

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. Robert W. Stockton Prestige Cleaners 7001-07 Merrill Road Jacksonville, Florida 32277

Re: Facility I.D. No. 0310383

Dear Mr. Stockton:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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 9 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"



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Bureau of Air Monitoring & Mobile Sources

Dotty Diltz, Chief Bureau of Air Monitoring Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Dear Ms. Diltz:

2/22/99

Please be advised that Prestige Cleaners (AIRS ID # 0310383), 7001-07 Merrill Road, Jacksonville, Fl. 32277 has, as of January 1999 ceased to operate as a "Source of Air Pollution" and has converted to a drop-off facility only. As such, we will not require your permit to operate this facility.

Sincerely,

Robert W. Stockton

Proprietor

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLAI	NT/DISCOVERY	RE-INSF	PECTION
TIME IN: 1505	TIME OUT:	1515	AIRS ID#:	03/0	383
TYPE OF FACILITY:	Dry Cleaner				/
FACILITY NAME:	Vestige Clea	ners	-	DATE: 4	122/97
FACILITY LOCATION:	7001-07 1	<i>Verrill</i>	Rd.		
	Tacksonville	, FL	3227	7	
RESPONSIBLE OFFICIAL:	ROBERT ST	ocktor		BER: <u>904-74</u>	43-8743
	he compliance requirement ule 62-213.300, Florida Ac			the facility is found t	to be in
Based on the results of ti	he compliance requirement	ts evaluated d	uring this inspection,	the following compli	ance
COMPLIANCE REQU	IREMENT/PROBLI	EM	FOLLOW-UP A	CTION REQUI	RED
			_		
					·::.
					,
t					
COMMENTS:		•			
The Annual Compliance Certific	ation form has been proper	ly certified on	d submitted to the inc	nector VES	
		A_{o}	. 1998	pector. 125 <u>/</u>	
DATE OF NEXT INSPECTION	N:	(Approxi	nate)		
INSPECTION CONDUCTED	BY:	Jeff	Winter		
INCDECTABLE CLOST TURE.	All	Please	rint) PHONE NUM	DED. (904)63	0-7272
INSPECTOR'S SIGNATURE:	Jany V	1 1	PHUNE NUM	DER: <u>[/~//W</u> /	:2219

AIRS ID#:	031	03	83
$\mathbf{u} \mathbf{w} \mathbf{w}_{t}$.	0 - 1		

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Prestige	Cleaners		DATE: 4/22/97
FACTITITY LOCATION: 700	1-07 Mervill	Rd.	
Jack	son ville, FC	32277	
Annual Reporting Period:	eftenber 3 1990	е то Аргі	122 1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F			
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuou	s compliance during the report	ing period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	· · ·	. ,	
#2. Term or condition of the general permit	that has not been in continuou	s compliance during the report	ting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, my an	nual consumption of perchloro	ethylene solvent, based
Na	me (Please Print)	Signature	Date

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

#0310383

Best Available Copy

	Trestige Cleaners	marin material
	- C+ k. 2.1/ Pol. ch Olookh	
1.	- Spoke W/ Robert Stockton- 9/30/96	
	7/3.0./9@	is a first terminal season where
2.	p./3 le add title-Owner	
3.	D.14 1.(C) add 11X"	
4.	Fac P/5 5.(C) notrequired, mark our	
	Pace P.14 1.(c) add "IX" Fac P.15 5.(c) notrequired, mark out Str. Cit "X" and initial 5.(f) required	,277
5.	Fac	
63	Na / / / / / / /	
نړي		
7.	Re	
	Or Str	
	Ci	e:
8.	Re	
	Te	
		a completion to the constraints
9.	Name and Title of Facility Contact (For example, plant manager):	
10.	Facility Contact Address:	
	Street Address:	
	City: County: Zip Co	de: -
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -	

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Bureau of Air Monitoring & Mobile Sources

Best Available Copy

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	ROBERT W. STOCKTON						
2.	Site Name (For example, plant name or number):						
	PRESTIGE CLEANERS						
3.	Hazardous Waste Generator Identification Number:						
	FLD 982027397						
4.	Facility Location: 7001-07 MERLICE RD. Street Address:						
	City: JACKSONVICLE County: DOVAL Zip Code: 32277						
5.	Facility Identification Number (DEP Use):						
	0310383						
	Responsible Official						
6.	Name and Title of Responsible Official:						
U.	· ·						
	RUBERT W. STOCKTON, OWNER &						
7.	Responsible Official Mailing Address: Organization/Firm: Street Address:						
	City: County: Zip Code:						
8.	Responsible Official Telephone Number:						
	Telephone: (904) 743 - 8743 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: 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.

	ļ	Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	<u> </u>	12-NOV-93	#2	08-DEC-91			02-MAR-92	
Dry-to-Dry Unit			··· <u>-</u>	-	<u> </u>				
(I) w/ ref. condenser	1	10/87	MK						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			•			•		•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber						_			
(6) w/ no controls									
Dryer Unit		•			-				.:
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	rej	d A	4 4 2 4			•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small are	Selec ea so	t one classifi	cation only.)	ew sn	nall area sour	ce [3) of	Part II?	
Existing large are	a 501	11.CE []	IN 6	w ia	rge area sour	LE	j		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

	at control technology is requidicate with an "X".)	ired on machines	pursuant to section (5) of	Part II of this notification form?
	Existing large area source Carbon adsorber	: []	Refrigerated condenser	
	New small area source Refrigerated condenser			
	New large area source Refrigerated condenser			
to Rul		that all steam and	d hot water generating uni	to use the general permit pursuant its on-site meet the following
boiler		d exclusively by n	atural gas except for perio	10 million BTU/hr or less (298 ods of natural gas curtailment is fired.
	eam and hot water generating ch units on-site	units exempt		
	Equipm	ent Monitoring a	and Recordkeeping Infor	rmation
Check	all logs which are required t	to be kept on-site	in accordance with the rec	quirements of this general permit:
(a) Pu	rchase receipts and solvent p	urchases		
(b) Le	ak detection inspection and r	epair		(X)
(c) Re	frigerated condenser tempera	ature monitoring		× +
(d) Ca	rbon adsorber exhaust perc c	oncentration mon	itoring	
(e) Ins	trument calibration		•	
(f) Sta	art-up, shutdown, malfunctio	n plan		XIX
	•	oncentration mon	nitoring	

Surrender of Existing Air Permit(s)

Ple	ease indicate	e with an "X" the appropriate selection:					
æ?		I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
	V						
	(X)	No air permits currently exist for the operation of the facility indicated in this notification form.					
		Responsible Official Certification					
	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.						
	I will proi	nptly notify the Department of any changes to the information contained in this notification.					
	Signature	Aw. 8					
	Mul	ut 57 4/22/97					

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·							
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	ROBERT W. STOCKTON							
2.	2. Site Name (For example, plant name or number):							
	PRESTIGE CLEANERS							
3.	-	,						
	FLD 982087397							
4.	Facility Location: 4001-67 MENLILL 100, Street Address:							
	City: JACKSONVICLE County: DUV AL	Zip Code: 32277						
5.	Facility Identification Number (DEP Use):							
	arrho	310383						
	Responsible Official							
(6)	Name and Title of Responsible Official:							
	RUBERT W. STOCKTON							
7.	One and in this or Times							
	Street Address: SPME AS #4							
	City: County:	Zip Code:						
8.	1							
	Telephone: (904) 743 - 8743 Fax: ()	-						
	Facility Contact (If different from Desponsible C	Minial)						
	Facility Contact (If different from Responsible C	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

#0310383

	Prestige Cleaners
,	,
	-Spoke W/ Robert Stockton-
	-Spoke W/ Robert Stockton- 9/30/96
p./3	le add title-Owner
- Jul	1/0) 01/1/1//
P./4	5/1) not mary mark out
- P. 12	1.(c) add "X" 5.(c) notrequired, mark out "X" and initial
,	5.4) required
	C.C. Tagare
·	
·	
` i	

Facility Information

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

Type of Machine	ID	Date- Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	1 12:			* .*.					
(1) w/ ref. condenser	T	10/87			1				
(2) w/ carbon adsorber		1							
(3) w/ no controls									
Washer Unit	: <u></u>	in in this is				in the state of		a santa a santa da santa a san	The production
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	11,11				A STANKE	1 1 1			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	4.7%	gyara di Indonesia		gr (di					
(10) w/ ref. condenser			_						
(11) w/carbon adsorber									
(12) w/ no controls		·							
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.))	initions found		3) of	Part II?	
Existing large are	ea so	urce []	Ne	ew la	rge area sour	ce []		

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Effective: 6-25-96

	(Indicate with an "X".)	alred on machines	pursuant to section (3) of	rait if of this notification form?
	Existing large area source Carbon adsorber	<u>e</u> []	Refrigerated condenser	
	New small area source Refrigerated condenser			
	New large area source Refrigerated condenser			
to F	A facility which contains non-exule 62-213.300, F.A.C. Veriful mption criteria or that no such	y that all steam an	d hot water generating unit	o use the general permit pursuant is on-site meet the following
boil	steam and hot water generatin ler HP or less), and (2) are fire ing which propane or fuel oil c	ed exclusively by n	atural gas except for perio	
	steam and hot water generating such units on-site	g units exempt		
	Equipn	nent Monitoring a	and Recordkeeping Infor	mation
Che	ck all logs which are required	to be kept on-site	in accordance with the req	uirements of this general permit:
(a)	Purchase receipts and solvent p	ourchases		区
(b)	Leak detection inspection and	repair		
(c)	Refrigerated condenser temper	ature monitoring		[X]
(d)	Carbon adsorber exhaust perc	concentration mon	nitoring	
(e)	Instrument calibration			[]
	Start-up, shutdown, malfunction	on plan		

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ι <u>X</u>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement 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 s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	8/31/96 Date

DEP Form No. 62-213.900(2)

Effective: 6-25-96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISC	COVERY
	RE-INSPECTION	16.33	
		4-22	
II .		n: <u>/505</u> time out:	
FACILITY NAME:	restige C	Cleaners	
FACILITY LOCATION:	7001-0	7 Merrill Rd.	
	Jackso	nville, FC 3227	7
PART I: NOTIFICATION			· · · · · · · · · · · · · · · · · · ·
(check appropriate box)			
1. Existing facility notified DAR	M by 9/1/96		×
2. New facility notified DARM 3	0 days prior to star	tup	ٔ ا
3. Facility failed to notify DARM	I to use general per	mit	a
PART II: CLASSIFICATION			
Facility indicated on notification	n form that it is:		
(check appropriate box)			
A.	. V	2. Now areall amon source	
1. Existing small area source dry-to-dry only, x<140 gal/yr	c 🔀	2. New small area source dry-to-dry only, x<140 gal/yr	
transfer only, x<200 gal/yr		transfer only, x<200 gal/yr	
both types, x<140 gal/yr (constructed before 12/9/91)		both types, x<140 gal/yr (constructed on or after 12/9/91)	
(constructed before 12/9/91)		(constructed on of after 12/9/91)	
3. Existing large area source		4. New large area source	
dry-to-dry only, 140 <x<2, 100<br="">transfer only, 200<x<1,800 ga<="" td=""><td></td><td>dry-to-dry only, 140<x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td></x<2,></td></x<1,800></x<2,>		dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td></x<2,>	
both types, 140 <x<1,800 gal="" td="" y<=""><td></td><td>both types, 140<x<1,800 gal="" td="" yr<=""><td></td></x<1,800></td></x<1,800>		both types, 140 <x<1,800 gal="" td="" yr<=""><td></td></x<1,800>	
(constructed before 12/9/91)		(constructed on or after 12/9/91)	
This is a correct facility classific	ation	XX □N	
If no, please check the appropria	te classification:		
☐ facility qualifie	d for a general peri	nit as number above	
	•	s not eligible for a general permit	
	oethylene (perc) pu	irchased within the preceding 12 mont	hs by this dry cleaning
facility was 45 gallons.			

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 DY DN XXVA 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? AVID NO YX 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 condenser on a 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? 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 OY ON 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?	
Is the temperature differential equal to or greater than 20° F?	OY ON
is the temperature differential equal to or greater than 20 Tr	GI GN
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 ON/A
Is the perc concentration equal to or less than 100 ppm?	QY QN
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?	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ONA
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	YEY ON
Maintained receipts for pere parentased: Maintained rolling monthly averages of perc consumption?	XY DN
Maintained leak detection inspection and repair reports for the following:	\(\alpha\).
a. documentation of leaks repaired w/in 24 hrs? or;	X Y □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?	מצ פא
4. Maintained calibration data? for direct reading instruments only)	OY ON KN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	- DY ON N/A
6. Maintained startup/shutdown/malfunction plan?	MY DN
7. Maintained deviation reports?	MAX CIN
Problem corrected?	XY ON
8. Maintained compliance plan, if applicable?	OY ON MANA
	·
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	NO Y
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)	´a

_								
	If using direct-reading instrumentation, is the equipment:							
	a. Capable of detecting p	ΠY	□и					
	b. Calibrated against a st	and after each use						
	(PID/FID only)?				ΠY	UN		
	c. Inspected for leaks and	l obviou	s signs of v	wear on a weekly basis?	ΠY	□и		
	d. Kept in a clean and see	cure are	a when no	t in use?	ΩY	ND		
	e. Verified for accuracy b	y use of	duplicate	samples (calorimetric only)?	ΠY	□N		
3.	Has the facility maintained a leak log?				Ý	□N		
4.	The following areas should be checked f	or leaks	by the ins	pector:	•			
,			Leak Detected?					
	Hose connections, fittings, couplings, and valves	ΠY	MN	Muck cookers	ΩY	M		
	Door gaskets and seating	ΩY	X/N	Stills	ΩY	M N		
	Filter gaskets and scating	QΥ	MN	Exhaust dampers	QΥ	MA		
	Pumps	ΠY	AC	Diverter valves	ΠY	MM		
	Solvent tanks and containers	QΥ	A M	Cartridge filter housings	ΩY) DEC!		
	Water separators	ΠY	MA					

Robert Stockton
Name of Responsible Official

Inspector's Name (Please Print)

f wy in

Date of Inspection

April, 1998
Approximate Date of Next Inspection

A	DDITIONAL SITE INFORMATION:			
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM RECEIVED AIRS ID#0310383 ROBERT W STOCKTON ROBERT W STOCKTON 7001-07 MERRILL ROAD JACKSONVILLE FL 32277 Bureau of Air Monitoring Do NOT Remove Label

Annual Reporting Period: _ Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES UNO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:

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

Name (Please Print)

FEB 1 6 1998

& Mobile Sources

^{*}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.



AIRS 1D#: 03/0383

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			·	
FACILITY NAME: Pres	tige Cleaner	\$	DA1	TE: 7/17/98
FACILITY LOCATION:70	01-07 Mer	rill Rd.		
	ekson vilk, F		7	
Annual Reporting Period:	Aprile 22	_19 <u>9</u> 7то	July,	17 19 <u>9</u> 8
Based on each term or condition of the 62-213.300, Florida Administrative Co				DEP Rule
If NO, complete the following:			•	ø
#1. Term or condition of the general p	permit that has not been in o	continuous compliance o	luring the reporting p	eriod stated above:
Exact period of non-compliance: from		to	\$ 810 C	2/1
Action(s) taken to achieve compliance	:			The state of the s
Method used to demonstrate compliant	ce:			3
#2. Term or condition of the general p	permit that has not been in o	continuous compliance o	during the reporting p	eriod stated above:
Exact period of non-compliance: from	1	to		
Action(s) taken to achieve compliance	:			
Method used to demonstrate complian	ce:			
As the responsible official, I hereby ce				
made in this notification are true, accupon rolling averages of purchase recyear for transfer or combination facility	eipts, does not exceed 2,10			
responsible official: 20	BERT W. STOCK	Tow / but	W.82	7/17/88
	Name (Please Print)	S	Signature	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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	COM	PLAINT/DISCOVERY)
AIRS ID#: <u>03/0383</u> FACILITY NAME:			(30 TRAE OUT: 1	<u>E00</u>
FACILITY NAME:		errill Rd.	.0.2	13. K
RESPONSIBLE OFFICIAL:	Robert Stock	Eton PHON	ие: <u>904-743-</u> 8	943
CONTACT NAME:	oin	PHON	E:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup			×
2. Facility failed to notify DAR	M to use general permit			<u> </u>
PART II: CLASSIFICATION	<u></u>			
Facility indicated on notificati (check appropriate box) A.			notification form op store/out of business/pe	troleum
1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr dry-1 trans both	New small area sour to-dry only, $x < 140$ sfer only, $x < 200$ ga types, $x < 140$ gal/ structed on or after	gal/yr al/yr vr	
dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility classified in the please check the	dry-trans both (con ce	to-dry only, $x < 140$ sfer only, $x < 200$ ga types, $x < 140$ gal/structed on or after New large area sound to-dry only, $140 \le x$ sfer only, $200 \le x \le 1$, structed on or after $\Box N \Box Can$	gal/yr al/yr 77 12/9/91) rce	

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? □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 □N □N/A 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 Y 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 UN UN/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?	ПY	□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	□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,			□N/A
	if machines are equipped with a carbon adsorber?			
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΩΝ	□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	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS								
Has the responsible official: (check appropriate boxes)	•							
1. Maintained receipts for perc purchased? ✓ □N								
2. Maintained rolling monthly total of perc consumption?	May □n							
3. Maintained leak detection inspection and repair reports for the following:	1							
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?	' OY ON ON/A							
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN SANA							
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN XN/A							
6. Maintained startup/shutdown/malfunction plan?	XY DN							
7. Maintained deviation reports?								
Problem corrected?	□Y □N XXN/A							
8. Maintained compliance plan, if applicable?	DY DN XXN/A							

P/	ART VI: LEAK DETECTION AND F	REPA	IRS					······································
1.	Does the responsible official conduct a	weekl	y (for	small sources, b	oi-weekly) leak detection a	nd rep	air	· · · · · · · · · · · · · · · · · · ·
	inspection?					XY		⊒ N
2.	Has the facility maintained a leak log?					YY		JN
3.	Does the responsible official check the	follow	ing a	reas for leaks?		/		
	Hose connections, fittings, couplings, and valves	Y	□N	□N/A	Muck cookers	XY	□N	□N/A
	Door gaskets and seating	A Y	ΠN	□N/A	Stills	XY	ΠN	□N/A
	Filter gaskets and seating	YY	ΠN	□N/A	Exhaust dampers	YY	ΠN	□N/A
	Pumps	Y	ΠN	□N/A	Diverter valves	YY	ΠN	□N/A
	Solvent tanks and containers	Á	ŪΝ	□N/A	Cartridge filter housings	XX	ΠN	□N/A
	Water separators	AY	□N	□N/A				
4.	Which method of detection is used by the	he rest	onsit	ole official?	÷			
	Visual examination (condensed so	olvent	on ex	terior surfaces)		A		
	Physical detection (airflow felt the	rough	gaske	ets)		¥		
	Odor (noticeable perc odor)					DAXX		
	Use of direct-reading instrumenta	tion (I	TID/P	ID/calorimetric	tubes)	Έ		
	Halogen leak detector							
	If using direct-reading instr	ument	ation	, is the equipme	ent:	MA	Α	
	a. Capable of detecting p	perc va	por c	concentrations in	a range of 0-500 ppm?	ΔY	ΠN	
	b. Calibrated against a s	tandar	d gas	prior to and afte	er each use			

Jeff Winter	7/17/98
Inspector's Name (Please Print)	Date of Inspection
Jeffry Dinter Vispector's Signature	Approximate Date of Next Inspection

c. Inspected for leaks and obvious signs of wear on a weekly basis?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

d. Kept in a clean and secure area when not in use?

(PID/FID only)?

 $\square Y$ $\square N$

 $\square Y \square N$

 $\square Y \square N$

 $\square Y \square N$

ADDITIONAL SITE IN	FORMATION:	 440.00	to the desired of the second to the second t	
			•	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: A	ANNUAL 🔀	COMPLAIN	T/DISCOVERY	RE-IN	SPECTION
TIME IN: 2:30 P	M. TIME OUT:	3:00	PM. AIRS ID#	03/0	383
TYPE OF FACILITY: DY	y Cleaner				
FACILITY NAME:	estige Clea	NES		DATE:	7/17/98
FACILITY LOCATION:	2001-07 M		ed.		
	ckson ville,	FL -	32277		
RESPONSIBLE OFFICIAL:	object Stock to	n	PHONE NUM	BER: 904-7	43-8743
Based on the results of the c compliance with DEP Rule				the facility is foun	d to be in
Based on the results of the c discrepancies were noted:	ompliance requirements	evaluated du	ring this inspection,	the following com	pliance
COMPLIANCE REQUIR	EMENT/PROBLEM	М	FOLLOW-UP A	ACTION REQ	UIRED
	·		,		
					R
			•	- Bu	
	· .			g Mob	23
				% So	No Try
				<u> </u>	Monitorial State of the State o
					₹a
COMMENTS:				•.	
: :					
The Annual Compliance Certification	n form has been properly	certified and	submitted to the inc	spector VFS	V NO
DATE OF NEXT INSPECTION:	201111 has oven property	Tul	1999	potor, Indi	P
DATE OF REAL INSPECTION:	· -	(Approxim	ate)		
INSPECTION CONDUCTED BY:		AW	inter	· · · · · · · · · · · · · · · · · · ·	·
INSPECTOR'S SIGNATURE:	Jeffry W	(Please Pr		iber: <u>904-(</u>	530-2800

PERCHLOROETHYLENE DRY CLEANERS OF TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST COMPLIANT/DISCOVERY

TYPE	OF	INCP	FCT	ION:
	OF	TIANT.		LOM.



AIRS ID#: <u>03/0383</u> DATE: <u>6/2/99</u> TIME IN: <u>/045</u> TIME OUT: <u>////</u> 5
FACILITY NAME: Prestige Cleaners
FACILITY LOCATION: 7001-07 Merrill ROAD.
Jack Sonville, FL 32277
RESPONSIBLE OFFICIAL: Robert Stockton PHONE: 904-743-8743
CONTACT NAME: Some PHONE: Some

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	X
2. Facility failed to notify DARM to use general permit	

PART II: CLASSIFICATION						
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum					
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)					
5. This is a correct facility classification	YY IN I Can not determine					
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit						
B. The total quantity of perchloroethylene (perc) pure facility was gallons.	urchased within the preceding 12 months 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? OY ON ON/A QY QN QN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? OY ON 4. Draining cartridge filters in their housing or in sealed containers for at QY ON ON/A least 24 hours prior to disposai? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) $\Box Y \Box N$ 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 condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? \Box Y \Box N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after □Y □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?	ΩY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□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?	ПY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	□N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	□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) 1. Maintained receipts for perc purchased? QY QN 2. Maintained rolling monthly total of perc consumption? DY DN 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; QY QN QN/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? QY QN QN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN DN/A 6. Maintained startup/shutdown/malfunction plan? OY ON DY DN DN/A 7. Maintained deviation reports? QY ON ON/A Problem corrected? □Y □N □N/A 8. Maintained compliance plan, if applicable?

PAR	T VI: LEAK DETECTION AND	REPAIRS	<u> </u>			
I. D	oes the responsible official conduct	ı weekly (f	or small sou	rces, bi-weekly) leak detection :	and rep	air
in	spection?				□Y	□N
2. H	as the facility maintained a leak log	?			□Y	□N
3. D	oes the responsible official check the	following	areas for lea	aks?		
	Hose connections, fittings, couplings, and valves		N □N/A	Muck cookers	□Y	□N □N/A
	Door gaskets and seating	DY D :	N □N/A	Stills	□Y	□N □N/A
	Filter gaskets and seating		N □N/A	Exhaust dampers	ŪΥ	□N □N/A
	Pumps		N □N/A	Diverter valves	ПY	□N □N/A
	Solvent tanks and containers		N □N/A	Cartridge filter housings	□Y	□N □N/A
	Water separators		N □N/A			
4. W	hich method of detection is used by	the respons	sible official?	•		
	Visual examination (condensed s	olvent on e	exterior surfa	aces)		
	Physical detection (airflow felt th	rough gasi	cets)			
	Odor (noticeable perc odor)					
	□N/A	\				
	T Y (□и				
	d after each use	□ Υ (□N			
	(PID/FID only)? c. Inspected for leaks an	d obvious	rians of wear	r an a waaldy basis?		
	- ,		_	•		
	d. Kept in a clean and so					
	e. Vermed for accuracy	by use of a	uplicate sam	ples (calorimetric only)?		⊒N .
*					_	
	_					
	Jeff Winte	20		6/2/	99	
	Inspector's Name (Please Prin	it)		Date of Inspec	ction	
	Cestion 1):	1		n/n		
	Ippoppor's Signature	<u>~~</u>		Approximate Date of N	Jext Ins	pection

ADDITIONAL SITE INFORMATION:

All equipment Moved from Site. Equipment removed in January. Site is a drop Store ONLY.

9. Winte 6/2/99

Best Available Copy

	Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location Facility Owner/Company Name (Name of corporation, agency, or individual owner)	n
_	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	6/3
	LOBERT W. STOCKTON 30.	
	Site Name (For example, plant name or number):	
	PRESTIGE CUE ANEXES	
	Site Name (For example, plant name or number): PRESTIGE CUE ANEXES Hazardous Waste Generator Identification Number: FLD TRZ027397	
	FLD 982027397	
	Facility Location: 4001-07 MERRICE (UD. Street Address:	
	City: JACKSONUCCE County: DUV AC Zip Code: 32277	
	Facility Identification Number (DEP Use):	
	0310383	
	Responsible Official	
	Name and Title of Responsible Official:	
	RUBERT W. STOCKTON, OWNER &	
	Responsible Official Mailing Address:	
	Organization/Firm: 57ME AS #4	
	City: County: Zip Code:	
	Responsible Official Telephone Number:	
	Telephone: (904) 743 - 8743 Fax: () -	
	Facility Contact (If different from Responsible Official)	

RECEIVED

Zip Code:

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

Street Address:

Telephone:

11. Facility Contact Telephone Number:

(

City:

Page 13 of 16

Fax: (

)

County:

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	Date Control		Date Machine	Date Control		Date Machine	Date Control
· ·		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	T	10/87	עאוג						
(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									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		•			•			•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									1
(12) w/ no controls									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [45] 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".					īnitions foun	d in section (3) of	Part II?	
Existing small ar	ea so	urce X	Ne	ew sn	nall area sou	rce []		
Existing large are	ea so	urce []	Ne	ew la	rge area sour	-ce []		

4. 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 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	$[\times]$
(c) Refrigerated condenser temperature monitoring	<u></u> ★ ★
(d) Carbon adsorber exhaust perc concentration mor	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	X

Surrender of Existing Air Permit(s)

ease indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ľ	No air permits currently exist for the operation of the facility indicated in this notification form.
,	Responsible Official Certification
this notif statemen maintain comply v	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
Signature	$\frac{8/3}{196}$ Date
Noh	utv.57 4/22/97

on the reverse side?	O] ∂dO ∂ΛU∂ JO dO] J∂ΛO 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 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.	can return this e does not e number.	/ish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eipt Service.
N ADDRESS completed c	AIRS ID # 0310383 PRESTIGE CLEANERS ROBERT W STOCKTON 7001-07 MERRILL ROAD JACKSONVILLE FL 32277	4a. Article N 4b. Service Registere Express I Return Rec 7. Date of De	Type od Certified Mail Insured ceipt for Merchandise COD	for using Return Rec
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee and fee is	e's Address (Only if requested paid)	Thank you
7	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receip	t

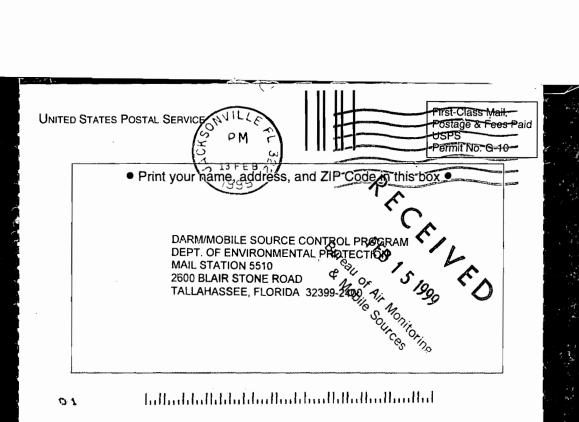
	P 174 05	2 05L 60V
	US Postal Service Receipt for Cert	ified Mail
		AIRS ID # 0310383
RC 70	ESTIGE CLEANERS OBERT W STOCKTON 01-07 MERRILL ROA CKSONVILLE FL 323	.D
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
000	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	
ď		

	Z · 333 Li US Postal Service Receipt for Cer							
	Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to							
PRI RO 700	ESTIGE CLEANERS BERT W STOCKTON 1-07 MERRILL ROAL KSONVILLE FL 322		# 0310383					
	Certified Fee	•						
	Special Delivery Fee	i						
10	Restricted Delivery Fee							
199	Return Receipt Showing to Whom & Date Delivered							
, April	Return Receipt Showing to Whom, Date, & Addressee's Address							
800	TOTAL Postage & Fees	\$						
PS Form 3800 , April 1995	Postmark or Date							

on the reverse side?	O) adolanua jo doj Jano auji je p 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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. White 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to refollowing service extra fee): 1. Address 2. Restrict Consult postma	es (for an see's Address ed Delivery	eipt Service.	
ADDRESS completed	3. Article Addressed to: AIRS ID # 0310383 PRESTIGE CLEANERS ROBERT W STOCKTON 7001-07 MERRILL ROAD JACKSONVILLE FL 32277	4b. Service Registere Express Retum Re 7. Date of D	Type ed Mail ceipt for Merchandis	Certified Insured	you for using Return Rec
our RETURN	5. Received By: (Print Name) 6. Signatule: (Addressee or Agent)	8. Addresse and fee is	e's Address <i>(Only</i> paid)	if requested	Thank

Domestic Return Receipt

PS Form **3811**, December 1994



on the reverse side?	Of adolanua to dol 1ano auli is 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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. White "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.	can return this e does not e number.	so wish to receive the following services (for an extra fee): 1.	Receipt Service.
N ADDRESS completed	AIRS ID#: 0310383 ROBERT W STOCKTON ROBERT W STOCKTON ROBERT W STOCKTON 7001-07 MERRILL ROAD 3ACKSONVILLE FL 32277	4b. Service 1 Registere	Type ed	for using Return
s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee and fee is		Thank you
_	PS Form 3811 , December 1994		Domestic Return Receipt	ļ

• ,	P	2	488	
Rec No In	ostal Service ceipt for Cer surance Coverage ot use for Internation	Prov	vided.	<u>'</u>
108ER1 1001-07	AIRS ID W STOCKTON W STOCKTON MERRILL ROAD NVILLE FL 32277	#: O	0310383	
Speci	al Delivery Fee			1
	cted Delivery Fee			7
Return Whom	n Receipt Showing to n & Date Delivered			-
Retum Date, 8	Receipt Showing to Whom, Addressee's Address			
TOTA	L Postage & Fees	\$		
Section Whom Return Date, 8 Postri	nark or Date			

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 w card to you. "Attach this form to the front of the mailpiece, or on the back if spar permit. "Write "Return Receipt Requested" on the mailpiece below the artic "The Return Receipt will show to whom the article was delivered ardelivered.	e does not	I also wish to receive the following services (for an extra fee): 1. ☐ Addressee's Address 2. ☐ Restricted Delivery Consult postmaster for fee.
ROBERT W STOCKTON ROBERT W STOCKTON ROBERT W STOCKTON 7001-07 MERRILL ROAD JACKSONVILLE FL 32277	4a. Article No. 2 33: 4b. Service 1 Registere Express No. Return Rec. 7. Date of Dec.	3 6/2 928
5. Recarved By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressee and fee is	o's Address (Only if requested paid)

	Z 333 L US Postal Service Receipt for Cer	
	ROBERT W STOCKTO ROBERT W STOCKTO 7001-07 MERRILL RO JACKSONVILLE FL 3	AIRS ID 0310383 ON ON AD
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
,,	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
900,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

ENDER: COMPLETE THIS SECTION	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 	A. Received by (Please Print Clearly) B. Date of Delivery
so that we can return the card to you. Attach this card to the back of the mailpiece,	C. Signature
or on the front if space permits.	Des determinents de la constant de l
Article Addressed to:	D. is delivery address different from item 1?
10 AIRS ID # 0310383001AG ROBERT W STOCKTON PRESTIGE CLEANERS	JUN 1 2 2001
7001-07 MERRILL ROAD	Bureau of Air Monitoring
JACKSONVILLE FL 32277	A Selliphile Sources Mail
	Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
(1	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Namber (Copy from service label)	3783
201	Return Receipt 102595-99-M-1789

- Total

	U.S. Postal S CERTIFIED (Domestic Mail O	MAIL REC	EIPT Coverage Provided)			
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37						
=	Postage	\$				
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ير	Return Receipt Fee (Endorsement Required)		Here			
0026	Restricted Delivery Fee (Er					
	10 PODERT W. CO.	AIRS ID # 0310383	001AG			
0090	7001-07 MERRILL ROAD					
[
7000	S JACKSONVILL	E FL 32277				
	PS Form 3800, February	2000	See Reverse for Instructions			

Best Available Copy



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302505

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#0310383

ROBERT W STOCKTON ROBERT W STOCKTON 7001-07 MERRILL ROAD JACKSONVILLE FL 32277

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Ohi : 00-7

Оы.: 002273

Best Available Copy

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 406157 FEB26 2901

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 # 0310382

RITE WAY LAUNDRY & DRY CLEANERS RAMONA H BODALSKI 2210 PHOENIX AVENUE JACKSONVILLE FL 32206

FOR GOVERNMENT USE ONLY

8 1

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0362348

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

26

TOTAL AMOUNT DUE: \$50.00R ECEIVED

FEB 2 4 1999

Do NOT Remove Label

Bureau of Air Monitoring & Mobile Sources

AIRS ID # 0310383

PRESTIGE CLEANERS ROBERT W STOCKTON' 7001-07 MERRILL ROAD JACKSONVILLE FL 32277

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261240

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

FEB 24 97

Do NOT Remove Label

AIRS ID#: 0310383

ROBERT W STOCKTON ROBERT W STOCKTON 7001-07 MERRILL ROAD JACKSONVILLE FL 32277 FOR GOVERNMENT USE ONLY

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

Obj.: 002273