

# \* Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 25, 1996

Ms. Sang H. Lee Princeton Cleaners 9550 Baymeadows Road, Suite 33 Jacksonville, Florida 32256

Re: Facility I.D. No. 0310388

Dear Ms. Lee:

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 November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Ms. Lori Tilley, Duval County

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



### Department of Environmental Protection

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

David B. Struhs Secretary

July 2, 2001

Mr. Sang H. Lee Princeton Cleaners 9550 Bay Meadows Road #33 Jacksonville, Florida 32256

Dear Mr. Lee:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 29.

In reviewing your submittal, it was noted that Princeton Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0310388). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Mr. Wayne Tutt, Duval County

"More Protection, Less Process"

Printed on recycled paper.

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🂢	COM	PLAINT/DI	SCOVERY	RE-INSPEC	CTION [
TIME IN: 9/0	TIME_OUT:		720	AIRS ID#:	03/038	28
TYPE OF FACILITY:	Dry Cleaner	<u> </u>				
FACILITY NAME:	Princeton C	lean	ers		DATE:	24/97
FACILITY LOCATION:	9550 Bay	mea	dows	Rd #3	33	<u> </u>
	ackson ville,	FL	328	256		
RESPONSIBLE OFFICIAL:	Sang H.	lee	•	PHONE NUMBER	r: <i>904) 448</i>	-6323
	the compliance requiremental Rule 62-213.300, Florida A				facility is found to b	e in
Based on the results of discrepancies were note	the compliance requiremented:	nts evalua	ted during t	his inspection, the	following complian	ce
COMPLIANCE REQI	JIREMENT/PROBL	EM	FOI	LOW-UP AC	TION REQUIR	ED
	•					
<u> </u>						
	·					
		••				
· ·						
<del></del>					· 	
COMMENTS:	·					
:						
·		•		·		
The Annual Compliance Certific	cation form has been prope	erly certifi	ed and subn	nitted to the inspec	tor. YES	NO
DATE OF NEXT INSPECTIO	N:	4411	roximate)	18		
INSPECTION CONDUCTED	BY:	Je-fi	aso Print)	ter		
INSPECTOR'S SIGNATURE	Jeffry !	Win	7	PHONE NUMBE	<u></u>	-7272 2219
		$P_{age}$ /	of / .		٠,٠٠٠	Revised 10/96

	Revised 10/10/96

AIRS ID#: 03/0388

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

FACILITY NAME:	Princeton		<del>-</del>	DATE	4/24/8)
FACILITY LOCATION:	9550	Boymead	ows Rd. #	±33	
		ville, FL		, -	
Annual Reporting Period:	August 3	0	<i>96</i> то	4/24	1997
Based on each term or condition 62-213.300, Florida Administra	•	•	•	/ت	EP Rule NO
If NO, complete the following:					
#1. Term or condition of the ge	neral permit that has	s not been in continu	uous compliance duri	ng the reporting per	iod stated above:
Exact period of non-compliance	: from	_	to		
Action(s) taken to achieve comp	oliance:				
Method used to demonstrate cor	mpliance:				
#2. Term or condition of the ge	neral permit that has	s not been in contin	uous compliance duri	ng the reporting per	iod stated above:
Exact period of non-compliance	: from		to		
Action(s) taken to achieve comp	oliance:	,			
Method used to demonstrate con	mpliance:				
As the responsible official, I her made in this notification are tru upon rolling averages of purche year for transfer or combination	ne, accurate and com ase receipts, does no	plete. Further, my	annual consumption of	of perchloroethylen	e solvent, based
RESPONSIBLE OFFICIAL:	Name (Plea	H. LEE ase Print)	Sign	ature	4/31/91) Date

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

### Perchloroethylene Dry Cleaning Facility Notification

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

	·
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	KYUNG S. LEE
2.	Site Name (For example, plant name or number):
	PRINCEton CLEANERS
3.	Hazardous Waste Generator Identification Number:
	# FL 0000360820
4.	Facility Location: 9550 Baymeadows Rd. #33 Street Address:
	City: Sax. County: DUVAL Zip Code: 3.2256
5.	Facility Identification Number (DEP Use):
	03/0388
	Responsible Official
6.	Name and Title of Responsible Official:
	SANG H. LSE (operator)  Responsible Official Mailing Address:  Organization/Firm: prince-ton Cleaners  Street Address: 9550 Baymeadows Rd. #33  City: County 2 4 7 7 Code: 2 2 2 5 2
7.	Responsible Official Mailing Address:
	Street Address: Ocea Roumeedows Rd. #33
	City: Sacksonville County: Duval Zip Code: 3986
8.	Responsible Official Telephone Number:
	Telephone: (904) 448- 6323 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:
	Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) - El V E Au6 30 Aur Monitorine au of Air Sources
	The state of the s
	R Monitoria
	Ar Source
	all

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### # 0310388

9-24 Spoke to Princeton Cleaners, Sang Lee is the owner.

P.14 i. (a) place dates in appropriate boxes

#### **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	-	# /	NPT-1	15 -	91 00	T-15-91	<i>j</i>		1-11-1
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		Tanan salah	·				r -	Lagrange (Til	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					*	**	1.		* 255
(7) w/ ref. condenser		Ι΄ ΄			_	1			
(8) w/ carbon adsorber									
(9) w/ no controls		_			-				
Reclaimer Unit	100	- Hall ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2 2			· .	Salar :	
(10) w/ ref. condenser		T	<u> </u>	Ι		T		1	1
(11) w/carbon adsorber						<del> </del>			<del> </del>
(12) w/ no controls								<del></del>	
(b) Control devices are  (c) No control devices  2.(a) What was the total of [92.9]  (b) If less than 12 mont Check why it is less	are re luant galle	equired to be ity of perchlo ons ow many? [_	installed [	X perc)	purchased in				[]

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<ol> <li>What control technology is required on machines (Indicate with an "X".)</li> </ol>	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 natural 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	[X] []
•	
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	Ĺ <b>X</b> J
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ĺ <b>X</b> J	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	<u> </u>
this notif statemen maintain	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 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.
this notif statemen maintain comply v	Sication. I hereby certify, based on information and belief formed after reasonable inquiry, that the state 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

# 0310388

	9-24	Spore to	Prince	ton -ee	
	CL	eaners,	sang -	- ( (	
	is	the ou	uner,	•	
1. Facility Owr	ner/				
KYUN	a P.14	date	os in		•
2. Site Name (I	or 1 (a) pl	ace court	12 60X	eS	
PRI	NC	ace data ppropria	. 7 C	•	
3. Hazardous V	· - I				,
#	F				
4. Facility Loca	-1				•
Street Addre	ess:				1256
5: Facility Iden	tino Tino		·		
6. Name and T	itle c				
SAM	VA				
7. Responsible Organization Street Addre City:	Offil VFirm: Prince ss: 9550 Bayns akconville	ton Clean eadowl Rd. County:	H33 H33	Zip Cod	de:32eb
8. Responsible Telephone:	Official Telephone Nur (9 <i>04</i> ) <i>44</i> 3 - 1	_ 1	Fax. ( )	-	
	Facility Cont	act (If different fro	m Responsible C	Official)	
9. Name and Ti	itle of Facility Contact (	For example, plant i	manager):		
10. Facility Con	tact Address:				
Street Addre City:	SS:	County:		Zip Code:	0
11. Facility Con	tact Telephone Number	<u> </u>			18
Telephone:	( ) -		Fax: ( )	-	1V
			<del>T</del>	REC	IN ED WOMOTON AIR MONITORINGES MODILE SCURCES
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### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	KYUNG S. 188
2.	Site Name (For example, plant name or number):
	PRINCEton CLEANERS
3.	Hazardous Waste Generator Identification Number:
	# FL 00003608=0
4.	Facility Location: 9550 Baymeadows Rd. #33 Street Address:
	City: Sax. County: DUVAl Zip Code: 3 225 &
-5.∜	Facility Identification Number (DEP Use):
	1. 1. 0:3/0388
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Organization/Firm: Princeton Cleaners Street Address: 950 Rayneadows Rd. #33 City: County: County: Daniel Zip Code: 2985 h
7.	Responsible Official Mailing Address:
	Organization/Firm: Princeton Cleaners
	City: County: Duval Zip Code: 39950
	Sackconville County: Duvar Zip Code: 35550
8.	Responsible Official Telephone Number: Telephone: (904) 448-6323 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: Zin Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -
	Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) - EX
	of Air Sourc
	,,cau,notino

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#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
_		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	,	# 1, ,	OPT-	15 -	91 00	T-15-91	, –		
(1) w/ ref. condenser		10/15/91	10/15/9	7					
(2) w/ carbon adsorber		<del></del>	<u> </u>						
(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	٠	. 1							
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls						1			
(b) Control devices are  (c) No control devices  2.(a) What was the total of [92.9]  (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlo ons ow many? [	installed [_ proethylene (	y perc)	purchased i	•			
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.)	ew sn	nitions foun nall area sou rge area sour	rce [	3) of	Part II?	
2 3					_		•		

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(Indicate with an "X".)	and to section (3) of Part II of this notification form?
Existing large area source  Carbon adsorber Ref	rigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
•	•
5. A facility which contains non-exempt emissions units to Rule 62-213.300, F.A.C. Verify that all steam and hot exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natura during which propane or fuel oil containing no more than	l gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
No such units on-site	
	ecordkeeping Information
No such units on-site	• •
No such units on-site  Equipment Monitoring and R	• •
Equipment Monitoring and R Check all logs which are required to be kept on-site in acc	cordance with the requirements of this general permit:
Equipment Monitoring and R Check all logs which are required to be kept on-site in acc  (a) Purchase receipts and solvent purchases	cordance with the requirements of this general permit:
Equipment Monitoring and R Check all logs which are required to be kept on-site in acc (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair	cordance with the requirements of this general permit:  [X]  [X]
Equipment Monitoring and R Check all logs which are required to be kept on-site in acc (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	cordance with the requirements of this general permit:  [X]  [X]

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

Please indicate	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)
ïXı	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	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 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	Any H. fre 3/21/98 Not 27 - fre 4/24/91

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCO	VERY
AIRS ID#: 03/0388 TIME FACILITY NAME: Prince to		9:20
FACILITY LOCATION: 9550	Bormeadows Rd. #	33
Jackso	nville, FL 32256	
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	rtup	Q.
3. Facility failed to notify DARM to use general po	rmit	•
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)		
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	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,="" yr=""><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	XY ON	
If no, please check the appropriate classification:	•	
facility qualified for a general per facility exceeds above limits and	rmit as number above is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) perchloroethylene (pe	ourchased within the preceding 12 months	by this dry cleaning

Forento Machine

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?	XY □N		
2. Examining the containers for leakage?	MY DN		
3. Closing and securing machine doors except during loading/unloading?	MU YM		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	) <b>∀</b> Y □N		
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).	gerated condenser		
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 refrig (complete A and B below).	gerated 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?	MY □N		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVI ON DIVA		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AVA NO YE		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	X(Y □N		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	MY ON		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	XY □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			

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?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
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 ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	/ <b>⊠</b> Y □N
2. Maintained rolling monthly averages of perc consumption?	MA ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	<b>)¤</b> (Ŷ □и
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)	OY ON XIVA
5. Maintained exhaust duct monitoring data on perc concentrations?	-DY DN N/A
6. Maintained startup/shutdown/malfunction plan?	X(Y □N
7. Maintained deviation reports?	X(Y □N
Problem corrected?	N□ Y <b>X</b>
8. Maintained compliance plan, if applicable?	ANA NO YO
· ·	
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)	
Odor (noticeable perc odor)	٥
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	

If using direct-reading instrumentation, is the equipment:						
TTF a.	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			אב		
Thetrumantso.	Calibrated against a st. (PID/FID only)?	andard g	gas prior to	and after each use	□Y <b>X</b> (N	
c.	Inspected for leaks and	lobvious	s signs of w	ear on a weekly basis?	XX □N	
d.	Kept in a clean and se	cure area	a when not	in use?	XX (	
e.	Verified for accuracy b	y use of	duplicate s	samples (calorimetric only)?	□Y ≉	ENN/4
3. Has the facility i	maintained a leak log?				XX (	ות⊏
4. The following as	reas should be checked f	or leaks	by the insp	pector:		
		Leak D	etected?		Leak I	Detected?
8	ections, fittings, s, and valves	ΩY	<b>X</b>	Muck cookers	ΠY	Ми
Door gask	ets and seating	ΠY	XV	Stills	ПY	MN
Filter gask	ets and seating	ΠY	MN	Exhaust dampers	ΠY	MM
Pumps		ΠY	МM	Diverter valves	ПY	MA
Solvent ta	nks and containers	ΠY	MA	Cartridge filter housings	□Y	MM
Water sepa	arators	ΠY	MA			

Song H. Lee Name of Responsible Official

Teff Winter
Inspector's Name (Please Print)

Jeffun Line

Approximate Date of Next Inspection

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,	
	•
п	

### **Best Available Copy**

### PERCHLOROETHYLENE DRY CLEANERS

	TITLE V ( COMPLIANCE I	GENERAL INSPECTIO		OUT COL	Ull .
TYPE OF INSPECTION:	ANNUAL	<b>y</b>	COMPLAIN	T/DISCOVERYS	}, ~3 • □ (1)
THE OF MICE SCIENCE	RE-INSPECTION	•			S. S. S.
					W.C. TION
AIRS 1D#: <u>03/0388</u>				TIME OUT: _	11:00
FACILITY NAME:	Princeton	Ckas	ners		
FACILITY LOCATION:	9550 K	Boym.	eadows Rd	. #33	
	Jackson	ville	FL 322	256	
RESPONSIBLE OFFICIAL:	ee Sang A	4. /el	phone: <u> </u>	204-448-6	323
CONTACT NAME:	Sans	Lee	PHONE:	Some	<u> </u>
					<del>-</del>
PART I: NOTIFICATION					
(check appropriate box)		Jiane	<del></del> .	* * * ********************************	
New facility notified DARM	f 30 days prior to star	tun			Æ
2. Facility failed to notify DAR	• •	-			
<b>2.</b> 1 - 3 - 3 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5	417 to 400 B F				
PART II: CLASSIFICATION	<u> </u>				
Facility indicated on notificat			- 🗆 No notifica		1-20-1-100-1-
(check appropriate box)			☐ Drop store	out of business/pe	troleum
A. 1. Existing small area sour	rce 🗖	2. New sm	iali area source		
dry-to-dry only, x < 140 gal	/ут		only, $x < 140$ gal/yr		
transfer only, x < 200 gal/yr both types, x < 140 gal/yr			ly, x < 200 gal/yr x < 140 gal/yr		
(constructed before 12/9/91)			d on or after 12/9/91	)	
3. Existing large area sour	rce 🗆	4. New lar	rge area source		
dry-to-dry only, $140 \le x \le 2$ ,	,100 gai/ут	•	only, $140 \le x \le 2{,}100$	• •	
transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$			$1y, 200 \le x \le 1,800 \text{ g}$ $140 \le x \le 1,800 \text{ gal/}$	-	
(constructed before $12/9/91$ )			d on or after $12/9/91$		
5. This is a correct facility of	lassification		N □Can not dete	ermine	
If no, please check the					
	ity qualified for a gene ity exceeds above limit			above al permit	

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

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/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? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the YAY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the Y ON ON/A condenser exceeded 45°F? 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	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ПY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	$\square N$	□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 unstream from any bend, contraction			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ΠN	□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?	ПY	ΠИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	ATY ON
2. Maintained rolling monthly total of perc consumption?	YAY □N
3. Maintained leak detection inspection and repair reports for the following:	· ·
a. documentation of leaks repaired w/in 24 hrs? or;	YAY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? for applicable direct reading instruments)	oly on Maya
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MANA
6. Maintained startup/shutdown/malfunction plan?	Ma AM
7. Maintained deviation reports?	oy on basia
Problem corrected?	□Y □N ¥XIN/A
8. Maintained compliance plan, if applicable?	OY ON XXVIA

P	ARI VI: LEAK DETECTION AND	KEFAIRS	_			
1.	Does the responsible official conduct	a weekly (for s	small sour	ces, bi-weekly) leak detection a	nd rep	air
	inspection?				MY	□N
2.	Has the facility maintained a leak log	?			Y	□N
3.	Does the responsible official check the	e following are	eas for lead	ks?	•	
	Hose connections, fittings, couplings, and valves	AN DN	□N/A	Muck cookers	Y	□N □N/A
	Door gaskets and seating	DAY ON	□N/A	Stills	XY	□N □N/A
	Filter gaskets and seating	AL ON	□N/A	Exhaust dampers	Y	□N □N/A
	Pumps	AN ON	□N/A	Diverter valves	XY	□N □N/A
	Solvent tanks and containers	AY ON	□N/A	Cartridge filter housings	XY	□N □N/A
	Water separators	MY DN	□N/A			
4.	Which method of detection is used by	the responsibl	e official?			
	Visual examination (condensed s	solvent on exte	erior surfa	ces)	X	
	Physical detection (airflow felt th	rough gaskets	s)		X	
	Odor (noticeable perc odor)				×.	
	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)					
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:				A	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				□N	
	b. Calibrated against a (PID/FID only)?	standar <b>d</b> gas p	orior to an	d after each use	ΩY	□N
	c. Inspected for leaks a	nd obvious sig	ns of wear	on a weekly basis?	ΠY	□N
	d. Kept in a clean and s	secure area wh	en not in	use?	ΠY	□N
	e. Verified for accuracy	by use of dup	licate sam	ples (calorimetric only)?	ПY	□N
	Total Winter					
	Inspector's Name (Please Print)  Date of Inspection					
	1.1 1/A X/1 1999					
	Inspector's Signature	<u>~</u>	<del></del>	Approximate Date of N	Vext I	nspection

ADDITIONAL SITE INFORMATION:		
	* me use:	 
•		

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: /030 TIME QUT: /	100 AIRS ID#: 03/0388
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Princeton Glean	DECS DATE: 7/15/98
	readous Rd. #33
Jacksonville, F	2 32256
RESPONSIBLE OFFICIAL: KYUNG S. Lee	PHONE NUMBER: 904-448-6323
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administ	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u></u>	
·	P
:	
	* Noon Par Land
· · · · · · · · · · · · · · · · · · ·	Wild All
	Continue Continue
COMMENTS:	1
COMMENTS.	÷
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	Wy, 1999
INSPECTION CONDUCTED BY: Jeff	pproximate) Winter
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904-630-2800
Page	of / Revised 10/96

Ado

AIRS ID#:	03/0388
$Auco m_{\pi}$ .	<u> </u>

Revised 10/10/96

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

FACILITY NAME: Princ	ecton Cleaners	DATE: 7/15/28
FACILITY LOCATION: 95	50 Baymeadows	PJ. #33
	Sonville, FL 322	56
Annual Reporting Period:	<u>гі 24</u> 19 <u>97</u> то	July 1998
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code		_
If NO, complete the following:		•
#1. Term or condition of the general perm	nit that has not been in continuous complia	ance during the reporting period stated above:
Exact period of non-compliance: from		to to the state of
Action(s) taken to achieve compliance:		\$ 30 2 L
Method used to demonstrate compliance:		Big Time Say O
#2. Term or condition of the general perm	nit that has not been in continuous complia	ance during the reporting period stated above:
Exact period of non-compliance: from		_to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
made in this notification are true, accura	te and complete. Further, my annual cons ts, does not exceed 2,100 gallons per year	i after reasonable inquiry, that the statements sumption of perchloroethylene solvent, based for dry-to dry facilities or 1,800 gallons per
1	Name (Please Print)	Signature Date

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

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

Wrong Dates Daval	AIRS ID#0310388  KYUNG S LEE  KYUNG S LEE  9550 BAYMEADOWS ROAD #33  JACKSONVILLE FL 32256
	Do NOT Remove Label
Annual Reporting Period:	19191919
62-213.300, Florida Administrative Code	tle V general air permit, my facility has remained in compliance with DEP Rule (F.A.C.), during the period covered by this statement. YES
If NO, complete the following: #1. Term or condition of the general perm	nit that has not been in continuous compliance during the reporting 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 perr	nit that has not been in continuous compliance during the reporting periodistated above:
Exact period of non-compliance: from	RECEIVED
Exact period of non-compliance: from	JAN 2 2 1998
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:	Bureau of Air Monitoring  & Mobile Sources
notification are true, accurate and complete.	pased on information and belief formed after reasonable inquiry, that the statements made in this Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, y-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

\*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.

Name (Please Print)

RESPONSIBLE OFFICIAL:

#### PERCHLOROETHYLENE DRY CLEAN TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKIST **ANNUAL** TYPE OF INSPECTION: **RE-INSPECTION** AIRS ID#: 03/0388 DATE: **FACILITY NAME:** FACILITY LOCATION: CONTACT NAME: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION ☐ No notification form Facility indicated on notification form that it is: ☐ Drop store/out of business/petroleum (check appropriate box) A. 2. New small area source 1. Existing small area source drv-to-drv only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrtransfer only, x < 200 gal/vTboth types, x < 140 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types. $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91) (constructed before 12/9/91) 5. This is a correct facility classification $\square N$ □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) purchased within the preceding 12 months by this dry cleaning

facility was 113.4 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?	Y ON ON/A
2. Examining the containers for leakage?	Y ON ON/A
3. Closing and securing machine doors except during loading/unloading?	N RA
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	AND Y CO
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 refri (complete A below).	gerated 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 musinstalled prior to September 22, 1993	9
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
I. Equipped all machines with the appropriate vent controls?	□Y □N
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?	□Y □N □N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	□Y □N □N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□Y □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?	ΠY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N (	⊐N/A
	Is the temperature differential equal to or greater than 20° F?	□Y	□N (	⊐N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?			
	Is the perc concentration equal to or less than 100 ppm?	ЦY	ו אם	JN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□N (	JN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	מ מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ם אם	IN/A
PA	ART V: RECORDKEEPING REQUIREMENTS			Ì
	s the responsible official:	# 5400 P		

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

P.	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection	on and repair					
	inspection?	Xev □n					
2.	2. Has the facility maintained a leak log?	ARA ON					
3.	3. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves TY IN IN/A Muck cookers	XY ON ON/A					
	Door gaskets and seating Y N N/A Stills	AND NO YES					
	Filter gaskets and seating	OY ON XIN/A					
	Pumps Diverter valves	AVN <b>X</b> NO YO					
	Solvent tanks and containers Ty IN IN/A Cartridge filter housi	ings XY ON ON/A					
	Water separators DY DN DN/A						
4.	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)						
	Halogen leak detector	X					
	If using direct-reading instrumentation, is the equipment:	MAN/A					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm	? OY ON					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OY ON					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	□Y □N					
	d. Kept in a clean and secure area when not in use?	OY ON					
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	□Y □N					
	(hu	lm					
	Inspector's Name (Please Print)  Order  Orde	77 Aspection					
	Telling 1/mt Dur	· 2000					
	Inspector's Signature Approximate Date	of Next Inspection					

ADDITIONAL SITE I	NFORMATION:		_	
				•
		•	•	
			. *	



AIRS ID#:	03/0388
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Revised 10/10/96

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

FACILITY NAME:	Princetor	Clear	2015		_DATE: <u>6</u> /	4/99
FACILITY LOCATION:	9550 B	by meac	lows pd.	#33		
	Jackson	rille, FC	322	56		
Annual Reporting Period:	June	4,:	19 <u>98</u> то _	June	4	_19 <i>_99</i>
Based on each term or condition	n of the Title V genera	ıl air permit, my	facility has rema	ined in compliance	e with DEP Rule	
62-213.300, Florida Administra	tive Code (F.A.C.), di	uring the period	covered by this st	tatement. YE	$\Box$ $\Box$ $\square$ $\square$	)
If NO, complete the following:					•	
#1. Term or condition of the ge	eneral permit that has	not been in cont	inuous compliand	e during the repo	rting period stated	l above:
Exact period of non-compliance	:: from		t	0		
Action(s) taken to achieve comp	oliance:					
Method used to demonstrate con	mpliance:					
#2. Term or condition of the ge	eneral permit that has	not been in cont	inuous complianc	e during the repo	rting period stated	l above:
Exact period of non-compliance	: from		to	· · · · · · · · · · · · · · · · · · ·		
Action(s) taken to achieve comp						
			•			
Method used to demonstrate con	npliance:				•	
As the responsible official, I her						
made in this notification are tru upon rolling averages of purche						
year for transfer or combination	•	2,100 80		wy to wy jaciiii	or 1,000 gano	ns per
RESPONSIBLE OFFICIAL:	SANG	255	/	ly la	~ 6/4	11999
	Name (Please	e Print)	-	Signature	Da	ate

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

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

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	СОМ	PLAINT/D	ISCOVERY	RE-INS	PECTION
TIME IN: 1140	TIME OUT:	//	150	AIRS ID#:	03/03	88
TYPE OF FACILITY: Y	erc. Dry C	leane	<u> </u>			
FACILITY NAME:	rinceton C	kaner_	<u> </u>		DATE:	6/4/97
FACILITY LOCATION:	9550 Bo	y meac	Lows	Rd.#33		
	Jackson	ville,	FC:	32256		
RESPONSIBLE OFFICIAL:	Sang H. L	ee K	Lee	_PHONE NUMBE	r: <i>[904] 44</i>	18-6323
Based on the results of t compliance with DEP R					facility is found	to be in
Based on the results of t discrepancies were noted		ents evalua	ited during	this inspection, the	following comp	liance
COMPLIANCE REQU	IREMENT/PROB	LEM	FO	LLOW-UP AC	TION REQU	IRED
	-					
COMMENTS:					-	
The Annual Compliance Certific	ation form has been pro	perly certifi	ied and sub	_	etor. YES	⊈ NO□
DATE OF NEXT INSPECTIO	N:	(Apr	oroximate)	2000		
INSPECTION CONDUCTED	BY:	2-1-7 L	Wint	e/		
INSPECTOR'S SIGNATURE:	0.41	Win.	ase Print)	_PHONE NUMBE	cr: 904/63	30-3484
·	/ 01/	Pagec	of			Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION	<b>D</b> COM	IPLAIN I/DISCOVE	RI 🗖
AIRS 1D#: <u>03/0388</u> DA			130 TIME 0	UT: 1045
FACILITY NAME:	nexton Cle	?aners		
FACILITY LOCATION:	9550 Bay1			
· 	Jacksonvi	Ile, FL:	32256	
RESPONSIBLE OFFICIAL : _	Kyung S. La	PHO	NE: <u>904/44</u>	8-6323
CONTACT NAME:	Same	PHON	ve: <u>)6</u>	ne
	٧.	<b>7</b>		
PART I: NOTIFICATION	Y	- m		
(check appropriate box)	6	Treat A	)	¥
1. New facility notified DARM 30	days prior to startup	हिंदी ।	7	×
2. Facility failed to notify DARM	o use general permit	bile :		• :
			m <sup>1</sup>	
PART II: CLASSIFICATION		101		
Facility indicated on notification	form that it is:		notification form	- /
(check appropriate box) A.		□ Dro	p store/out of busine	ss/petroleum
1. Existing small area source	<i>P</i>	ew small area sour		
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr	-	o-dry only, $x < 140$ for only, $x < 200$ ga		
both types, $x < 140$ gal/yr		ypes, $x < 140$ gal/y		
(constructed before 12/9/91)		tructed on or after		
3. Existing large area source	□ 4. Ne	ew large area sour	re 🗆	
dry-to-dry only, $140 \le x \le 2,100$	0 .	-dry only, $140 \le x$		
transfer only, $200 \le x \le 1,800$ gabboth types, $140 \le x \le 1,800$ gabb	•	er only, $200 \le x \le$ ypes, $140 \le x \le 1.8$		
(constructed before 12/9/91)	•	ructed on or after		
5. This is a correct facility classi	fication XY	□N □Can	not determine	
If no, please check the appr	-			
	ualified for a general pe sceeds above limits and			
B. The total quantity of perchloroet facility was 2 gallons.	hylene (perc) purchased	l within the preced	ing 12 months by th	is dry cleaning

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? □N □N/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining carrridge filters in their housing or in sealed containers for at least 24 hours prior to disposai? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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? $\Box Y \Box N$ 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? OY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? $\square Y \square N$ 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 verifying that the coolant had been completely charged? $\Box Y \Box Y$

B.	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠV	ΠN	□N/A
	• • •			□N/A
	Is the perc concentration equal to or less than 100 ppm?	u,	ПN	UN/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?	□Y	ΩN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ДЙ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: AND NO WA a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN MN/A and parts installed w/in 5 days of receipt? DY DN MANA 4. Maintained calibration data? (for applicable direct reading instruments) □Y □N \$\n/A 5. Maintained exhaust duct monitoring data on perc concentrations? XY □N 6. Maintained startup/shutdown/malfunction plan? DY DN MANA 7. Maintained deviation reports? DY DN XXN/A Problem corrected? □Y □N ¥N/A 8. Maintained compliance plan, if applicable?

PART VI: LE	EAK DETECTION AND I	REPAIRS	5				
1. Does the res	sponsible official conduct a	weekly (f	or small sources.	bi-weekly) leak detection a	and rep	раіг	
inspection?					Y		□N
2. Has the facil	lity maintained a leak log?			•	AY		□N
3. Does the res	ponsible official check the	following	areas for leaks?		٠.		
X	connections, fittings, lings, and valves	√x □	N □N/A	Muck cookers	AY	ΠN	
D <b>oor</b> g	askets and seating	de a	N □N/A	Stills ,	Y	ПN	
Filter g	gaskets and seating	<b>∀</b> (Y □	N □N/A	Exhaust dampers	ПY	□N	DEN/A
Pumps		ATY D	N DN/A	Diverter valves	ПY	□и	MN/A
Solven	t tanks and containers	AX D	N □N/A	Cartridge filter housings	□Y	ΠN	NIA
Water	separators	X D	N □N/A				
4. Which method	od of detection is used by th	e respons	sible official?				
Visual	examination (condensed so	lvent on e	exterior surfaces)		A		
Physica	al detection (airflow felt thro	ough gasi	cets)		#		
Odor (r	noticeable perc odor)				A A		
Use of o	direct-reading instrumentat	ion (FID/	PID/calorimetric	tubes)			
Haloger	n leak detector				X.		
If u	sing direct-reading instru	mentatio	n, is the equipme	ent:	XIN/A	A	
	a. Capable of detecting po	erc vapor	concentrations in	a range of 0-500 ppm?	□Y	ΠN	
	b. Calibrated against a sta (PID/FID only)?	andard ga	s prior to and afte	er each use	<b>□</b> Y .	□N	
	c. Inspected for leaks and	obvious :	signs of wear on a	weekly basis?	$\Box$ Y		
	d. Kept in a clean and sec			•	ПY	□N	
	e. Verified for accuracy by			(calorimetric only)?	ПY		
				•••			
	Tam 11: 45			11/10	/_		
Terren	DEFT WINDER			<u> </u>	120	000	
ın <b>sp</b>	ector's Name (Please Print)		·	Date of Inspec	uon		
	Jeffens Writer	·····		April,	20	0/	
<u>/1</u>	napector's Signature			Approximate Date of N	ext in	specti	ion

ADDITIONAL	SITE INFORMAT	TION:			
				,	
					,
				. •	
					,

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: /030	TIME OUT:	1045_AIRS ID#:	03/0388
TYPE OF FACILITY:	erc. Dry Cleane		
FACILITY NAME:	rinecton Gear	ners	DATE: 4/19/2000
FACILITY LOCATION:	9550 Baym	eadows Rd. #3	3
	Jack Son Ville,	FC 32256	1.1/1/18 12-2
RESPONSIBLE OFFICIAL:	Kyung S. Lee	PHONE NUMBER:	904/498-6323
	ne compliance requirements evaluate 62-213.300, Florida Administ	nated during this inspection, the fac rative Code (F.A.C.).	ility is found to be in
Based on the results of the discrepancies were noted		nated during this inspection, the follower	lowing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
			<del></del>
	-		
<del></del>			<del></del>
COMMENTS:	<u> </u>		
COMMENTS.			
·			
The Annual Compliance Certification	ation form has been properly certi	ified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	$\mathcal{N}_{\mathcal{O}_{\mathbf{r}}}$	11,2001	734
DILL OF NEAT MOLECTION	CC <sup>(A</sup> I	oproximate)	
INSPECTION CONDUCTED I	BY: Jeff	Winter	·
DICDECTODIC CICNATUDE.	Adhu 11 \$	ease Print) PHONE NUMBER:	904/630-1212-
INSPECTOR'S SIGNATURE:	July wind	I MONE NUMBER:	exT. 3/69
	Page /	of /	Revised 10/96

AIRS ID#: 03/0388

Arc

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

FACILITY NAME: Princeton Cleaners DATE: 4/19/200 FACILITY LOCATION: 9550 Baymeadows Rd. #33
FACILITY LOCATION: 9550 Bay Meadows Rd. #33
Jacksonville, FL 32256
Annual Reporting Period: 50 ne 4, 1999 TO April 199 200
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.
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: 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 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 rolling averages of 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.
RESPONSIBLE OFFICIAL: SANOJ LEE Signature Date

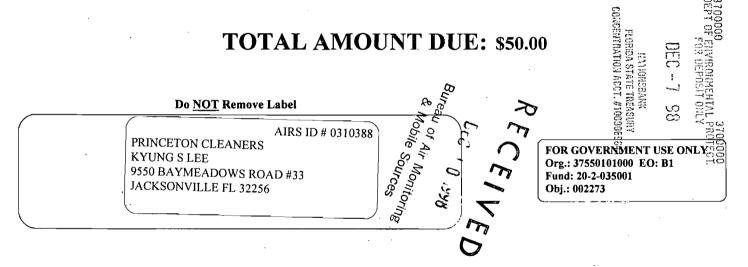
<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
545	035	TOTAL	I SE		
[ ru		1601111	· <u>(1)</u>		
7367	Postage	\$			
<u>چ</u>	Certified Fee		Postmark		
9000	Return Receipt Fee (Endorsement Required)		Here		
日	Restricted Delivery Fee (Endorsement Required)		- · · · ·		
	Toi 10	AIRS ID # 031038	38001AG		
1670	Sent KYUNG S LEE				
ļ	PRINCETON CLEANERS				
0007	Stree 9550 BAYMEADOWS ROAD #33 -City. JACKSONVILLE FL 32256				
70	City, JACKSON VILLE 1 D 32230				
-	PS Form 3800, May 2000		See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below 200 No			
AIRS ID # 0310388001AG UNG S LEE .NCETON CLEANERS	Bureau of Air Monitoring & Mobile Sources			
50 BAYMEADOWS ROAD #33 CKSONVILLE FL 32256	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Copy from service label) 7 000 167 00006 7 36 (5456				
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M				

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

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Obj.: 002273