

Department of Environmental Protection

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

November 25, 1996

Virginia B. Wetherell Secretary

Mr. James Johnston President Swift Cleaners, Inc. 10601-101 San Jose Boulevard Jacksonville, Florida 32257

Re: Facility I.D. No. 0310399

Dear Mr. Johnston:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 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"

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN:/. 05TIME OUT:	1.15 AIRS ID#: 03/0399
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Swift Cleaners	DATE: 2/26/97
FACILITY LOCATION: 103/ N. 3rd.	
Jacksonville, FL	32250
RESPONSIBLE OFFICIAL: James John.	
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300, Florida A	ents evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.).
Based on the results of the compliance requirement discrepancies were noted:	ents evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBL	LEM FOLLOW-UP ACTION REQUIRED
	· ·
•	
COMMENTS:	·
The Annual Compliance Certification form has been prope	erly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	Feb. 1998
	(Approximate)
INSPECTION CONDUCTED BY: Jeffv	rey Winter
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (904) 630-3484
/ / P	Page / of / Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	•
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	SWIFT CLEANERS
3.	SWIFT CIEANERS Hazardous Waste Generator Identification Number:
	FLD 981 748 809 Facility Location: Street Address: 1031 W. 3RD STREET City: JACKSONLIIC BEACH County: DUMC Zip Code: 32250
4.	Facility Location:
	City: JACKSONLIIC BEACH County: DUVAC Zip Code: 32250
	·
5.	Facility Identification Number (DEP Use):
	9502404 0310399
	Responsible Official
	Name and Title of Responsible Official:
	TAMES JUHNSTON PRESIDENT Responsible Official Mailing Address: 10601701 SAN JUSE BIND
7.	Responsible Official Mailing Address: 1060/701 5AN JUSE BIND Organization/Firm: SWIFT CIENNERS INC.
	Street Address:
	City: JAUSSEN 111e County: DUVA: Zip Code: 32257
8.	Responsible Official Telephone Number:
	Telephone: (\$\psi 4) 262 - 4276 Fax: (904) 262 - 3379
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	IRMA LUYCK MANAGER
10.	Facility Contact Address: 1031 N. 3RD STREET
	Street Address:
	City: JACKSENUIlle, BEACL County: DUVAC Zip Code: 3 2250
11.	Facility Contact Telephone Number:
	Telephone: $(90^{\circ}) & 96 - 4579$ Fax: () -
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SEP 5 1996

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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	
Dry-to-Dry Unit		The Section of				i.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	taria.
(1) w/ ref. condenser	#1	11-30-54	11-30-87				ļ	1	
(2) w/ carbon adsorber		1,0	7						
(3) w/ no controls									
Washer Unit				1	i mai kala adi	10.00	100		ja, sa kili
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls								_	
Dryer Unit		A CONTRACTOR OF THE SECOND			· Prophylla				
(7) w/ ref. condenser		i		Ī				T	
(8) w/ carbon adsorber		_		_					
(9) w/ no controls									
Reclaimer Unit	14,116		in the fair and				1 10	. A SANTA AND AND AND AND AND AND AND AND AND AN	
(10) w/ ref. condenser	_	T	I			* 1007.07 * 1		<u> </u>	.,
(11) w/carbon adsorber	 	_							
(12) w/ no controls		_							
(b) Control devices are (c) No control devices 2.(a) What was the total of [825] (b) If less than 12 monto Check why it is less	are raquant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (perc)	purchased in]
3. What is the facility's so									

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machi (Indicate with an "X".) 	nes pursuant to section (5) of I	Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser	\swarrow
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser		
5. A facility which contains non-exempt emission to Rule 62-213.300, F.A.C. Verify that all steam exemption criteria or that no such units exist on-	and hot water generating unit	
All steam and hot water generating units on-site boiler HP or less), and (2) are fired exclusively be during which propane or fuel oil containing no	by natural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitori	ng and Recordkeeping Inform	mation
Check all logs which are required to be kept on-	site in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent purchases		X
(b) Leak detection inspection and repair		[X]
(c) Refrigerated condenser temperature monitori	ng	(X)
(d) Carbon adsorber exhaust perc concentration	monitoring	
(e) Instrument calibration		<u></u>
(f) Start-up, shutdown, malfunction plan		\bowtie

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
¥	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	Responsible Official Cel unication
this notific statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prof	nptly notify the Department of any changes to the information contained in this notification. 8.30-96 Date

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Swift Cleaner	\$		_DATE: <u>2</u> /	26/97
	1031 N. 3rd.		 ,	•	
	Tackson ville, FL		·		
Annual Reporting Period:	Seftember 5	19 <i>26</i> TO	Feb.	26	19 <u>_97</u>
62-213.300, Florida Administ If NO, complete the following	on of the Title V general air permit rative Code (F.A.C.), during the pe	riod covered by this s	tatement. YE	s 🗆 N	O
Exact period of non-complian	ce: from	1	0		
Action(s) taken to achieve con	npliance:		<u> </u>		
Method used to demonstrate c	ompliance:		•		
#2. Term or condition of the	general permit that has not been in	continuous compliand	ce during the repor	ting period state	d above:
Exact period of non-compliane	ce: from	to			
Action(s) taken to achieve con	npliance:				
Method used to demonstrate co	ompliance:	-			
made in this notification are to upon rolling averages of purc year for transfer or combination	ereby certify, based on information rue, accurate and complete. Further hase receipts, does not exceed 2,10 on facilities. Sames Johns Tomes	er, my annual consum	ption of perchlorod dry-to dry facilitie	ethylene solvent es or 1,800 galld	t, based
*This form is made available t discretion of the responsible of	to you as an aid in order to meet you Official to use this form.	ur annual compliance	certification requir	rements. It is at	the

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIANCE	INSPECTION CHECKERS	
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY	
RE-INSPECTIO		_
RE-INSI ECTIO		
AIRS ID#: 03/0399 DATE: 2/24	2/97 TIME IN: 1.05 TIME OUT: 1	1:15
FACILITY NAME: Swift Cle	1	
FACILITY LOCATION:		
Jacksoni	ville, FL 32250	
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		4
2. New facility notified DARM 30 days prior to sta	artup	۵
3. Facility failed to notify DARM to use general pe	ermit	۵
PART II: CLASSIFICATION		
Fâcility indicated on notification form that it is:		
(check appropriate box)		
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)	
3. Existing large area source dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td>4. New large area source dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td></td></x<2,>	
transfer only, 200 <x<1,800 gal="" td="" yr<=""><td>transfer only, 200<x<1,800 gal="" td="" yr<=""><td></td></x<1,800></td></x<1,800>	transfer only, 200 <x<1,800 gal="" td="" yr<=""><td></td></x<1,800>	
both types, 140 <x<1,800 gal="" td="" yr<=""><td>both types, 140<x<1,800 gal="" td="" yr<=""><td></td></x<1,800></td></x<1,800>	both types, 140 <x<1,800 gal="" td="" yr<=""><td></td></x<1,800>	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
This is a correct facility classification	DY ON	
If no, please check the appropriate classification:		
facility qualified for a general per		
facility exceeds above limits and	is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) p facility was \$25 allons.	ourchased within the preceding 12 months by this dry	cleaning
anonic, masanons.		

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

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser

prior to September 22, 1993

A. Has the responsible official of all new sources and existing large area sources:

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

installed

(check appropriate boxes)

(complete A and B below).

condenser upon opening the door?

condenser on a weekly basis?

condenser exceeded 45° F?

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

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

'DN DN/A

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?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F?	OY ON NA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	OY ON EN/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?	אן אם צם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON CON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN CENIA

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

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	tery □n

2.	Which method of detection is used by the	ne respons	sible official?			
	Visual examination (condensed so	olvent on	exterior surfaces)		4/	
	Physical detection (airflow felt thr	ough gas	kets)	•	4/	,
	Odor (noticeable perc odor)				4/	
	Use of direct-reading instrumenta	tion (FID	/PID/calorimetric	tubes)	d /	
	If using direct-reading instrume	entation, i	is the equipment:			
	a. Capable of detecting p	erc vapor	r concentrations ir	a range of 0-500 ppm?	Cery 🗆	IN
	b. Calibrated against a s (PID/FID only)?	tandard g	as prior to and aft	er each use	□Y /	'n
	c. Inspected for leaks an	d obvious	signs of wear on	a weekly basis?	tery 2	IN
	d. Kept in a clean and se	ecure area	when not in use?		of Y □	IN
	e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?		ÍN
3.	Has the facility maintained a leak log?				try o	IN ·
4.	Does the responsible official check the	following	areas for leaks?			
	Hose connections, fittings, couplings, and valves	G Y	□и	Muck cookers		□N
	Door gaskets and seating	tr Y	□и	Stills	Y	□N
	Filter gaskets and seating	dx/	□N	Exhaust dampers	Y	□N
	Pumps	KY	□N	Diverter valves	by	_□N
	Solvent tanks and containers	ty /	∩N	Cartridge filter housings	G Y	□и
	Water separators	ďΥ	□и			
.:						
	James Johnson	5n				

Name of Responsible Official

Seffrey Winter

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
•		
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	•	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	×	COMPLAINT/DISCO	VERY
AIRS ID#: 03/0399 FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: CONTACT NAME:	Wift Clear 1031 N. Jacksonvi James John	ners 3 rd 5 Ille Beau Inston	Street L, FL 322	50
PART I: NOTIFICATION				
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DARM				×
PART II: CLASSIFICATION			<u> </u>	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	ce 🗆 2. vr dry trai bot	nsfer only, x h types, x <	x < 140 gal/yr < 200 gal/yr	
(check appropriate box) A. 1. Existing small area sourd dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classification, please check the a facility of the dry-to-dry only are the facility classification.	ce	nsfer only, x h types, x < nstructed on New large a to-dry only, nsfer only, 20 h types, 140 nstructed on	☐ Drop store/out of but Trea source	siness/petroleum

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

B.	Has the responsible official of an existing large or new large area source also:		-	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	XY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N	MN/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ПY	□N	DAN/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	□N	DAN/A DAN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ПY	□N) (N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			Y YEV/A YY/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□и	ŽÍN/A

P	PART V: RECORDKEEPING REQUIREMENTS					
2	Has the responsible official: (check appropriate boxes)					
1.	Maintained receipts for perc purchased?	XX □N				
2.	Maintained rolling monthly total of perc consumption?	MAY ON				
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 ON/A				
4.	Maintained calibration data? (for applicable direct reading instruments)	DY DN XXVA				
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY DN MAN/A				
6.	Maintained startup/shutdown/malfunction plan?	XX □N				
7.	Maintained deviation reports?	AVUKK NO YO				
	Problem corrected?	□Y □N ÞXN/A				
8.	Maintained compliance plan, if applicable?	OY ON XXV/A				

PART VI: LEAK DETECTION AND REPAIRS

F	KI VI: LEAK DETECTION AND	REFAIRS			
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			Max □N	
2.	Has the facility maintained a leak log	?		MD YM	
3.	Does the responsible official check th	e following areas for	leaks?	•	
	Hose connections, fittings, couplings, and valves	TAY ON ON/A	Muck cookers	TY ON ON/A	
	Door gaskets and seating	AND NO ENTA	Stills	YAY ON ON/A	
	Filter gaskets and seating	AND ND YA	Exhaust dampers	Y ON ON/A	
	Pumps	d y □n □n/a	Diverter valves	MY ON ON/A	
	Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	TY ON ON/A	
	Water separatórs	TAY ON ON/A			
4.	Which method of detection is used by	the responsible offic	ial?		
	Visual examination (condensed solvent on exterior surfaces)				
	Physical detection (airflow felt through gaskets)				
	Odor (noticeable perc odor)			X	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector			À	
	If using direct-reading inst	rumentation, is the	equipment:	M/A	
	a. Capable of detecting	perc vapor concentra	ations in a range of 0-500 ppm?	□Y □N	
	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 v	vear on a weekly basis?	□Y □N	
	d. Kept in a clean and	secure area when not	in use?	□Y □N	
	e. Verified for accuracy	by use of duplicate s	samples (calorimetric only)?	□Y □N	

Seff Winter

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

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

- /	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10 00 TIME OUT: 10	30airs id#:03/0399
TYPE OF FACILITY: Dry Cleaner FACILITY NAME: Swift Cleaners FACILITY LOCATION: 103/ N. 3 10	DATE: 2/23/98
JOCKSONVI 1/2 Black	, FC 32250
RESPONSIBLE OFFICIAL: James Johns to	PHONE NUMBER: 904-262-4276
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:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
The Annual Compliance Certification form has been properly certi-	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	Jy, 1999
INSPECTION CONDUCTED BY:	proximate) Jinto ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904-630-2800

Buch

AIRS ID#:	031	0399
		

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				
FACILITY NAME:	Swift Cleaners		DATE	: 7/23/18
	1031 N. 356	_		
_	Jackson ville &		32250	
Annual Reporting Period:	February 26	19 <u>97</u> то	July	19 <i>98</i>
	ion of the Title V general air pern trative Code (F.A.C.), during the		~~	EP Rule
If NO, complete the following	g:			
#1. Term or condition of the	general permit that has not been i	in continuous compliance duri	ing the reporting per	iod stated above:
Exact period of non-complian	ice: from	to_		
Action(s) taken to achieve co	mpliance:			
Method used to demonstrate of	compliance:			
#2. Term or condition of the	general permit that has not been i	in continuous compliance duri	ing the reporting per	iod stated above:
			RECEI	/FD
Exact period of non-compliar	ıce: from	to	K L C L I	
•	-		AUG 1 0 1	998
Action(s) taken to achieve co.	<u></u>		Bureau of Air M	lonitoring
Method used to demonstrate	compliance:		& Mobile So	
made in this notification are	T. T.	ther, my annual consumption 100 gallons per year for dry-t	of perchloroethylene	e solvent, based
	Name (Please Print)	Sign	nature	Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM SWIFT CLEANERS INC JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257

		Do <u>NOT</u> R	emove Label		
Annual Reporting Period:	1-1	1	9 <u>97</u> TO _	12.31	19 9 7
Based on each term or condition 62-213.300, Florida Administra	_	-		<u> </u>	h DEP Rule
If NO, complete the following:					
#1. Term or condition of the ge	neral permit that h	as not been in conti	nuous compliance	during the reporting	period stated above:
Exact period of non-compliance	: from	<u> </u>	to		
Action(s) taken to achieve comp	liance:	•			
Method used to demonstrate cor	npliance:				
#2. Term or condition of the ge	neral permit that h	as not been in conti	nuous compliance	during the reporting	period stated above:
Exact period of non-compliance	: from		to_		
Action(s) taken to achieve comp	liance:		•		
Method used to demonstrate con	npliance:				
As the responsible official, I hereb notification are true, accurate and does not exceed 2,100 gallons per y	complete. Further,	my annual consump	tion of perchloroet	hylene solvent, based uj	oon purchase receipts,
RESPONSIBLE OFFICIAL:	JOHN E.	Branwell	Jel-	Signature	J-27-98
	name (Pie	ase Pint)		Signature	Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTI	COMPLAINT/DISCOVERY
AIRS ID#: 03/0399 DATE: 8/5 FACILITY NAME: SWIFT CO FACILITY LOCATION: 1031 N. Tack Som v RESPONSIBLE OFFICIAL: Tomas C CONTACT NAME: Towa Mice	312 Streets
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe	•
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box)	· · · · · · · · · · · · · · · · · · ·
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	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 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) 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 of business/petroleum 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 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 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) 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 facility qualified for a ger facility exceeds above lim	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 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) Y □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

1 of 5

Revised 9/15/97

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

A. Has the responsible official of all new sources and existing large area sources:

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser

installed prior to September 22, 1993

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

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

(complete A and B below).

condenser upon opening the door?

condenser on a weekly/bi-weekly basis?

condenser exceeded 45° F?

(check appropriate boxes)

□Y □N XN/A

XY ON ONA

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?	X	□N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N ∀ N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□N XN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber. if machines are equipped with a carbon adsorber?	ПY	□n "Q∕n/a
	Is the perc concentration equal to or less than 100 ppm?		□N ŒN/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?	ΠY	on A nia
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□n X n/a □n X n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N XN/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 OY ON YONA and parts installed w/in 5 days of receipt? DY DN MN/A 4. Maintained calibration data? (for applicable direct reading instruments) □Y □N **X**N/A 5. Maintained exhaust duct monitoring data on perc concentrations? XY □N 6. Maintained startup/shutdown/maifunction plan? DY DN XN/A 7. Maintained deviation reports? □Y □N **X**N/A Problem corrected? OY ON XNA 8. Maintained compliance plan, if applicable?

P	ART VI: LEAK DETECTION AND	REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			X	ПN	
2.	Has the facility maintained a leak log	?		X	□N	
3.	Does the responsible official check the	e following areas for leak	s?	ľ		
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	AA OV	I □N/A	
	Door gaskets and seating	X ON ON/A	Stills	XY ON	I □N/A	
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers		ZN/A	
	Pumps	YAY ON ON/A	Diverter valves		M/A	
	Solvent tanks and containers	YAY ON ON/A	Cartridge filter housings	XY ON	□N/A	
	Water separators	YY ON ON/A				
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed s	solvent on exterior surface	es)			
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)			
	Halogen leak detector					
	If using direct-reading insti	rumentation, is the equip	oment:	DIN/A		
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	□Y □N		
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	□Y □N		
	c. Inspected for leaks ar	nd obvious signs of wear o	on a weekly basis?	□Y □N		
	d. Kept in a clean and s	ecure area when not in us	e?	□Y □N		
	e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	□Y □N		
	Jeff Winter	-	8/5/	199		
	Inspector's Name (Please Prir	ıt)	Date of Inspec	tion		

Inspector's Name (Please Print)

Date of Inspection

August, 2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFO	RMATION:		
		•	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT	ODISCOVERY	RE-INSPECTION
TIME IN: 1055	TIME OUT:	1113	AIRS ID#:	03/0399
TYPE OF FACILITY:	Perc. Dry Cla	aner		
FACILITY NAME:	Swift Cka	HRSS		DATE: 8/5/99
FACILITY LOCATION:	1031 N. 3	re St.		
	Jacksonville	, Beach,	FL 32	250
RESPONSIBLE OFFICIAL:	J. Johnsto	n	PHONE NUMBE	R: 904-262-4276
	he compliance requiremenule 62-213.300, Florida A			facility is found to be in
Based on the results of the discrepancies were noted	he compliance requirement:	its evaluated duri	ng this inspection, the	following compliance
COMPLIANCE REQU	IREMENT/PROBL	EM I	OLLOW-UP AC	TION REQUIRED
		_		
				•
				
				•
COLO (ENTE)				
COMMENTS:				
			· .	
The Annual Compliance Certific	ation form has been prope	rly certified and	submitted to the inspec	ctor. YES NO NO
DATE OF NEXT INSPECTION	N:	Hugust,	2000	
	1	(Approxima	1e)	
INSPECTION CONDUCTED	вх:	(Please Prin	at)	<u> </u>
INSPECTOR'S SIGNATURE:	Jeffing l	Vinte	•	r: <u>904-630-3484</u>
	/ W / P	ageof		Revised 10/96



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ON & CITY OF			
FACILITY NAME:	Swift Cleaners	-	DATE: \$\s\99
FACILITY LOCATION: _	103/ N. 35d	Street	
	Jackson ville Be	ach, FL 32250)
		·	
Annual Reporting Period:	July 23,	_19 <u>98</u> то Аида	15+ 5, 19 <i>99</i>
	ion of the Title V general air permit, trative Code (F.A.C.), during the peri		
If NO, complete the following	5 :	·	
#1. Term or condition of the	general permit that has not been in co	ontinuous compliance during the re	porting period stated above:
Exact period of non-complian	nce: from	to	
Action(s) taken to achieve co	mpliance:		
Method used to demonstrate	compliance:		
#2. Term or condition of the	general permit that has not been in co	ontinuous compliance during the re	porting period stated above:
Exact period of non-complian	nce: from	to	,
Action(s) taken to achieve co	mpliance:		·
Method used to demonstrate	compliance:		,
made in this notification are	hereby certify, based on information of true, accurate and complete. Further chase receipts, does not exceed 2,100 tion facilities.	r, my annual consumption of perchl	oroethylene solvent, based
RESPONSIBLE OFFICIAL	T C TOUNGHON	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	08/06/99
	Name (Please Print)	Signature	Date

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

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	* 0	OMPLAINT/DI	SCOVERY	
	RE-INSPECTION	, 	Charles of 2		
AIRS ID#: 03/0399	DATE: 7/11/200	TIME IN:	0955	IME OUT:	1017
FACILITY NAME:			Yrc.	Coring	
FACILITY LOCATION:			 +		
	Jacksonvill	11e Beac	L, FL	32250	<u> </u>
RESPONSIBLE OFFICIAL: CONTACT NAME:	James John nise Simps	<i>Stan</i> PI	10NE: 904- 10NE: 904-	262-42 -246-4	76 579
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM	30 days prior to startup				×
2. Facility failed to notify DARM	M to use general permit		_		۵
PART II: CLASSIFICATION) .	
Facility indicated on notification (check appropriate box)			No notification Drop store/out		roleum
A. 1. Existing small area source	ee 🛭 2. f	New small area	source		
dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	tran both	to-dry only, $x < 0.05$ sfer only, $x < 0.05$ types, $x < 0.05$ istructed on or a	140 gal/yr 00 gal/yr gal/yr		ļ
dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	tran both (cor e 4. N dry- logal/yr dry- tran al/yr both	to-dry only, x < sfer only, x < 20 types, x < 140 types, x < 140 types on or a structed on or a left.	140 gal/yr 20 gal/yr gal/yr fter 12/9/91) source $0 \le x \le 2,100$ gal/ $x \le 1,800$ gal/yr $\le 1,800$ gal/yr	П	
dry-to-dry only, $x < 140$ gal/y transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) 3. Existing large area sourc dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ goth types, $140 \le x \le 1,800$ gr	tran both (cor e 4. I 00 gal/yr dry- gal/yr al/yr both	to-dry only, $x < $ sfer only, $x < 20$ in types, $x < 140$ instructed on or a linear language. New large area to-dry only, $140 \le 100$ in types, $140 \le 100$ in types, $140 \le 100$ in types, $140 \le 100$ instructed on or a	140 gal/yr 20 gal/yr gal/yr fter 12/9/91) source $0 \le x \le 2,100$ gal/ $x \le 1,800$ gal/yr $\le 1,800$ gal/yr	/yr	
dry-to-dry only, x < 140 gal/y 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 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 go (constructed before 12/9/91) 5. This is a correct facility class of the property of th	tran both (cor e 4. I 00 gal/yr dry- gal/yr al/yr both	to-dry only, $x < 20$, sfer only, $x < 20$, types, $x < 140$ astructed on or a New large area to-dry only, 140 sfer only, $200 \le 10$ types, $140 \le x$ astructed on or a $100 \le 100$ m.	140 gal/yr 20 gal/yr gal/yr fter 12/9/91) source $0 \le x \le 2,100$ gal/yr $\le 1,800$ gal/yr fter 12/9/91) Can not determine	/yr ne	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? □N □N/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining 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? □N □N/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? 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?	y y □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON MAN/A
	Is the temperature differential equal to or greater than 20° F?	DY DN Y 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?	OY ON MAN/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN XN/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 companions is at least 2 duct diameters unstream from any bend, contraction	
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON MIN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N X N/A □Y □N X N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N XN/A

Has the responsible official: (check appropriate boxes)

PART V: RECORDKEEPING REQUIREMENTS

1.	Maintained receipts for perc purchased?	X Y DN
2.	Maintained rolling monthly total of perc consumption?	¥Y □N
3.	Maintained leak detection inspection and repair reports for the following:	•
	a. documentation of leaks repaired w/in 24 hrs? or;	Y 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 XIN/A
4.	Maintained calibration data? (for applicable direct reading instruments)	OY ON MN/A
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY DN MAN/A
6.	Maintained startup/shutdown/malfunction plan?	AT ON
7.	Maintained deviation reports?	Y ON ON/A
	Problem corrected?	Y ON ON/A
8.	Maintained compliance plan, if applicable?	□Y □N X N/A

PART VI: LEAK DETECTION AND I	REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			X DN		
2. Has the facility maintained a leak log?			X □N		
3. Does the responsible official check the	following areas for leaks	s?	•		
Hose connections, fittings, couplings, and valves	X Y	Muck cookers	□Y □N ∑ N/A		
Door gaskets and seating	YY ON ON/A	Stills	OY ON MN/A		
Filter gaskets and seating	Y ON ON/A	Exhaust dampers	□Y □N X N/A		
Pumps	Y UN UN/A	Diverter valves	□Y □N XN/A		
Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	Y ON ON/A		
Water separators	Y UN UN/A				
4. Which method of detection is used by t	he responsible official?				
Visual examination (condensed so	olvent on exterior surface	es)	X		
Physical detection (airflow felt the	rough gaskets)		A		
Odor (noticeable perc odor)	* * * * * * * * * * * * * * * * * * *				
Use of direct-reading instrumenta					
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:			X N/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N					
 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? □Y □N 					
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	□Y □N		
d. Kept in a clean and se	cure area when not in us	e?	□Y □N		
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	□Y □N		
Inspector's Name (Please Print) Date of Inspection June, 2001 Approximate Date of Next Inspection					

ADDITIONAL SITE INFORMATION:		
	•	
·		
		}
·		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0955 TIME OUT: 10/7 AIRS ID#: 03/0399
TYPE OF FACILITY: VECC. Dry Cleaner
FACILITY NAME: Swift Changes DATE: 7/11/2000
FACILITY LOCATION: 103/ N. 38 SHREET
Jackson ville, FL 32250
RESPONSIBLE OFFICIAL: James Johnston PHONE NUMBER: 904/262-4276
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED
COMMENTS:
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: JUNE, 200/
(Approximate)
INSPECTION CONDUCTED BY: Jeff Winfer
inspector's signature: Office Print) Phone number: 904/630-/2/2
Page of Revised 10/9

AIRS 1D#: 03/0399



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u></u>		•				
FACILITY NAME:	SWIFT	Ckaners			DATE:	7/11/2000
FACILITY LOCATION: _	1031	N. 314 S	treet			
	Jackson	ville Beach	L, FL	32250	<u> </u>	
Annual Reporting Period:	Augus	+5,	_1999 то		July	1/1 = 200
Based on each term or condit	ion of the Title \	/ general air permit,	my facility has res	mained in com	pliance with DI	EP Rule
62-213.300, Florida Adminis	trative Code (F.A	A.C.), during the peri	od covered by this	s statement.	YES	\square NO
If NO, complete the following				ŕ		
#1. Term or condition of the	general permit t	hat has not been in c	ontinuous complia	ance during the	reporting perio	od stated above:
Exact period of non-compliar	ace: from _			_ to		
Action(s) taken to achieve co	mpliance:					
Method used to demonstrate of	compliance:					
#2. Term or condition of the	general permit t	hat has not been in c	ontinuous complia	ance during the	reporting perio	od stated above:
Exact period of non-compliar	ace: from		to			
Action(s) taken to achieve con	mpliance:					
Method used to demonstrate of	compliance:					
						·
As the responsible official, I h made in this notification are t upon rolling averages of purc year for transfer or combinat	rue, accurate an hase receipts, de	nd complete. Further	, my annual consi	umption of perd	chloroethylene	solvent, based
RESPONSIBLE OFFICIAL	·	JOHNSTON (Places Print)		Simon	Max.	7-18-00
	Name	e (Please Print)		Signature		Date

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

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 X Patricia Addressee D. Is delivery address different from item 1: Yes
Article Addressed to:	If YES, enter delivery address below: ☐ No
AIRS ID # 0310399 SWIFT CLEANERS JAMES JOHNSTON 10601-101 SAN JOSE BLVD	
JACKSONVILLE FL 32257	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	1 1 111 1 1 1 1 1 1 1
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789
	•
US Postal Service (Receipt for Cel	rtified Mall e Provided. onal Mail (See reverse) AIRS ID # 0310399 BBLVD 32257

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CE STICKER AT TOP OF ENVELOPE	SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Resiacted 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 # 0310399 SWIFT CLEANERS JAMES JOHNSTON 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from Item ? Yes If YES, enter delivery address below:
JACKSONVILLE FL 32257	3. Service Type Certified Mail
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SWIFT CLEANERS INC JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257

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JAMES JOHNSTON SWIFT CLEANERS

PS Form 3800, February 2000

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