

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 21, 1997

Mr. Eli Ofek Speed Queen Cleaners 1434 Beach Boulevard Jacksonville Beach, Florida 32250

Facility I.D. No. 0310391

Dear Mr. Ofek:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and 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, Florida 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Lori Tilley, Duval County

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	racinty Name and Escation
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	KESHET ENTERPRISES INC
2.	KESHET ENTERPRISES WC Site Name (For example, plant name or number):
	Speed Queen Gegners
3.	Hazardous Waste Generator Identification Number:
	Applied for 8/29/96 FORM 8700-12 Facility Location: 1434 BEACH BUD
	Street Address:
	City: County: Zip Code: 32350 Facility Identification Number (DEP Use):
5.	
4	0400975
	Responsible Official
	·
6.	Name and Title of Responsible Official:
	EL' OFEK PRESIDENT Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: Stine
	Street Address: City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (904) 347 - 1573 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Eli Ofek MAR
10.	Facility Contact Address:
	Street Address: SAnc.
	City: County: Zip Code:
	, ,
11.	Facility Contact Telephone Number:
	Telephone: (904) 247-1513 Fax: () -
	PECEIVED

SEP 3 1996

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

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Bureau of Air Monitoring & Mobile Sources

#03/039/

:	# 031,0391
	Strand Query Manus T
ļ	Speed Queen Cleaners
11/	
D.14	1. (a) add date control device
,	1.(a) add date control device installed
	3. Should be new small area
	Source
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Facility Information

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

		Date	Date	T	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	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		`#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit								_	
(1) w/ ref. condenser		6/4/94	2						
(2) w/ carbon adsorber		7,,,,,							
(3) w/ no controls									
Washer Unit		,,,							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			•		•	•		•	
(7) w/ ref. condenser									1
(8) w/ carbon adsorber		_							
(9) w/ no controls									
Reclaimer Unit			<u> </u>						
(10) w/ ref. condenser	· · · · · ·			П					1
(11) w/carbon adsorber				_					
(12) w/ no controls	•			 					
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the c	are requant	equired to be ity of perchlons ow many? [_	installed [_ oroethylene (perc)	_] purchased in				
(Indicate with an "X". Existing small ar	Selec	t one classif	cation only.))	initions foun		3) of	Part II?	
Existing large are		•	Ne	ew lai	rge area sour	ce []		

DEP Form No. 62-213.900(2)

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

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

Surrender of Existing Air Permit(s)

ease indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ι X ,	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
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 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification. Style="background-color: lightblue;"> 8/29/96 Date

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

Revised	10/10/0/	κ

AIRS ID#: 03/039/

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Spee	d Queen	· Clear	ners		DATE:	3/26/97
FACILITY LOCATION:	143	4 Beac	h B/Vd.				
		ckson vill			50		
Annual Reporting Period:	Sefr	tember.	5 19 <u>96</u>	ь то	MARCL	26_	19 <u>9</u> 7
Based on each term or condition of 62-213.300, Florida Administrati		-	-		\		P Rule NO
If NO, complete the following:					-		
#1. Term or condition of the gen	eral permi	t that has not bee	n in continuous	compliance of	luring the repo	orting period	d stated above:
Exact period of non-compliance:	from		_	to			
Action(s) taken to achieve compli	iance:						
Method used to demonstrate comp	pliance:			_			
#2. Term or condition of the general	eral permi	t that has not bee	n in continuous	compliance of	luring the repo	orting period	d stated above:
Exact period of non-compliance:	from		_	to		_	
Action(s) taken to achieve compli	iance:						
Method used to demonstrate comp	pliance:						
As the responsible official, I here made in this notification are true, upon rolling averages of purchas year for transfer or combination gresponsible Official:	, accurate re receipts, facilities. ELI	and complete. F does not exceed	urther, my annu 2,100 gallons p	eal consumpti er year for dr	on of perchlor	oethylene s	olvent, 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.

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DEC 1

Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1997

	·
Ke	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	KESHET ENTERPRISES DBA SPORD QUEEN CHANGES
2.	Site Name (For example, plant name or number):
	SPEED QUEEN CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLR 000021147
4.	Facility Location: Street Address: 1434 BLACH BLVO
	City: JACKSONVIlle BAACKOUNTY: DUVAL Zip Code: 32200
TA S	Facility Identification Number (DEP Use ONLY - do not fill in):
J. 	Facility Identification (Admitted Case CNL) = 00 (10(11) iii)
	Responsible Official
6	Name and Title of Responsible Official:
	<u> </u>
Nar	Responsible Official Mailing Address: Title: PRESIDENT
7.	Responsible Official Mailing Address: Organization/Firm: KESHET ENTERPRISES DBA SPEED QUEEN
	Street Address: 3436 PALM ISLAND RO
	City: Jacksonville County: Dovaz Zip Code: 3220
8.	Responsible Official Telephone Number:
	Telephone: (904) 993 5466 Fax: (904 228 5692
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
٠.	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
_	

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address.

RECEIVED

Facility Information

For each dry-to-dry mach			
Date Initially Purchased From Manufacturer	Status	Control Device Required*	Date Control Device Installe (if same as purchase date, write "SAME")
te/s/gy	Existing/New	RC/CA/None required	_SAME_
	Existing/New	RC/CA/None required	·
	Existing/New	RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
	ONLY ou have on-site? ners do you have as purchased fron	the manufacturer prior to or on	
1.(b) Transfer Machines How many washers do yo How many dryers/reclain If the transfer machine w EXISTING unit. If the tr September 22, 1993, it is	ONLY ou have on-site? ners do you have as purchased fron ransfer machine w a NEW unit (no	on-site?	rer between December 9, 1991 a 2, 1993 are allowed to operate
1.(b) Transfer Machines How many washers do yo How many dryers/reclain If the transfer machine w EXISTING unit. If the tr September 22, 1993, it is	ONLY ou have on-site? ners do you have as purchased fron ransfer machine w a NEW unit (no	on-site? the manufacturer prior to or on ras purchased from the manufacturity purchased after September 2	rer between December 9, 1991 a 22, 1993 are allowed to operate
1.(b) Transfer Machines How many washers do yo How many dryers/reclain If the transfer machine w EXISTING unit. If the tr September 22, 1993, it is under this general permit	ONLY ou have on-site? ners do you have as purchased from ransfer machine w a NEW unit (no	on-site? [] on the manufacturer prior to or on ras purchased from the manufacturits purchased after September 2 fer machine on-site, please provide	Date Control Device Installe (if same as purchase date,
1.(b) Transfer Machines How many washers do yo How many dryers/reclain If the transfer machine w EXISTING unit. If the tr September 22, 1993, it is under this general permit Date Initially Purchased	ONLY ou have on-site? ners do you have as purchased from ransfer machine w a NEW unit (no rans). For each trans Status	on-site? [] on the manufacturer prior to or on the manufacturer prior to or on the manufacturer purchased from the manufacturer purchased after September 2 fer machine on-site, please provide Control Device Required*	Date Control Device Installe (if same as purchase date,

*KEY: RC = refrigerated condenser

CA = carbon adsorber

2.(a) What was the total quantity of perchloroethyle months? [68.4] gallons (You must	
(b) If less than 12 months, how many? [] mo Check why it is less than 12 months: New own	
3. What is the facility's source classification based of (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	(x<140 gal/yr) (x<200 gal/yr) (x<140 gal/yr)
Large Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(140\leqx<2,100 gal/yr) (200\leqx<1,800 gal/yr) (140\leqx<1,800 gal/yr)
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 []
to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following: All steam and hot water generating units on-site have a ser (HP) or less and are fired by natural gas or propane or r.
All steam and hot water generating units exempt No such units on-site	

o. Equipment Monitoring and Record Recepting in	or mation
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	
7. Surrender of Existing Air Permit(s)	
Please indicate with an "X" the appropriate selection	:
I hereby surrender all existing air per facility indicated in this notification in \$2.0391	
	operation of the facility indicated in
Responsible (Official Certification
this notification. I hereby certify, based on infor statements made in this notification are true, acc maintain the air pollutant emissions units and accomply with all terms and conditions of this general	as defined in Part II of this form, of the facility addressed in transfer and belief formed after reasonable inquiry, that the curate and complete. Further, I agree to operate and ir pollution control equipment described above so as to eral permit as set forth in Part II of this notification form. Inges to the information contained in this notification. Date

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0310391
KESHET ENTERPRISES INC
ELI OFEK
3436 PALM ISLAND ROAD
JACKSONVILLE FL 32250

Do NOT Remove Label

Annual Reporting Period:	AWVARY		19 <u>97</u> TO	Decen	her 31 199
Based on each term or condition of the 62-213.300, Florida Administrative C	=	_			
If NO, complete the following:					
#1. Term or condition of the general p	permit that has not	t been in cont	inuous compli	ance during the repo	orting period stated above:
Exact period of non-compliance: from	1			to	
Action(s) taken to achieve compliance) :	•			·
Method used to demonstrate complian	.ce;				
#2. Term or condition of the general p	permit that has not	t been in cont	inuous compli	ance during the repo	rting period stated above:
Exact period of non-compliance: from	1			_ to	
Action(s) taken to achieve compliance	¢ <u> </u>			•	
Method used to demonstrate complian	ce: <u>·</u>				

^{*}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.



Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

TO: Holder of Title V Air General Permit

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

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

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

2/16/98 2/16/98

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



(cut here)

TT UDI UD71

Best Available Copy

Speed Queen Cleaners	Speed	aucen	Cleaners
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1.	Fac	P.14 1.(a) add date control device	
1.		installed	
2.	Sit	3. Should be new small area	-
	3.9		-
3.	Ha	Source	
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4.	Fa		
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L			
9.	Nar	ne and little of Facility Contact (For example, plant manager):	
10	Fac	ility Contact Address:	
'0'			
	Stre	eet Address: Sinc. y: County: Zip Code:	
	_		
11.		ephone: (Fax: ()	
	1 61	ephone: (904) 247-1513 Fax: ()	

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Bureau of Air Menitoring & Mobile Sources

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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):
١.	
	KESHET ENTERPRISES INC
2.	Site Name (For example, plant name or number):
	Speed Queen Genners
3.	Hazardous Waste Generator Identification Number:
	Applied for 8/29/96 Form 8700-12 Facility Location: 1434 BEACH BUD
	Street Address:
	City: County: Zip Code: 32350 Facility Identification Number (DEP Use):
5,	
	0400975
	Responsible Official
6.	Name and Title of Responsible Official:
	ELI OFEK PRESIDE VT Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
ŧ	Organization/Firm: Same Street Address:
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (904) 247 - 1513 Fax: ()
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	ELI OFER MOR
10.	Facility Contact Address:
	Street Address: Since.
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: (904) 247-1513 Fax: () -

DEP Form No. 62-213.900(2)

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Bureau of Air Menitoring a McLife Cources

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.

		T_	-		_	-		_	_
		Date.	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
Town of Charling	,,,	Initially	Device	In	Initially	Device	10	Initially	Device
Type of Machine	lD	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03 OCT 03	12-NOV-93	#2	08-DEC-91		H.5	02-MAR-92	02 MAP 03
Example	#1	03-001-93	(2-101-93	πΔ	00-DEC-91		r+)	02-MAR-92	02-MAN-92
Dry-to-Dry Unit			H) /-						
(1) w/ ref. condenser		chilar	GHAJAA		T	Γ		Γ]
(2) w/ carbon adsorber		47.74	W/1/14			-		 	
(3) w/ no controls									
Washer Unit								<u> </u>	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls						-			
Dryer Unit					1	<u> </u>			
(7) w/ ref. condenser				Ī		_			
(8) w/ carbon adsorber				T		_		 	
(9) w/ no controls									
Reclaimer Unit					1				
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls				-					
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are re quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (] months	perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	urce	cation only.) Ne	ew sn	initions found nall area sour rge area sour	rce 🗡	3)01	Part II?	
- Dansting in 50 at	501		110		5- 66 3041	L	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required o (Indicate with an "X".)	n machines pursuant to section (5) o	i Part II of this notification form?
Existing large area source Carbon adsorber	_] Refrigerated condenser	
New small area source Refrigerated condenser	ن	
New large area source Refrigerated condenser	J	
5. A facility which contains non-exempt to Rule 62-213.300, F.A.C. Verify that a exemption criteria or that no such units exemption.	ill steam and hot water generating u	
All steam and hot water generating units boiler HP or less), and (2) are fired excl during which propane or fuel oil contain	usively by natural gas except for per	iods of natural gas curtailment
All steam and hot water generating units No such units on-site	exempt []	
Equipment M	onitoring and Recordkeeping Info	ormation
Check all logs which are required to be k	ept on-site in accordance with the re	equirements of this general permit:
(a) Purchase receipts and solvent purchase	ses	\triangleright
(b) Leak detection inspection and repair		\times
(c) Refrigerated condenser temperature r	nonitoring	
(d) Carbon adsorber exhaust perc concer	tration monitoring	
(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
this notif	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in Seation. I hereby certify, based on information and belief formed after reasonable inquiry, that the
maintain comply v	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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
maintain comply v	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 with all terms and conditions of this general permit as set forth in Part II of this notification form. Somptly notify the Department of any changes to the information contained in this notification.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL O	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:50 PU TIME OUT: 1	1.15 PM AIRS ID#: 03/039/
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Speed Queen (leaners DATE 3/26/97
FACILITY LOCATION: 1434 Beach	B/Vd.
Jacksonville, FC	_ 32250
RESPONSIBLE OFFICIAL: Eli DFek	PHONE NUMBER: (904) 247-1513
Based on the results of the compliance requirements ev compliance with DEP Rule 62-213.300, Florida Admir	raluated during this inspection, the facility is found to be in histrative Code (F.A.C.).
Based on the results of the compliance requirements ev discrepancies were noted:	aluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u> </u>	
<u> </u>	
<u> </u>	
	-
COMMENTS:	
The Annual Compliance Certification form has been properly c	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	erch, 1998
BIODECONYON CONDITIONED BY	(Approximate) (F) Winter
INSPECTION CONDUCTED BY: ———————————————————————————————————	(Please Print)
INSPECTOR'S SIGNATURE: Jeffry	Inte PHONE NUMBER (904) 630-3484
	/ of /



PERCHLOROETHYLENE DRY CLEANERS

APR 1 1 1997

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring & Mobile Sources

TYPE	OF	INSPECTION:
	O.	more cron.

ANNUAL

M

COMPLAINT/DISCOVERY

RE-INSPEC	TION 3/26/97	_			
FACILITY NAME: SPEED 6 FACILITY LOCATION: 1434	ME IN: 1250 PMTIME OUT: 1:1 Oveen Cleaners Beach Blud.	5 PM			
	sonville, FL 32250				
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DARM by 9/1/96	•)X			
2. New facility notified DARM 30 days prior to	startup	´a			
3. Facility failed to notify DARM to use genera	l permit	<u> </u>			
PART II: CLASSIFICATION					
Facility indicated on notification form that it (check appropriate box)	is:	· .			
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	i:			
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	□Y XN				
If no, please check the appropriate classificatio	If no, please check the appropriate classification:				
facility exceeds above limits a	permit as number above and is not eligible for a general permit				
B. The total quantity of perchloroethylene (perchasility was gallons.	c) purchased within the preceding 12 months by this	dry cleaning			

PART III: GENERAL CONTROL REQUIREMENTS

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

(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?







AVAG NO YC

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 basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?
- B. Has the responsible official of an existing large or new large area source also:
- 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?

MY ON N/19

AND NO TA

MY ON ON/A

XY ON

MY DN

DY ON

OY ON

2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N
	Is the temperature differential equal to or greater than 20° F?	ΟY	ПN
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?	ΠY	□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?	ΠY	□и
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠV	
	condenser cons?	u i	ON ON/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?	Day □n
2. Maintained rolling monthly averages of perc consumption?	ØY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	XY □N
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	
4. Maintained calibration data? (for direct reading instruments only)	OY ON XIVA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN NIM
6. Maintained startup/shutdown/malfunction plan?	אם אַבּ
7. Maintained deviation reports?	Y DN
Problem corrected?	MY □N
8. Maintained compliance plan, if applicable?	AVA NO YO

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 instrumentation (FID/PID/calorimetric tubes)	

						·		
If u	If using direct-reading instrumentation, is the equipment:							
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?							
	er each use	ΟY						
	(PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis?							
	•			-	ΟY			
	d. Kept in a clean and see	cure area	a when not in use?		ПY	עם		
	e. Verified for accuracy b	y use of	duplicate samples	(calorimetric only)?	ΠY	⊔א		
3. Has the fa	acility maintained a leak log?				Ý	ПN		
4. The follow	wing areas should be checked f	or leaks	by the inspector:	•				
Leak Detected?						Detected?		
	e connections, fittings, uplings, and valves	ΩY	Жń	Muck cookers	ПY)MM		
Doo	or gaskets and seating	ΩY	XN.	Stills	ΩY	Жи		
Filte	er gaskets and seating	ΠY	Жи	Exhaust dampers	QY	Жи		
Pun	nps	ΠY	×ν	Diverter valves	QY	A N		
Solv	vent tanks and containers	ΩY	¥n	Cartridge filter housings	ПY	Жи		
Wat	ter separators	ΩY	⊠ N					
				-				

Eli Ofek Name of Responsible Official

Inspector's Name (Please Print).

Inspector's Signature

MARCH, 1998
Approximate Date of Next Inspection

	ADDITIONAL SITE INFORMATION:
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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO) П	COMPLAINT/DIS	SCOVERY	a .
AIRS ID#: 03/039/ FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: CONTACT NAME:	Sfeed Que 1434 Jackso	gen Clea Beach on Ville, k	ners B/vd. FL 322 PHONE: 904	250	
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DARI		-	· ·		X
PART II: CLASSIFICATION	ı				
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourced 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 sourced dry-to-dry only, 140 \le x \le 2, transfer only, 200 \le x \le 1,800 g (constructed before 12/9/91) 5. This is a correct facility class.	on form that it is: ce	4. New large and dry-to-dry only, transfer only, 20 both types, 140	x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	Bureau of	SEP 1 7 1998
If no, please check the a	appropriate classifica y qualified for a gene y exceeds above limi	ation: eral permit as nu its and is not elig	umber above gible for a general per	ve Ö	D

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? AVAD ND 7 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 XY ON ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MANA 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? YMY 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 AMD ND YA 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?

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

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: YY 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? QY QN QN/A DY DN TANA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN WNA 5. Maintained exhaust duct monitoring data on perc concentrations? Ma AM 6. Maintained startup/shutdown/malfunction plan? DY DN MINA 7. Maintained deviation reports? AVART NO YO Problem corrected? DY DN XNA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a	weekl	y (for	small sources,	bi-weekly) leak detection a	nd rep	air
inspection?) Rev	□N
2. Has the facility maintained a leak log?	1				XX	□N
3. Does the responsible official check the	follow	ing a	reas for leaks?		•	
Hose connections, fittings, couplings, and valves	AX	□N	□N/A	Muck cookers	Y	□N □N/A
Door gaskets and seating	AN	□N	□N/A	Stills	XY	□N □N/A
Filter gaskets and seating	AA	ПN	□N/A	Exhaust dampers	À	□N □N/A
Pumps	AX	ΠN	□N/A	Diverter valves	AA	□N □N/A
Solvent tanks and containers	Y	ΠN	□N/A	Cartridge filter housings	Y	□N □N/A
Water separators	YY	ΠN	□N/A			
4. Which method of detection is used by t	he resp	onsib	le official?			
Visual examination (condensed s	olvent	on ex	terior surfaces))	A	
Physical detection (airflow felt th	rough	gaske	ts)		DE DE DE	
Odor (noticeable perc odor)					A	
Use of direct-reading instrumenta	ation (F	ID/Pl	D/calorimetric	tubes)		
Halogen leak detector				,		
If using direct-reading instr	ument	ation.	, is the equipn	ient:	MA	A
a. Capable of detecting	perc va	por c	oncentrations i	n a range of 0-500 ppm?	′□Y	□N
b. Calibrated against a s (PID/FID only)?	standar	d gas	prior to and af	ter each use	□Y	_N
c. Inspected for leaks an	d obvi	ous si	gns of wear on	a weekly basis?	ПY	□N
d. Kept in a clean and s	ecure a	rea w	hen not in use	?	ПY	□N
e. Verified for accuracy	by use	of du	plicate samples	s (calorimetric only)?	$\Box Y$	□N
						
Toff Winter	~			8 1/0	100	>
Inspector's Name (Please Prin	nt)			Date of Inspe	ction	
Jeffry Wine	t	-		AUgust	_ /	999

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

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: /020 TIME OUT: /	640 AIRS ID#:
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Steed QUEEN	Cleaners DATE: 8/10/98
FACILITY LOCATION: 1434 Beach	Blud.
Jackson vil	le, FL 32250
RESPONSIBLE OFFICIAL: Eli Otek	PHONE NUMBER: 404-247-1513
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
-	
• ,	
COMMENTS:	
COMMENTS.	
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	(Ugust) 1999 '
INSPECTION CONDUCTED BY: Jeff	Winter
	ease Print)
INSPECTOR'S SIGNATURE:	nds_phone number: 904-630-2800
/ W/ Page /	of / Payieed 10/96

TYPE OF INSPECTION	O)	N	I
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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

COMPLIANT/DISCOVERS

COMPLIANT/DISCOVERS

		ng
AIRS ID#: <u>03/039/</u> DATE: 6/2		TIME OUT: <u>///5</u>
FACILITY NAME: SPEED Q		· .
FACILITY LOCATION:	Beach Blvd.	
Jack	Sonville Beach, FL	32250
responsible official : <u>Eli H</u>	ek	4/247-1513
	PHONE:	Some
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	artup	×
2. Facility failed to notify DARM to use general pe	ermit	Ö
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	☐ No notificatio	
		on form at of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	☐ Drop store/ou 2. New small 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	2. New small area source dry-to-dry only, x < 140 gal/yr	
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	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) A. I. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	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	
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	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) A. I. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	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	
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)	Drop store/out 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 g	at of business/petroleum
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 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr	 Drop store/out 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) New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 g transfer only, 200 ≤ x ≤ 1,800 gal/yr 	at of business/petroleum
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 \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	 Drop store/out 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) New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 g transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr 	at of business/petroleum
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 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr	 Drop store/out 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) New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 g transfer only, 200 ≤ x ≤ 1,800 gal/yr 	at of business/petroleum
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 \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	 Drop store/out 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) New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 g transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr 	at of business/petroleum
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 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)	Drop store/out 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 g transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) ΔΥ □N □Can not determ	at of business/petroleum
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 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific	Drop store/out 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 12/9/9!) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 g transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/9!) AY □N □Can not determination:	at of business/petroleum

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

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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? XY 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 XY 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 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?	Q Y	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	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?	ΟY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ΠN	□N/A
	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y	□и	□N/A
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	AY ON				
2. Maintained rolling monthly total of perc consumption?	AY DN				
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?	OY ON MANA				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN XXIVA				
6. Maintained startup/shutdown/malfunction plan?	XY DN				
7. Maintained deviation reports?	OY ON TANA				
Problem corrected?	OY ON SANA				
8. Maintained compliance plan, if applicable?	DY DN ANIA				

P.	ART VI: LEAK DETECTION AND	REPAIRS	<u> </u>	
1.	Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection a	nd repair
į	inspection?			XY DN
2.	Has the facility maintained a leak log	?		XIY UN
3.	Does the responsible official check th	e following areas for leak	s?	,
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	XY ON ON/A
	Door gaskets and seating	TAY ON ON/A	Stills	MY ON ON/A
	Filter gaskets and seating	AND ND WA	Exhaust dampers	DY DN YNA
	Pumps	AND ND YA	Diverter valves	□Y □N XN/A
	Solvent tanks and containers	אוחם חם צובי	Cartridge filter housings	Y ON ON/A
	Water separators	AND ND YA		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surface	es)	×
	Physical detection (airflow felt the	hrough gaskets)		×
	Odor (noticeable perc odor)			×
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equip	oment:	XIN/A
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	NO Y
		standard gas prior to and	after each use	
	(PID/FID only)?	•		OY ON
	c. Inspected for leaks an	nd obvious signs of wear of	on a weekly basis?	□Y □N
	d. Kept in a clean and s	secure area when not in us	se?	□Y □Ņ
	e. Verified for accuracy	by use of duplicate sample	les (calorimetric only)?	□Y □N
	Jeff Winter	-	6/28/9	13
	Inspector's Name (Please Prin	nt)	Date of Inspec	tion

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	·	
·		
·		
		-
		·

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🛛	COMPLAINT	/DISCOVERY	RE-INSPEC	CTION
TIME IN: 1050	TIME OUT:	1/15	AIRS ID#:	03/039	7/
TYPE OF FACILITY:	Perc. Dry CK	anes			/
FACILITY NAME:	Steed Que	en Glea	nes	DATE:_ <i>6/2</i>	28/99
FACILITY LOCATION:	1434 Bea	ch Blud.			·
	Dacksonville	Beach,	FL. 32	250	
RESPONSIBLE OFFICIAL:	<u> Eli Otek</u>		PHONE NUMBE	er: <u>904/247</u>	-1513
	he compliance requiremental half 62-213.300, Florida A			facility is found to l	ж in
Based on the results of the discrepancies were noted	he compliance requirement:	nts evaluated duri	ng this inspection, the	following complian	ce
COMPLIANCE REQU	IREMENT/PROBL	EM F	OLLOW-UP AC	TION REQUIR	ED
					`
· .					
	 :				· · ·
				<u>_</u>	
COMMENTS:		•			
		1	. Domina da este d		
The Annual Compliance Certific			~ :	ctor. YES	NO
DATE OF NEXT INSPECTION	N:	(Approxima	, 2000 te)	 _	
INSPECTION CONDUCTED I	ву:		inter		
	1.11	(Please Prin	it)		
INSPECTOR'S SIGNATURE:	May .	Into	PHONE NUMBE	er: <u>904/63</u> 0	0-348 <u>4</u>
		Page / of /.		,	Revised 10/96

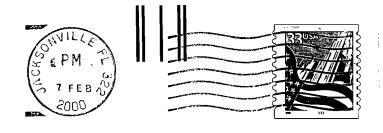
AIRS ID#: 03/039/

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Steed Queen Cleaners DATE: 6/28/99
FACILITY LOCATION: 1434 Beach Blvd.
Jacksonville, FL 32250
Annual Reporting Period: 50he 28, 1998 to 50he 28, 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:
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 rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry facilities or 1,800 gallons per
year for transfer or combination facilities. Description of the combination of the combination facilities Colored to the colored to
RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date
<i></i>

^{*}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.

11316 Beach Blud #4 Jax 81. 32246



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

3231543070 hdliabhdhalbhdidhi - hilbhdiabhladailliabidhidhid

√Z 333 PJ5 435

US Postal Service Receipt for Certified Mail

AIRS ID 0310391
KESHET ENTERPRISES INC
ELI OFEK 3436 PALM ISLAND ROAD JACKSONVILLE FL 32250

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	j
1995	Return Receipt Showing to Whom & Date Delivered	
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
m 3	Postmark or Date	
S For		
ď		

SENDER: Complete items 1 and/or 2 for additional se Complete items 3, 4a, and 4b. Print your name and address on the reverse card to you. Attach this form to the front of the mailpiece permit. Write Return Receipt Requested* on the mail	e of this form so that we car e, or on the back if space do	oes not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery
The Return Receipt will show to whom the delivered.	article was delivered and the		Consult postmaster for fee.
RESHET ENTERPRISES INC ELI OFEK 3436 PALM ISLAND ROAD JACKSONVILLE FL 32250	1998 A	Service T Registered Express M	d Ø Certified fail Insured eipt for Merchandise COD
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)		Addressee' and fee is p	's Address (Only if requested paid)
PS Form 3811 , December 1994	102595	5-97-B-0179	Domestic Return Receipt

on the reverse side?	SENDE Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an delivered.	e can return this e does not e number. d the date	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt service.
IN ADDRESS completed	AIRS ID#: 0310391 KESHET ENTERPRISES INC ELI OFEK 1434 BEACH BLVD JACKSONVILLE BEACH FL 32250	4a. Article Ni 4b. Service 1 Registere Express I Retum Rec 7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD ellivery	you loi usiiig neturii n
Is your RETURN	5 Received By: (Print Name) 6. Signature (Addressee or Agent)	8. Addresse and fee is	b's Address (Only if requested paid)	
	PS Form 3811 , December 1994		Domestic Return Receipt	ĺ

,	° b 505 305 485				
1	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to				
ELI (AIRS ID#: 0310391 IET ENTERPRISES INC DFEK BEACH BLVD SONVILLE BEACH FL 32250				
	Certified Fee Special Delivery Fee				
. 92	Restricted Delivery Fee Return Receipt Showing to				
April 19	Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address				
3800,	TOTAL Postage & Fees \$ Postmark or Date				
PS Form	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date				

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 # 0310391 SPEED QUEEN CLEANERS ELI OFEK	A. Received by (Please Print Clearly) B. Date of Delivery 2-17-0 C. Signature X
3436 PALM ISLAND ROAD JACKSONVILLE FL 32250	3. Service Type Certified Mail
2. Article Number (Copy from service label) 2. 3.33 (6.7 3 1) PS Form 3811, July 1999 Domestic Re	turn Receipt 561-6 102595-99-M-1789

	Z, 333 E	6 7	3 11
F	S Postal Service Receipt for Cer to Insurance Coverage one type for Internation	Provide	
I O 36 P	O QUEEN CLEANER FEK ALM ISLAND ROA	RS D	
CKS	SONVILLE FL 32250	ı .	
0	Certified Fee		
S	Special Delivery Fee		
	Restricted Delivery Fee		
86 F	leturn Receipt Showing to Vhom & Date Delivered		
April	eturn Receipt Showing to Whom, late, & Addressee's Address		
֓֞֞֞֟֓֓֞֟֓֓֓֟֟֓֓֓֓֓֟֟֓֓֓֟֟֓֓֓֓֓֓֟֟֓֓֓֟֟֓֓֓֓֓֓	OTAL Postage & Fees	\$	
PS Form 3800 , April 1995	ostmark or Date		

and the second	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
8192			
4128	Postage Certified Fee	\$	Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
7000 0600	R SPEED QUEEN CARLOS E BOO 8 8343 HOGAN R 7 JACKSONVILL 32216-3149	OM OAD APT 137	91

1	
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 D. Is delivery address different from items by Pes
1. Article Addressed to: AIRS ID # 0310391 SPEED QUEEN CLEANERS CARLOS E BOOM	D. Is delivery address different from item ? Yes If YES, enter delivery address below? No
8343 HOGAN ROAD APT 137 JACKSONVILLE FL 32216-3149	3. Service Type Certified Mail
2. Article Number (Copy from service label)	6 4128 8192
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

m	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
268		rando de 1900	0	
41,30	Postage Certified Fee	s	Postmark	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here 2	
2000 0000	. 10 A ELI OFEK SPEED QUEEN (11316 BEACH BI JACKSONVILLE	LVD #4		
			Secmeverse for Instructions	

PLACE STICKER AT TOP OF ENVELOPE	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: 10 AIRS ID # 0310391001AG ELI OFEK SPEED QUEEN CLEANERS	A. Received by (Please Print Clearly) C. Signature) X
11316 BEACH BLVD #4 JACKSONVILLE FL 32246	3. Service Type
2. Article Number (Copy from service label) 30 2683	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357053

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

JAN 13 99

Do NOT Remove Label

AIRS ID # 0310391

SPEED QUEEN CLEANERS ELI OFEK 3436 PALM ISLAND ROAD JACKSONVILLE FL 32250

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 0

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0394980

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 # 0310391
SPEED QUEEN CLEANERS
ELI OFEK'
3436 PALM ISLAND ROAD
JACKSONVILLE FL 32250

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0310391

KESHET ENTERPRISES INC **ELI OFEK** 3436 PALM ISLAND ROAD JACKSONVILLE FL 32250

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Yease 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 21 97

Do NOT Remove Label

AIRS ID# 0310391

KESHET ENTERPRISES INC ELI OFEK SPEZZO QUEEN 1434 BEACH BLVD JACKSONVILLE BEACH FL 32250

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оъј.: 002273