

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 25, 1996

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

Re: Facility I.D. No. 0310400

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"



Jeb Bush Governor

Department of Environmental Protection

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

David B. Struhs Secretary

February 15, 2002

Mr. Jamie Johnston Swift Custom Cleaners 4114 Herschel Street #111 Jacksonville, Florida 32210

Dear Mr. Johnston:

Thank you for your February 12 letters informing the Division of Air Resource Management of the sale of your four facilities. The status for each has been changed to inactive in our database.

The invoices you received were for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the **preceding** year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that four facilities for Swift Custom Cleaners (AIRS ID #0310397, #0310398, #0310400, and #0310401) were in operation in 2001, the fee for each is now due.

Please call me at 850/921-9583, if you have any questions pertaining to your facility and the Title V General Permit program.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
SANJUAN Cleaners, INC.
2. Site Name (For example, plant name or number):
±10
3. Hazardous Waste Generator Identification Number:
Fer 000 015 917
4. Facility Location:
Street Address: City: 1211 GT (But shove a) County: Duvol Zip Code: 32217
City: 6271 STAGUSTWE DI County: DUVAL Zip Code: 32217
5. Eacility Identification Number (DEP Use ONLY - do not fill in):
0310400
Responsible Official
6. Name and Title of Responsible Official:
Name: Juan Greau Title: Pres.
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 4570 SANJUAN AND. City: The County: During Zip Code: 32210
City: Jax. County: Dwal Zip Code: 32210
8. Responsible Official Telephone Number:
Telephone: (904)981-9994 Fax: (904)981-9012
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
John Dunn Melassa GRAN.
10. Facility Contact Address:
Street Address:
City: 6271 ST Asignstine & County: DWVAL Zip Code: 32210
11. Facility Contact Telephone Number: Telephone: (904) 737 - 7101 Fax: () -

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	ine on-site, please	e provide the following information	ı:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
4/02	Existing/No	ew RC/CA/None required	SANC.
·	Existing/No	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	/.	
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have o	on-site? $[\mathcal{P}/\mathcal{A}]$	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased		
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	· ·
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	carbon adsorber
\sim	roethylene (perc)	have you used within the last 12 moths in)	onths?
(b) If less than 12 mor	ths, how many? [2] months	
Check why it is les	s than 12 months:	New owner: [Left] Did not keep	p records: []
•		New store: [] New machine	;[]
		Unapared store [] (data of a	venoated enoning

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

3. What is the facility's source classifica Indicate with an "X". Select one cl			ound in section (3)	of Part II?
Small Area Source	[大]			
Dry-to-dry machines of Transfer only on-site Both machine types o		(used less than 2	40 gallons of perc 00 gallons of perc 40 gallons of perc	per year)
Large Area Source	[]			
Dry-to-dry machines of Transfer only on-site Both machine types o	•	(used 200 - 1,80	O gallons of perc p O gallons of perc p O gallons of perc p	per year)
4. What control technology is required (Indicate with an "X".)	on machines j	ursuant to section	ı (5) of Part II of t	his notification form?
Existing machines at small area (NONE REQUIRED)	source		achines at small ar rated condenser	rea source
Existing machines at large area Carbon adsorber [Refrigerated condenser [<u>source</u>]]		achines at large are rated condenser	ea source []
5. A facility which contains non-exemp Rule 62-213.300, F.A.C. Verify that all criteria or that no such units exist on-site	steam and he	t water generatin	g units on-site mee	
All steam and hot water generating units No such units on-site	exempt	OR		
How many boilers do you have on-site?				
For each boiler, indicate its horsepower	(HP) rating:	<u> </u>	_]	
What type of fuel do you use? [] propane] No. 2 fue] No. 6 fue	oil []	natural gas No. 4 fuel oil Other (please list)	
6. Equipment Monitoring and Recordke	eping Inform	tion		
Check all logs which are required to be	kept on-site i	accordance with	the requirements	of this general permit:
(a) Purchase receipts and solvent purcha	ses/solvent a	ldition log		,
(b) Leak detection inspection and repair				/
(c) Refrigerated condenser temperature	monitoring			
(d) Carbon adsorber exhaust perc conce	ntration mon	oring	[]	
(e) Startup, shutdown, malfunction plan	l		[]	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Bowman, Sandy

From: Bill Coffman [COFFMAN@coj.net]
Sent: Tuesday, July 06, 2004 2:52 PM

To: Bowman, Sandy Subject: Dry Cleaners

Sandy the following Facilities should be marked inactive as they are either now drop sites , closed or no longer using perc.

The following are now drop sites.

The following sites are closed.

The following sites are no longer using perchloroethylene.

I am still working on the list so please bear with me.We are trying to be certain that these facilities are actually out of business and have not just moved. If I can be of any assistance Please call.

Thanks Bill COffman

#	0	3	/	0400
	_	$\overline{}$	•	

		P. 14	
	·	1. (c) should be marked	
1.	Facility Owner/		
	SWIFT !	3. existing Small area Source should be	
.2.	Site Name (For	Source Should be	
	SHAM RO	mar Ked	
3.	Hazardous Wa	P.15	
	FC	4. Should not be marked	
4.	Facility Locati	1 Stranger	
	Street Address City: TACK		2217
		•	23 1)
5. a,	Facility Identi		Takasa a mulijasa di dibiri
	95 d		10400
6.	Name and Tit		
	JAME		
7.	Responsible -	· · · · · · · · · · · · · · · · · · ·	
		m: SWITT CRANERS	
	•		Code: 32257
	City: TACKSOC	vulle County: (DUVAC) Zip (
8.		icial Telephone Number:	
	Telephone: (904) 262 - 4276 Fax: (904) 262 - 33"	75

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):								
SHERRY ALTICE	MAX	IAGEA						
10. Facility Contact Address: 627/	5T. Au	gistine 1	POAD		,			
Street Address: City: TACK SONLI	County:	DYVAC	Z	ip Code:	32217			
11. Facility Contact Telephone Number: Telephone: (904) 737 - 3 2 p	0	Fax: ()	-				

RECEIVED

SEP 5 1446

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

I. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
i. Tueling Switch company Name (Name of corporation, agoney, or marriage owner).
SWIFT CLEANERS INC.
2. Site Name (For example, plant name or number):
SHAM RUCK CLEANERS
3. Hazardous Waste Generator Identification Number:
FLR 0000 15917
4. Facility Location:
Street Address: 6271 ST. AUSUS TINE BOAD City: JACKSONULIE County: DYNAC Zip Code: 32217
City: JACKSONCI ILE County: DYVAC Zip Code: 32217
5. Facility Identification Number (DEP Use):
9502417 0310400
Responsible Official
6. Name and Title of Responsible Official:
· · · · · · · · · · · · · · · · · · ·
JAMES JOHNSTON PRESIDENT 7. Responsible Official Mailing Address: Organization/Firm: Scull=T CKANERS IN Street Address: 10601-101 5 AN JOSE BINK
7. Responsible Official Mailing Address:
Organization/Firm: Scull=T CRANERS D
· · · · · · · · · · · · · · · · · · ·
City: TACKSONUITC County: DOVAC Zip Code: 3225)
8. Responsible Official Telephone Number:
Telephone: (904) 262 - 4276 Fax: (904) 262 - 3379
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: 6371 ST. Augustine Rom
10. Facility Contact Address: 6271 ST Acats FINE ROAD
Street Address: City: TACKSONLI County: DYVAC Zip Code: 32217
City: JACKSONLI County: DYVAC Zip Code: 3301)
11. Facility Contact Telephone Number:
Telephone: $(904)737 - 3210$ Fax: ()
RECEIVED
NECLIAED.

SEP 5 1996

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Facility Information

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

		Date	Date	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-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	11	1-1-90	1-1-90						
(2) w/ carbon adsorber									
(3) wi no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber						,			
(6) w/ no controls					Ì	-			
Dryer Unit			•					•	
(7) w/ ref. condenser				l					T
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					<u> </u>	 			
(10) w/ ref. condenser									
(11) w/carbon adsorber							,		
(12) w/ no controls					-				
						•			
(b) Control devices are	requ	ired, but not	yet installed	[]				
(V					
(c) No control devices	are r	equired to be	installed [_	<u> </u>					
2// 11/1	_		.1 1 .	,		.1 . 1		4b - 0	
2.(a) What was the total of			proetnylene (perc)	purchased if	n the latest 12	. mor	ius?	
[95]	gand	ons							
(h) If loss than 12 mans	ha h	ſ	6 i						`
(b) If less than 12 mont Check why it is less	ns, n	ow many?	Monus	ιV	1 Nove stone	.r In:d	l		г 1
Check why it is less	s uian	12 monus:	new owner:	4	New Store	<i>D</i> id	not k	eep records:	
						•			
3. What is the facility's so	urca	classification	based on the	dafi	initions found	d in section (3) of	Dart 119	
(Indicate with an "X".					intions round	in section (.) 01	i ait ii:	
(mulcate with all A.	36166	t one classifi	cation only.)						
Existing small ar	ea co	urce [X]	Νlα		nall area sour	rce [1		
Laisting sindii di	ca 30	~~~	140	· 44 211	ian area soul		J		
Existing large are	יחפ מפ	irce [Mil	N _a	w la	rge area sour	ce ſ	l		
Existing image and	JE 301		140	, ,, ,,,,,	.5- area 30an		I		
		1/ //							

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines p (Indicate with an "X".) 	ursuant 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 []	
	·
•	
	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	ave a total heat input of 10 million BTU/hr or less (298 tural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
	•
•	
Equipment Monitoring ar	d Recordkeeping Information
Check all logs which are required to be kept on-site in	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	$\stackrel{\smile}{\times}$
(d) Carbon adsorber exhaust perc concentration monit	
(e) Instrument calibration	
C) Instrument canoration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

lease indicat	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)
K	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, 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 is 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	mptly notify the Department of any changes to the information contained in this notification.
Signature	8.30.96 Date
	17 (XIllux 2-24-9)

rised		

AIRS ID#: 03/0400

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				·	
facility name:SL	amrack	Cleans	ers	DA	TE: 2/26/97
FACILITY LOCATION: 6	271 St.	August	ine Rd.	·	·
Jack	Sorville	, FL :	32217		
Annual Reporting Period:	Ptember	<u>5</u> _1	94 то _	Feb. 26	19 <u><i>9</i>7</u>
Based on each term or condition of the 62-213.300, Florida Administrative Coo	_	-	•	<u> </u>	h DEP Rule
If NO, complete the following:					
#1. Term or condition of the general pe	ermit that has not	been in conti	nuous compliance o	luring the reporting	period stated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:					<i>.</i>
Method used to demonstrate compliance	e:	_		,	,
#2. Term or condition of the general pe	ermit that has not	been in conti	nuous compliance o	luring the reporting	period stated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance	e:				
As the responsible official, I hereby cer made in this notification are true, accur upon rolling averages of purchase rece year for transfer or combination faciliti	rate and complete ipts, does not exc	e. Further, my	annual consumpti	on of perchloroethyl	ene solvent, based
RESPONSIBLE OFFICIAL:	Name (Please P		Lifat	ignature /	<u>2·26-97</u> Date
JA:	MES JUHN	•		Minh	Date 27-93
			10X		

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
SWIFT CLEANERS INC.
2. Site Name (For example, plant name or number):
SHAM RUCK CLEANERS
3. Hazardous Waste Generator Identification Number:
FLR 0000 15917
4. Facility Location: Street Address: 63.7/ ST. AUGUS TINE ROAD
City: JACISSON 110 County: DAVA C Zip Code: 32217
, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
5. Facility Identification Number (DEP Use):
9502417 0310400
Responsible Official
6. Name and Title of Responsible Official:
JAMES JOHNSTON PRESIDENT
1 7 December 11.1. OCC - 1.1 Marilion A. J. Janese
Organization/Firm: SWII-T CKANERS IN Street Address: 10601-101 5 AN JOSE BING
City: JAckScare/1c County: DOVAC Zip Code: 3225)
8. Responsible Official Telephone Number:
Telephone: (904) 262 - 3379
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SHERRY ALTICE MANAGER
10. Facility Contact Address: 6271 ST. Augustine ROAD
Street Address:
City: JACKSOMILL County: DYVAC Zip Code: 32217
11. Facility Contact Telephone Number:
Telephone: $(90\cancel{7})737 - 3210$ Fax: () -
DECELVES
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SEP 5 1996

Bureau of Air Monitoring & Mobile Sources

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出 0310400

P.14
1.(c) should be marked
3. existing Small area
Source Should be
marked

0.15 4. Should not be marked

CHV: BOSE

300 6 198

gniros (1946-1636) — 3 goldus (1946-1636)

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#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	#1	1-1-90	1-1-90						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									<u> </u>
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls					ŀ				
Dryer Unit					-			-	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls						-			
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? 									
[95]	gallo	ns			Full 1.1.				
(b) If less than 12 months, how many? [6] months Check why it is less than 12 months: New owner: [7] New store: [7] Did not keep records: [7]									
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)									
Existing small ar			Ñe	w sm	nall area sour	ce []		
Existing large are	ea sou	ırce	Ne	w lai	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber Refrigerated condenser
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
K	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements 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 this and conditions of this general permit as set forth in Part II of this notification form.
l will proi	mptly notify the Department of any changes to the information contained in this notification.
Signature	8-30-96 Date

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗸	COMPLAINT/	DISCOVERY	RE-INSPE	CTION
TIME IN: 1145	TIME OUT:	1150	AIRS ID#:	03/0400	
TYPE OF FACILITY:	ry Cleaner				
FACILITY NAME:SA	amrock Clear	nels		DATE: 2/2	26/97
FACILITY LOCATION:	6271 St. A	ugustine	Rd.		
Jack	kson ville, FL	32217			
RESPONSIBLE OFFICIAL:	James Johns	ton	PHONE NUMB	ER: <u>(904) 262-9</u>	4276
	he compliance requirements ule 62-213.300, Florida Ad			e facility is found to	be in
Based on the results of the discrepancies were noted	he compliance requirement d:	s evaluated durin	g this inspection, th	e following complian	nce
COMPLIANCE REQU	IREMENT/PROBLE	M FO	OLLOW-UP AC	CTION REQUIR	EED
-	<u> </u>				_
· 					
· · · · · · · · · · · · · · · · · · ·					
•					
COMMENTS:					
		•		•	
					·
The Annual Compliance Certific	ation form has been properl	y certified and su	bmitted to the inspe	ector. YES	NO
DATE OF NEXT INSPECTION	N:	ebruany	26,199	· · · · · · · · · · · · · · · · · · ·	
	Tall.	(Approximate	() () () () () () () () () () () () () (·	
INSPECTION CONDUCTED	BY: JETTY	ey Winter (Please Print	<u>, </u>		_
INSPECTOR'S SIGNATURE:	Jeffry Um	tes	, PHONE NUMB	er: <u>(904)630</u>	0-3484
	Pag	geof		•	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	4 0	COMPLAINT/DISCOVERY	<i>r</i>
AIRS ID#: 03/0400 FACILITY NAME: FACILITY LOCATION:	Shamrock	Clean August	ers ine Rd.	://50
PART I: NOTIFICATION				
(check appropriate box)				
Existing facility notified DA	RM by 9/1/96			4
2. New facility notified DARM	•	up		Q
3. Facility failed to notify DAR	-	-		a l
PART II: CLASSIFICATIO	N		· · · · · · · · · · · · · · · · · · ·	
Facility indicated on notificat (check appropriate box)	ion form that it is:			
A. 1. Existing small area soundry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	/r /	2. New small a dry-to-dry only, transfer only, x both types, x<1 (constructed on	x<140 gal/yr <200 gal/yr	
3. Existing large area soundry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/yr gal/yr l/yr</td><td>transfer only, 20 both types, 140</td><td>140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>	00 gal/yr gal/yr l/yr	transfer only, 20 both types, 140	140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>	
This is a correct facility classif	īcation	DY MEN		
If no, please check the appropr	riate classification:			
	ied for a general perm ds above limits and is	_		
B. The total quantity of perchl facility was		chased within t	he preceding 12 months by this	s dry cleaning

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Y	N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	NA
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	□N	NIA
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	ŒN/A
	Is the perc concentration equal to or less than 100 ppm?	\square_{Y}	□N	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ПN	NA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□и	ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	₫N/A

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

PART VI: LEAK DETECTION AND REPAIRS	_/	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	L Y	ПИ

2.	Which method of detection is used by	the respon	sible official?			
	Visual examination (condensed s	olvent on	exterior surfaces)		K/	
	Physical detection (airflow felt th	rough gas	skets)	•	4/	
	Odor (noticeable perc odor)					
	Use of direct-reading instrument	ation (FID	/PID/calorimetric	tubes)	d	
	If using direct-reading instrum	entation,	is the equipment:	:		.
	a. Capable of detecting	perc vapo	r concentrations in	n a range of 0-500 ppm?	tery 🗆	N ,
	b. Calibrated against a (PID/FID only)?	standard g	as prior to and aft	er each use	DY/6	N
	c. Inspected for leaks ar	nd obvious	signs of wear on	a weekly basis?		N
	d. Kept in a clean and s	secure area	when not in use?		t Y o	N
	e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?		N
3.	Has the facility maintained a leak log?				ØY O	N
4.	Does the responsible official check the	following	areas for leaks?			
	Hose connections, fittings, couplings, and valves	ďY	_ п	Muck cookers	<u>GY</u>	ПN
	Door gaskets and seating	ZZY	□N:	Stills	G Y	□N
	Filter gaskets and seating	G Y	□N	Exhaust dampers	OY	וע□
	Pumps	LEY	□N	Diverter valves		∙□и
	Solvent tanks and containers		□N	Cartridge filter housings	Y	□и
	Water separators	TO Y	□и			

Name of Responsible Official

Seffrey Winter

Inspector's Name (Please Print)

Affirm Winter

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMAT	ION:		
	_	_	
		•	
	•		
:			
·			

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Pag/

AIRS ID#:	03/0400

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	_	01		1 /-0
FACILITY NAME:Sha	mrock	Cleaners		DATE: 7/23/98
FACILITY LOCATION: <u>62</u>	71 57-1	Augustine K	el	
		FL 3221		
	SON VIIIX	160 120		
Annual Reporting Period: Febr	vary 20	e19 <u>97</u>	to July	<u>23, 1998</u>
Based on each term or condition of the T	itle V general a	ir permit my facility h	nas remained in compliance	with DEP Rule
62-213.300, Florida Administrative Cod	_	-		
If NO, complete the following:				
#1 Town or one divisor of the general res		· bass is continuous co	ampliance during the record	
#1. Term or condition of the general per	mit that has not	been in continuous co	omphance during the report	ing period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance				
#2. Term or condition of the general per	mit that has not	been in continuous co	ompliance during the report	ng period stated above:
				0 P
<u>```</u>			DECE	IVFD
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:			AUG ·	0 1998
Method used to demonstrate compliance			Rureau of	Air Monitoring
Method used to demonstrate compliance		,		le Sources
As the responsible official, I hereby cert	ify hased on int	formation and helief fo	rmed after reasonable inau	iry that the statements
made in this notification are true, accure				
upon rolling averages of purchase receip				
year for transfer or combination facilitie	·s.		MAT	gar en mile
	mes John		MANAY.	<u> </u>
	Name (Please P		Signature	Date

Page _____ of _____

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	NO O	COMPLAINT/DISCOVERY	
AIRS ID#: <u>03/0400</u> FACILITY NAME:			IN: 1200 TIME OUT:	1220
•			_	
FACILITY LOCATION:	6211 J	T. HUGU	strul red.	
<u> </u>	JACKSON	VILL , F	C 32217 phone: <u>904-262-</u>	
RESPONSIBLE OFFICIAL :	James)	Ohnston	PHONE: <u>904-262-</u>	1276
CONTACT NAME:	Sherri AH	tice.	PHONE: 904-737-	32/0
PART I: NOTIFICATION				
(check appropriate box)				4
1. New facility notified DARM		•		×
2. Facility failed to notify DAR	M to use general per	mit		0
PARTIE OF ACCIDICATION	*			
PART II: CLASSIFICATION Facility indicated on notificati			- □ No notification form	
Facility indicated on notificati (check appropriate box)			□ No notification form □ Drop store/out of business/p	etroleum
Facility indicated on notificati	ion form that it is: rce	2. New small a dry-to-dry only, transfer only, x both types, x < 1 (constructed on	☐ Drop store/out of business/p rea source x < 140 gal/yr < 200 gal/yr	etroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: rce /yr rce 100 gal/yr gal/yr gal/yr	dry-to-dry only, transfer only, x both types, x < 1 (constructed on 4. New large a dry-to-dry only, transfer only, 20	□ Drop store/out of business/p rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $12/9/91$) rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$	etroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g	ion form that it is: rce /yr rce 100 gal/yr 00 gal/yr gal/yr	dry-to-dry only, transfer only, x both types, x < 1 (constructed on 4. New large at dry-to-dry only, transfer only, 20 both types, 140	□ Drop store/out of business/p rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $12/9/91$) rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$	etroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classified in the please check the analysis of facility of the property of	rce	dry-to-dry only, transfer only, x both types, x < 1 (constructed on 4. New large at dry-to-dry only, transfer only, 20 both types, 140 (constructed on constructed on the state of the stat	□ Drop store/out of business/p rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 10 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine	etroleum

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? Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN MN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? XXY 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 XXY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated May □n condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after XXY □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?	MY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אַ אם אם	(N/A
	Is the temperature differential equal to or greater than 20° F?	DY ON X	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?	של אם עם	ÍN/A
	Is the perc concentration equal to or less than 100 ppm?	DA ON A	[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,	-1 -11 -	ų.
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	אל אם צם	ÍN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	א אם צם	N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	א מם צם	Ņ/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: MY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY ON ON/A and parts installed w/in 5 days of receipt? DY DN MN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XXVA 5. Maintained exhaust duct monitoring data on perc concentrations? MD YX 6. Maintained startup/shutdown/malfunction plan? OY ON XIN/A 7. Maintained deviation reports? □Y □N ŒN/A Problem corrected? □Y □N XNA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

	TRI VI. LEAR DETECTION AND	1011110			
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			Y	□N
2.	Has the facility maintained a leak log	•		X	□N
3.	Does the responsible official check the	following areas for le	aks?	1	
	Hose connections, fittings, couplings, and valves	TAY ON ON/A	Muck cookers	X	□N □N/A
	Door gaskets and seating	TAY ON ON/A	Stills	XX	□N □N/A
	Filter gaskets and seating	Y ON ONA	Exhaust dampers	AX	□N □N/A
	Pumps	TAY ON ON/A	Diverter valves	XY	□N □N/A
	Solvent tanks and containers	AN ON ONA	Cartridge filter housings	X	□N □N/A
	Water separators	DY ON ONA			
4.	Which method of detection is used by	the responsible official	?	-	
	Visual examination (condensed solvent on exterior surfaces)			A	
	Physical detection (airflow felt through gaskets)			0 X X X	
	Odor (noticeable perc odor)			\$	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector			A	
	If using direct-reading insti	rumentation, is the eq	uipment:	MA	A
	a. Capable of detecting	perc vapor concentrati	ons in a range of 0-500 ppm?	ПY	□N
	b. Calibrated against a (PID/FID only)?	standard gas prior to a	nd after each use	ΠY	□N
	c. Inspected for leaks ar	nd obvious signs of wea	ar on a weekly basis?	\Box Y	□N
	d. Kept in a clean and s	ecure area when not in	use?	$\Box Y$	□N
	e. Verified for accuracy	by use of duplicate sar	nples (calorimetric only)?	\Box Y	□N
-					

Jeff Winter	7/23/98
Inspector's Name (Please Print)	Date of Inspection
Jeffen White	July, 1999
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	

DRY CLEANER AIR QUALITY GENERAL PERME u of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0310400 SWIFT CLEANERS INC JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257 Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 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

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

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

RESPONSIBLE OFFICIAL: Name (Please Print)

Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

Exact period of non-compliance: from

Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

Signature

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	INSPECTIO	N SUMMAR)	REPURI	V
TYPE OF INSPECTION:	ANNUAL X	COMPLAINT	DISCOVERY	RE-INSPECTION
TIME IN: 1200	TIME OUT:	1220	AIRS ID#:	03/0400
TYPE OF FACILITY: \mathcal{L}	My Cleanes			
FACILITY NAME:	Shamrock	Cleaner	5	DATE: 7/23/28
FACILITY LOCATION:	6271 Sto 1	Augustine	Rd.	
	Jacksonvill	e, FC	32217	
RESPONSIBLE OFFICIAL:	James Joh	inston	PHONE NUMBER	904-262-4276
	he compliance requirementule 62-213.300, Florida A			cility is found to be in
Based on the results of the discrepancies were noted	he compliance requirement:	its evaluated durin	g this inspection, the fo	llowing compliance
COMPLIANCE REQU	IREMENT/PROBL	EM F	OLLOW-UP ACT	ION REQUIRED
	<u>.</u>		-	
	_			
	_			
	·			
			•	
COMMENTS:			· .	
m + 10 1 0 15				
The Annual Compliance Certifica		rly certified and su	ibmitted to the inspector	r. YESX NO
DATE OF NEXT INSPECTION	٧:	(Approximate	<u>, 1777 </u>	
INSPECTION CONDUCTED E	BY:		nter:	
INSPECTOR'S SIGNATURE:_	Jeffy !	(Please Print	•	904-630-2800
	/ // Pa	geof		Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Z COMPLAINT	DISCOVERY
	RE-INSPECTION	'	
	,		
AIRS ID#: <u>03/0400</u>	DATE: 8/5/99	TIME IN: 1020	аўіме очт: /040
FACILITY NAME:	hamrock Cl	leaners	K.
FACILITY LOCATION:		co 0)	No. C.
	Jacksonville	, FL 32215	79
RESPONSIBLE OFFICIAL :	. 1		4-262-4276
CONTACT NAME:	heri Altice	PHONE: 98	8/3037-32/0
PART I: NOTIFICATION			
			4 40 40 40 40 40 40 40 40 40 40 40 40 40
(check appropriate box)			
1. New facility notified DARM 3			74
2. Facility failed to notify DARN	1 to use general permit		
			
PART II: CLASSIFICATION		10.10	
Facility indicated on notification	n form that it is:	☐ No notification	on form
(check appropriate box)		☐ Drop store/ou	t of business/petroleum
A. 1. Existing small area source	. 7 2 N	Jew small area source	
dry-to-dry only, $x < 140$ gal/vr		to-dry only, x < 140 gal/yr	J
transfer only, $x < 200 \text{ gal/yr}$		sfer only, $x < 200 \text{ gal/yr}$	
both types, $x < 140 \text{ gal/yr}$	t L	types, $x < 140 \text{ gal/yr}$	
		• •	
(constructed before 12/9/91)		structed on or after 12/9/91)	
(constructed before 12/9/91)	(cons	structed on or after 12/9/91)	
	(cons	• •	П al/ут
 (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 	(cons 2 4. N 30 gal/yr dry-trans	structed on or after $12/9/91$) [Sew large area source to-dry only, $140 \le x \le 2,100$ g. after only, $200 \le x \le 1,800$ gal/	al/yt
(constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga	(cons 2 4. N 30 gal/yr dry-to gal/yr trans l/yr both	structed on or after $12/9/91$) New large area source to-dry only, $140 \le x \le 2,100$ gal/ster only, $200 \le x \le 1,800$ gal/stypes, $140 \le x \le 1,800$ gal/yr	al/yt
(constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2.10$ transfer only, $200 \le x \le 1,800$	(cons 2 4. N 30 gal/yr dry-to gal/yr trans l/yr both	structed on or after $12/9/91$) [Sew large area source to-dry only, $140 \le x \le 2,100$ g. after only, $200 \le x \le 1,800$ gal/	al/yt
(constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga	(cons e 4. N dry-to gal/yr trans l/yr both (cons	structed on or after $12/9/91$) New large area source to-dry only, $140 \le x \le 2,100$ gal/ster only, $200 \le x \le 1,800$ gal/stypes, $140 \le x \le 1,800$ gal/yr	al/yτ yτ
 (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no, please check the ap facility 	(consider the consider the consideration that consider the consideration that consider the consideration that consideration the consideration that consideration that consideration the consideration that consideration	structed on or after $12/9/91$) New large area source to-dry only, $140 \le x \le 2,100$ gal/ster only, $200 \le x \le 1,800$ gal/stypes, $140 \le x \le 1,800$ gal/yr structed on or after $12/9/91$) \square Can not determine	al/yr yr nine

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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,	appropriate contest	
1.	Equipped all machines with the appropriate vent controls?	XY DN
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	XY DN DN/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY DN MANA
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	AY DN
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	YY ON ON/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	YY DN

E	3. 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?	À □N
2	. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON YAN/A
	Is the temperature differential equal to or greater than 20° F?	DY DN XXIA
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?	DY DN OAN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON MIN/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?	DY DN YN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MIN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN XVA

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: XY ON ONA 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? 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? DY DN MN/A XY □N 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN XXVA DY DN MN/A Problem corrected? 8. Maintained compliance plan, if applicable? □Y □N **X**N/A

PART VI: LEAK DETECTION ANI	REPAIRS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			MD VA	
2. Has the facility maintained a leak log	g?		Уду □и	
3. Does the responsible official check th	e following areas for leak	s?	1	
Hose connections, fittings, couplings, and valves	AND NO YES	Muck cookers	YY ON ON/A	
Door gaskets and seating	ATY ON ON/A	Stills	XY ON ON/A	
Filter gaskets and seating	AND NO THE	Exhaust dampers	OY ON XXV/A	
Pumps	Y ON ON/A	Diverter valves	OY ON MINA	
Solvent tanks and containers	AND NO DN/A	Cartridge filter housings	AVO NO YA	
Water separators	AND NO NA			
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed	solvent on exterior surface	es)	×	
Physical detection (airflow felt t	hrough gaskets)		×	
Odor (noticeable perc odor)			P X V	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			á	
Halogen leak detector				
If using direct-reading inst	If using direct-reading instrumentation, is the equipment:			
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 a	nd obvious signs of wear o	n a weekly basis?	□Y □N	
d. Kept in a clean and	secure area when not in us	e?	□Y □N	
e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	□Y □N	
Jeff Win	ter	9/51	199	
Inspector's Name (Please Pri	nt)	Date of Inspe	ction	

4 of 5

Revised 9/15/97

August, 2000
Approximate Date of Next Inspection

ADDITIONAL S	SITE INFORMATI	ION:				
			•			
				•		
					,	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPL	AINT/DISC	COVERY _	RE-INSPE	CTION
TIME IN:	20 TIME OUT:		1040	AIRS ID#:	03/0400)
TYPE OF FACILITY:	77 0 -	kaner				
FACILITY NAME:	Shamvock	Clear	ners	<u> </u>	DATE: \(\frac{\frac{1}{2}}{2}\)	5/9
FACILITY LOCATION:	6271 St.	Augus	stine	Rd.	<u> </u>	
	DackSon	ville,	FL	3221	0 1/ 0/1	2 (- 2)
RESPONSIBLE OFFICIAL:	James J	Ohusta	P. P.	HONE NUMBER	: 904-202	-4216
	he compliance requiremenule 62-213.300, Florida A				acility is found to	be in
Based on the results of the discrepancies were noted	he compliance requirement:	nts evaluate	d during this	s inspection, the f	ollowing compliar	ice
COMPLIANCE REQU	IREMENT/PROBL	EM	FOLI	OW-UP ACT	TON REQUIR	ED
						-
	,					
	-					-
			_			
COMMENTS:				_	<u> </u>	
The Annual Compliance Certific	ation form has been prope	erly certified	and submit	ted to the inspect	or. YES	NO
DATE OF NEXT INSPECTIO	N:	Approx	<i>UST) (</i> oximate)	×000	<u> </u>	
INSPECTION CONDUCTED	ву: <u>Ге</u>	eff.	Winte		<u></u>	
INSPECTOR'S SIGNATURE:	affing	Wind Wind	e Print)	HONE NUMBEI	R: 904/630	-3484
		ageof_	<u></u>		,	Revised 10/96

ARSID# 03×0400

AUG 09 1999 >

AIR & WATER QUALITY
DIVISION - CITY OF
UACKBONVILLE

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AVCKEONAITTE	
FACILITY NAME: Shamrock Cleaners	DATE: 8/5/99
FACILITY LOCATION: 627/ St. Augustine	Rd.
Jacksonville, FL	32217
Annual Reporting Period: 50/y 23, 1998	то <u>August 5, 1999</u>
Based on each term or condition of the Title V general air permit, my facility	has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered	by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous	compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	·
#2. Term or condition of the general permit that has not been in continuous	compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	·
As the responsible official, I hereby certify, based on information and belief	
made in this notification are true, accurate and complete. Further, my annu upon rolling averages of purchase receipts, does not exceed 2,100 gallons per	
year for transfer or combination facilities.	A Joseph Marie Mar
RESPONSIBLE OFFICIAL: J.G. JOHNSTON	08/06/99
Name (Please Print)	Signature Date

Page of .

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

Best Available Copy

PERCHLOROETHYLENE DRY CLEA

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

/	TYPE	OF	INSPECTION:

ANNUAL

RE-INSPECTION

AIRS ID#: 03/0400 DATE: 7/11/2000 TIME IN:

FACILITY NAME: Samfock

FACILITY LOCATION:

Tohuston_phone: 904) RESPONSIBLE OFFICIAL:

CONTACT NAME:

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box) A.

- ☐ No notification form
- ☐ Drop store/out of business/petroleum

1. Existing small area source

dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/vrboth types, x < 140 gal/yr(constructed before 12/9/91)

2. New small area source

dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr(constructed on or after 12/9/91)

3. Existing large area source

dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91)

4. New large area source

dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, 200 < x < 1,800 gal/yrboth types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)

- 5. This is a correct facility classification
- $\square N$ □Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number
- facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was \mathcal{O} gallons.

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

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?	ΠY	□N	M/A M/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N	N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠN	M/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ΠN	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 expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	□N	X N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□и •	X N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	M N/A

PART V: RECORDKEEPING REQUIREMENTS

TAKI V. RECORDREET ING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	XY DN
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;	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 MAN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MAN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XIN/A
6. Maintained startup/shutdown/malfunction plan?	ATY DN
7. Maintained deviation reports?	OY ON XIN/A
Problem corrected?	□Y □N Y≦ N/A
8. Maintained compliance plan, if applicable?	OY ON MAN/A

H	PART VI: LEAK DETECTION AND	REPA	RS					
1	. Does the responsible official conduct	a weekl	y (for	small sou	rces, bi-weekly) leak detection a	nd rep	air	
	inspection?					Y		IN
2	2. Has the facility maintained a leak logs	•				Y		IN
3	3. Does the responsible official check the	e follow	ing a	reas for lea	aks?	'		
	Hose connections, fittings,	4					\	 .
	couplings, and valves	A A	ЦN	□N/A	Muck cookers	ШY	□и `	N/A
	Door gaskets and seating	Y	□N	□N/A	Stills	X	□N	□N/A
	Filter gaskets and seating	A	□N	□N/A	Exhaust dampers	ПY	□N Ì	N/A
	Pumps	A Y	ΠN	□N/A	Diverter valves	ΠY	□N]	N/A
	Solvent tanks and containers	A Y	□N	□N/A	Cartridge filter housings	X	□N	□N/A
	Water separators	Y	ΠN	□N/A				
4	. Which method of detection is used by	the resp	onsib	le official	?			
	Visual examination (condensed	solvent	on ex	terior surf	aces)	A		
	Physical detection (airflow felt t	hrough	gaske	ts)		A		
	Odor (noticeable perc odor)					DATE O		
	Use of direct-reading instrument	ation (F	ID/PI	D/calorim	etric tubes)	à		
	Halogen leak detector							
	If using direct-reading inst	rument	ation	, is the eq	uipment:	Z	Α	
	a. Capable of detecting	perc va	por c	oncentrati	ons in a range of 0-500 ppm?	ΩY	ΠN	
	b. Calibrated against a	standaro	d gas	prior to an	d after each use			
	(PID/FID only)?					ПY	ΠN	
	c. Inspected for leaks a			_	•	ПY	ΠN	
	d. Kept in a clean and s	secure a	rea w	hen not in	use?	ПY	ΠN	
	e. Verified for accuracy	by use	of du	iplicate sa	mples (calorimetric only)?	ПY	ΠN	
	Test Winte							
_	Inspector's Name (Please Pri	•			Date of Inspection			
	1.4 11 A	_			1			,
_	My Writs					12	""	
	In pector's Signature				Approximate Date of 1	next Ir	aspecti	on

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

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT	//DISCOVERY	RE-INSPECTION	
TIME IN: 1215	TIME OUT:	1225	AIRS ID#:	03/0400	
TYPE OF FACILITY:	rc. Dry Ckan	ec'			
FACILITY NAME:	77	eaners		DATE: 7-11-2	000_
FACILITY LOCATION:		gustine	Kd.	· .	
	Jacksonville,	<u> </u>	EU /	Pul as a Usi	~
RESPONSIBLE OFFICIAL:	James Johnson	1011	PHONE NUMBE	ER: <u>904-262-42</u>	16
	the compliance requirements			facility is found to be in	
Based on the results of discrepancies were note	the compliance requirements	s evaluated duri	ng this inspection, the	following compliance	
COMPLIANCE REQU	UIREMENT/PROBLE	M F	OLLOW-UP AC	TION REQUIRED	
,					
					
COMMENTS:					
			1 10 1 1		$\overline{}$
The Annual Compliance Certific		ly certified and s	Submitted to the inspec	tor. YES NO	
DATE OF NEXT INSPECTIO)N:	(Approxima	<u>~~~/</u> te)		
INSPECTION CONDUCTED	BY:	A Wir	nter		
	n. # 1	(Please Prin	ıt)	aul.	
INSPECTOR'S SIGNATURE	:GMM	Milo	PHONE NUMBE	R: <u>904/630-/2</u>	12
	Pa	$_{\rm ge}$ /of /		Revisor	ad 10/96

AIRS ID#: 03/0400 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Shamrock Cleaner	5		DATE: 7/11/2000
FACILITY LOCATION:	6271 St. Augustia	ne Rd.		, ,
	Jack sonville, FL	32217		
Annual Reporting Period:	August 5,	_19 <u>99</u> TO	Just 1	July 11, , 200
	n of the Title V general air permit, ative Code (F.A.C.), during the peri		<u> </u>	
If NO, complete the following:				
#1. Term or condition of the ge	eneral permit that has not been in co	ontinuous complia	nce during the repo	rting period stated above:
Exact period of non-compliance	e: from	_	to	
Action(s) taken to achieve comp	pliance:			
Method used to demonstrate con	mpliance:			
#2. Term or condition of the ge	eneral permit that has not been in co	ontinuous complia	nce during the repo	rting period stated above:
Exact period of non-compliance	:: from	to		
Action(s) taken to achieve comp	oliance:			
Method used to demonstrate cor				
ividuod used to demonstrate con	<u> </u>			
made in this notification are tru	•	my annual consu	mption of perchlore	oethylene solvent, based
RESPONSIBLE OFFICIAL:	JAMIE JOHNSTON	<u>X</u> -		ne 7-18-00
	Name (Please Print)		Signature	Date
		<u> </u>	177	

^{*}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.

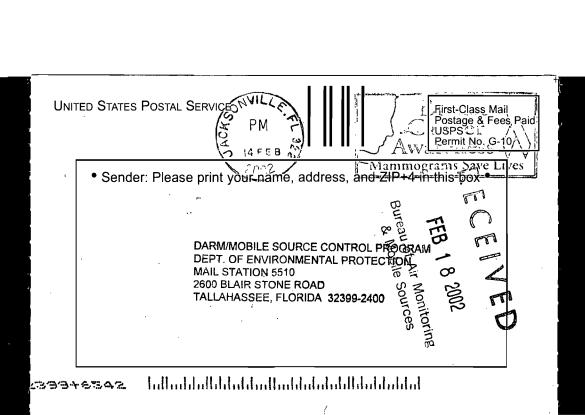
}	SENDE O1 adolanua 10 dol 1ano auli 18 pic Complete Compl	I also wish to receive the following services (for an extra fee): 1. □ Addressee's Address 2. □ Restricted Delivery	*
N ADDRESS completed	3. Article Addressed to: AIRS ID#: 0310400 SWIFT CLEANERS INC JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257	4b. Service Type Registered Return Receipt for Merchandise COD Return Receipt for Merchandise	
le vour BETIE	6. Signature (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

.

	P 265 30	133	:
	US Postal Service Receipt for Cer		
	AIRS SWIFT CLEANERS INC JAMES JOHNSTON 10601-101 SAN JOSE I JACKSONVILLE FL 322	BLVD	
	Postage	 \$	ı
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$]
PS Form 3800 , April 1995	Postmark or Date 2//3/	197	

		Service MAIL REC		ed)			
352	The also decided	<u></u>	- <u>-</u>				
40	<u>-</u>	'					
-B	Postage	\$					
1 1 1	Certified Fee		Postmark				
56	Return Receipt Fee (Endorsement Required)		Here .				
00	Restricted Delivery Fee (Endorsement Required)						
00	Total	AIRS ID # 031	 0400	. 1			
8	Recip SHAMROCK CLEANERS						
	JAMES JOHNSTON Street 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257						
2	City, 8 32257	LLLI I L		,			
	PS Fol	NEW XXXIII (S. 1887). T. 1888 (S. 1	<u> </u>	Instructions			

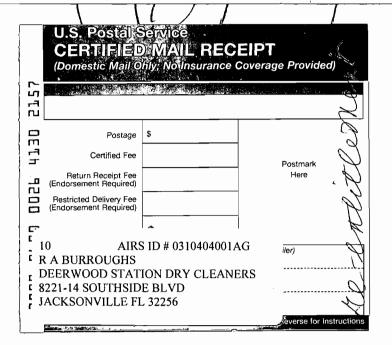
	• -
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIKS ID # US IU400 SHAMROCK CLEANERS JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257	A. Received by (Please Print Clearly) A. Received by (Please Print Clearly) A. Received by (Please Print Clearly) B. Date of Delivery Z // Y Z Z C. Signature Addressee D. Is delivery address different from item 1?
2. Article Number (Copy from service label)	4128 8350
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789



on the reverse side?	 Complete items 3, Print your name are card to you. Attach this form to permit. Write *Return Received. 	4a, and address the fron eipt Required	for additional services. 4b. ss on the reverse of this form t of the mailpiece, or on the busted* on the mailpiece beloow to whom the article was d	oack if spac	e does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
ls your <u>ŔETURI∵ADDRESS</u> completed on th	SWIFT CLEA JAMES JOH 10601-101 SA JACKSONVI	ANERS NSTOI AN JOS	AIRS ID 03104 INC N E BLVD	400	4b. Service Registere Express	Type Indicate the control of the co
Is your <u>RETURN</u>	5. Received By: 6. Signature: (Ac X PS Form 3811,	dress	ee or Agent)	10.	8. Addressee and fee is	
		PS Form 3800 , April 1995	US Postal Service Receipt for Ce SWIFT CLEANERS IN JAMES JOHNSTON 10601-101 SAN JOSE JACKSONVILLE FL 3 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	ANC BLVD 32257		

PLACE STICKER AT TOP OF E	
1 30 401 IV 43 JOHN LETE 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
Article Addressed to:	D. Is delivery address different from item 1? U Yes If //ES/enter delivery address below: U No
AIRS ID# 0310400 SHAMROCK CLEANERS JAMES JOHNSTON	
4114 HERSCHEL ST STE 111	3. Service Type
JACKSONVILLE FL 32210-2200	Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 9373	22931 11111
PS Form 3811, July 1999 Domestic Ref	

OBENNEROBE		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER	Υ
 Complete items 1, 2, and 3. Also complitem 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the mai or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 03104040017 R A BURROUGHS DEERWOOD STATION DRY CLEAN 	C. Signature X D. Is delivery address different from item 1? If YES, enter delivery address below:	Agent Addressee Yes No
8221-14 SOUTHSIDE BLVD JACKSONVILLE FL 32256	Certified Mail	or Merchandise
\	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Copy from service label) 2000060 000 8641 302	157	
PS Form 3811, July 1999	Domestic Return Receipt 10	02595-99-M-1789



	SIICKER AT TOP OF ENVE RIGHT OF RETURN ADD		IIS SE	ECTION ON DEL	IVERY
 Complete items 1, 2, a item 4 if Restricted De Print your name and a 	livery is desired.	A.	Received by (Plea	se Print Clearly)	B. Date of Delivery
so that we can return Attach this card to the or on the front if space	the card to you. back of the mailpiece,	X.	Signature Patricus	it for	☐ Agent Addressee
Article Addressed to:			Is delivery address If YES, enter deliv		
SHAMROCK CLEANERS JAMES JOHNSTON					
10601-101 SAN JOSE BL JACKSONVILLE FL 322	57		Service Type Certified Mail Registered Insured Mail	☐ Express Ma☐ Return Rec☐ C.O.D.	ail eipt for Merchandise
		4.	Restricted Deliver	y? (Extra Fee)	☐ Yes
2. Article Number (Copy from	m service label)	412	608	4	
PS Form 3811 , July 199	9 Domes	tic Return R	leceipt	,	102595-99-M-1789
	U.S. Postal GERTIFIE (Domestic Mail		LECE	PT erage Provided	±)
	Postag			Postmark	
	Return Receipt For Endorsement Require Restricted Delivery For Endorsement Require	d) ee		Here	
	Total Postage & Fee	LEANERS FON JOSE BLV			

IACK SONVILLE FL 32257 Certified Mail Express Mail	 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 # 0310400001AG JAMES JOHNSTON SHAMROCK CLEANERS 	A. Received by (Please Print Clearly) B Date of Deliver C. Signature Addresse D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type
	10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257	Certified Mail
4. Restricted Delivery? (Extra Fee) ☐ Yes	·	4. Restricted Delivery? (Extra Fee) ☐ Yes

		Service D MAIL RECEIP pily, No Insurance Cover			
27,40			A COLOR OF THE PARTY OF THE PAR		
u					
묾	Postage	\$			
7	Certified Fee		Postmark		
2 F	Return Receipt Fee (Endorsement Required)		Here .		
	Restricted Delivery Fee (Endorsement Required)		N		
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