

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

November 15, 1996

Mr. Fred C. Clark Plant Manager Clark Craft Cleaners 5617 University Boulevard West Jacksonville, Florida 32216

Re: Facility I.D. No. 0310390

Dear Mr. Clark:

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 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"

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MAR - 4 1999

TYPE OF INSPECTION:

ANNUAL

X

Bureau of Air Monitoring COMPLAINT/DISCOVERY bile Sources

RE-INSPECTION

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·
AIRS ID#: 03/0390 DATE: 2/10/99 TIME IN: 1045 TIME OUT: 1/30
FACILITY NAME: Clark Croft Cleaners
FACILITY LOCATION: 5617 University Blvd. W.
Jacksonville, FL 32216
RESPONSIBLE OFFICIAL: Martha Clark PHONE: 904-731-0899
CONTACT NAME: Fred Clark PHONE: Some
PART I: NOTIFICATION

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 Facility indicated on notification form that it is: No notification form (check appropriate box) ☐ Drop store/out of business/petroleum A. 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr 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 both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 4. New large area source 3. Existing 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, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91) (constructed on or after 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 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 2 Sgallons.

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 Y ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? $\square Y \square N$ 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? □Y □N □N/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated $\Box Y \Box N$ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? OY ON

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?	□Y □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □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?	□Y □N □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 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 MAN/A and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XXIVA DY DN MN/A 5. Maintained exhaust duct monitoring data on perc concentrations? XXY □N 6. Maintained startup/shutdown/malfunction plan? DY DN TANA 7. Maintained deviation reports? Problem corrected? DY DN TAN/A 8. Maintained compliance plan, if applicable?

P	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct	a weekly (for small source	s, bi-weekly) leak detection a	ınd repair
	inspection?			XXY DN
2.	Has the facility maintained a leak log	?		ʻ□Y 💌
3.	Does the responsible official check the	e following areas for leaks	?	•
	Hose connections, fittings, couplings, and valves	TO ON ON/A	Muck cookers	XY ON ON/A
	Door gaskets and seating	TSAY ON ON/A	Stills	XY ON ON/A
	Filter gaskets and seating	DN ON/A	Exhaust dampers	DY DN MIN/A
	Pumps	AND NO YA	Diverter valves	AND NO KA
	Solvent tanks and containers	A/N ON ON/A	Cartridge filter housings	XY ON ON/A
	Water separators	Y ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surface	s)	×
	Physical detection (airflow felt t	hrough gaskets)		×
	Odor (noticeable perc odor)			X
	Use of direct-reading instrument	tation (FID/PID/calorimetr	ric tubes)	´ 🗖
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equip	ment:	M/A
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	'OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	□Y □N
	c. Inspected for leaks a	nd obvious signs of wear o	n a weekly basis?	OY ON

Inspector's Name (Please Print)

Date of Inspection

Feb. 2000

Approximate Date of Next Inspection

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

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

 \Box Y \Box N

 $\square Y \square N$

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

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/	DISCOVERY	RE-INSPECTION
TIME IN: 1045	TIME OUT:	1130	AIRS ID#:	0310390
TYPE OF FACILITY:	rc. Dry Clear	ner		
FACILITY NAME:	lark Craft	Cleanes		date:2//0/99
FACILITY LOCATION:	5617 Univ	ersity 1	3/W. W.	
<i>J</i>	ackson ville,	FC.	32216	
RESPONSIBLE OFFICIAL:	Martha E.	Clark	PHONE NUMBER	<u>: 904-731-0899</u>
	he compliance requirements ule 62-213.300, Florida Ad			acility is found to be in
Based on the results of the discrepancies were noted	he compliance requirements	s evaluated durin	g this inspection, the f	ollowing compliance
COMPLIANCE REQU	IREMENT/PROBLE	M FO	OLLOW-UP ACT	TON REQUIRED
•				
1) NO Kak /09 K	COPT	1)4	esforsible	Official Will Start 109 (Calander).
7		K	eefing leak	109 (Wender)
			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				-
COMMENTS:	_			
- · · · · · · · · · · · · · · · · · · ·				——————————————————————————————————————
The Annual Compliance Certification	ation form has been properl	y certified and su	ibmitted to the inspect	or. YES NO NO
DATE OF NEXT INSPECTION	N:	(Approximate	<u> </u>	
INCORPTION CONDUCTED I	RV.		inter	
INSPECTION CONDUCTED I	1	(Please Brint)	
INSPECTOR'S SIGNATURE:	Jeffyry,	link	PHONE NUMBER	a: 904-630-3484
	Pay	geof		Revised 10/96

Kec

AIRS ID#:

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Bureau of Air Monitoring

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMITS ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Clark Craft Cleaners DATE: 2/10/99
FACILITY LOCATION: 5617 University B/W. W.
Jacksonville, FL 32216
Annual Reporting Period: March 19, 1998 to Feb. 10, 1999
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: 5(b) No leak log keft.
Exact period of non-compliance: from March 19, 19980 Feb. 10, 1999
Action(s) taken to achieve compliance: R.O. Will Start leveling records
Method used to demonstrate compliance: Reinspection
#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: Name (Please Print) Signature Pate

Page Inf

^{*}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#: 03/0390

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			•	
FACILITY NAME: Clark	Craft Clean	ers	DATE	: 1/30/97
FACILITY LOCATION: 561	7 University B	3/vd. W.		
Jack	Sonville, FL 3	12216	<u> </u>	
·				
Annual Reporting Period:	19 <u>90</u>	е́ то	1/30	1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F				EP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in continuou	s compliance during	the reporting peri	od 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 reporting peri	od 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, I made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, my ann	ual consumption of	perchloroethylene dry facilities or 1,8	solvent, based

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

9047218426

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

·	
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
Martha E. Clark Clark Craft Cleaners 2. Site Name (For example, plant name or number):	\.\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
2. Site Name (For example, plant name or number):	
Clark Craff Cleaners	
3. Hazardous Waste Generator Identification Number:	
FLD 052 942 521	
4. Facility Location: Street Address: 5617 University Blvd. W. City: Jack Senville County: Onval Zip Code: 32	2216
5. Facility Identification Number (DEP Use) 178 178 178 178 178 178 178 178 178 178	

Responsible Official

	Name and Title of Responsible Official: Fred C. Clark, Plant Manager
7.	Responsible Official Mailing Address:
	Organization (time)
	Street Address: Same as 4 above
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (904) 731 - 0899 Fax: () -

Facility Contact (If different from Responsible Official)

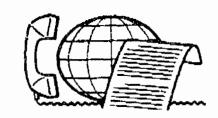
9. Name and Title of Facility Co	phace (For example, plant) Plant Mana	папаger): 196°		
10. Facility Contact Address: Street Address:	ne As 4			
City:	County:	2	Zip Code:	
Telephone: (964) 23	uniber: 1-0899	Fax: ()	•	

DEP Form No. 62-213.900(2)

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Effective: 6-25-96





BUSINESS CENTER

FAX IRANS	. ,
TO: Claire Benz	FROM: John E. Clark
FAX NUMBER: 904-922-1362	SENDER'S PHONE: (904) 731-2899
DATE: 9/30/96	TOTAL NUMBER OF PAGES:
, ,	(Including Cover Sheet)
If You Have Any Difficulties With This Transmiss At The Phone Number Listed Above.	sion, Please Contact The Sender
Message/Comment:	

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Thank You For Using Office Depot's Customer FAX Service

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Martha E. Clark Clark Craft Cleaners 2. Site Name (For example, plant name or number):
Clark Craff Cleaners
3. Hazardous Waste Generator Identification Number:
FLD 052 942 521
4. Facility Location:
4. Facility Location: Street Address: 5617 University Blvd. W. City: Jack Sonville County: Ouval Zip Code: 32216
5. Facility Identification Number (DEP Use):
03/0390
Responsible Official
6. Name and Title of Responsible Official:
Martha E. Clark, Owner
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: Same as 4 above
City: County: Zip Code:
8. Responsible Official Telephone Number:
Telephone: (904) 73/ - 0899 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Fred C. Clark, Plant Manager
10. Facility Contact Address:
Same As 4
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: (964) 231-0899 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.

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		12-NOV-93	#2	08-DEC-91	<u> </u>	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit						. *	1.		Maria Jan
(1) w/ ref. condenser	#/	08-DEC-91	١.	Ī					<u> </u>
(2) w/ carbon adsorber		1	-						
(3) w/ no controls									
Washer Unit		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	and the second		<u>.</u>	<u> </u>		** *** ·	-,1.,-
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			Ar jak		to the trace				- with
(7) w/ ref. condenser		l	1				T		
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	- , <u>- % j</u>				The spile gard		1		
(10) w/ ref. condenser	-	1	l ·		<u> </u>	<u> </u>	Ĺ	T .	
(11) w/carbon adsorber									
(12) w/ no controls	_								
(b) Control devices are (c) No control devices 2.(a) What was the total q [] (b) If less than 12 montoon Check why it is less	are re uanti gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (] months	perc)	_] purchased in				·
3. What is the facility's son (Indicate with an "X". S Existing small are	Selec	t one classifi			nitions found	l in section (3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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 a	nd 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	ιX
(b) Leak detection inspection and repair	(X)
(c) Refrigerated condenser temperature monitoring	ιXι
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
X	No air permits currently exist for the operation of the facility indicated in this notification form.				
Responsible Official Certification					
his notif statemen naintain	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 ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to				
comply w	with all terms and conditions of this general permit as set forth in Part II of this notification form.				

Date

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

Signature

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL $oldsymbol{\mathcal{U}}$	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 2.80	TIME OUT:	2:30 AIRS 1D#:	0310390
TYPE OF FACILITY: \mathcal{L}	bry Cleaner	· · · · · · · · · · · · · · · · · · ·	
FACILITY NAME:	Park Craft CK	eaners	DATE: 1/30/97
FACILITY LOCATION:	5617 Univers	ity Blud. W.	· / /
J	ackson ville, Fo	- 322/6	
RESPONSIBLE OFFICIAL:	Fred C. Cla	PHONE NUMB	er: <u>904-731-0899</u>
	the compliance requirements e	evaluated during this inspection, the inistrative Code (F.A.C.).	e facility is found to be in
Based on the results of discrepancies were note		valuated during this inspection, the	e following compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP AC	CTION REQUIRED
•			
			·
			·
		,	
•			
		·	
			•
COMMENTS:			
·		•	
			•
The Annual Compliance Certific	cation form has been properly	certified and submitted to the inspe	ector. YES NO
DATE OF NEXT INSPECTIO	•	1/30/98	
	- 00	(Approximate)	
INSPECTION CONDUCTED	BY: Jetti	ey Winter	
INSPECTOR'S SIGNATURE	: Jeffgry Un	(Please Print) Les PHONE NUMB	er: <u>904/630-3484</u>
	Page	/ of /	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	DN 🗆	COMPLAINT/DISC	COVERY
airs id#: <u>03/0390</u> d facility name: <u>C/</u>	, ,			ие оит: <u>2:30</u>
FACILITY LOCATION:			rida 322.	
PART I: NOTIFICATION				_
(check appropriate box) -				
Existing facility notified DAR	M by 9/1/96	•		
2. New facility notified DARM 3	0 days prior to star	rtup		
3. Facility failed to notify DARM	to use general per	rmit		
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	form that it is:			
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		2. New small a dry-to-dry only, transfer only, x both types, x<1 (constructed on	x<140 gal/ут <200 gal/уг	
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="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr l/yr</td><td>transfer only, 26 both types, 140</td><td>140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" td="" yr<=""><td></td></x<1,800></x<2,></td></x<2,>	gal/yr l/yr	transfer only, 26 both types, 140	140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" td="" yr<=""><td></td></x<1,800></x<2,>	
This is a correct facility classifica	tion	MY ON		
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 perchlore facility was gallons.	ethylene (perc) pu	rchased within th	ne preceding 12 month	s by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: $u_{ m f}$ 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? QY QN 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? QY QN QN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? OY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? OY ON 6. Conducted all temperature monitoring after an appropriate cooldown period and after OY ON verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:	·
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Ү □и
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	□Y □N
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ОУ ОИ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
_		
PA	ART V: RECORDKEEPING REQUIREMENTS	
II .	as the responsible official: neck appropriate boxes)	,
1.	Maintained receipts for perc purchased?	WY ON
2.	Maintained rolling monthly averages of perc consumption?	™ Y □N
3.	Maintained leak detection inspection and repair reports for the following:	

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

PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ØY □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)					
Use of direct-reading instrumentat	ion (FID	/PID/calorimetric	tubes)		
If using direct-reading instrume	ntation, i	is the equipment:	· .*		
a. Capable of detecting p	erc vapo	r concentrations in	a range of 0-500 ppm?		N
b. Calibrated against a st (PID/FID only)?	andard g	as prior to and aft	er each use	OY O	N
c. Inspected for leaks and	d obvious	signs of wear on	a weekly basis?	OY O	N
d. Kept in a clean and secure area when not in use?					И
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					N_
3. Has the facility maintained a leak log?					й
4. Does the responsible official check the f	ollowing	areas for leaks?			
Hose connections, fittings, couplings, and valves	t Y	Пи	Muck cookers	the Y	חח
Door gaskets and seating	G Y	□N	Stills	ODY.	ΠИ
Filter gaskets and seating	G Y	□и	Exhaust dampers	ON.	ΩИ
Pumps	EY	□N	Diverter valves	ON Y	ΠИ
Solvent tanks and containers	ter y	ПИ	Cartridge filter housings	d x	ΩИ
Water separators	d Y				

Martha L. Clark	
Name of Responsible Official	/ /
Jeffrey Winter	1/30/97
Inspector's Name (Please Print)	Date of Inspection
Offin Untes	1/30/98
Anspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATIO	N:		
		,	
,			
			•
·			
			,

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: /0 /0	TIME OUT:	10 40 AIRS ID#:	03/0390
TYPE OF FACILITY: $\mathcal{D}_{\mathbf{Y}}$	y Cleaner		1-1-0
facility name: \mathcal{C}	Park Craft C	leaners	DATE: 3/19/98
FACILITY LOCATION:		ersity Blud. W	
	ACKSON VILLE F	-C 32216	0.1/
RESPONSIBLE OFFICIAL:	- / Tay Tha C	PHONE NUM	BER: <u>907- 75/-08/7</u>
	he compliance requirements evule 62-213.300, Florida Admir	valuated during this inspection, the histrative Code (F.A.C.).	he facility is found to be in
Based on the results of t discrepancies were noted		valuated during this inspection, t	he following compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP A	CTION REQUIRED
		·	
			PK
	<u> </u>		E BO M
· · · · · · · · · · · · · · · · · · ·	•		Charles of L
			Sold Sold Sold Sold Sold Sold Sold Sold
			TO THE
			0-
	,		
COMMENTS:		·	
The Annual Compliance Certific	ation form has been properly c	ertified and submitted to the insp	pector. YES NO
DATE OF NEXT INSPECTIO	N:	larch, 1999	
INSPECTION CONDUCTED	BY:Je	(Approximate) (Please Print)	
INSPECTOR'S SIGNATURE:	Jeffry Us	(Please Print) PHONE NUM	BER: 904-630-2800
	/ W/ n	1	D = 1== 1.10/06

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID 0310390 MARTHA E CLARK MARTHA E CLARK 5617 UNIVERSITY BLVD W JACKSONVILLE FL 32216 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 **∟**NO 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.

^{*}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

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PERCHLOROETHYLENE DRY CLEANERS	
TITLE V GENERAL PERMIT	^
COMPLIANCE INSPECTION CHECKLIST	
TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY	7
~ · · · · · · · · · · · · · · · · · · ·	~ ~ ~
RE-INSPECTION RE-INSPECTION	
	1
AIRS ID#: <u>03/0390</u> date: <u>3/19/98</u> time in: <u>/6/0</u> time out: <u>/040</u> °°	
Clark Craft Charace	
FACILITY NAME: CLAIK CYATT CRAINES	
FACILITY LOCATION: S6// University 13/Vd. W.	
Jackson Ville, FL 32216	
RESPONSIBLE OFFICIAL: Martha Clark PHONE: 904-731-0899	
CONTACT NAME: Fied Clark PHONE: Same	
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	
DARTH, OLASSIEICATION	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	
Facility indicated on notification form that it is: One of the content of the	
Facility indicated on notification form that it is:	
Facility indicated on notification form that it is: (check appropriate box) Drop store/out of business/petroleum A.	
Facility indicated on notification form that it is: (check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr Do notification form Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	
Facility indicated on notification form that it is: (check appropriate box) 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 both types, x < 140 gal/yr No notification form	
Facility indicated on notification form that it is: (check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr Do notification form Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	
Facility indicated on notification form that it is: (check appropriate box) 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 both types, x < 140 gal/yr (constructed before 12/9/91) 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 on or after 12/9/91)	
Facility indicated on notification form that it is: (check appropriate box) 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 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	
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 to-dry only, x < 140 gal/yr transfer only types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	
Facility indicated on notification form that it is: (check appropriate box) 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 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	
Facility indicated on notification form that it is: (check appropriate box) 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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	
Facility indicated on notification form that it is: (check appropriate box) 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 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 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 $12/9/91$)	
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification No notification form Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) 5. This is a correct facility classification	
Facility indicated on notification form that it is: (check appropriate box) 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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification Y □N □Can not determine	
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification: Gacility qualified for a general permit as number above	
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification Y □N □Can not determine If no, please check the appropriate classification:	

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? 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 XY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

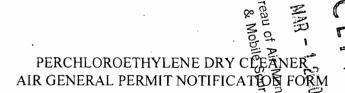
PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	XV □N					
2. Maintained rolling monthly total of perc consumption?	X(Y □N					
3. Maintained leak detection inspection and repair reports for the following: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

PART VI: LEAK DETECTION AND	REPAIRS		·					
1. Does the responsible official conduct	a weekly (for small	sources, bi-weekly) leak detection a	nd repair					
inspection?			XY DN					
2. Has the facility maintained a leak log	?		XY DN					
3. Does the responsible official check the	e following areas fo	r leaks?	,					
Hose connections, fittings, couplings, and valves	AN ON ON	A Muck cookers	XY ON ON/A					
Door gaskets and seating	אמם מם ציון	A Stills	YAY ON ON/A					
Filter gaskets and seating	אמם מם צאל	A Exhaust dampers	XY ON ON/A					
Pumps	אומם מם צאדי	A Diverter valves	XY ON ON/A					
Solvent tanks and containers	אומם מם צובן-	A Cartridge filter housings	XY ON ON/A					
Water separators	AND NO SAL	A.						
4. Which method of detection is used by	the responsible offi	icial?						
Visual examination (condensed	solvent on exterior	surfaces)	×					
Physical detection (airflow felt t	×							
Odor (noticeable perc odor)								
Use of direct-reading instrumen	' a							
Halogen leak detector								
If using direct-reading inst	rumentation, is th	e equipment:	MN/A					
a. Capable of detecting	g perc vapor concen	trations in a range of 0-500 ppm?	OY ON					
b. Calibrated against a	standard gas prior	to and after each use						
(PID/FID only)?			QY QN					
c. Inspected for leaks a	and obvious signs of	f wear on a weekly basis?	OY ON					
d. Kept in a clean and	secure area when n	ot in use?	OY ON					
e. Verified for accurac	OY ON							
	· · · · · · · · · · · · · · · · · · ·	·- · · · · · · · · · · · · · · · · · ·						
Jeff Wing	ter	3/19	198					
Inspector's Name (Please Pr		Date of Inspe	ection					

Revised 9/15/97

March, 1999
Approximate Date of Next Inspection

[ADDITIONAL SITE INFORMATION:
ſ	



Part III. Notification of Intent to Use General Permit

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

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
JOHN E. CLARK OR MARTHA CLARK
2. Site Name (For example, plant name or number):
CIARK CRAFT CIEANERS
3. Hazardous Waste Generator Identification Number:
FLD 052 942 521
4. Facility Location: Street Address: 5617 UNIVERSITY BIVD, W.
Street Address: 5617 UNIVERSITY BIVD, W. City: Jacksonville County: DUVA! Zip Code: 32216
5 Facility Identification Number (DEP Use ONLY - do not fill in):
0310390
Responsible Official
Name: MARTHA CLARK Title: OWNER
7. Responsible Official Mailing Address:
Organization/Firm: C/ARK CRAFT CIEANERS
Street Address: 56/9 UNIVERSITY 73/VD, W
Organization/Firm: CLARK CRAFT CLEANERS Street Address: 57/7 UNIVERSITY 73/VD. W City: JACKSONVILLE County: DUVAL Zip Code: 32216
8. Responsible Official Telephone Number:
Telephone: (904) 731-1899 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
FRED C. CLARK
10. Facility Contact Address:
1 () () () () () () () () () (
Street Address: 5617 UNIVERSITY BIVD, W.
Street Address: 5617 UNIVERSITY BIVD, W. City: Jacksonville County: DUVA Zip Code: 32216
11. Facility Contact Telephone Number:
Jacksonville County: DUVAI Zip Code: 32216

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Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONI	LY	
How many dry-to-dry m	achines do you h	ave on-site?	
For each dry-to-dry mac	hine on-site, plea	se provide the following information	on:
Date Initially Purchased From Manufacturer	Status (circle one	Control Device Required*) (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
5/20/99	ExistingN	ew RCCA/None required	SAME
·	Existing/N	ew RC/CA/None required	·
·	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA =	carbon adsorber
l.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have	on-site?	•
unit. If the transfer mach 1993, it is a NEW unit (n	ine was purchase to units purchase	d from the manufacturer between I d after September 22, 1993 are allo te, please provide the following inf	ormation:
Date Initially Purchased From Manufacturer	Status (cirole one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
40		have you used within the last 12 m	carbon adsorber
(b) If less than 12 mor	iths, how many?	[] months	
Check why it is les	s than 12 months	s: New owner: [] Did not keep	records: []
		New store: [] New machine	
		Unopened store [] (date of e	xpected opening)

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3. What is the facility's source classification based or Indicate with an "X". Select one classification of	
Small Area Source	
∠ Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser	New machines at large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions under Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site	
All steam and hot water generating units exempt No such units on-site	OR OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	15
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Inform	ation
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent ac	ddition log
(b) Leak detection inspection and repair	[*]
(c) Refrigerated condenser temperature monitoring	toring
(d) Carbon adsorber exhaust perc concentration moni	toring
(e) Startup, shutdown, malfunction plan	(\f)

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

7. Surrender of Existing DEP Air Permit(s) Please indicate with an "X" the appropriate selection: [Image: Indicate with an "X" the permit number(s) are appropriate and in this notification form. [Image: Indicate with an "X" the permit number(s) are appropriate and appropriate appropriate and appropriate appropriate appropriate appropriate and appropriate appro

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/I	DISCOVERY		11.7
	RE-INSPECTION			•		
AIRS ID#: <u>03/0390</u> D	١			TIME OUT:	1100	
FACILITY NAME:	lark Craft	Clea	ners			
FACILITY LOCATION:						_
	Jacksonu	ille, F	FL 322	2/6		_
RESPONSIBLE OFFICIAL:	Martha C/	ark	PHONE: <u>909</u>	1/731-	0899	_
CONTACT NAME:	Fred Clark		PHONE:	Some		_
				4		
PART I: NOTIFICATION						
(check appropriate box)					_	
1. New facility notified DARM 3	0 days prior to startup				×	
2. Facility failed to notify DARM	I to use general permit					
			· .			
PART II: CLASSIFICATION						
Facility indicated on notification	ı form that it is:		☐ No notification			
(check appropriate box) A.	•		☐ Drop store/ou	it of business	petroleum	
1. Existing small area source	e 💢 2. ľ	New small a	rea source			
dry-to-dry only, x < 140 gal/yr	r dry-		x < 140 gal/yr			
transfer only, x < 200 gal/yr		sfer only, x				
both types, $x < 140 \text{ gal/yr}$		types, x < 1				
(constructed before 12/9/91)	(cor	istructed on	or after 12/9/91)		œ	c i
3. Existing large area source		New large a	rea source	ç _e	ure	F i
dry-to-dry only, $140 \le x \le 2,10$		_	$140 \le x \le 2,100 \text{ g}$	al/vr S	au R	
transfer only, $200 \le x \le 1,800$	-		$0 \le x \le 1,800 \text{ gal/}$	vr g	g 55	(
both types, $140 \le x \le 1,800$ ga			$\leq x \leq 1.800 \text{ gal/yr}$	ë	<u> </u>	r
(constructed before 12/9/91)			or after 12/9/91)	Sot	MAR 1 5 2000 au of Air Monit	-
5. This is a correct facility clas	sification	An	□Can not determ	al/yr Mobile Sources	MAR 1 5 2000 Bureau of Air Monitoring	4
If no, please check the ap	propriate classification:	•	a	U	u	C
¼ facility	qualified for a general	permit as nu	mber al	bove		
	exceeds above limits ar			oermit .		,

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 cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	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?	\Box Y	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?	ΠY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	□N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y	ПN	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?					YY	□N	
2.	Has the facility maintained a leak log?					X	ПN	
3.	Does the responsible official check the	follow	ing ar	reas for leaks?		1		
	Hose connections, fittings, couplings, and valves	4 Y	□N	□N/A	Muck cookers	Y	□N □N/A	
	Door gaskets and seating	AY	ΠN	□N/A	Stills	Y	□N □N/A	
	Filter gaskets and seating	A	□N	□N/A	Exhaust dampers	ΠY	□N MN/A	
	Pumps	Y	ĺ□N	□N/A	Diverter valves	ПY	□N S N/A	
	Solvent tanks and containers	T Y	□N	□N/A	Cartridge filter housings	XY Qu	□N X N/A	
	Water separators	Y Y	ΠN	□N/A				
4.	Which method of detection is used by t	he resp	onsib	ole official?				
	Visual examination (condensed se	olvent	on ex	terior surfaces)	.	Á		
	Physical detection (airflow felt the	rough	gaske	ts)		X	ĺ	
	Odor (noticeable perc odor)					P		
	Use of direct-reading instrumenta	tion (F	ID/PI	D/calorimetric to	ubes)	ά		
	Halogen leak detector							
	If using direct-reading instr	ument	ation	, is the equipme	nt:	AN/	A	
	a. Capable of detecting	perc va	por c	oncentrations in	a range of 0-500 ppm?	ΔY	□N	
	b. Calibrated against a s (PID/FID only)?	tandaro	d gas	prior to and after	r each use	ΠY	□N	
	c. Inspected for leaks an	d obvi	ous si	igns of wear on a	weekly basis?	ПY	□N	
	d. Kept in a clean and se	cure a	rea w	hen not in use?		ΩY	□N	
	e. Verified for accuracy	by use	of du	uplicate samples	(calorimetric only)?	ПY	□N	
							,	

Inspector's Name (Please Print)

Date of Inspection

Date of Inspection

Date of Next Inspection

Approximate Date of Next Inspection

Mas 20, 1999 Bought New Machine

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 104	TIME OUT:	//00	AIRS ID#:	03/0390
TYPE OF FACILITY:	ferc. Dry clea	nes		
FACILITY NAME:	Clark Craft	Cleaners		DATE: 1/25/2000
FACILITY LOCATION:	5617 Unive	rsity B1	<u>vd.</u> W	
	Jacksonville	, FL	32216	
RESPONSIBLE OFFICIAL:	Martha Cla	1/K	PHONE NUMBE	R: 904/731-0899
	of the compliance requirement Rule 62-213.300, Florida A			facility is found to be in
Based on the results o discrepancies were no	f the compliance requiremented:	nts evaluated duri	ng this inspection, the	following compliance
COMPLIANCE REQ	QUIREMENT/PROBL	EM 1	FOLLOW-UP AC	TION REQUIRED
				•
-				
				<u> </u>
COMMENTS:	-			
				N-7
The Annual Compliance Certification		•	submitted to the inspec	tor. YES NO NO
DATE OF NEXT INSPECTI	ion:	1 0 00		
	1.11	Approxima) محمله منال (ite)	
INSPECTION CONDUCTED	DBY:	(Please Pri	nt)	<u> </u>
INSPECTOR'S SIGNATUR	E: Alpen L	Inte		CR: 904/630-3484
		age 1 of 1.		Revised 10/96

AIRS ID#: 03/0390

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Clark C	Praft C	Peaners			_DATE: _//	25/200
FACILITY LOCATION:	5617	Univers	ity Blu	Ы. W.		,	•
FACILITY LOCATION:	Jack	son ville,	FL 3	322/6			
		_					
Annual Reporting Period: _	Feb.	10,	19 <u>99</u>	то	JAN.	25,	20
Based on each term or cond			-		XZ	_	
If NO, complete the following	ng:						Mark Market
#1. Term or condition of the	e general permit t	hat has not been	in continuous o	compliance du	ring the report	ing action state	d above:
Exact period of non-complia	ance: from _			to		RECEIVED	000 100
Action(s) taken to achieve co	ompliance:					EEB ,	<u></u>
Method used to demonstrate	compliance:	·			(2)		
#2. Term or condition of the	e general permit t	hat has not been	in continuous c	compliance du	ring the report	ing period state	d above:
Exact period of non-complia	nce: from			to			
Action(s) taken to achieve co	ompliance:			_			
Method used to demonstrate	compliance:					,	
					•		
As the responsible official, I made in this notification are upon rolling averages of pur year for transfer or combina	true, accurate an chase receipts, de	d complete. Fu	rther, my annua	al consumption	of perchloroe	thylene solvent	based
RESPÓNSIBLE OFFICIA ;	/ ~ / / / / / / / / / / / / / / / / / /	A F. Clark e (Please Print)	ek TI	WHAN !	nature	/ 1/2 D	ate
	<i>!</i>					**	18

^{*}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.

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL Date: 02-Mar-2000 10:01am

From: Sandy Bowman TAL

BOWMAN_S

Dept: Air Resources Management

Tel No: 850/921-9583

To: Jeffrey Winter JAX (WINTER J @ A1 @ EPIC66)

Subject: RE: Notifications

Hey Jeff,

Rick mentioned to me that the notification form submitted by Norris is the older version of the form. We need the submission to be on the latest version of the form. Do you have a copy? If not, let Rick know and he can provide you with some.

Also, we received a notification form yesterday (01-MAR-00) from Clark Craft Cleaners (existing AIRS ID # 0310390). I noticed on the notification form that Martha Clark is surrendering her permit. Before I do anything in ARMS, I wanted to verify this with you.

Thank you.

Sandy

SENDER: 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 so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # U310390 CLARK CRAFT CLEANERS MARTHA E CLARK 5617 UNIVERSITY BLVD W JACKSONVILLE FL 32216	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 2. 333 (661) 310	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

Z 333 667 310 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0310390 CLARK CRAFT CLEANERS MARTHA E CLARK 5617 UNIVERSITY BLVD W JACKSONVILLE FL 32216 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, \$ TOTAL Postage & Fees Postmark or Date

AIRS ID # 0310300 CLARK CRAFT CLEANERS MARTHA E CLARK 5617 UNIVERSITY BLVD W JACKSONVILLE FL 32216 3. Service Type Certified Mail	 Complete (Sens 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpie SPUR or on the front if space permits. 	C. Signature	
Gartified Mail	AIRS ID # 0310390 CLARK CRAFT CLEANERS MARTHA E CLARK 5617 UNIVERSITY BLVD W		□ No
4. Nostroida Barvery: (Extra 7 co)		Certified Mail	ot for Merchand

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2000 0002	CLARK CRAFT C MARTHA E CLA 5617 UNIVERSIT JACKSONVILLE	RK Y BLVD W FL 32216	eyerse for Instructions

PLACE STICKER AT TOP OF ENVERGE	
SENDER: 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 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is/delivery address different from item 1?
Article Addressed to:	If YES, enter delivery address below: ☐ No
10 AIRS ID # 0310390001AG MARTHA E CLARK CLARK CRAFT CLEANERS	
5617 UNIVERSITY BLVD W JACKSONVILLE FL 32216	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service Jabel) 7000 /6 70 0006 736 /56	47
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

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	MARTHA E CLARK CLARK CRAFT CLEANERS 5617 UNIVERSITY BLVD W		
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	JACKSONVILLE	FL 32216	se for Instr

Cobis covers oft no	 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 spac permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and the return receipt. 	e does not e number. d the date	2. Restricte Consult postmas	es (for an see's Address ed Delivery	Receipt Service.
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وّار	JACKSONVILLE FL 32216	☐ Return Red	ceipt for Merchandis	e-्□ COD	→ ⅓
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OLITAG TIL		8. Addressee and fee is	e's Address (Qnly paid)	in a little of the little of t	Thank
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100, April 1995	Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees	\$
PS Form 3800 ,	Postmark or Date	

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SENDER: 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 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
1. Article Addressed to: AIRS ID # 0310390 CLARK CRAFT CLEANERS MARTHA E CLARK 5617 UNIVERSITY BLVD W	D. Is delivery address different to the latest personal to the lates
JACKSONVILLE FL 32216	3. Service Type (Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0000 0000 4126	5 1256
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

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	PS Fd			nstructions

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	Restricted Delivery Fee						
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80	TOTAL Postage & Fees	\$					
PS Form 3800 , April 1995	Postmark 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 we card to you.	e can return this	I also wish to receive the following services (for an extra fee):
 Attach this form to the front of the mailpiece, or on the back if spa permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered a delivered. 	le number.	 Addressee's Address Restricted Delivery Consult postmaster for fee.
AIRS ID 0310390 MARTHA E CLARK MARTHA E CLARK 5617 UNIVERSITY BLVD W JACKSONVILLE FL 32216	4a. Article Number 4a. Article Number 7 333 612 9 4b. Service Type 1 Registered	
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) Abdulate Addressee of Agent)	8. Addressed and fee is	e's Address (Only if requested paid)

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n the reverse side	SEN Complete items 1 and/or 2 for additional services. ■ 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 spac permit. ■ Write *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 receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
Is your <u>RETURN ADDRESS</u> completed o	AIRS ID#: 0310390 MARTHA E CLARK MARTHA E CLARK 5617 UNIVERSITY BLVD W JACKSONVILLE FL 32216	4a. Article N 4b. Service Registere Express Return Rec	Type ed Certified Mail Merchandise COD	hank you for using Return Receipt
	5. Received By: (Print Name) 6. Signature: (Addressee or/Agent) X	8. Addressee's Address (Only if requested and fee is paid)		
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THIS PURTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 28 97

Do NOT Remove Label

AIRS ID# 0310390

CLARK CRAFT CLEANERS MARTHA E CLARK 5617 UNIVERSITY BLVD W JACKSONVILLE FL 32216 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

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

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0310390

CLARK CRAFT CLEANERS

MARTHA E CLARK

5617 UNIVERSITY BLVD W

JACKSONVILLE FL 32216

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1



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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.

TOTAL AMOUNT DUE: \$50.00

RECEIVED MAIL ROOM FEB 27 98

Do NOT Remove Label

AIRS ID 0310390

MARTHA E CLARK MARTHA E CLARK 5617 UNIVERSITY BLVD W JACKSONVILLE FL 32216 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

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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.

TOTAL AMOUNT DUE: \$50.00



Do NOT Remove Label

AIRS ID # 0310390

CLARK CRAFT CLEANERS MARTHA E CLARK 5617 UNIVERSITY BLVD W JACKSONVILLE FL 32216

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1