



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

May 9, 1997

Mr. Dennis M. Whelan  
General Manager  
Butler's Cleaners, Inc.  
446 Golfair Boulevard  
Jacksonville, Florida 32206-1968

Re: Facility No.: 0310409

Dear Mr. Whelan:

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

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

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, 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"*

# INTEROFFICE MEMORANDUM

**Date:** 05-Jul-2000 03:58pm  
**From:** Jeff Winter  
winter@coj.net  
**Dept:**  
**Tel No:**

**To:** rick.butler ( rick.butler@dep.state.fl.us )

**Subject:** closed facility

This is to let you know that Harvey's Internation Dry Cleaners (ARMS # 0310395) is closed and no longer in business. Machine is no longer there. Also, today I inspected Butler's Cleaners (ARMS # 0310409). They no longer use their perc. machine and is in fact empty of perc. The machine is disconnected from the electrical connection. They only use their mineral spirit machine. They haven't bought any perc in the past 2 years.

*Inactivated 7/6/00  
CAB  
7/7/2000*

----- TEXT.htm follows -----

<!DOCTYPE HTML PUBLIC "-//W3C//DTD W3 HTML//EN">

<HTML>

<HEAD>

<META content="text/html; charset=iso-8859-1" http-equiv=Content-Type>

<META content="'MSHTML 4.72.3110.7'" name=GENERATOR>

</HEAD>

<BODY bgColor=#ffffff

approx 100

style="FONT: 10pt Arial; MARGIN-LEFT: 2px; MARGIN-TOP: 2px">This is to let you know that Harvey's Internation Dry Cleaners (ARMS # 0310395) is closed and no longer in business. Machine is no longer there. Also, today I inspected Butler's Cleaners (ARMS # 0310409). They no longer use their perc. machine and is in fact empty of perc. The machine is disconnected from the electrical connection. They only use their mineral spirit machine. They haven't bought any perc in the past 2 years. </BODY></HTML>

Clothescare Inc. (Custom Cleaners) ARMS # ~~0310444~~ is no longer a perchloroethylene plant. They are now just a drop store. They have a new plant and are now doing business as Dazzle Cleaners (0310491). Please inactivate Custom Cleaners. Also, Butlers Cleaners (0310409) is no longer using their perchloroethylene machine and have no intentions of using it.

A handwritten signature in cursive script, appearing to read "RUB".

Yes, I called them and talked to Jason Whelan. He said the machine is empty of perc. and that all the steam and electrical connections are disconnected. He said they would send a letter to verify, but I haven't received it yet.

>>> Rick Butler TAL 850/288-1344 <Rick.Butler@dep.state.fl.us> 02/17 4:28 PM >>>

Jeff,  
Have you heard from Butler's Cleaners (0319409) on the perc in their machine?

Thanks  
Rick Butler

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

✓

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 3:00 PM TIME OUT: 3:30 PM AIRS ID#: 0310409  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Butler's Cleaners, Inc. DATE: 6/5/97  
 FACILITY LOCATION: 446 Golfair Blvd.  
Jacksonville, FL 32206-1968  
 RESPONSIBLE OFFICIAL: Dennis Whelan PHONE NUMBER: 904-353-9563

- 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, 1998  
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter  
(Please Print)

INSPECTOR'S SIGNATURE: *Jeffrey Winter* PHONE NUMBER: (904) 630-3484

APPLICATION FOR REFUND FORM  
THE STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Pursuant to the provisions of Section 215.26, or Section \_\_\_\_\_\*, Florida Statutes,  
I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: BUTLER CLEANERS OF GOLFAIR INC  
ADDRESS: 446 GOLFAIR BLVD JACKSONVILLE, FL 32206-0  
FEID OR SS NUMBER:  
AMOUNT: \$50.00 DEPOSIT DATE: 21-AUG-96 DEPOSIT: 970171  
DOCUMENT NUMBER: 41730 SYS RECEIPT#:  
REV OBJECT CODE: 4012 SHORTAGE/OVERAGE

which represents moneys I paid into the State Treasury subject to refund, and to  
substantiate such claim the following facts are submitted:

REASON FOR CLAIM: NO FEE DUE

-----  
CERTIFIED TRUE AND CORRECT this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Applicant's Signature

\*Must be completed if authority is other than Section 215.26, Florida Statutes.

\*\*\*\*\*

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including  
statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information  
to substantiate such claim. \$50.00 was originally deposited into the State Treasury,  
Receipt \_\_\_\_\_, dated \_\_\_\_\_.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720203500137\_\_\_\_\_0000000040000

Statutory Authority for Collection \_\_\_\_\_

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720203500137\_\_\_\_\_00000022000000

\*\*\*\*\*

CERTIFIED TRUE AND CORRECT this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Signature and Title of Authorized Person

\*\*\*\*\*

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION  
SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3  
YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED."  
Three years is interpreted as meaning three years from the date of payment into State  
Treasury.

Perchloroethylene Dry Cleaning Facility Notification

041730

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
KATHRYN A. GUNN / BUTLERS CLEANERS INC

2. Site Name (For example, plant name or number):  
BUTLERS CLEANERS INC

3. Hazardous Waste Generator Identification Number:  
FLD 092-110-959

4. Facility Location:  
Street Address: 446 GOLFAIR BLVD  
City: JACKSONVILLE County: DUVAL Zip Code: 32206-1968

5. Facility Identification Number (DEP Use):  
092110959 0310409

Responsible Official

6. Name and Title of Responsible Official:  
DENNIS M. WHELAN GENERAL MANAGER

7. Responsible Official Mailing Address:  
Organization/Firm:  
Street Address: 446 GOLFAIR BLVD  
City: JACKSONVILLE County: DUVAL Zip Code: 32206

8. Responsible Official Telephone Number:  
Telephone: (904) 353-9563 Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):  
SAME AS #6

10. Facility Contact Address:  
Street Address:  
City: County: Zip Code:

11. Facility Contact Telephone Number:  
Telephone: ( ) - Fax: ( ) -

RECEIVED

SEP 5 1996

Bureau of Air Monitoring & Mobile Sources

RECEIVED

AUG 11 1996

Bureau of Air Monitoring & Mobile Sources

# 0310409

## Butler's Cleaners

- spoke with Jason Whelan -  
10/4/1996 - uses approx. 250 gal./wk.  
= ~13,000 gal./yr. - under limits

p.15 5.(c) not required, mark out  
"X" and initial

- need original signature -  
would also like to change  
R.O.

DAVIDSON

10/10/96

10/10/96



### 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
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	#1	01 SEPT-85	01 SEPT-85						
(1) w/ ref. condenser		01 SEPT-85	01 SEPT-85						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(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?  
 gallons

(b) If less than 12 months, how many?  months  
 Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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  
none*

Existing small area source

New small area source

Existing large area source

New large area source



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

→ FUELED By "PROPANE"

### 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



### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)  
\_\_\_\_\_

No air permits currently exist for the operation of the facility indicated in this notification form.

### Responsible Official Certification

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*



Signature

9/16/96

Date

\*

AIRS ID#: 0310409

*Ace*

RECEIVED

Revised 10/10/96

JUL 1 1997

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

FACILITY NAME: <u>Butler's Cleaners, Inc</u>	DATE: <u>6/5/97</u>
FACILITY LOCATION: <u>446 Goffair Blvd</u>	
<u>Jacksonville, FL 32206</u>	

Annual Reporting Period: September 5 1996 TO June 5 1997

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 formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Jason Whelan *J. Whelan* 6/5/97  
Name (Please Print) Signature Date

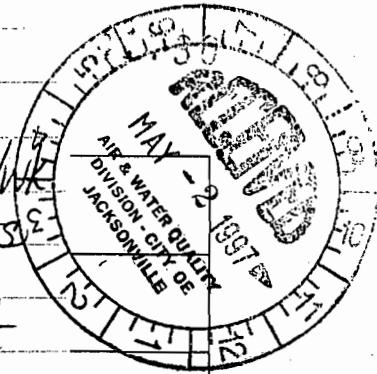
\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

Best Available Copy

# 0310409

Butler's Cleaners

- spoke with Jason Whelan -  
10/4/1996 - uses approx. 250 gal. WK  
= ~13,000 gal. / yr. - under limits



1. Facility Name  
KAT

2. Site Name  
Bu

3. Hazardous  
Fl

4. Facility Location  
Street Address  
City: S

5. Facility ID  
09

p.15 5.(c) not required, mark out "X" and initial

- need original signature -  
would also like to change - -1968  
R.O.

6. Name and Title  
De

7. Responsible Organization  
Street Address  
City: S

8. Responsible Telephone

106

9. Name and Title of Facility Contact (For example, plant manager):  
Same as #6

10. Facility Contact Address:  
Street Address:  
City: County: Zip Code:

11. Facility Contact Telephone Number:  
Telephone: ( ) - Fax: ( ) -

RECEIVED

SEP 5 1996

Bureau of Air Monitoring & Mobile Sources

RECEIVED

AUG 1996

Bureau of Air Monitoring & Mobile Sources

APPLICATION FOR REFUND FORM  
THE STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Pursuant to the provisions of Section 215.26, or Section \_\_\_\_\_\*, Florida Statutes,  
I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: BUTLER CLEANERS OF GOLFAIR INC  
ADDRESS: 446 GOLFAIR BLVD JACKSONVILLE, FL 32206-0  
FEID OR SS NUMBER:  
AMOUNT: \$50.00 DEPOSIT DATE: 21-AUG-96 DEPOSIT: 970171  
DOCUMENT NUMBER: 41730 SYS RECEIPT#:  
REV OBJECT CODE: 4012 SHORTAGE/OVERAGE

which represents moneys I paid into the State Treasury subject to refund, and to  
substantiate such claim the following facts are submitted:

REASON FOR CLAIM: NO FEE DUE

-----  
CERTIFIED TRUE AND CORRECT this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Applicant's Signature

\*Must be completed if authority is other than Section 215.26, Florida Statutes.

\*\*\*\*\*

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including  
statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information  
to substantiate such claim. \$50.00 was originally deposited into the State Treasury,  
Receipt \_\_\_\_\_, dated \_\_\_\_\_.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720203500137\_\_\_\_\_00000000040000

Statutory Authority for Collection \_\_\_\_\_

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720203500137\_\_\_\_\_00000022000000

\*\*\*\*\*

CERTIFIED TRUE AND CORRECT this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Signature and Title of Authorized Person

\*\*\*\*\*

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION  
SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3  
YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED."  
Three years is interpreted as meaning three years from the date of payment into State  
Treasury.

Perchloroethylene Dry Cleaning Facility Notification

41730

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	KATHLEEN A. GUNN / BUTLERS CLEANERS INC		
2. Site Name (For example, plant name or number):	BUTLERS CLEANERS INC		
3. Hazardous Waste Generator Identification Number:	FLD 092-110-959		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	446 GOLFAIR BLVD	JACKSONVILLE	DUVAL 32206-1968
5. Facility Identification Number (DEP Use):	092110959		0310409

Responsible Official

6. Name and Title of Responsible Official:	Jason Whelan General Manager <sup>sl</sup>		
	DENNIS M. WHELAN GENERAL MANAGER		
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City: County: Zip Code:
		446 GOLFAIR BLVD	JACKSONVILLE DUVAL 32206
8. Responsible Official Telephone Number:	Telephone:	Fax:	
	(904) 353-9563	( )	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS #6		
10. Facility Contact Address:	Street Address:	City:	County: Zip Code:
11. Facility Contact Telephone Number:	Telephone:	Fax:	
	( )	( )	

RECEIVED

SEP 5 1996

Bureau of Air Monitoring & Mobile Sources

RECEIVED

SEP 5 1996

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
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	#1	01 SEPT-85	01 SEPT 85						
(1) w/ ref. condenser		01 SEPT 85	01 SEPT 85						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(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?  
 gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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 area source

New small area source

Existing large area source

New large area source



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

→ FUELED BY "PROPANE"

**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

JW

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

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

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)  
\_\_\_\_\_

No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Dennis M. Whelan  
Signature

9/16/96  
Date  
6/5/97



**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

**AIRS ID#:** 0310409 **TIME IN:** 3:00 PM **TIME OUT:** 3:30 PM  
**FACILITY NAME:** Butler's Cleaners  
**FACILITY LOCATION:** 446 Goffair Blvd.  
Jacksonville, FL 32206-1968

**PART I: NOTIFICATION**

(check appropriate box)

1. Existing facility notified DARM by 9/1/96   
 2. New facility notified DARM 30 days prior to startup   
 3. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)

**A.**

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	<input checked="" type="checkbox"/>	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)	<input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>	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)	<input type="checkbox"/>

This is a correct facility classification  Y  N

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

**B.** The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 95 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?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA            |
| 2. Examining the containers for leakage?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA            |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA            |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA            |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> NA |

**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?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            | <input type="checkbox"/> NA |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            | <input type="checkbox"/> NA |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            | <input type="checkbox"/> NA |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?                           | <input type="checkbox"/> Y            | <input checked="" type="checkbox"/> N | <input type="checkbox"/> NA |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            | <input type="checkbox"/> NA |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            | <input type="checkbox"/> NA |

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? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
|--|----------------------------|----------------------------|-----------------------------|

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the temperature differential equal to or greater than 20° F?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Is the perc concentration equal to or less than 100 ppm?	<input type="checkbox"/> Y <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Maintained rolling monthly averages of perc consumption?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	<input checked="" type="checkbox"/> Y <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Maintained calibration data? <i>(for direct reading instruments only)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
6. Maintained startup/shutdown/malfunction plan?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
7. Maintained deviation reports?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Problem corrected?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
8. Maintained compliance plan, if applicable?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly leak detection and repair inspection?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	<input checked="" type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>
Odor (noticeable perc odor)	<input checked="" type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input checked="" type="checkbox"/>

**If using direct-reading instrumentation, is the equipment:**

- 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 and obvious signs of wear 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 samples (calorimetric only)?  Y  N *N/A*

3. Has the facility maintained a leak log?  Y  N

4. The following areas should be checked for leaks by the inspector:

	Leak Detected?			Leak Detected?	
Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Door gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Stills	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Filter gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Pumps	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Solvent tanks and containers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Cartridge filter housings	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Water separators	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N			

*Dennis M. Whelan*

Name of Responsible Official

*Jeff Winter*

Inspector's Name (Please Print)

*Jeffrey Winter*

Inspector's Signature

*6/5/97*

Date of Inspection

*June, 1998*

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for additional site information]

✓

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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1010 TIME OUT: 1035 AIRS ID#: 0310409  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Butler's Cleaners DATE: 3/10/98  
 FACILITY LOCATION: 446 Golfair Blvd.  
Jacksonville, FL 32206  
 RESPONSIBLE OFFICIAL: Jason Whelan PHONE NUMBER: 904-353-9563

- 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

**RECEIVED**  
 APR 16 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS: Perc machine used rarely (stand-by). Mineral spirits machine mainly used.  
*gw*

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: March, 1999  
 (Approximate)

INSPECTION CONDUCTED BY: Jeff Winter  
 (Please Print)

INSPECTOR'S SIGNATURE: *Jeffrey Winter* PHONE NUMBER: 904-630-2800



acc ✓

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

Bureau of Air Monitoring  
& Mobile Sources

FEB 4 1998

AIRS ID#0310409
KATHRYN A GUNN JASON WHELAN 446 GOLFAIR BLVD JACKSONVILLE FL 32206-1968

Do NOT Remove Label

Annual Reporting Period: January 1 1997 TO January 1 1998

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 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.*

RESPONSIBLE OFFICIAL: <u>Jason Whelan</u>	<u>[Signature]</u>	<u>1/27/98</u>
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.

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RECEIVED  
APR 16 1998  
Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  
RE-INSPECTION

AIRS ID#: 0310409 DATE: 3/10/98 TIME IN: 10/0 TIME OUT: 10:35  
FACILITY NAME: Butlers Cleaners  
FACILITY LOCATION: 446 Golfair Blvd.  
Jacksonville, FL 32206  
RESPONSIBLE OFFICIAL: Jason Whelan PHONE: 904-353-9563  
CONTACT NAME: Same PHONE: Same

**PART I: NOTIFICATION**

(check appropriate box)

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

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
(check appropriate box)

No notification form  
 Drop store/out of business/petroleum

A.

1. Existing small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 10 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/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?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
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  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  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 and obvious signs of wear 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 samples (calorimetric only)?  Y  N

Jeff Winter  
Inspector's Name (Please Print)

March 10/1998  
Date of Inspection

Jeffery Winter  
Inspector's Signature

March, 1999  
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

Perc machine used infrequently. Mineral Spirits machine mainly used due to low cost.

RECEIVED



DEC 27 1999

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring & Mobile Source

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY



RE-INSPECTION



AIRS ID#: 0310409 DATE: 1/14/99 TIME IN: 9:20 TIME OUT: 945  
 FACILITY NAME: Butler's Cleaners, INC.  
 FACILITY LOCATION: 446 Golfair Blvd.  
Jacksonville, FL 32206  
 RESPONSIBLE OFFICIAL: Jason Whelan PHONE: 904-353-9563  
 CONTACT NAME: Same PHONE: Same

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup



2. Facility failed to notify DARM to use general permit



PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

No notification form

Drop store/out of business/petroleum

A.

1. Existing small area source  
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed before 12/9/91)



2. New small area source  
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed on or after 12/9/91)



3. Existing large area source  
dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed before 12/9/91)



4. New large area source  
dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed on or after 12/9/91)



5. This is a correct facility classification



Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 0 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/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?  Y  N  N/A
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N



**B. Has the responsible official of an existing large or new large area source also:**

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**

(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
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  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  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 and obvious signs of wear 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 samples (calorimetric only)?  Y  N

*Jeff Winter*

Inspector's Name (Please Print)

*1/14/99*

Date of Inspection

*Jeff Winter*

Inspector's Signature

*JAN, 2000*

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

Only Mineral Spirit Machine used in  
1998.

R.O. Plans to Surrender General Permit.  
JW

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:20 TIME OUT: 9:45 AIRS ID#: 0310409  
 TYPE OF FACILITY: Perc. Dry Cleaner  
 FACILITY NAME: Butters Cleaners INC. DATE: 1/14/99  
 FACILITY LOCATION: 446 Colfax Blvd.  
Jacksonville, FL 32206  
 RESPONSIBLE OFFICIAL: Jason Whelan PHONE NUMBER: 904-353-9563

- 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
<u>Machine NOT used in 1998.</u>	
<u>Mineral Spirit Machine only used.</u>	

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: January, 2000  
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter  
(Please Print)

INSPECTOR'S SIGNATURE: Jeffrey Winter PHONE NUMBER: 904-630-3484

ABC

AIRS ID#: 0310409

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Butler's Cleaners, INC. DATE: 1/14/99  
 FACILITY LOCATION: 446 Goffair Blvd.  
Jacksonville, FL 32206

Annual Reporting Period: March 10, 1998 TO January 14, 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  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:

Perc Machine NOT used in 1998.

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 formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Jason Whelan J-Whelan 1/14/99  
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.

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>										
7000 0600 0026 4130 2072	<table border="1"> <tr> <td>Postage</td> <td>\$</td> <td rowspan="4">Postmark Here</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table> <p>10 AIRS ID # 0310409001AG                  JASON WHELAN                  BUTLER'S CLEANERS INC                  446 GOLFAIR BLVD                  JACKSONVILLE FL 32206-1968</p>	Postage	\$	Postmark Here	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)	
Postage	\$	Postmark Here								
Certified Fee										
Return Receipt Fee (Endorsement Required)										
Restricted Delivery Fee (Endorsement Required)										
PS Form 3811, February 2000 See Reverse for Instructions										

COMPLETE THIS SECTION ON DELIVERY	
<p>FACE STICKER AT TOP OF ENVELOPE</p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>10 AIRS ID # 0310409001AG                  JASON WHELAN                  BUTLER'S CLEANERS INC                  446 GOLFAIR BLVD                  JACKSONVILLE FL 32206-1968</p>	<p>A. Received by (Please Print Clearly) B. Date of Delivery                  8-17</p> <p>C. Signature                  X <i>J. Whelan</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Copy from service label)                  70000600002641302072</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389323

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0310409  
 BUTLER'S CLEANERS INC  
 JASON WHELAN  
 446 GOLFAIR BLVD  
 JACKSONVILLE FL 32206-1968

RECEIVED  
MAIL ROOM

DEC 10 99

Bureau of Air  
& Mobile Services  
Monitoring

DEC 11 1999

RECEIVED

FOR GOVERNMENT USE ONLY  
 Org.: 37550101000  
 Fund: 20-2-03500  
 Obj.: 002273

#0310409

Butler's Cleaners

spoke with Jason Whelan -  
10/4/1996 - uses approx. 250 gal. /wk.  
= w/ 13,000 gal. /yr.

PM = 5.2 lb. /yr.

NO<sub>x</sub> = 18.2 lb. /yr.

CO = 24.7 lb. /yr.

TDC = 6.5 lb. /yr.





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354353

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED  
DEC 21 1998  
Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

AIRS ID # 0310409

BUTLER'S CLEANERS INC  
JASON WHELAN  
446 GOLFAIR BLVD  
JACKSONVILLE FL 32206-1968

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

RECEIVED  
MAIL ROOM  
DEC 15 99

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258144 ✓

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

RECEIVED  
MAIL ROOM  
JAN 15 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 0310409  
BUTLER'S CLEANERS INC  
~~DEPT. OF CORRECTIONS~~ *Kathyna Gunn*  
446 GOLFAIR BLVD  
JACKSONVILLE FL 32206-1968

*Owner*

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 301502

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

**TOTAL AMOUNT DUE: \$50.00**

RECEIVED  
MAIL ROOM

FEB -2 98

Do **NOT** Remove Label

AIRS ID#0310409

KATHRYN A GUNN  
JASON WHELAN  
446 GOLFAIR BLVD  
JACKSONVILLE FL 32206-1968

**FOR GOVERNMENT USE ONLY**

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273