follow	ing a	reas for leaks?						
	Hose connections, fittings, couplings, and valves	¥Υ	ПN	□N/A	Muck cookers	YY	ו אם	⊃ N /A		
	Door gaskets and seating	AX	ПΝ	□N/A	Stills	Y	□и	⊃N/A		
:	Filter gaskets and seating	Y	ПN	□N/A	Exhaust dampers	XY	□и□	JN/A		
	Pumps	Ā	ПN	□N/A	Diverter valves	XY	□N (⊒N/A		
	Solvent tanks and containers	Y	ПN	□N/A	Cartridge filter housings	AA	□N [JN/A		
	Water separators	AA	ΠN	□N/A	,					
4. Whi	ch method of detection is used by	the resp	onsib	le official?						
	Visual examination (condensed s	solvent	on ex	terior surfaces)		MXXO				
	Physical detection (airflow felt th	rough (gaske	ts)		X				
	Odor (noticeable perc odor)					×				
	Use of direct-reading instrument	ation (F	ID/PI	D/calorimetric	tubes)		,			
	Halogen leak detector									
	If using direct-reading inst	rument	ation,	, is the equipn	nent:	XIN/	Ά			
	a. Capable of detecting	perc va	por c	oncentrations i	n a range of 0-500 ppm?	Ù□Y	\square N			
	b. Calibrated against a (PID/FID only)?	standar	d gas	prior to and af	ter each use	ΩY	□N			
	c. Inspected for leaks as	nd obvio	ous si	gns of wear on	a weekly basis?	ΠY	ΠN			
	d. Kept in a clean and s	ecure a	rea w	hen not in use	?	ПY	ΠN			
	e. Verified for accuracy	by use	of du	plicate samples	s (calorimetric only)?	ПY	ΠN			
	Jeff Winte	<u> </u>			7/8/9	78				
	Inspector's Name (Please Pri	nt)			Date of Inspe	ction				
	Jeffry Write	/ -			7/90	7				
	Inspector's Signature				Approximate Date of 1	Vext I	nspection	on		

ADDITION	NAL SITE INFO	RMATION:			
:				 	
			•		
l					
		•			
			,		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL XX COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1430 TIME OUT: 13	500 AIRS ID#: 03/038/
TYPE OF FACILITY: Dry Cleaner	0/0/08
FACILITY NAME: Ortega Glane(S	DATE: 7/8/98
FACILITY LOCATION: 5393 Koose Velt	37210
RESPONSIBLE OFFICIAL: Chang-keun Shin	PHONE NUMBER: 904-389-5760
Based on the results of the compliance requirements evaluated 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
· .	, C
	& 41 C/1
	Super
	Modile Sources Toring
·	Surces Oring
	,
COMMENTS:	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	, 1999
INSPECTION CONDUCTED BY: Jeff V	Proximate)
	ease Print
INSPECTOR'S SIGNATURE:	nto PHONE NUMBER: 904-630-2800
/// Page /	of Revised 10/96

AIRS ID#: 03/038/



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Revised 10/10/96

JUL 1 1997

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring & Mobile Sources

						Q. 1110-2-1
facility name:	rtega c	Cleaner	S			DATE: 6/17/97
FACILITY LOCATION:	5393	Roose	velt	Blud.		
Ja	cksonvi	ille, F	L. 3	2210	·	
						` `
Annual Reporting Period:	August	30	19 <u>_9</u> 0	<i>6</i> то	June	17 1997
Based on each term or condition	of the Title V o	eneral air ner	mit my facili	ty has remained	in compliance	with DFP Rule
62-213.300, Florida Administrat					6	
If NO, complete the following:						
#1. Term or condition of the gen	neral permit tha	t has not been	in continuou	s compliance du	ring the report	ing period stated above:
Exact period of non-compliance:	from			to		
Action(s) taken to achieve comp	liance:					
Method used to demonstrate con	npliance:					
#2. Term or condition of the gen	neral permit that	t has not been	in continuou	s compliance du	ring the report	ing period stated above:
Exact period of non-compliance	: from			to		
Action(s) taken to achieve comp	liance:					
Method used to demonstrate con	npliance:					
As the responsible official, I her made in this notification are true upon rolling averages of purcha year for transfer or combination RESPONSIBLE OFFICIAL:	e, accurate and se receipts, does	complete. Fu s not exceed 2	rther, my ann	nual consumption per year for dry	n of perchloroe	ethylene solvent, based

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

TITLE V AIR QUALITY GENERAL PERMIT

. •	INSPECTION SU	MMARY REPORT	
TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: /0 50	TIME OUT:	AIRS ID#:	03/038/
TYPE OF FACILITY: \mathcal{I}	Dry Cleaner		
FACILITY NAME: OY	rtega Cleaners		DATE: 6/17/97
FACILITY LOCATION:	5393 ROOSeV	elt Blud.	
	cksonville, FC	_ 32210	
RESPONSIBLE OFFICIAL:	21 10	hin PHONE NUME	BER: (904) 389-5760
	the compliance requirements eval tule 62-213.300, Florida Adminis		ne facility is found to be in
Based on the results of t discrepancies were note	the compliance requirements eval d:	luated during this inspection, th	ne following compliance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP A	CTION REQUIRED
			•
•	•		•
		·	
			,
			e
<u>:</u>			
·			
	-		
COMMENTS:		•	
			·
•			
The Annual Compliance Certific	ration form has been properly cer	tified and submitted to the insp	ector. YES NO
		1998	color. TEBIZI TO
DATE OF NEXT INSPECTIO		Approximate)	
INCOROTION CONDUCTOR		Winter	
INSPECTION CONDUCTED	·	Please Print)	
INSPECTOR'S SIGNATURE:		ente PHONE NUME	BER:(904)630-3484
•		 !	
·	/ W > Page_/	ot	Revised 10/96

#0310301 Ortega Cleaners

	_	D14 1.(c) add 11X11	
1.	Faci	p.14 1.(c) add "X" p.15 5.(c) not required, mark out "X" and initial	
	(p. 13 s. w/ nochgares, mar Nouce	
2.	Site	and initial	
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3.	Haz		
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	City		22/0
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7.	Res		
7.	Org		
	Stre		222/6
	City		322/0
8.	Res		
	Tele		
9.	Nan	e and Title of Facility Contact (For example, plant manager):	
10.	Faci	lity Contact Address:	
- ••			
		et Address:	
	City	: County: Zip Code:	
11.		lity Contact Telephone Number:	
	Tele	phone: () - Fax: () -	

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DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name of number):
2.	Site Name (For example, plant name of number):
	Ortega Cleaners
3.	Ortego Cleaners Hazardous Waste Generator Identification Number:
	GAD 981269095
4.	Facility Location:
	Street Address: \$393 Roosevelt BLVU. City: Tackson III.e County: Duval Zip Code: 322/0
	City: Jacksonville County: Duval Zip Code: 322/0
5.	Facility Identification Number (DEP Use):
	0310381
. 2 27 10 100	
	Responsible Official
6.	Name and Title of Responsible Official:
	Chung-keun Shin president
7.	Responsible Official Mailing Address:
	Organization/Firm: Oh-Suna Corp. Street Address: £393 Rooseve/+ BLVD.
	City: Jacksonville County: Duval Zip Code: 322/0
	Responsible Official Telephone Number: Telephone: (904)349 - 5760 Fax: () -
	1 telephone. (704)507 -8780 1 ax. ()
	To the Control of the Property of the Control
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	·
10.	Facility Contact Address:
	Street 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	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	lD	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-5
Dry-to-Dry Unit	7								• .
(1) w/ ref. condenser	Y _t	28-25C-EP	OP-DEC-FS						
(2) w/ carbon adsorber		or me au	ou nec vv		-				
(3) w/ no controls	† `								
Washer Unit			· .						
(4) w/ ref, condenser							,		
(5) w/ carbon adsorber	† ·								
(6) w/ no controls				-	-				
Dryer Unit	1: -				1			1	· .
(7) w/ ref. condenser	1				_				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	117	- 13 14 L.			. .· .	1, 4 1			
(10) w/ ref. condenser				Ι	T]	_		
(11) w/carbon adsorber									
(12) w/ no controls	†								
(b) Control devices ar (c) No control devices 2.(a) What was the total (b) If less than 12 mon Check why it is les	quanti quanti gallo	equired to be ity of perchlo ons ow many? [_	installed [_eoroethylene (perc)	•				ı ı
								•	<u> </u>

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4. What control technology is required on machines pursuant (Indicate with an "X".)	to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refriger	ated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall to Rule 62-213.300, F.A.C. Verify that all steam and hot wate exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a to boiler HP or less), and (2) are fired exclusively by natural gas during which propane or fuel oil containing no more than one	except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recor	rdkeeping Information
Check all logs which are required to be kept on-site in accorda	ance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	ſΧ̈́J
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	L.XJ

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Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signaturo	7-29-96 Date
John	ng keanth' 6-17-97

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTIO	COMPLAINT/DISC	OVERY
FACILITY NAME: Organization: 5	tega <i>C</i> 1 393		
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DARM	by 9/1/96		×
2. New facility notified DARM 30 (days prior to sta	artup	·a
3. Facility failed to notify DARM to	use general pe	ermit	٥
PART II: CLASSIFICATION			
Facility indicated on notification f (check appropriate box)	orm that it is:		
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	×	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" y="" yr=""><td>•</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,>	•	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 classification	on	XY ON	
If no, please check the appropriate	classification:		
		rmit as number above is not eligible for a general permit	
B. The total quantity of perchloroet facility was 85 gallons.	thylene (perc) p	ourchased within the preceding 12 month	s by this dry cleaning

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

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	· □Y □N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	. □Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	X(Y □N
2. Maintained rolling monthly averages of perc consumption?	XY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	May DM
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
4. Maintained calibration data? (for direct reading instruments only)	DY DN XN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN NIA
6. Maintained startup/shutdown/malfunction plan?	ЖДҮ □и
7. Maintained deviation reports?	XIY □N
Problem corrected?	XY □N
8. Maintained compliance plan, if applicable?	OY ON MINA

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

					<u></u>
If using direct-reading instrume	ntation,	is the equ	tipment:		_
a. Capable of detecting p	ΠY	□N			
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					□и
c. Inspected for leaks an	d obviou	s signs of	wear on a weekly basis?	ПY	□N
d. Kept in a clean and se	cure are	a when no	t in use?	ПY	□N
e. Verified for accuracy	by use of	f duplicate	samples (calorimetric only)?	ΠY	□N
3. Has the facility maintained a leak log?				X Y	□N
4. The following areas should be checked	for leaks	by the ins	spector:		
Leak Detected?				Leak	Detected?
Hose connections, fittings, couplings, and valves	ΠY	MA	Muck cookers	ΩY	Жи
Door gaskets and seating	ΠY	MN	Stills	ΠY	MN
Filter gaskets and seating	ΩY	AN	Exhaust dampers	ΩY	M
Pumps	ΟY	MN	Diverter valves	ΩY	Þ x √v
Solvent tanks and containers	ΟY	MN	Cartridge filter housings	ΩY	XIN
Water separators	ΠY	MM			
(1.11.a)cara (1.					

Chung-Keun Shin
Name of Responsible Official
Jeff Winter
Inspector's Name (Please Print)
Sethuy Winle
haspector's Signature

Date of Inspection

Jone, 1998

proximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			,
		 19337 15 (1912	
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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

	TITLE V GEN COMPLIANCE INSP			PA		
TYPE OF INSPECTION:	ANNUAL	A	COMPLAIN	T/DISCOVERY		
7	RE-INSPECTION		Supe Sup	Un 1	^	
AIRS ID#: <u>03/038/</u>	,	тіме і	N: /020	TIME OUT:	1040	
FACILITY NAME:				OLIF OFFI		
FACILITY LOCATION:	5393 K					
	Jacksonvi	1/e, Fo	1 322	10		
	Chung-keun	Shin	PHONE:	904-389-:	5760	
CONTACT NAME:	Jon	re	PHONE:	Some		
PART I: NOTIFICATION						
(check appropriate box)	_					
1. New facility notified DARM	30 days prior to startup				×	
2. Facility failed to notify DARI	2. Facility failed to notify DARM to use general permit					
·						
PART II: CLASSIFICATION						
Facility indicated on notification (check appropriate box)			☐ No notificat	tion form out of business/po	etroleum	
Facility indicated on notification	on form that it is: ce 2. N dry-i trans	sfer only, $x < 1$ types, $x < 1$	Drop store/of ea source of < 140 gal/yr 200 gal/yr	out of business/po	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	on form that it is: ce 2. N dry-i trans both (con ce 4. N 100 gai/yr dry-t gai/yr both	to-dry only, x sfer only, x < a types, x < 14 structed on o New large are to-dry only, 1 sfer only, 200 a types, 140 <	ea source <pre>c < 140 gai/yr 200 gai/yr 40 gai/yr r after 12/9/91)</pre>	out of business/po	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 g both types, 140 ≤ x ≤ 1,800 g	on form that it is: ce 2. N dry-trans both (con ce 4. N 100 gai/yr dry-t 0 gai/yr trans gai/yr both (cons	to-dry only, x sfer only, x < a types, x < 14 structed on o New large are to-dry only, 1 sfer only, 200 a types, 140 <	Drop store/of ea source $x < 140 \text{ gai/yr}$ $y = 200 \text{ gai/yr}$ $y = 30 \text{ gai/y}$	gai/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 go (constructed before 12/9/91) 5. This is a correct facility classification, please check the a facility	on form that it is: ce 2. N dry-trans both (con ce 4. N 100 gai/yr dry-t 0 gai/yr trans gai/yr both (cons	to-dry only, x sfer only, x < a types, x < 14 structed on o New large are to-dry only, 1 sfer only, 200 a types, 140 structed on o IN I	Drop store/of ea source $x < 140 \text{ gai/yr}$ 200 gai/yr 30 gai/yr r after $12/9/91$) ea source $40 \le x \le 2,100$ $0 \le x \le 1,800 \text{ gai/yr}$ r after $12/9/91$) Can not determine	gai/yr	etroleum	

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? XIV ON ON/A □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) $\square Y \square N$ 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? \Box Y \Box N \Box N/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated \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? OY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? $\Box Y \Box N$

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?	ΟY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПΝ	□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?	ΟY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	□и	□N/A
	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion: is at least 2 duct diameters upstream from any bend, contraction, or expansion: and downstream from no other inlet?	□Y	⊐и	□N/A
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QY	□и	□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 DN DN/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? DY DN XVIA 4. Maintained calibration data? (for applicable direct reading instruments) □Y □N **X**N/A □Y □N XN/A 5. Maintained exhaust duct monitoring data on perc concentrations? XY □N 6. Maintained startup/shutdown/malfunction plan? □Y □N **X**N/A 7. Maintained deviation reports? Problem corrected? DY DN XN/A □Y □N **Æ**N/A 8. Maintained compliance plan, if applicable?

P	RT VI: LEAK DETECTION AN	D REPAIRS			
1.	Does the responsible official conduc	t a weekly (for small sources,	bi-weekly) leak detection a	and repair	_
	inspection?			XY ON	
2.	Has the facility maintained a leak lo	g?		MD YX	
3.	Does the responsible official check t	he following areas for leaks?		•	
	Hose connections, fittings, couplings, and valves	AY ON ON/A	Muck cookers	אואם אם אאל	ł
	Door gaskets and seating	AND NO TA	Stills	Y ON ON/A	1
	Filter gaskets and seating	AND NO YA	Exhaust dampers	DY DN YMN/A	
	Pumps	AND NO YA	Diverter valves	OY ON XN/A	L
	Solvent tanks and containers	AND NO YA	Cartridge filter housings	DY DN MINA	L
	Water separators	AND NO AND			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfaces)		*	
	Physical detection (airflow felt		p p		
	Odor (noticeable perc odor))AL	
	Use of direct-reading instrumer	ntation (FID/PID/calorimetric	tubes)		
	Halogen leak detector				
	If using direct-reading ins	trumentation, is the equipme	ent:	XN/A	
	a. Capable of detecting	g perc vapor concentrations in	a range of 0-500 ppm?	'UY UN	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and after	er each use	OY ON	
	c. Inspected for leaks a	and obvious signs of wear on a	weekly basis?	□Y □N	
	d. Kept in a clean and	secure area when not in use?		UY UN	
	e. Verified for accurac	y by use of duplicate samples	(calorimetric only)?	OY ON	
					=

Inspector's Name (Please Print)

May 24, 1993 Date of Inspection

May 2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
		·
	· · · ·	
		,
•		·

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLAINT/I	DISCOVERY [RE-INSPEC	TION
TIME IN: /020	TIME OUT:	1040	AIRS ID#:_	03/0381	
TYPE OF FACILITY:	Gerc. Dry Clo	anes			
FACILITY NAME:	Ortega Clea	ners	A	DATE: <i>5/2</i>	4/99
FACILITY LOCATION:	5393 K	posevel	4 B/Vd.	· .	
	Jackson ville,	PL 3	32210		
RESPONSIBLE OFFICIAL:	Chung-Kevn	Shin	PHONE NUMBE	ER: 404-38	9-5760
	the compliance requirements			facility is found to b	e in
Based on the results of discrepancies were note	the compliance requirements	evaluated during	this inspection, the	following compliance	æ
COMPLIANCE REQU	UIREMENT/PROBLEM	м го	LLOW-UP AC	TION REQUIRI	E D
	-			`	
		·			
				,	
				_	
COMMENTS:					
				M	
The Annual Compliance Certific	cation form has been properly	certified and sul	bmitted to the insper	ctor. YES	NO
DATE OF NEXT INSPECTIO)N:	(Approximate	<u> </u>		
INSPECTION CONDUCTED	RV.		inter		
HOLECTION COMPOCIED		(Please Print)		0	- 8
INSPECTOR'S SIGNATURE	: YYJJUN LL	ntes	_PHONE NUMBI	er: <i>904-630</i>	1-348J
	Page	eof			Revised 10/96

AIRS 1D#: 03/038/

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Ortega (Cleaners			DATE: 5/24/9	9
FACILITY LOCATION:	5393	Rooseve	lt Bluss		,	
	Jackson	ville, FC	32210			
Annual Reporting Period:	May	24,	_1998 то _	May	24, 19°	29
Based on each term or condition	on of the Title V gen	eral air permit, n	ny facility has rema	ined in complian	ce with DEP Rule	
62-213.300, Florida Administr	rative Code (F.A.C.)	, during the perio	d covered by this s	tatement.	es 🗆 no	
If NO, complete the following:						
#1. Term or condition of the g	general permit that h	as not been in co	ntinuous compliand	ce during the repo	orting period stated above	: :
Exact period of non-compliance	æ: from		1			_
Action(s) taken to achieve com	ipliance:					
Method used to demonstrate co	ompliance:					
#2. Term or condition of the g	general permit that h	as not been in con	ntinuous compliand	ce during the repo	rting period stated above	;:
Exact period of non-compliance	æ: from		to			
Action(s) taken to achieve com	ipliance:					
Method used to demonstrate co	ompliance:					
As the responsible official, I he made in this notification are trupon rolling averages of purch year for transfer or combination RESPONSIBLE OFFICIAL:	nue, accurate and con nase receipts, does n on facilities.	mplete. Further, ot exceed 2,100 g	my annual consum callons per year for	ption of perchlor	oethylene solvent, based	

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

DEC 2 7 1999

PERCHLOROETHYLENE DRY CLEANERS

Bureau of Air Monitoring & Mobile Sources

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

A

COMPLAINT/DISCOVERY

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	₽ ^ □	COMPLAINT/DISCOVER	Y 🗓
AIRS ID#: <u>03/038/</u>			N: <u>/020</u> TIME OUT	r: <u>/040</u>
FACILITY NAME:	Vrtega Clear	ness		
FACILITY LOCATION:			+ Blud.	
	Jacksonvi	11e, Fo	L 32210	
RESPONSIBLE OFFICIAL: CONTACT NAME:	Chung-Keun	Shin	PHONE: <u>904-389-</u>	5760
CONTACT NAME:)on	re	PHONE: Some	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup			*
2. Facility failed to notify DARM	M to use general permit			Ĺ
		-		
•				
PART II: CLASSIFICATION		**** <u>***</u> *****************************		·
	<u> </u>		☐ No nouñcauon form	
PART II: CLASSIFICATION Facility indicated on notification (check appropriate box)	<u> </u>		☐ No notification form ☐ Drop store/out of business/	petroleum
Facility indicated on notification (check appropriate box)	on form that it is:	· · · · · · · · · · · · · · · · · · ·	☐ Drop store/out of business/	petroleum
Facility indicated on notification (check appropriate box)	on form that it is:	ew smail ar	☐ Drop store/out of business/	petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr	on form that it is: ce	o-dry only, x der only, x <	Drop store/out of business/ ea source : < 140 gal/yr 200 gal/yr	petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gally transfer only, x < 200 gallyt both types, x < 140 gallyt	on form that it is: ce	o-dry only, x fer only, x < types, x < 14	Drop store/out of business/ ea source < 140 gai/yr 200 gai/yr 60 gai/yr	petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr	on form that it is: ce	o-dry only, x fer only, x < types, x < 14	Drop store/out of business/ ea source : < 140 gal/yr 200 gal/yr	petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gally transfer only, x < 200 gallyt both types, x < 140 gallyt	on form that it is: 2. Note that it is: 2. Note that it is: 3. Note that it is: 4. Note that it is: 4. Note that it is: 6. On gallyt dry-to allyt both is	o-dry only, x after only, $x < types$, $x < 14$ structed on one we large are o-dry only, 1 fer only, 200 types, $140 \le$	Drop store/out of business/ ea source < 140 gal/yr 200 gal/yr to gal/yr r after 12/9/91)	petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gallyteransfer only, x < 200 gallyteransfer only, x < 140 gallyteransfe	on form that it is: ce	o-dry only, x after only, x < types, $x < 14$ structed on one white large are o-dry only, 1 fer only, 200 types, $140 \le$ structed on one	Drop store/out of business/ ea source (< 140 gabyt 200 gabyt gabyt r after 12/9/91) ea source 40 \le x \le 2,100 gabyt \le x \le 1,800 gabyt x \le 1.800 gabyt	petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12.9.91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2.1 transfer only, 200 ≤ x ≤ 1.800 gall (constructed before 12.9.91)	on form that it is: 2. Note transport transpo	o-dry only, x after only, x < types, $x < 14$ structed on one white large are o-dry only, 1 fer only, 200 types, $140 \le$ structed on one	Drop store/out of business/ ea source 200 gai/yr 200 gai/yr garacter 12/9/91) ea source 40 ≤ x ≤ 2,100 gai/yr x ≤ 1,800 gai/yr x ≤ 1,800 gai/yr x after 12/9/91)	petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12.9.91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2.1 transfer only, 200 ≤ x ≤ 1.800 gallyr (constructed before 12.9.91) 5. This is a correct facility class of the constructed before 12.9.91)	on form that it is: te 2. Note trans both (consection) e 4. Note trans both (consection) gallyt transcription (consection) ssification	o-dry only, x after only, x < types, x < 14 structed on o ew large are o-dry only, 1 fer only, 200 types, 140 < tructed on or IN	Drop store/out of business/ ea source < 140 gai/yr 200 gai/yr 10 gai/yr r after 12/9/91) ea source 40 ≤ x ≤ 2,100 gai/yr ≤ x ≤ 1,800 gai/yr x ≤ 1,800 gai/yr r after 12/9/91) □Can not determine berabove	petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12.9.91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2.1 transfer only, 200 ≤ x ≤ 1.800 gallyr (constructed before 12.9.91) 5. This is a correct facility class of the constructed before 12.9.91)	on form that it is: te	o-dry only, x after only, x < types, x < 14 structed on o ew large are o-dry only, 1 fer only, 200 types, 140 < tructed on or IN	Drop store/out of business/ ea source < 140 gai/yr 200 gai/yr 10 gai/yr r after 12/9/91) ea source 40 ≤ x ≤ 2,100 gai/yr ≤ x ≤ 1,800 gai/yr x ≤ 1,800 gai/yr r after 12/9/91) □Can not determine berabove	petroleum

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?	AND NO VE
2. Examining the containers for leakage?	XIV ON ONA
3. Closing and securing machine doors except during loading/unloading?	× α α α α α α α α α α α α α α α α α α α
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON SONA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	A/MEX NO YO
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part	
If classification 2 has been checked, the machine should be equipped with a ref. (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber minimalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	rigerated condenser
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?	$\exists Y \exists X$
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אותם מכ צב
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AYND NC YE
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	JY JN DN/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אב אב

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?	ΞY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ו אם	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	□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?	QY		⊐N/A
	Is the perc concentration equal to or less than 100 ppm?	QY (ם אב	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere 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 injet?	⊐Y :	ם אכ]N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y :	ם אכ	IN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y :	2N C	IN/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?. 2. Maintained reiling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: AVE NE YEX 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 AVZZ NE YE and parts installed w/in 5 days of receipt? DY DN XVA 4. Maintained calibration data? (for appurable direct reading instruments) □Y □N XN/A 5. Maintained exhaust duct monitoring data on perc concentrations? XY IN 6. Maintained startup/shutdown/malfunction plan? AVZ IN XVA 7. Maintained deviation reports? AVA NE YE Problem corrected? 8. Maintained compliance plan, if applicable? AVZSK NE YE

P.	ART VI: LEAK DETECTION AND	REPA	IRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?					X		ות⊏
2.	Has the facility maintained a leak log	? .				XY		וע⊏
3.	Does the responsible official check the	follow	ing a	reas for lead	ks?	,		
	Hose connections, fittings, couplings, and valves	AX	ПN	□N/A	Muck cookers	XX	ПN	□N/A
	Door gaskets and seating	AY	ПN	□N/A	Stills	≱y	ПΝ	□N/A
	Filter gaskets and seaung	AY	□N	□N/A	Exhaust dampers	□Y	МD	MN/A
	Pumps	AY	□N	□N/A	Diverter valves	□Y	ПN	≱N/A
	Solvent tanks and containers	Y	ΠN	□N/A	Cartridge filter housings	IJΥ	□N	X/N/A
	Water separators	THY	ПΝ	□N/A	•			
4.	Which method of detection is used by t	he resp	onsib	le officiai?				
	Visual examination (condensed s	olvent (on ext	erior surfac	es)	\nearrow		
	Physical detection (airflow felt th	rough g	asket	(2)		产产户		
	Odor (nouceable perc odor)					X		
	Use of direct-reading instrumenta	tion (F.	ID/PI	D/calorime	ric tubes)			
	Halogen leak detector							
	If using direct-reading instr	umenta	tion.	is the equi	pment:	XN/A		
	a. Capabie of detecting p	erc var	or co	ncentration	s in a range of 0-500 ppm?	Ĺ⊐Υ (ΖИ	
	b. Calibrated against a si (PID/FID only)?	tandard	gas p	prior to and	after each use	⊐Y∶	אב	
	c. Inspected for leaks and	d obvio	us sig	ns of wear	on a weekly basis?	⊐Y 5	ZN	
	d. Kept in a clean and so	cure ar	ea wh	en not in us	se?	⊐Y C	אב	
	e. Verified for accuracy t	y use o	f dup	licate samp	ies (caiorimetric only)?		אב	
								:
_								

Inspector's Name (Please Print)

Inggetor & Signature

May 21 1993

Date of Inspection

Approximate Date of Next inspection

ADDITIONAL SITE I	NFORMATION:		
	·		
		•	
1			

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual X	COMPLAINT	DISCOVERY	RE-INSPECTION
TIME IN: /02	OTIME_OUT:	104		03/038/
TYPE OF FACILITY:	Gerc. Dry Ch	ranes		
FACILITY NAME:	Ditega Cle	aners		DATE: 5/24/99
FACILITY LOCATION:	5393 K	Possevel	+ B/W.	
	Jackson ville	, FL 3	32210	
RESPONSIBLE OFFICIAL:	Chung-Kevin	Shin	PHONE NUMBER	904-389-576
Based on the results of compliance with DEP F	the compliance requirements	s evaluated during ministrative Code	this inspection, the f (F.A.C.).	acility is found to be in
Based on the results of discrepancies were note	the compliance requirements	s evaluated during	this inspection, the fo	ollowing compliance
COMPLIANCE REQU	UIREMENT/PROBLE	M FC	DLLOW-UP ACT	TON REQUIRED
			•	
· 				·
				•
			•	
COMMENTS:		-		
The Annual Compliance Certific	,	May a sub	mitted to the inspecto	ti inst City
DATE OF NEXT INSPECTIO	N:	-(Aoproximate)	.000	
INCORCTION CONDUCTED	RV.	eff Ili	neter	
INSPECTION CONDUCTED		(Please Print)		
INSPECTOR'S SIGNATURE:	Jeffing L	ntes	_PHONE NUMBER	904-630-3489
	Page	eof	•	Havisad (1915

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Acc

	03/038/
AIRS ID#:	11710701

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Ortega Cleaners	DATE: 5/24/99
FACILITY LOCATION: 5393 ROOSevelt Blus.	
Jacksonville, FL 32210	
	<u></u>
Annual Reporting Period: May 24, 1998 TO Ma	y 24, 199
Based on each term or condition of the Title V general air permit, my facility has remained in com 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the	e reporting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the	e reporting period stated above:
Exact period of non-compliance: fromtoto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
·	
As the responsible official. I hereby certify, based on information and belief formed after reasonab made in this notification are true, accurate and complete. Further, my annual consumption of perc upon roiling averages of purchase receipts, does not exceed 2.100 gallons per year for dry-to dry j wear for transfer or combination facilities.	chloroetnylene solvent, based
RESPONSIBLE OFFICIAL: Chung-keun Shin Chunghe Signature	1/24/99 Date
-	

Page _____ of _____

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

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	× ¬	COMPLAINT/DIS	COVERY	
AIRS ID#: <u>03/038/</u> DA	· · · · · · · · · · · · · · · · · · ·		N: /0 5 0 tin	ME OUT: _	1100
FACILITY NAME:Or	tega Clear	ners			
FACILITY LOCATION:	5393 RG	DOSEVEH			·
	Jackson	ille, FL	- 32210		
RESPONSIBLE OFFICIAL:	Ching-ke	un Shin	_phone: _ <i>904-</i> _	389-5	760
CONTACT NAME:	San	re	_ PHONE:	Same	<u>-</u>
PART I: NOTIFICATION					
(check appropriate box)	_				
I. New facility notified DARM 30	days prior to startu	p			\nearrow
2. Facility failed to notify DARM to	o use general perm	it			
PART II: CLASSIFICATION					
Facility indicated on notification f	orm that it is:		☐ No notification for		
(check appropriate box)			Drop store/out of		
1 A			□ Drop store/out of	business/pe	troleum
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/y (constructed before 12/9/91) This is a correct facility classif 	d d the best of the control of the c	I. New large ardry-to-dry only, ransfer only, 20 ooth types, 140 constructed on o	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)		APR - 5 200
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal/y 	d to be considered to b	dry-to-dry only, x ansfer only, x ooth types, x < 1 constructed on a dry-to-dry only, ransfer only, 20 to types, 140 constructed on a dry-to-dry only ansfer only, 20 to types, 140 constructed on a dry-to-dry only ansfer on	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	Bureau of Air Monitori & Mobile Sources	APR - 5 200

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

40 gallons.

facility was _

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) \Box Y \Box N 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated \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 DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after \Box Y \Box N verifying that the coolant had been completely charged?

B.	. Has the responsible official of an existing large or new large area source also:	-	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON	I
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		I □N/A
	Is the temperature differential equal to or greater than 20° F?		I □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?		I □N/A
	Is the perc concentration equal to or less than 100 ppm?		I □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?		I □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	ı □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?		□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 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 □Y □N XN/A and parts installed w/in 5 days of receipt? DY DN XXV/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MD VIEW 6. Maintained startup/shutdown/malfunction plan? DY DN MAN/A 7. Maintained deviation reports? DY DN XM/A Problem corrected? □Y □N **X**N/A 8. Maintained compliance plan, if applicable?

veekly (for small sources,	bi-weekly) leak detection a	nd repair			
		Yey □N			
		YAY □N			
following areas for leaks?		,			
Y ON ON/A	Muck cookers	TAY ON ON/A			
Y ON ON/A	Stills	Y ON ON/A			
YY ON ON/A	Exhaust dampers	DY DN TAN/A			
Y ON ON/A	Diverter valves	OY ON MAN/A			
YY ON ON/A	Cartridge filter housings	OY ON XV/A			
Y ON ON/A					
e responsible official?					
vent on exterior surfaces)		\$			
ough gaskets)		A			
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
mentation, is the equipm	ent:	TAN/A			
erc vapor concentrations i	n a range of 0-500 ppm?	OY ON			
andard gas prior to and aft	er each use	□Y □N			
obvious signs of wear on	a weekly basis?	□Y □N			
cure area when not in use?		□Y □N			
y use of duplicate sample	s (calorimetric only)?	□Y □N			
	March Date of Inspection				
X	Approximate Date of N	Next Inspection			
	following areas for leaks? Y	Muck cookers Y ON ON/A Stills Y ON ON/A Exhaust dampers Y ON ON/A Diverter valves Y ON ON/A Cartridge filter housings Y ON ON/A Cartridge filter housings Y ON ON/A e responsible official? Ivent on exterior surfaces) Final one of the equipment: First vapor concentrations in a range of 0-500 ppm? Findard gas prior to and after each use I obvious signs of wear on a weekly basis? Figure area when not in use? Figure area when not in use?			

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

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION					
TIME IN: /0 50 TIME OUT:	//00AIRS ID#:03/038/					
TYPE OF FACILITY: Verc. Vry Clear	ner					
FACILITY NAME: Ortega Cleaners DATE: 3/29/2000						
FACILITY LOCATION: 5393 KOOS	Sevelt Blud.					
Jacksonville	1): 01/200 = 240					
RESPONSIBLE OFFICIAL: Chung - Kleun	Shin PHONE NUMBER: 904-389-5760					
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300, Florida Ad	nts evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.).					
Based on the results of the compliance requirement discrepancies were noted:	nts evaluated during this inspection, the following compliance					
COMPLIANCE REQUIREMENT/PROBLE	EM FOLLOW-UP ACTION REQUIRED					
	·					
COMMENTS:						
COMMENTS.						
<u> </u>						
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO						
DATE OF NEXT INSPECTION: //OYCL, 200/ (Approximate)						
INSPECTION CONDUCTED BY:	of Winter					
2 h	(Please Print)					
INSPECTOR'S SIGNATURE:	Lite PHONE NUMBER: 904-630-3484					
////Pa	Pageof Revised 10/96					

pro

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Ortega Cle	avers		DA	TE: <u>3/29/200</u> 0
FACILITY LOCATION:	5393 K	200 Sevelt B	3/vd.		
FACILITY LOCATION:	Jackson	ille, FL	32210		
Annual Reporting Period:	May 6	19 9	79 то	March	29, s 20
Based on each term or condition 62-213.300, Florida Administra	_			~	h DEP Rule
If NO, complete the following:					
#1. Term or condition of the g	eneral permit that has	s not been in continuo	us compliance duri	ing 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	ompliance:				
#2. Term or condition of the g	eneral permit that has	not been in continuo	us compliance duri	ng the reporting p	period stated above:
Exact period of non-compliance	e: from		to		
Action(s) taken to achieve com	pliance:				
Method used to demonstrate co					
p=+1%				•	
As the responsible official, I he made in this notification are trupon rolling averages of purch year for transfer or combination	ue, accurate and com ase receipts, does not	plete. Further, my an	nual consumption	of perchloroethyl	ene solvent, based
RESPONSIBLE OFFICIAL:	Chung - k	ceun Shin se Print)	Charles Sign	ature .	3/29/2000 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.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300380

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 JAN 20 98

Do NOT Remove Label

AIRS ID#0310381

OH-SUNG CORP CHUNG-KEUN SHIN 5393 ROOSEVELT BLVD JACKSONVILLE FL 32210 FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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