



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 30, 1996

Mr. Jack Susser
President
Todlee, Inc.
4150 Old Middleburg Road
Jacksonville, Florida 32210

Re: Facility I.D. No. 0310416

Dear Mr. Susser:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 1, 1996.

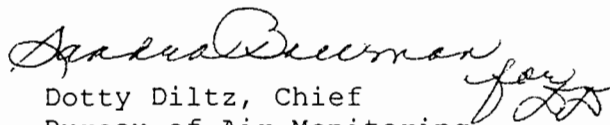
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Lori Tilley, Duval County

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



DARM Home | ASGP Home | Facilities | Inspections | Reports |

Perchloroethylene Inspection

General Information

COUNTRY DAY CLEANERS

10991-56 SAN JOSE BLVD
JACKSONVILLE 32223

0310416

INSPECTION TYPE: ANNUAL INSPECTION (INS2)

INSPECTOR: KEVIN D O'DONNELL (ODONNELL_K)

DATE: 8/5/2003

TIME IN:

TIME OUT:

RESPONSIBLE OFFICIAL: PHONE:

CONTACT: PHONE:

In Compliance: Minor Non-Compliance: Significant Non-Compliance:

ADDITIONAL SITE INFORMATION: drop off store

INSPECTION STATUS: Complete

Inspection Checklist

- Notification
- General Controls
- Vent Controls
- Recordkeeping
- Leak Detection

Part I: Notification

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

Part II: Classification

- No notification form
- Drop store/out of busn/petroleum

A: Facility indicated on notification form that it is:

- 1. Existing small area source:
- 2. New small area source:
- 3. Existing large area source:
- 4. New large area source:
- 5. This is a correct facility classification:

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.

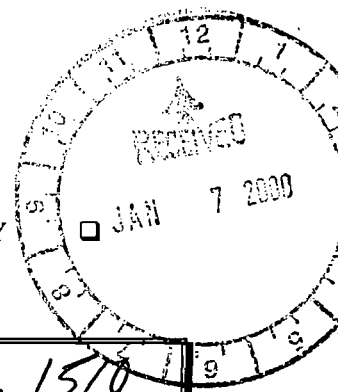
B. The total quantity of perchloroethylene purchased in the preceding 12 months by the dry cleaning facility is gallons.

Hey Rick, just wanted to let you know that Cobblestone Cleaners (AIRS ID.# 0310386) is closed. They removed their machine. Also, Country Day Cleaners (0310416) was listed as Inactive in ARMS. They sent a letter to the State stating they were going to close, but changed their mind. I went ahead and put them back as Active in ARMS. I performed an inspection last week and talked with the owner. He said they were going to move but changed his mind due to the cost.

File

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0310416 DATE: 1/27/2000 TIME IN: 1446 TIME OUT: 1510
FACILITY NAME: Country Day Cleaners
FACILITY LOCATION: 10991-56 San Jose Blvd.
Jacksonville, FL 32223
RESPONSIBLE OFFICIAL: Jack Susser PHONE: 904/292-9292
CONTACT NAME: Jane 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 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 checked="" 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 145 gallons.

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FEB 1 2000
Bureau of Air Monitoring
& Mobile Sources

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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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)

1/27/2000

Date of Inspection

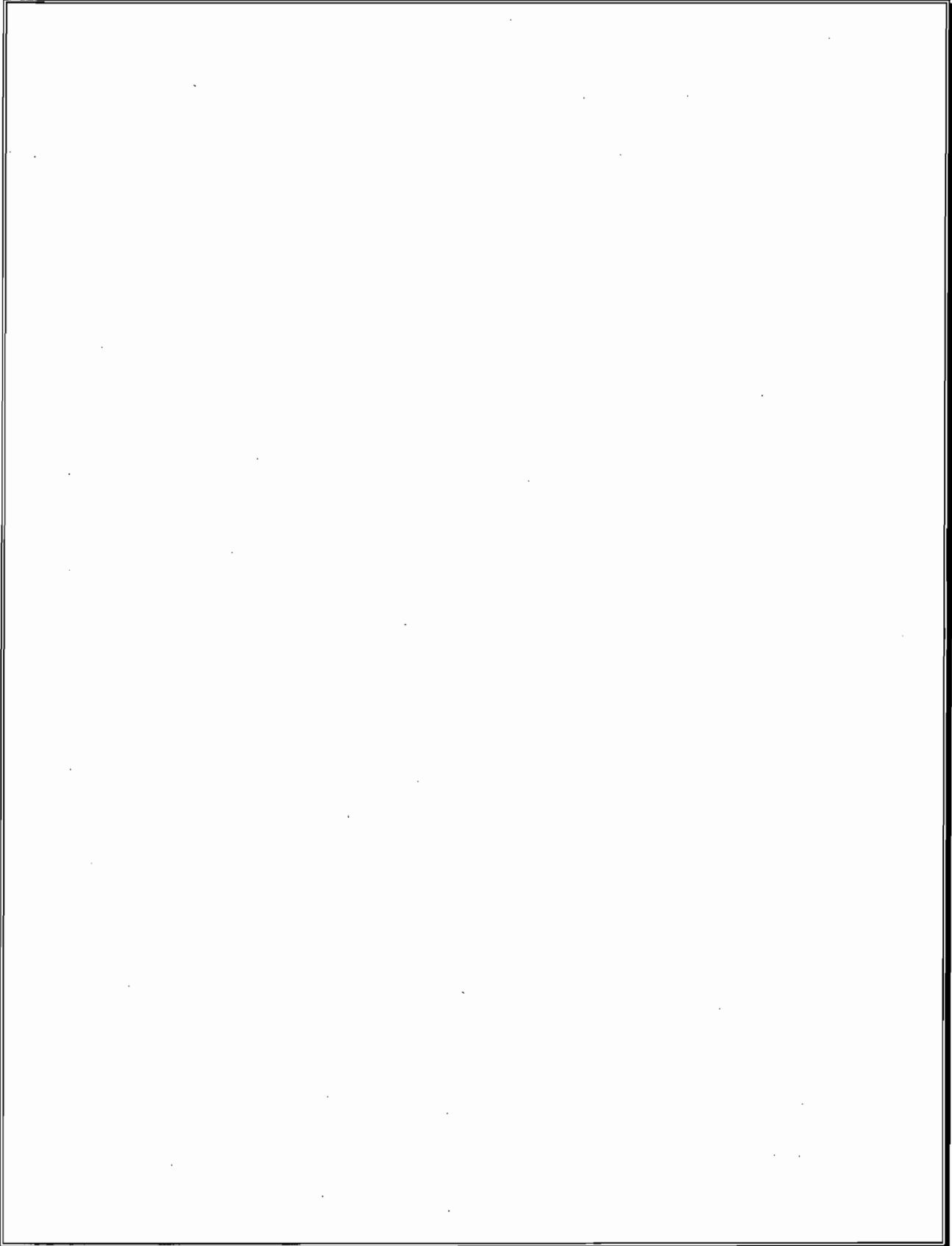
Jeffery Winter

Inspector's Signature

JAN. 2001

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:



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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1446 TIME OUT: 1510 AIRS ID#: 0310416
 TYPE OF FACILITY: Perc. Dry Cleaner
 FACILITY NAME: Country Day Cleaners DATE: _____
 FACILITY LOCATION: 10991-56 San Jose Blvd.
Jacksonville, FL 32223
 RESPONSIBLE OFFICIAL: Jack Susser PHONE NUMBER: 904/292-9292

- 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: JAN. 2001
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: Jeffery Winte PHONE NUMBER: 904/630-3484

AIRS ID#: 0310416

ACC

Revised 10/10/96

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Country Day Cleaners DATE: 1/27/2000
 FACILITY LOCATION: 10991-56 San Jose Blvd.
Jacksonville, FL 32223

Annual Reporting Period: Feb. 23, 19 99 TO JAN. 23, ~~19~~ 2000

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 _____

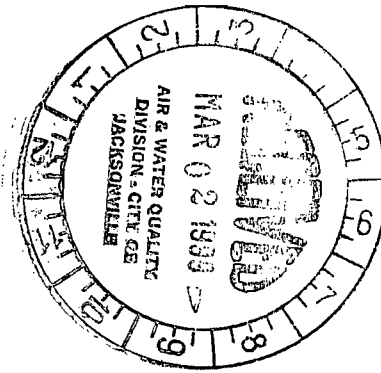
Action(s) taken to achieve compliance: _____

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: JACK SUSSEY Jack Sussey 1/27/00
 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.



February 27, 1999

Mr. Jeffrey Winter
Regulatory & Environmental Services Dept.
Air & Water Quality Division
City Hall, St. James Building
117 W. Duval St
Suite 225
Jacksonville, FL 32202

Dear Jeffrey,

This letter is to notify you that we are closing our plant at 10991 San Jose Blvd, Jacksonville, FL. by March 28, 1999.

Thank you.

Sincerely,

Jack Susser
Country Day Cleaners

ARMS#-0310416

TITLE V AIR QUALITY GENERAL PERMIT ✓
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1045 TIME OUT: 1110 AIRS ID#: 0310416
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Country Day Cleaners DATE: 3/10/97
 FACILITY LOCATION: 10991-56 San Jose Blvd.
Jacksonville, FL 32223
 RESPONSIBLE OFFICIAL: Jack Susser PHONE NUMBER: 292-9292

- 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>Needs To Start Temp. and Leak log. on a Weekly Basis.</u>	<u>Will reinspect in 1998.</u>

COMMENTS:

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

DATE OF NEXT INSPECTION: MARCH, 1998
 (Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
 (Please Print)

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

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.

0310400
0310362
0310364
0310367
0310484
0310474
0310461
0310416
0310370
0310410
0310495
0310365
0310446
0310435
0310411

The following sites are closed.

0310498
0310481
0310502
0310391
0310490
0310412
0310476

The following sites are no longer using perchloroethylene.

0310417
0310371

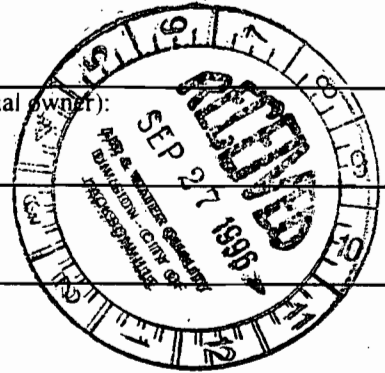
I am still working on the list so please bear with me. We are trying to be certain that these facilities are actually out of business and have not just moved. If I can be of any assistance Please call.

Thanks Bill Coffman

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	TODLEE, INC.	
2. Site Name (For example, plant name or number):	Country Day Cleaners	
3. Hazardous Waste Generator Identification Number:	FLD 982 150 468	
4. Facility Location:	Street Address: 10991-56 SAN Jose Blvd. City: Jacksonville County: Duval Zip Code: 32223	
5. Facility Identification Number (DEP Use):	0310416	



Responsible Official

6. Name and Title of Responsible Official:	Jack Sussner, Pres	
7. Responsible Official Mailing Address:	Organization/Firm: TODLEE, INC Street Address: 4150 OLD Middleburg RD City: Jacksonville County: Duval Zip Code: 32210	
8. Responsible Official Telephone Number:	Telephone: (904) 779-6678 Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	TODD Sussner, V Pres	
10. Facility Contact Address:	Street Address: 10991-56 SAN Jose Blvd City: Jacksonville County: Duval Zip Code: 32223	
11. Facility Contact Telephone Number:	Telephone: (904) 292-9292 Fax: () -	

RECEIVED

OCT 1 1996

Bureau of Air Monitoring
& Mobile Sources

#0310416

Country Day Cleaners

p.14 3. Should be existing large
area source

p.15 4. Should be existing large
area source w/control equipment

p.16 5.(f) required
add "X" to one

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) w/ ref. condenser	#1	15 May 90	15 May 90						
(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 large area

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

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
- ④ 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


Date

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1350 TIME OUT: 1415 AIRS ID#: 0310416
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Country Day Cleaners DATE: 4/9/98
 FACILITY LOCATION: 10991-56 San Jose Blvd.
Jacksonville, FL 32210
 RESPONSIBLE OFFICIAL: Jack Susser PHONE NUMBER: 904-292-9292

- 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:

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

DATE OF NEXT INSPECTION: April, 1998
 (Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
 (Please Print)

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

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS APR 11 1997
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0310416 TIME IN: 1045 TIME OUT: 1110
FACILITY NAME: Country Day Cleaners
FACILITY LOCATION: 10991-56 San Jose Blvd.
Jacksonville, FL 32223

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96	<input checked="" type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
3. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

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:

<input checked="" type="checkbox"/>	facility qualified for a general permit as number <u>3</u> above
<input type="checkbox"/>	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 182 gallons.

AIRS ID#: 0310416

Revised 10/10/96

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Country Day Cleaners DATE: 3/10/97
 FACILITY LOCATION: 10991-56 San Jose Blvd.
Jacksonville, FL 32223

Annual Reporting Period: October 1 1996 TO MARCH 10 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:

Needs to start leak and Temp. Log.

Exact period of non-compliance: from OCT 1, 1996 to MARCH 10, 1997

Action(s) taken to achieve compliance: R.O. will start.

Method used to demonstrate compliance: Will reinspect in 1998.

#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: M. Todd Susser M. Todd Susser 3-10-97
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.

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
- 2. Examining the containers for leakage? Y N
- 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
- 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 basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N
- 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?	<input type="checkbox"/> Y <input type="checkbox"/> N <i>N/A</i>
Is the temperature differential equal to or greater than 20° F?	<input type="checkbox"/> Y <input type="checkbox"/> N <i>N/A</i>
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 checked="" type="checkbox"/> N/A
Is the perc concentration equal to or less than 100 ppm?	<input type="checkbox"/> Y <input type="checkbox"/> N <i>N/A</i>
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 <i>N/A</i>
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 checked="" 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 <i>N/A</i>
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 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

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			

Jack Susser

Name of Responsible Official

Jeff Winter

Inspector's Name (Please Print)

Jeffery Winter

Inspector's Signature

3/10/97

Date of Inspection

MARCH, 1998

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty box for additional site information]

Best Available Copy

Country Day Cleaners

Dural

1. Facility Name	p.14 3. Should be existing large area source	
2. Site Address	p.15 4. Should be existing large area source w/control equipment	
3. Hazardous Waste	5.(f) required	
4. Facility Street City	p.16 add "X" to one	223
5. Facility		116
6. Name		
7. Receptor Street City		32210
8. Receptor Telephone		
9. Name and Title of Facility Contact (For example, plant manager): TODD SASSER, U.P.M.		
10. Facility Contact Address: Street Address: 10991-56 SAH Jare Blvd City: Jacksonville County: Duval Zip Code: 32223		
11. Facility Contact Telephone Number: Telephone: (904) 292-9292 Fax: ()		



RECEIVED

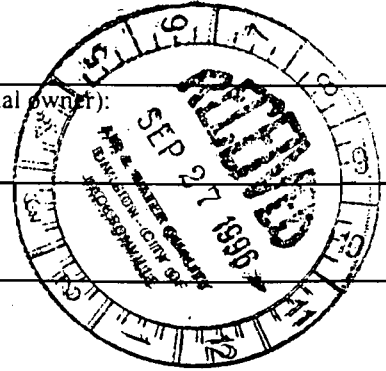
OCT 1 1995

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	TODLEE, INC.	
2. Site Name (For example, plant name or number):	Country Day Cleaners	
3. Hazardous Waste Generator Identification Number:	FLD 982 150 468	
4. Facility Location:	Street Address: 10991-56 SAN JOSE BLVD. City: Jacksonville County: Duval Zip Code: 32223	
5. Facility Identification Number (DEP Use):	0310416	



Responsible Official

6. Name and Title of Responsible Official:	Jack Sussner, Pres	
7. Responsible Official Mailing Address:	Organization/Firm: TODLEE, INC Street Address: 4150 OLD MIDDLEBURG RD City: Jacksonville County: Duval Zip Code: 32210	
8. Responsible Official Telephone Number:	Telephone: (904) 779-6678 Fax: ()	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	TODD Sussner, V Pres	
10. Facility Contact Address:	Street Address: 10991-56 SAN JOSE BLVD City: Jacksonville County: Duval Zip Code: 32223	
11. Facility Contact Telephone Number:	Telephone: (904) 292-9292 Fax: ()	

RECEIVED

OCT 1 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) w/ ref. condenser	#1	15 May 90	15 May 90						
(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?

182 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 ~~Existing small area source~~ New small area source

Existing large 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 13.

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

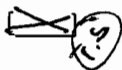
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (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 13.

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.

Jack Sussner
Signature

9/26/96
Date

3/10/97

✓

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#: 0310416 **DATE:** 4/9/98 **TIME IN:** 1350 **TIME OUT:** 1415
FACILITY NAME: Country Day Cleaners
FACILITY LOCATION: 10991-56 San Jose Blvd.
Jacksonville, FL 32210
RESPONSIBLE OFFICIAL: Jack Susser **PHONE:** 904-292-9292
CONTACT NAME: Tobias Susser **PHONE:** 904-292-9292

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is: No notification form
 (check appropriate box) Drop store/out of business/petroleum

A.

1. Existing small area source <input 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 checked="" 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 200 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)	<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 type="checkbox"/>
Halogen leak detector	<input type="checkbox"/>

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)

4/9/98
Date of Inspection

Jeffrey Winter
Inspector's Signature

April, 1998
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Empty rectangular box for additional site information.

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

MAR - 2 1999

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY



RE-INSPECTION



AIRS ID#: 0310446 DATE: 2/23/99 TIME IN: 1050 TIME OUT: 1110

FACILITY NAME: Country Day Cleaners

FACILITY LOCATION: 10991-56 San Jose Blvd.
Jacksonville, FL 32223

RESPONSIBLE OFFICIAL: Jack Susser PHONE: 904-292-9292

CONTACT NAME: TBH Susser 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)	<input 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, $140 \leq x \leq 2,100$ 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)	<input checked="" type="checkbox"/>	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)	<input type="checkbox"/>

5. This is a correct facility classification 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 200 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"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 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"/> N/A |
| 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"/> 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? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 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"/> N/A |
| 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"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 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"/> N/A |
| 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 | |

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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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)

2/23/99

Date of Inspection

Jeffrey Winter
Inspector's Signature

Feb. 2000

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: <u>10 50</u>	TIME OUT: <u>1110</u>	AIRS ID#: <u>0310416</u>
TYPE OF FACILITY: <u>Perc. Dry Cleaner</u>		
FACILITY NAME: <u>Country Day Cleaners</u>		DATE: <u>2/23/99</u>
FACILITY LOCATION: <u>10991-56 San Jose Blvd. Jacksonville, FL 32223</u>		
RESPONSIBLE OFFICIAL: <u>Jack Susser</u>		PHONE NUMBER: <u>904-292-9292</u>

- 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: Feb., 2000
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

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

Acc

RECEIVED

MAR - 2 1999

AIRS ID#: 031046

Bureau of Air Monitoring & Mobile Sources Revised 10/10/95

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Country Day Cleaners DATE: 02/23/99
FACILITY LOCATION: 10991-56 San Jose Blvd.
Jacksonville, FL 32223

Annual Reporting Period: Feb. 23, 1998 TO Feb. 23, 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:

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: JACK SUSSEK Jack Sussek 2/28/99
Name (Please Print) Signature Date
Toddler Corp.

*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.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER'S INFORMATION	SECTION ON DELIVERY								
<ul style="list-style-type: none"> ■ 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. 	<table style="width: 100%;"> <tr> <td style="width: 50%;">A. Received by <i>(Please Print Clearly)</i></td> <td style="width: 50%;">B. Date of Delivery 2-9-01</td> </tr> <tr> <td colspan="2">C. Signature X Tracy Suffer</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery 2-9-01	C. Signature X Tracy Suffer		<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery 2-9-01								
C. Signature X Tracy Suffer									
<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No									
1. Article Addressed to: <p style="text-align: center;">AIRS ID # 0310416</p> COUNTRY DAY CLEANERS JACK SUSSER 10991-56 SAN JOSE BLVD JACKSONVILLE FL 32223	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.								
2. Article Number <i>(Copy from service label)</i> 7000 0600 0026 4126 6206	4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes								
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789									

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	<div style="border: 1px solid black; height: 40px; margin-bottom: 10px;"></div> <div style="text-align: center;"> Postmark Here </div>
AIRS ID # 0310416	
COUNTRY DAY CLEANERS JACK SUSSER 10991-56 SAN JOSE BLVD JACKSONVILLE FL 32223	
PS Form 3800, February 2000	See Reverse for Instructions

7000 0600 0026 4126 6206

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0310416
COUNTRY DAY CLEANERS
JACK SUSSER
10991-56 SAN JOSE BLVD
JACKSONVILLE FL 32223

A. Received by (Please Print Clearly) B. Date of Delivery

3-5-01

C. Signature

Tracy A. Pitt
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

700006000026 4126 1706

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4126 1706

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

AIRS ID # 0310416

Recipie COUNTRY DAY CLEANERS
Street: JACK SUSSER
10991-56 SAN JOSE BLVD
City, St JACKSONVILLE FL 32223

PS Form

Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Deliveries 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. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>8-17</u></p> <p>C. Signature <u>Aunt Marie C. Wood</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>10 AIRS ID # 0310416001AG JACK SUSSER COUNTRY DAY CLEANERS 10991-56 SAN JOSE BLVD JACKSONVILLE FL 32223</p>	<p>3. Service Type</p> <p><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>2. Article Number (Copy from service label) <u>700006000002641302195</u></p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)													
7000 0600 0026 4130 2195	<table border="1"> <tr> <td data-bbox="558 1421 753 1470">Postage</td> <td data-bbox="753 1421 948 1470">\$</td> <td data-bbox="948 1421 1202 1470"></td> </tr> <tr> <td data-bbox="558 1470 753 1519">Certified Fee</td> <td data-bbox="753 1470 948 1519"></td> <td data-bbox="948 1470 1202 1519"></td> </tr> <tr> <td data-bbox="558 1519 753 1568">Return Receipt Fee (Endorsement Required)</td> <td data-bbox="753 1519 948 1568"></td> <td data-bbox="948 1519 1202 1568">Postmark Here</td> </tr> <tr> <td data-bbox="558 1568 753 1617">Restricted Delivery Fee (Endorsement Required)</td> <td data-bbox="753 1568 948 1617"></td> <td data-bbox="948 1568 1202 1617"></td> </tr> </table> <p>10 AIRS ID # 0310416001AG JACK SUSSER COUNTRY DAY CLEANERS 10991-56 SAN JOSE BLVD JACKSONVILLE FL 32223</p> <p>PS Form 3800, February 2000 See Reverse for Instructions</p>	Postage	\$		Certified Fee			Return Receipt Fee (Endorsement Required)		Postmark Here	Restricted Delivery Fee (Endorsement Required)		
Postage	\$												
Certified Fee													
Return Receipt Fee (Endorsement Required)		Postmark Here											
Restricted Delivery Fee (Endorsement Required)													

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by (<i>Please Print Clearly</i>)</p> <p>B. Date of Delivery <u>2-11</u></p> <p>C. Signature <u>[Signature]</u></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0310416</p> <p>COUNTRY DAY CLEANERS JACK SUSSER 0991-56 SAN JOSE BLVD JACKSONVILLE FL 32223</p>	<p>3. Service Type</p> <p><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><u>70002870000070274978</u></p> <p>2. Article Number (<i>Copy from service label</i>)</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
<p>Postage \$ _____</p> <p>Certified Fee _____</p> <p>Return Receipt Fee (Endorsement Required) _____</p> <p>Restricted Delivery Fee (Endorsement Required) _____</p> <p>Total Postage _____</p>	<p style="text-align: center;">Postmark Here</p>
AIRS ID # 0310416	
<p>Sent To COUNTRY DAY CLEANERS JACK SUSSER</p> <p>Street, Apt. No. 10991-56 SAN JOSE BLVD</p> <p>City, State, Zip JACKSONVILLE FL 32223</p>	
<p>PS Form 3800, May 2000 See Reverse for Instructions</p>	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee
 (Endorsement Required) _____
 Restricted Delivery Fee
 (Endorsement Required) _____
 Total Postage \$ _____

Postmark
 Here

AIRS ID#0310416

Sent To **COUNTRY DAY CLEANERS**
JACK SUSSER
 Street, Apt. No.,
 or PO Box No. **10991-56 SAN JOSE BLVD**
 City, State, ZIP+4 **JACKSONVILLE FL**
32223

PS Form 3800, Jan 1999

7001 0320 0001 7975 5144

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0310416

COUNTRY DAY CLEANERS
JACK SUSSER
10991-56 SAN JOSE BLVD
JACKSONVILLE FL
32223

2. Article Number (Copy from service label)

7001 0320 0001 7975 5144

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery

FEB 07 2003

C. Signature

x M. Todd Susser

- Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class-Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Motion
& Mobile Sources

FEB 11 2003

RECEIVED

2399+6542



Z 094 212 752

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 310416

COUNTRY DAY CLEANERS

JACK SUSSER

10991-56 SAN JOSE BLVD

JACKSONVILLE FL 32223

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	

PS Form 3800, April 1995

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 310416

COUNTRY DAY CLEANERS
 JACK SUSSER
 10991-56 SAN JOSE BLVD
 JACKSONVILLE FL 32223

2. Article Number (Copy from service label)

Z094 212 752

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

2.26

C. Signature

x M. Ted Susser

 Agent AddresseeD. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

Domestic Return Receipt

102595-99-M-1789

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box. •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
Mobile Sources

RECEIVED
FEB 8 5 2000



Fold at line over top of envelope to
the right of the return address

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0310416

COUNTRY DAY CLEANERS
JACK SUSSER
10991-56 SAN JOSE BLVD
JACKSONVILLE FL 32223

4a. Article Number
P 174 052 053

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery **2-27-99**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X / [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

P 174 052 053

1999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

AIRS ID # 0310416

COUNTRY DAY CLEANERS
JACK SUSSER
10991-56 SAN JOSE BLVD
JACKSONVILLE FL 32223

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	

PS Form 3800, April 1995

Fold at line over top of envelope to

SENDER

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

TODLEE INC
JACK SUSSER
10991-56 SAN JOSE BLVD
JACKSONVILLE FL 32223

4a. Article Number
P265 302 126

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2/13/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 265 302 126

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID#: 0310416

TODLEE INC
JACK SUSSER
10991-56 SAN JOSE BLVD
JACKSONVILLE FL 32223

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	<i>2/13/97</i>

PS Form 3800, April 1995

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

SENSE

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: AIRS ID # 0310416
 COUNTRY DAY CLEANERS
 JACK SUSSER
 10991-56 SAN JOSE BLVD
 JACKSONVILLE FL 32223

4a. Article Number
2333 660 430

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 430 1999

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0310416

COUNTRY DAY CLEANERS
 JACK SUSSER
 10991-56 SAN JOSE BLVD
 JACKSONVILLE FL 32223

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	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0310416

TODLEE INC
 JACK SUSSER
 10991-56 SAN JOSE BLVD
 JACKSONVILLE FL 32223

4a. Article Number

2333612821

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2-12-98

5. Received By: (Print Name)

6. Signature: Addressee or Agent

X *Mildred Baker*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

°Z 333 612 821

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID 0310416

TODLEE INC
 JACK SUSSER
 10991-56 SAN JOSE BLVD
 JACKSONVILLE FL 32223

PS Form 3800, April 1995

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	

Fold at line over top of envelope to IN ON DELIVERY

SENDER: COMPLETE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#

0310416
Country Day Cleaners
Jack Susser
10991-56 San Jose Boulevard
Jacksonville, Florida 32223

2 333 667 371

2. Article Number (Copy from service label)

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Received by (Please Print Clearly) B. Date of Delivery
[Signature] 2/1/95

C. Signature Agent
[Signature] Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 333 667 371

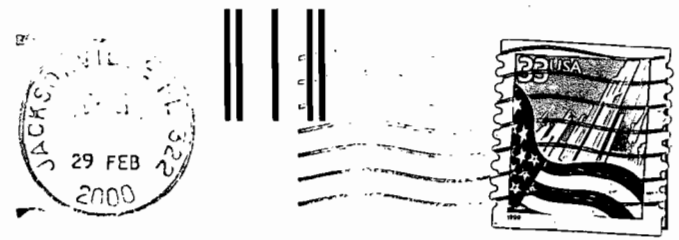
US Postal Service
Receipt for Certified Mail

N^o 0310416 AIRS ID#
Country Day Cleaners
Jack Susser
10991-56 San Jose Boulevard
Jacksonville, Florida 32223

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	

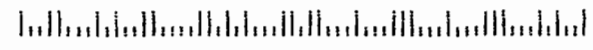
PS Form 3800, April 1995

Ledice Corp.
8 Santa Anita Ave.
Orange Park, FL 32073
(904) 272-1062



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

32315X3070

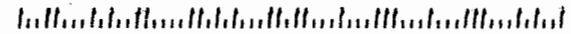


Tedlee Corp.
8 Santa Anita Ave.
Orange Park, FL 32073
(904) 272-1032



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

32315+3070



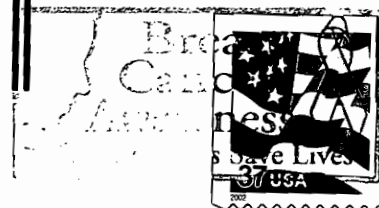


**TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**

32315+3070 99



Susser
8 Santa Anita Ave.
Orange Park, FL 32073



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

32315+3070 99



Todlee Corp.
8 Santa Anita Ave.
Orange Park, FL 32073



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



TOD LEE CORP.

1239

INV RF	INV NO.	JOB NO	C	UNPAID TOTAL	DISCOUNT	RETAINAGE P	NET AMOUNT
331		000000		50.00	0.00	0.00	50.00

TOTALS => 50.00 0.00 0.00 50.00

SUPPLIER: MISC - ITT HARTFORD

CHECK: 1239 DATE: 02/24/97



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261946 ✓

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

RECEIVED
MAIL ROOM

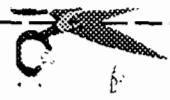
FEB 28 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 0310416
TODLEE INC
JACK SUSSE
10991-56 SAN JOSE BLVD
JACKSONVILLE FL 32223

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303640

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 25 98

Do **NOT** Remove Label

TODLEE INC JACK SUSSER 10991-56 SAN JOSE BLVD JACKSONVILLE FL 32223	AIRS ID 0310416
--	-----------------

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

X 423967 FEB 27 2003

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#0310416
COUNTRY DAY CLEANERS
JACK SUSSER
10991-56 SAN JOSE BLVD
JACKSONVILLE FL
32223

FOR GOVERNMENT USE ONLY	
Org.: 37550101000	EO: A1
Fund: 20-2-035001	
Obj.: 002273	

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 03 2003

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0362727

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

MAR 1 99

Do NOT Remove Label

AIRS ID # 0310416

COUNTRY DAY CLEANERS
JACK SUSSER
10991-56 SAN JOSE BLVD
JACKSONVILLE FL 32223

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

435247 JAN 14 2014

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

310416
JACK SUSSER
COUNTRY DAY CLEANERS
10991-56 SAN JOSE BLVD
JACKSONVILLE FL 32223

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR POSTER HANDLING

0393204

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

MAR - 6 00

Bureau of Air Mobility
& Mobile Support Center

MAR - 8 2012

RECEIVED

Do NOT Remove Label

AIRS ID #0310416

COUNTRY DAY CLEANERS
JACK SUSSE
10991-56 SAN JOSE BLVD
JACKSONVILLE FL 32223

FOR GOVERNMENT USE ONLY
Org.: 37550101000 E.O. 13526
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414343 FEB21 2002

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
FEB 22 2002
Bureau of Air Monitoring
Mobile Sources

Do **NOT** Remove Label

AIRS ID # 0310416
COUNTRY DAY CLEANERS
JACK SUSSER
10991-56 SAN JOSE BLVD
JACKSONVILLE FL
32223

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405852 FEB21 2001

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 # 0310416
COUNTRY DAY CLEANERS
JACK SUSSER
10991-56 SAN JOSE BLVD
JACKSONVILLE FL 32223

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
 FEB 23 2001
 Bureau of Air Monitoring
 & Mobile Sources