

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 3, 1998

Mr. Richard A. Goldfarb Oak Hill Cleaner 7628-1 103rd Street Jacksonville, Florida 32210

Re: Facility No.: 0310455

Dear Mr. Goldfarb:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 14, 1998.

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"

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

ACHUEK2	PHUNE NU. :	Jul. Ø8 19	998 11:38AM P2
	BEST AVAILABLE COPY		PE
Perchia	roethylene Dry Cleaning Fac	ility Notification	Burgar of Paris
	Facility Name and Location	1	3000
· ·	Name (Name of corporation, agency, of CALD FALB OAK	markata owner):	oon source
2. Site Name (For example,	plant name or number): 10360 ST JACKSIA)U	Will FL 32210	is The
	tor Identification Number:	QUADITY GENERAS	SIR.
4. Facility Location: Street Address: 7620 City: SACKSONUI	P-1 /OJRD ST LE FL County: DUVAL	Zip Code: 322/0	
5. Facility Identification Nu	mber (DEP Use):	0310455	
	<u> </u>		

Responsible Official

6.	Name and Title of Responsible Official:					
	RICHARD A. GOLDFARB					
7.	Responsible Official Mailing Address:					
	Organization/Firm: OAK HILL CLEANER					
	Street Address: 7628-1 10310					
	City: JACKSONVILL PL County: DUVAL Zip Code: 322/0					
8.	Responsible Official Telephone Number:					
	Telephone: (904) 77/ - 8558 Fax: () -					

Facility Contact (If different from Responsible Official)

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

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

Page 13 of 16

f13 6. 9/6 b Hill Cleaners

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.

# <i>J</i>	Purchased 03-OCT-93	Installed		Purchased	Installed	ID	Purchased	Installed
			#2	08-DEC-91		#3	02-MAR-92	02-MAR-
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are requant] gallo	equired to be ity of perchic ons ow many? [installed [_oroethylene ((perc)) purchased in				
	alapsifiaation	hased on th	e defi	initions found	I in section ((3) of	Part II?	
	e require are requested against the state of	e required, but not are required to be quantity of perchical gallons of this, how many? [15]	e required, but not yet installed are required to be installed quantity of perchloroethylene all gallons with the standard months: New owner:	e required, but not yet installed [e required, but not yet installed	e required, but not yet installed [] are required to be installed [] quantity of perchloroethylene (perc) purchased in the latest 1:] gailons oths, how many? [] months is than 12 months: New owner: [] New store: [] Did	e required, but not yet installed	e required, but not yet installed

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 14 of 16

(Indicate with an "X".)	uco on machines	facistizati to section (3) of	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser			
New large area source Refrigerated condenser			•
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such to	that all steam and	d hot water generating uni	to use the general permit pursuant its on-site meet the following
All steam and hot water generating botler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by n	atural gas except for perio	ods of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
Egyipp	ent Monitoring s	and Recordkeeping Infor	mation
Check all logs which are required t	_		
(a) Purchase receipts and solvent p			ريخا
(b) Leak detection inspection and r	epair		×
(c) Refrigerated condenser tempera	ture monitoring		
(d) Carbon adsorber exhaust perc c	oncentration mon	itoring	
(e) Instrument calibration			٠
(f) Start-up, shutdown, malfunction	n pian		ليخا

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

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:					
[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
ί×ι	No air permits currently exist for the operation of the facility indicated in this notification form.					
,	Responsible Official Certification					
this notifi statement maintain	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
1 will pro	mpily notify the Department of any changes to the information contained in this notification.					
Signature	$MQMM = \frac{8/38/96}{Date}$					

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

Jul. 08 1998

RECE FAX COVER SHEET

Reput of All Montrolling

Reput of

Oak Hill Cleaners 7628-1 103rd St Jacksonville, FL 32210 (904)771-8558 fax 772-9479

SEND TO	
Florida D.E.P.	From
1 Idea to the state of the stat	Bishand & Caldford
Attention	Richard A. Goldfarb
Richard A. Banks Office location	7/8/98 Office location
7825 Baymeadows Way, Ste.B200	7628-1 103rd St. Jax, FL 32210 Phone number
· · · - · · · · · · · · · · · · · ·	
(904)448-4366	(904)771-8558
Urgent Reply ASAP P	Please comment X Please review For your information
Total pages, including cover: 5	·
COMMENTS	
Mr. Banks	
I have some a some of my facility matification a	
I have sent a copy of my facility notification a	as discussed in our conversation on 7/7/98.
I have been given an E.P.A. Facility Identifica E.P.A.I.D. FLD 981031172	as discussed in our conversation on 7/7/98. ation Number, in October 1998.
I have been given an E.P.A. Facility Identifice E.P.A.I.D. FLD 981031172	ation Number, in October 1998.
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JUL 28 1998
Bureau of Air Monitoring
& Mobile Sources

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION) X (COMPLAINT/DIS	SCOVERY	
AIRS ID#: <u>03/0455</u> D. FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: CONTACT NAME:	K HIII C 7628-1 Jackson	Pleaner 103 rd ville, FC U-Gob	St. _ 322/	0	
PART I: NOTIFICATION				4. 3. 1. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	
 (check appropriate box) New facility notified DARM 30 Facility failed to notify DARM 	-		• .		×
1					
PART II: CLASSIFICATION					
Facility indicated on notification					
(check appropriate box)	form that it is:		☐ No notification f☐ Drop store/out of		leum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class. If no, please check the approach is a correct facility of a facility of a correct facility of a cor	of the state of th	2. New small are dry-to-dry only, x ransfer only, x < to the types, x < 14 constructed on or l. New large are dry-to-dry only, 1 ransfer only, 200 to the types, 140 < constructed on or l. \(\sqrt{Y} \sqrt{\sqrt{N}} \) ion: ral permit as numes and is not eligible.	Drop store/out of ea source < 140 gal/yr 200 gal/yr 60 gal/yr r after 12/9/91) ea source 40 \le x \le 2,100 gal/yr x \le 1,800 gal/yr r after 12/9/91) Can not determinate the many sole for a general per	SEP 1 7 1998 Bureau of Air Monitoring & Mobile Sources	RECEIVED

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

В	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ПY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ПY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠИ	□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?	ΠY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□и	□N/A

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

l.	<u> </u>				_
_	PART VI: LEAK DETECTION AND REPAIRS		and the second s		
1.	1. Does the responsible official conduct a weekly (for s	i-weekly) leak detection as	nd rep	air	
	inspection?			XX	□N
2.	2. Has the facility maintained a leak log?			AA	ПN
3.	3. Does the responsible official check the following are	eas for leaks?		•	
	Hose connections, fittings, couplings, and valves	□N/A	Muck cookers	XY	ON ON/A
	Door gaskets and seating	□N/A	Stills	Y	□N □N/A
	Filter gaskets and seating	□N/A	Exhaust dampers	AX	□N □N/A
	Pumps SY ON	□N/A	Diverter valves	XY	□N □N/A
	Solvent tanks and containers	□N/A	Cartridge filter housings	XY	□N □N/A
	Water separators ✓ □N	□N/A	,		
4.	4. Which method of detection is used by the responsible	e official?			
	Visual examination (condensed solvent on exte	erior surfaces)		X	
	Physical detection (airflow felt through gaskets	s)		X	
	Odor (noticeable perc odor)			PFFO	
	Use of direct-reading instrumentation (FID/PII	D/calorimetric t	ubes)	Ġ	
	Halogen leak detector				
	If using direct-reading instrumentation,	is the equipme	nt:	M/N/	A
	a. Capable of detecting perc vapor co	ncentrations in	a range of 0-500 ppm?	ПY	□N
	 b. Calibrated against a standard gas p (PID/FID only)? 	orior to and afte	r each use	QY	□N
	c. Inspected for leaks and obvious sig	ns of wear on a	weekly basis?	$\Box Y$	□N
	d. Kept in a clean and secure area wh	en not in use?		ПY	□N
	e. Verified for accuracy by use of dup	licate samples ((calorimetric only)?	ПY	□N
			-		
					,
	X 111 1 50		0/2	αL	Ca

Inspector's Name (Please Print)

Office State

August 1999

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1005 TIME OUT: 1	030 AIRS ID#: 03/0455
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Oak Hill Cleane	DATE: 8/28/98
FACILITY LOCATION: 7628-1 103	e Street
Jackson ville, 1	- 232210
RESPONSIBLE OFFICIAL: Richard Gold Fai	76 PHONE NUMBER: 904-771-8558
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	-
	
	· -
	•
COMMENTS:	
	•
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	proximate)
INSPECTION CONDUCTED BY:	7 Winter
	ease Print)
INSPECTOR'S SIGNATURE:	Lube PHONE NUMBER: 904-630-2800
Page_1	of Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

	racinty traine and Extation
T.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Facility Owner/Company Name (Name of corporation, agency, or individual owner): RICHARD A BOLD FARB OAK HILL CLEANER 2013
2.	Site Name (For example, plant name or number):
	7628-1 103RA ST JACKSMURILE FL 32210
3.	Hazardous Waste Generator Identification Number:
	CONDITIONALLY EXEMPT SMALL QUANITY GENERATUR
4.	
	Street Address: 7628-1 103RD ST City: 5ACKSONULLE FL County: DUVAL Zip Code: 32210
5	Facility Identification Number (DEP Use):
	03/0455
	Responsible Official
6.	Name and Title of Responsible Official:
	RICHARD A. GOLDFARB — Owher
7.	Responsible Official Mailing Address: Organization/Firm: OAK HILL CLEAUER
	Street Address: 7628-1 10310
	City: JACKSONVILLE FL County: DUVAL Zip Code: 32210
8.	Responsible Official Telephone Number:
	Telephone: (904) 771 - 8558 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
	reseptions. ()

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

Page 13 of 16

Corrections Made. Ju

Facility Information

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

		Date	Date	\ <u></u>	Date	Date		Date	Date
		Machine	Control	ļ	Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	1D	Purchased	Installed	lD	Purchased	Installed	ID	Purchased	installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	16-00T-90	16-00T-90		• •				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									T
(5) w/ carbon adsorber									
(6) w/ no controls				,				i i	
Dryer Unit									
(7) w/ ref. condenser	<u> </u>								
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit]								
(10) w/ ref. condenser					1				
(11) w/carbon adsorber					,				
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total (are re	equired to be	installed [_			1 the latest 12	? mor	nths?	
(b) If less than 12 mon Check why it is less	s than	12 months:	New owner:	[•	
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3) of	Part II?	
Existing small a	rea so	ource 🔀	'Ne	ew sn	nall area sou	rce	Ī		
Existing large ar	ea so	urce []	Ne	ew la	rge area sour	rce []		

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 14 of 16

FROM	:	UENETIA	CL	EANERS
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~ .	~		
	ΩNΕ	NIC	

Jul. 08 1998 11:39AM P4

(Indicate with an "X".)	to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrige	rated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser	·
5. A facility which contains non-exempt emissions units shall to Rule 62-213,300, F.A.C. Verify that all steam and hot water exemption criteria or that no such units exist on-site:	not be eligible to use the general permit pursuant or generating units on-site meet the following
All steam and hot water generating units on-site (1) have a to botter HP or less), and (2) are fired exclusively by natural ga- during which propane or fuel oil containing no more than one	except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Reco	dkeeping Information
Check all logs which are required to be kept on-site in accorde	ance 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	لكا

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

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i wiii pre	omptly notify the Department of any changes to the information contained in this notification.
Signatur	omptly notify the Department of any changes to the information contained in this notification. War and the Department of any changes to the information contained in this notification. War and

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

AIRS ID#: 0310455

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	Hill Ckane		RECEAT	N B/28/37
FACILITY LOCATION:765	28-1 103 rs	Street	SEP 2.3	1997
Jac	KSON VIlle, F	EL 322	70	
			Bureau of Air	•
Annual Reporting Period:	ly 14,	19 <u>98</u> то <u> </u>	August o	19 <u>90</u>
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code			\	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general perm	nit that has not been in cor	ntinuous compliance	during the reporting po	eriod 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 perm	nit that has not been in cor	ntinuous compliance	during the reporting po	eriod 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 made in this notification are true, accurate upon rolling averages of purchase receipt year for transfer or combination facilities	e and complete. Further, is, does not exceed 2,100 g	my annual consump	tion of perchloroethyle	ne solvent, based
RESPONSIBLE OFFICIAL: Richer	2 A. Goldfers	_ pwhil	921	8/28/97
1	name (Please Print)	V	Signature	Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	*	COMPLAINT/DISC	ÓYERY	۵
r-			Up Up		
airs id#: <u>03/0455</u> 1	DATE: 5/19/97	TIME	IN: _//0000 TIM	IÉ QUT:	\$0_
	ak Hill Cl		\$ 15 m	2	<u> </u>
FACILITY LOCATION:				Titige	
	Jacksonu	ille, FL	32210		
RESPONSIBLE OFFICIAL :	Richard Go	oldfark	PHONE: 904-		158
CONTACT NAME:	Jone	2	_ PHONE:	ene	
PART I: NOTIFICATION					**************************************
(check appropriate box)					
1. New facility notified DARM 3	30 days prior to startup)			×
2. Facility failed to notify DARN	I to use general permit	i .			<u> </u>
		-			
PART II: CLASSIFICATION					
Facility indicated on notification	n form that it is:		☐ No notification for		
Facility indicated on notification (check appropriate box)	n form that it is:		☐ No notification for ☐ Drop store/out of b		oleum
Facility indicated on notification (check appropriate box) A.		New small a	☐ Drop store/out of b		oleum
Facility indicated on notification (check appropriate box)	e >2.		☐ Drop store/out of b	ousiness/petro	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e 🏃 2. r dry tra	y-to-dry only, insfer only, x	☐ Drop store/out of barea source x < 140 gal/yr < 200 gal/yr	ousiness/petro	oleum
Facility indicated on notification (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	e 🗏 2. r dry tra bo	y-to-dry only, unsfer only, x th types, x <	☐ Drop store/out of barea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	ousiness/petro	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e 🗏 2. r dry tra bo	y-to-dry only, unsfer only, x th types, x <	☐ Drop store/out of barea source x < 140 gal/yr < 200 gal/yr	ousiness/petro	oleum
Facility indicated on notification (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	e 2. tr dry tra bo (cc e 2 4. 00 gal/yr dry gal/yr tra tl/yr bot	y-to-dry only, ansfer only, x th types, x < constructed on New large a y-to-dry only, ansfer only, 20 th types, 140	☐ Drop store/out of barea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ousiness/petro	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	e A 2. tr dr tra bo (cc e □ 4. 00 gal/yr dr gal/yr tra il/yr boo	y-to-dry only, ansfer only, x th types, x < onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on	Drop store/out of barea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	usiness/petro	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class If no, please check the applications.	e 2. tra tra bo (co e 4. 00 gal/yr dry gal/yr tra d/yr boo ssification	y-to-dry only, ansfer only, x th types, x < onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on Y \bigcup N	Drop store/out of barea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine	usiness/petro	oleum

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

B	. Has the responsible official of an existing large or new large area source also:			<u> </u>
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ПY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ПY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠN	□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?	D V	⊓w	□n/a
_			- 11	GIVA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПП	□N/A

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

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small sources,	bi-weekly) leak detection a	and repair
inspection?			MY DN
2. Has the facility maintained a leak log	; ?		XX DN
3. Does the responsible official check th	e following areas for leaks?		
Hose connections, fittings, couplings, and valves	AV ON ON/A	Muck cookers	YAY ON ON/
Door gaskets and seating	AND ND YA	Stills	אמם מם צו
Filter gaskets and seating	TAY ON ON/A	Exhaust dampers	OY ON PANA
Pumps	AND NO YA	Diverter valves	OY ON X
Solvent tanks and containers	YEY ON ON/A	Cartridge filter housings	YOU ON PAR
Water separators	Y ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfaces)		× ·
Physical detection (airflow felt t	hrough gaskets)		X
Odor (noticeable perc odor)			X

couplings, and valves	AND ND YA	Muck cookers	ANO NO YA
Door gaskets and seating	YAY ON ON/A	Stills	AND NO YA
Filter gaskets and seating	TOW ON ON/A	Exhaust dampers	OY ON MANA
Pumps	AVU UU YA	Diverter valves	OY ON MANA
Solvent tanks and containers	AY ON ON/A	Cartridge filter housings	ANO NO YA
Water separators	AND NO YA		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	solvent on exterior surface	es)	*
Physical detection (airflow felt th	rough gaskets)		×
Odor (noticeable perc odor)			× O
Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)	œ.
Halogen leak detector			X
If using direct-reading instr	umentation, is the equip	oment:	MAN/A
a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	'OY ON
b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	□Y □N
c. Inspected for leaks an	d obvious signs of wear o	on a weekly basis?	□Y □N
d. Kept in a clean and so	ecure area when not in us	se?	□Y □N
e. Verified for accuracy	by use of duplicate sample	les (calorimetric only)?	□Y □N
Jeff Win	der	May	19, 1999
Inspector's Name (Please Prin	nt)	Date of Inspe	ction
Jeffyn Lly	te	May, a	2600

Approximate Date of Next Inspection

A	ADDITIONAL SITE INFORMATION:		
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:			
	•		
	·		
		•	

AIRS 1D#: 03/0455

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

<u>-/-</u>
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es u no
orting period stated above:
orting period stated above:
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quiry, that the statements oethylene solvent, based ties or 1,800 gallons per

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLAINT/E	DISCOVERY	RE-INSPECTION
TIME IN: ///	TIME OUT:	1/20	AIRS ID#:	03/0455
TYPE OF FACILITY:	rc. Dry Cla	aner'		
FACILITY NAME: 2	Dak Hill Ch	eaners		date:_ <i>5/19/9</i> 7
FACILITY LOCATION:	7628-1 10	3 th St.		
	Jacksonvill	e, FC 32	210	
RESPONSIBLE OFFICIAL:	Kichard (30/12/to16	PHONE NUMBER	<u>: 404-771-8558</u>
Based on the results of the compliance with DEP R				acility is found to be in
Based on the results of the discrepancies were noted		ents evaluated during	this inspection, the fo	ollowing compliance
COMPLIANCE REQU	IREMENT/PROBI	LEM FO	LLOW-UP ACT	ION REQUIRED
				,
				.
				·
COMMENTS:	<u> </u>			
CONTINUE (10.				
<u> </u>				
The Annual Compliance Certific	ation form has been prop	erly certified and sub	omitted to the inspecto	or. YES NO
DATE OF NEXT INSPECTIO	N:	My 2 (Approximate)	000	
INSPECTION CONDUCTED	ву:	eff Wind	er	
	0 11	(Please Print)		0 / 10 / 10 1
INSPECTOR'S SIGNATURE:	- GMM	1 Unte	_PHONE NUMBER	1: 404-630-3484
		Pageof		Revised 10/96

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DEC 2 7 1999

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION:

ANNUAL

×

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: <u>03/0455</u> DATE:	
FACILITY NAME: Oak A	ill Cleaners
	8-1 103 rd St.
Ja	Eksonville, FL 32210
RESPONSIBLE OFFICIAL: Rich	aid Goldfaib PHONE: 904-771-8558
CONTACT NAME:	phone: and
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days price	r to startup
2. Facility failed to notify DARM to use get	eral permit
·	
PART II: CLASSIFICATION	
Facility indicated on notification form that (check appropriate box)	it is: No notification form Drop store/out of business petroleum
i ·	☐ Drop store/out of business petroleum
(check appropriate box) A. I. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transier only, x < 200 gal/yr both types, x < 140 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only. x < 140 gallyt transfer only. x < 200 gallyt both types. x < 140 gallyt (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 < x < 2.100 gallyt transfer only, 200 < x < 1.800 gallyt both types. 140 < x < 1,800 gallyt both types. 140 < x < 1,800 gallyt	Drop store/out of business petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transier only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transier only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only. x < 140 gallyt transfer only. x < 200 gallyt both types. x < 140 gallyt (constructed before 12/9/91) 3. Existing large area source dry-to-dry only. 140 \$\frac{1}{2}\times 2.100 gallyt transfer only, 200 \$\frac{1}{2}\times 1.800 gallyt both types. 140 \$\frac{1}{2}\times 1.800 gallyt (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate of facility qualified is	Drop store/out of business petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ Y □ N □ Can not determine

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?	YXY □N □N/A
2. Examining the containers for leakage?	XY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	X DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposai?	OY ON MANA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON SONA
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 ref (complete A below).	frigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber minstalled prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
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?	$\exists Y \exists Z$
2. Equipped dry-to-dry machines with a closed-loop vapor venung system?	DY DN DN/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ONA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	□Y □N □N/A
5. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□Y □N

~				
В	3. Has the responsible official of an existing large or new large area source also:			
1.	. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	□N	
2.	. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber.			
	if machines are equipped with a carbon adsorber?	$\Box Y$	$\square N$	□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			
	• ••	ПY	ПИ	□N/A
5.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	N	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	XY DN		
2. Maintained rolling monthly total of perc consumption?	XY DN		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or:	AVZ ON ONA		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON MAN/A		
4. Maintained calibration data? cor applicable direct reading instruments)	□Y □N SEN/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XXI/A		
6. Maintained startup/shutdown/maifunction plan?	XIV DN		
7. Maintained deviation reports?	OY ON XXVA		
Problem corrected?	□Y □N XXN/A		
8. Maintained compliance plan, if applicable?	□Y □N SKN/A		

P	ART VI: LEAK DETECTION AND) REPA	IRS						
1.	. Does the responsible official conduct	a weekl	y (for	smail sou	ırces.	bi-weekly) leak detection	and re	paur	
	inspection?						A		⊐א
2.	. Has the facility maintained a leak log	.?					χέχ	•	וע⊏
3.	Does the responsible official check th	e follow	ring ar	reas for lea	aks?		,		
	Hose connections, fittings, couplings, and valves	X	ПΝ	□N/A		Muck cookers	A Y	□N	
	Door gaskets and seating	Y	ПN	□N/A		Stills	*EY	ПN	
	Filter gaskets and seating	TAY	□и	□N/A		Exhaust dampers	ΠY	ПN	MINIA
	Pumps	YEY	□N	□N/A		Diverter vaives	ΠY	ПN	MN/A
	Solvent tanks and containers	PY	ΠN	□N/A		Cartridge filter housing	s \$EY	□N	□N/A
	Water separators	∳ Y	ПΝ	□N/A					
4.	Which method of detection is used by	the resp	onsibl	e official?	?				
	Visual examination (condensed s	solv ent c	on exte	erior surfa	aces)		A		
	Physical detection (airflow felt th	ırough g	askets	5)			X		
	Odor (noticeable perc odor)						X X		
	Use of direct-reading instruments	ation (F)	ID/PII	O/calorimo	etric t	rubes)			
	Halogen leak detector						XIN/A		
	If using direct-reading instr	umenta	tion,	is the equ	ıipme	nt:	XIN/A	4	
	a. Capable of detecting	perc vap	or co	ncentratio	ns in	a range of 0-500 ppm?	'⊐Y	ПΝ	
	b. Calibrated against a s (PID/FID only)?	tandard	gas p	rior to and	d afte	r each use	□Y	□и	
	e. Inspected for leaks an	a obvioi	us sign	ns of wear	r on a	weekly basis?	□Y (ПN	
	d. Kept in a clean and se	cure are	ea who	en not in t	use?		□Y	ПN	
	e. Verified for accuracy	by use o	f dupi	icate sam	ples (calorimetric only)?	□Y (NE	
						·			
	•								
	X 00 11	_				1/			
	Jeff Win	te/		_	-	- May	7,1	177	, —
	Inspector's Name (Please Prin	C)				Date of Hisper	:nou		
	Jeffin Lin	Te	,	_		May &	2000)	
	Inspector's Segnature					Approximate Sate of N	ext ins	pecu	on

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ADDITIONAL SITE INFORMAT		
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NO		
ACC	_	

AIRS ID#: 03/0455

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Oak Hill	Cleaner	3		DATE: 5/19/99
FACILITY LOCATION:	7628-1	1035	St.		
_	Jacksonvi				
Annual Reporting Period:	May	19,	19 <u><i>9</i>8</u> то _	May	<u> 19</u> 19 <u>97</u>
Based on each term or condition	on of the Title V gener	al air permit, my	facility has rema	ined in compliance	with DEP Rule
62-213.300, Florida Administr	rative Code (F.A.C.), d	luring the period	covered by this s	tatement. XYES	S □NO
If NO, complete the following:					
#1. Term or condition of the g	eneral permit that has	not been in cont	inuous compliand	e during the report	ing period stated above:
Exact period of non-compliance	e: from	_	t	o	
Action(s) taken to achieve com	pliance:				
Method used to demonstrate co	ompliance:				
#2. Term or condition of the g	eneral permit that has	not been in cont	inuous complianc	e during the reporti	ing period stated above:
Exact period of non-compliance	e: from		to		
Action(s) taken to achieve com					
Method used to demonstrate co	mpliance:				
As the responsible official. I he made in this notification are tru upon rolling averages of purch wear for transfer or combination	ue, accurate and comp ase receipts, does not in facilities.	elete. Further, m exceed 2,100 ga	v an <mark>nu</mark> ai consum _i	otion of perchloroei	thylene solvent, based
RESPONSIBLE OFFICIAL:	Name (Please	e Print)	- Jours	Signature	5//9/97 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLAINT	DISCOVERY [RE-INSPECTION
TIME IN: //0	TIME OUT:	1/20	AIRS ID#:	03/0455
TYPE OF FACILITY:	erc. Dry Glea	ner		
FACILITY NAME:	Dak Hill Cle	aners		DATE: 5/19/99
	7628-1 103	rd 5+:		
FACILITY LOCATION:	Jacksonville		2210	
	7	old forb		2: 904-771-8558
RESPONSIBLE OFFICIAL:	KICHWA G	0121015	PHONE NUMBER	(: 707- / 11-0)20
Based on the results of compliance with DEP F	the compliance requirement Rule 62-213.300, Florida Ac	ts evaluated durin Iministrative Cod	g this inspection, the f (F.A.C.).	acility is found to be in
Based on the results of discrepancies were note	the compliance requirement d:	ts evaluated durin	g this inspection, the f	ollowing compliance
COMPLIANCE REQU	JIREMENT/PROBLE	EM F	OLLOW-UP ACT	TION REQUIRED
	-		· · · · · · · · · · · · · · · · · · ·	
	<u> </u>			
COMMENTS:				
CO. HINDINIO.				
The Annual Compliance Certific	ation form has been proper	ly certified and su	bmitted to the inspecto	or. YES X 100 _
DATE OF NEXT INSPECTIO	N:	May 5	2000	,
DALL OF MERE MODELLIO		(Approximate	e)	
INSPECTION CONDUCTED	BY:	ff Win	ter	
Z.O. DOTTON COMBOCILIE	2	(Please Print		0 (1
INSPECTOR'S SIGNATURE:	Jeffing	Unte	PHONE NUMBER	:: 904-630-3484
		1 . 1		

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

X

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	Ж П	COMPLAINT/D	DISCOVERY ($ii_{i}i_{i}$
AIRS ID#: <u>03/0455</u> DA FACILITY NAME: <u>0</u> FACILITY LOCATION: <u>7</u> RESPONSIBLE OFFICIAL: <u>K</u> CONTACT NAME:	те: <u>3/29/2</u> Ł <i>Hill С</i> И	eaner				
PART I: NOTIFICATION (check appropriate box)					·	
New facility notified DARM 30 days prior to startup Facility failed to notify DARM to use general permit						
PART II: CLASSIFICATION				-		
	gal/yr al/yr fication ropriate classification ualified for a genexceeds above lim	transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on Y	, $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after $12/9/91$) area source , $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) \Box Can not determine the solution of the so	Bureau of Air Monitoring 2. Mobile Sources al/yr inne every al/yr al/yr inne every al/yr al/yr inne every al/yr al/yr inne every al/yr al/yr inne every al/yr al/	APR - 5 2000	RECEIVE.

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

PART III: GENERAL-CONTROL REQUIREMENTS

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?	ΠY	□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?	ПY	□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?	ΟY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			AX ON		
2.	Has the facility maintained a leak log	<u>;</u> ?	•	MO NE		
3.	Does the responsible official check the	ne following areas for leaks?	•	(.		
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	ZY ON ON/A		
	Door gaskets and seating	DV ON ON/A	Stills	YY ON ON/A		
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	OY ON DAN/A		
	Pumps	Y ON ON/A	Diverter valves	OY ON DAN/A		
	Solvent tanks and containers	YAY ON ON/A	Cartridge filter housings	□Y □N MN/A		
	Water separators	Y ON ON/A				
4.	Which method of detection is used by	y the responsible official?	•			
	Visual examination (condensed	3)	*			
	Physical detection (airflow felt		4			
	Odor (noticeable perc odor)		#			
	Use of direct-reading instrumer	c tubes)				
	Halogen leak detector			*		
	If using direct-reading ins	trumentation, is the equip	ment:	MN/A		
	a. Capable of detecting	g perc vapor concentrations	in a range of 0-500 ppm?	□Y □N		
	b. Calibrated against a (PID/FID only)?	a standard gas prior to and at	fter each use	□Y □N		
	c. Inspected for leaks	and obvious signs of wear o	n a weekly basis?	□Y □N		
	d. Kept in a clean and	secure area when not in use	?	OY ON		
	e. Verified for accurac	cy by use of duplicate sampl	es (calorimetric only)?	□Y □N		
		·		,		
_			· ·			

Jeff Winter
Inspector's Name (Please Print)

3/29/2066

Date of Inspection

March, 200/

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		_
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	·	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL ANNUAL	COMPLAINT/DIS	COVERY	RE-INSPECTION
TIME IN: //20	TIME OUT:	1/30	AIRS ID#:	310455
TYPE OF FACILITY:	c. Dry Cleane			
FACILITY NAME: 00	ck Hill Chanel			DATE: 3/29/2000
FACILITY LOCATION:	628-1 103 rd	Street	· 	
	ack sonville, F	L 32219		
RESPONSIBLE OFFICIAL:	Richard Gold	farb r	PHONE NUMBER:	904-771-8558
	e compliance requirements e le 62-213.300, Florida Admi			cility is found to be in
Based on the results of the discrepancies were noted:	e compliance requirements e	valuated during thi	is inspection, the fol	lowing compliance
COMPLIANCE REQUI	REMENT/PROBLEM	fol)	LOW-UP ACTI	ON REQUIRED
			·	
COMMENTS:				
, '				
The Annual Compliance Certificat	tion form has been properly	certified and submi	itted to the inspector	YES NO
DATE OF NEXT INSPECTION	: <i>]0</i> /	(Approximate)	0/	
INSPECTION CONDUCTED B	v: Jak	Winter	_	
A CONDUCTED D	11. 1	(Please Print)		2.11.
INSPECTOR'S SIGNATURE:_	Jeffyn D.	mos P	HONE NUMBER:	904-630-3484
	Page	of		Revised 10/9

AIRS ID#: 03/0455

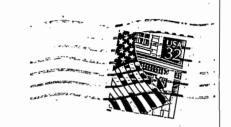
DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Oak Hill Cleaner DATE: 3/29/2000
FACILITY LOCATION: 7628-1 103 dd Street
Jacksonville, FL 32210
Annual Reporting Period: May 19, 1999 TO March 29, 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.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
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:

^{*}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.

Oak Hill Cleaners 7628-1 10314 St. Jax, FL 32210





Rick Butler
Title V Air General Permit Section
Bureau of Air Montaring & Mobile Jervices
Dept. of Environmental Protection
(ms-5500)
2000 Blair Stone Rd.
Tallahassee, FL 32399-2400

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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

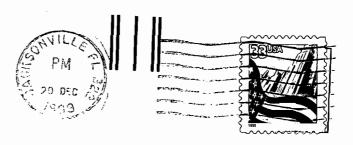
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AIRS ID # 0310455

OAK HILL CLEANERS RICHARD GOLDFARB 7628-1 103RD STREET JACKSONVILLE FL 32210 MAIL ROOF

FOR GOVERNMENT USE WALL Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

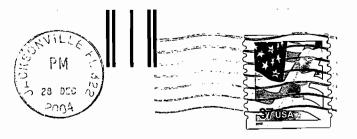
AIRS ID# 310455 10 OAK HILL CLEANERS 7628-1 103rd Street JACKSONVILLE, FL 32210

Printed on recycled paper.

Bureau of Air Monitori & Mobile Sources FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 **OBJECT: 002273**

Todlee Corporation 8 Santa Anita Avenue Orange Park, FL 32073



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

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Tu Tota	ID# 310455			
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Street or PO	7628-1 103	RD STREET		
City, s	JACKSON	VILLE, FL 32210	J	
PS Fo	rm 3800; June 200)2	See Rever	se for Instructions

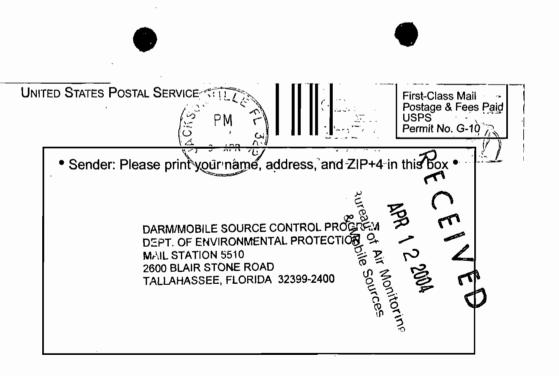
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ARSTID # 310455 RICHARD GOLDFARB FOAK HILL CLEANERS	A. Signature X
7623-1 103RD STREET JACKSONWILLE, FL 32210	3. Service Type Certified Mail
2. Article Number 7003	0500 0004 0144 9621
PS Form 3811, August 2001 Domestic	Return Receipt 102595-02-M-1540

 MS#5510 MC Acct #5521	CERTIFIED MAIL.
Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400	
kinailed 1200 4 CKS	Mobile Sources Mobile Sources
	GULD626 3221026/3 1803 22 03/10/04 NOTIFY SINDER OF NEW ADDRESS GOLDFA LOW BLVD 1415 NVILLE FL 32210-6937

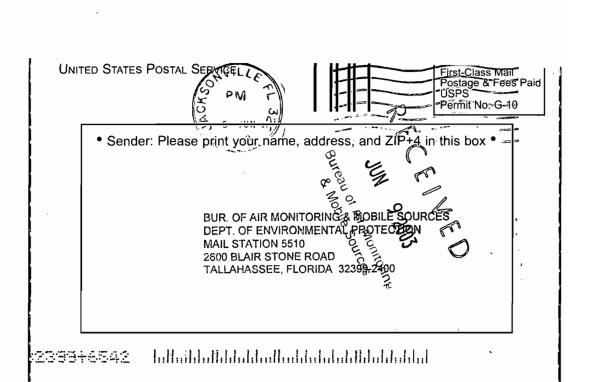
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260	Restricted Delivery Fee (Endorsement Required)
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m	OAK HILL CLEANERS
700	Sent To RICHARD GOLDFAR3
~	Street, Apr. A 7628-1 103RD STREET
{	or PO Box No. JACKSONVILLE, FL 32210
1	City, State, 2
	PS Form 3800-June 2002

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item ? Ges / If YES, enter delivery address below:
OAK-HILL CLEANERS RICHARD GOLDFARB 7628-1 103RD STREET	,
JACKSONVILLE, FL 32210 #0310455	3. Service Type Certified Mail Registered Response Mail Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7003 22	260 0003 5650 8434
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540



	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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J.b.70	Sont To	AIRS ID # 03104550 IARD GOLDFARE	
7000	7628-	HILL CLEANERS -1 103RD STREET KSONVILLE FL 32	7
	PS Form 3800, May 2000		Sec Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE	JPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
10 AIRS ID # 0310455001AG RICHARD GOLDFARB	If YES, enter delivery address below: No
OAK HILL CLEANERS 7628-1 103RD STREET JACKSONVILLE FL 32210	3. Service Type Certified Mail
7000 1670 0013 3095 3355	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HAMDLING

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

TOTAL AMOUNT DUE: \$50.00

Mobile Soci

Do NOT Remove Label

OAK HILL CLEANERS RICHARD GOLDFARB 7628-1 103RD STREET JACKSONVILLE FL 32210 AIRS ID#0310455

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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

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AIRS ID # 0310455

OAK HILL CLEANERS RICHARD GOLDFARB 7628-1 103RD STREET JACKSONVILLE FL 32210 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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AIRS ID # 0310455

OAK HILL CLEANERS RICHARD GOLDFARB 7628-1 103RD STREET JACKSONVILLE FL 32210 Bureau of Air Monitoring & Mobile Sources

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0310455 OAK HILL CLEANERS RICHARD GOLDFARB

7628-1 103RD STREET JACKSONVILLE FL 32210

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

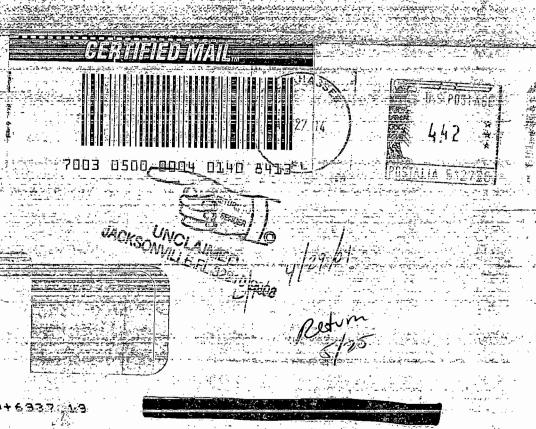
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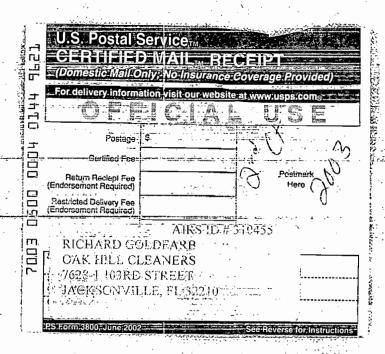
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■ Complete items 1, 2; and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 12-
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Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400





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Ī	Lauiiiii
à	City, State, ZiP+4 JACKSONVILLE FL 32210-6937
Į.	PS Form 3800, June 2002 See Reverse for instructions

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