



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 21, 1998

Mr. John Hannoush
Signature Cleaners
9719 San Jose Boulevard #5
Jacksonville, Florida 32257

Re: Facility No.: 0310461

Dear Mr. Hannoush:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 8, 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

S & L Cleaners
9719-5 San Jose Blvd.
Jacksonville, Florida 32257

To: Department of Environmental Protection
Re: Annual Emissions fee

Dear Sandra Bowman:

The premises located at 9719 San Jose Blvd. #5 Jacksonville, Florida 32257 used to be "Signature Cleaners," which was a dry cleaning plan which falls under rule 62-213.300. I am the new owner of this facility but the premises is no longer operates as a full plan which uses chemicals. It became a drop-off service since Aug. 1, 2001.

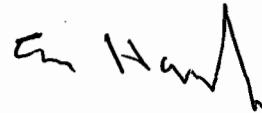
- Attached, please find a copy of boiler inspection.

Please call me if you need any further information at (904) 260-8211.

Thank you

Sincerely,

Sam Hannoush



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AIR ID# 0310461
OCT 29 2002
Bureau of Air Monitoring
& Mobile Sources



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 26, 2001

S&L CLEANERS
9719 SAN JOSE BLVD.
UNIT 5
JACKSONVILLE, FL 32257

Subject: **S&L CLEANERS**

REGISTRATION NUMBER: **G01325900166**

This will acknowledge the filing of the above fictitious name registration which was registered on November 26, 2001. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/cd
Division of Corporations

Letter No. 801A00062616

State of Florida



Department of State

I certify from the records of this office that S&L CLEANERS is a Fictitious Name registered with the Department of State on November 26, 2001.

The Registration Number of this Fictitious Name is G01325900166.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-sixth day of November, 2001



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State



BEST AVAILABLE COPY
DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE PREVENTION
BOILER SAFETY PROGRAM

Boiler-Fired Pressure Vessel
REPORT OF INSPECTION

This inspection is intended for your safety and the safety of the citizens of Florida. Your cooperation is greatly appreciated.

1	DATE INSPECTED MO DAY YR 09 30 02	CERT EXP DATE MO YR 00 00	CERTIFICATE POSTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FOLLOW UP INSPECTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	JURISDICTION NUMBER 001440	NAT'L BD NO. <input checked="" type="checkbox"/> 1538	OTHER NO. <input type="checkbox"/>
2	OWNER SIGNATURE CLEANERS		NATURE OF BUSINESS CLEANERS		KIND OF INSPECTION INT <input type="checkbox"/> EXT <input checked="" type="checkbox"/>		CERTIFICATE INSPECTION YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
OWNERS STREET ADDRESS NUMBER 9319-S SAN JOSE BLVD			OWNERS CITY JACKSONVILLE		STATE FL	ZIP 32257	
USERS NAME - OBJECT LOCATION SIGNATURE CLEANERS			SPECIFIC LOCATION IN PLANT BLRM		OBJECT LOCATION - COUNTY DUVAL		
USERS STREET ADDRESS NUMBER 9319-S SAN JOSE BLVD			USERS CITY JACKSONVILLE		STATE FL	ZIP 32257	
4	TYPE <input checked="" type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> OTHER		YEAR BUILT 1992	MANUFACTURER HURST			
5	USE <input type="checkbox"/> POWER <input checked="" type="checkbox"/> PROCESS <input type="checkbox"/> STEAM HTG. <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/> OTHER			FUEL	METHOD OF FIRING		PRESSURE GAGE TESTED YES <input type="checkbox"/> NO <input type="checkbox"/>
6	PRESSURE ALLOWED THIS INSPECTION - PREV INSPECTION 150		SAFETY - RELIEF VALVES SET AT -		HEATING SURFACE OR BTU -		
7	IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (IF NO EXPLAIN FULLY UNDER CONDITIONS)				HYDRO TEST <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

8. CONDITIONS: With respect to the internal surface, describe and state location of any scale, oil or other deposits. Give location and extent of any corrosion and state whether active or inactive. State location and extent of any erosion, grooving, bulging, warping, cracking or similar condition. Report on any defective rivets, bowed, loose or broken stays. State condition of all tubes, tube ends, coils, nipples, etc. Describe any adverse conditions with respect to pressure gage, water column, gage glass, gage cocks, safety valves, etc. Report condition of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.

Object has been removed from service location is now a drop off point.
 aka SSL Cleaners

9. REQUIREMENTS: (List Code Violations)

10. NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED
 O'Hara Hannonish 260-8211

THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

SIGNATURE OF INSPECTOR: [Signature] IDENT. NO. 09 EMPLOYED BY: FL001 IDENT. NO. 01

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):	DAS of PONTE VEDRA, INC.		
2. Site Name (For example, plant name or number):	Signature Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	9719 SAN JOSE BLD. #5		
Street Address:			
City:	JACKSONVILLE, FL	County:	DUVAL
		Zip Code:	32257
5. Facility Identification Number (DEP Use):	0310461		

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 & Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:	JOHN HANNOSH		
7. Responsible Official Mailing Address:	Signature Cleaners		
Organization/Firm:			
Street Address:	9719 SAN JOSE BLD. #5		
City:	JAX, FL	County:	DUVAL
		Zip Code:	32257
8. Responsible Official Telephone Number:			
Telephone:	(904) 260-8211	Fax:	() - N/A

Facility Contact (If different from Responsible Official)

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

0310461

p13

6. add Title of Responsible official.

9/18/98 Spoke to John Karmoysh and he stated that he is the owner of Signature Cleaners and Das of Ponte Vedra, Inc.

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		5-MAY-92	5-MAY-92						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

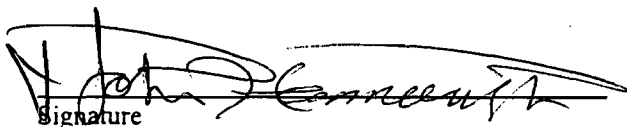
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

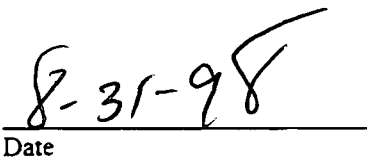
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

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


Signature


Date

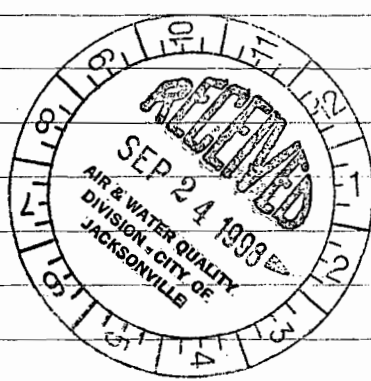
Tilley

p13
6. Add Title of Responsible official.

1. Facility Name:	
2. Site:	
3. Hazardous Waste:	
4. Facility Street Address and City:	9/18/98 Spoke to John Harnoush and he stated that he is the owner of Signature Cleaners and Das of Ponte Vedra, Inc.
5. Facility Phone Number:	32257 461

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6. Name:	
7. Responder Organization Street and City:	
8. Responder Telephone:	



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Bureau of Air Monitoring & Mobile Sources

9. Name and Title of Facility Contact (For example, plant manager):
JOHN HARNOSH - owner

10. Facility Contact Address:
Same

Street Address:
City: County: Zip Code:

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

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	DAS OF PONTE VEDRA, INC.		
2. Site Name (For example, plant name or number):	Signature Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	9719 SAN JOSE BLVD, #5		
Street Address:			
City:	JACKSONVILLE, FL	County:	DUVAL
		Zip Code:	32257
5. Facility Identification Number (DEP Use):	0310700		

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Bureau of Air Monitoring
& Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:	JOHN HANNOUSH - OWNER <i>JH</i>		
7. Responsible Official Mailing Address:	Signature Cleaners		
Organization/Firm:			
Street Address:	9719 SAN JOSE BLVD. #5		
City:	JAX FL	County:	DUVAL
		Zip Code:	32257
8. Responsible Official Telephone Number:			
Telephone:	(904) 266-8211	Fax:	() - N/A

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OCT - 1 1998
Bureau of Air Monitoring
& Mobile Sources

Facility Contact (If different from Responsible Official)

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

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>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser		<i>5-MAY-92</i>	<i>5-MAY-92</i>						
(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?

25 gallons

(b) If less than 12 months, how many? 8 months

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

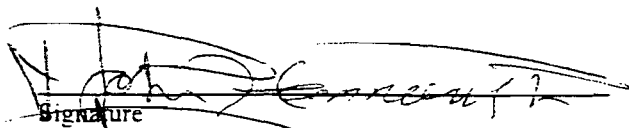

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

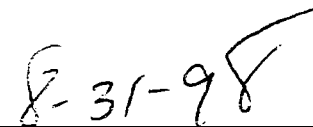
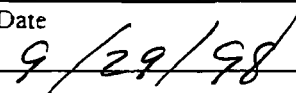
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

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


Signature



Date


ACC

AIRS ID#: 0310461

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED
DATE: 9/29/98
OCT 1 1998
Bureau of Air Monitoring
& Mobile Sources

FACILITY NAME: Signature Cleaners
FACILITY LOCATION: 9719 San Jose Blvd
Jacksonville, FL 32257

Annual Reporting Period: May 4th 1998 TO 9/29 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

S(b) Leak inspection log NOT kept

Exact period of non-compliance: from 5/4/98 to 9/29/98

Action(s) taken to achieve compliance: R.O. Will Start Using Calendar

Method used to demonstrate compliance: Reinspection.

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

S(c) Refrigerated Condenser temp log NOT kept

Exact period of non-compliance: from 5/4/98 to 9/29/98

Action(s) taken to achieve compliance: R.O. Will Start Using Calendar

Method used to demonstrate compliance: Reinspection.

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: John Channoush John Channoush 9/29/98
Name (Please Print) Signature Date

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

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

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Bureau of Air Monitoring
& Mobile Sources

✓ **TYPE OF INSPECTION:** ANNUAL RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: 0310461 **DATE:** 9/29/98 **TIME IN:** 1100 **TIME OUT:** 1130

FACILITY NAME: Signature Cleaners

FACILITY LOCATION: 9719 San Jose Blvd.
Jacksonville, FL 32257

RESPONSIBLE OFFICIAL: John Hannoush **PHONE:** 904-260-8211

CONTACT NAME: Some **PHONE:** Some

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 checked="" 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 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 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 25 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or, Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

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

3. Does the responsible official check the following areas for leaks?

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

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Jeff Winter
Inspector's Name (Please Print)

9/29/98
Date of Inspection

Jeffrey Winter
Inspector's Signature

August, 1999
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: 1100 TIME OUT: 1130 AIRS ID#: 0310461
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Signature Cleaners DATE: 9/29/98
 FACILITY LOCATION: 9719 San Jose Blvd.
Jacksonville, FL 32257
 RESPONSIBLE OFFICIAL: John Hammoush PHONE NUMBER: 904-260-8211

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>Leak log NOT kept</u>	<u>R.O. Will Start Using Calendar</u>
<u>Refrigerated Condenser log NOT kept</u>	<u>R.O. Will Start Using Calendar</u>

RECEIVED
 OCT - 1 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: August, 1999
 (Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
 (Please Print)

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

RECEIVED

JUL - 1 1999

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0310461 DATE: 6/22/99 TIME IN: 1100 TIME OUT: 1120
FACILITY NAME: Signature Cleaners
FACILITY LOCATION: 9719 San Jose Blvd.
Jack Souville, FL 32257
RESPONSIBLE OFFICIAL: John Hannoush PHONE: 904-260-8211
CONTACT NAME: Same PHONE: Same

PART I: NOTIFICATION

(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

A.

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 57.6 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 type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" 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 type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" 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 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)

6/22/99

Date of Inspection

Jeffrey Winter

Inspector's Signature

June, 2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

AIRS ID#: 0310461

ACC

Revised 10/10/96

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

FACILITY NAME: Signature Cleaners DATE: 6/22/99
 FACILITY LOCATION: 9719 San Jose Blvd.
Jacksonville, FL 32257

Annual Reporting Period: June 22, 1998 TO June 22, 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: John Hannoush *John Hannoush* 6/22/99
 Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1100 TIME OUT: 1120 AIRS ID#: 0310461
 TYPE OF FACILITY: Perc. Dry Cleaner
 FACILITY NAME: Signature Cleaners DATE: 6/22/99
 FACILITY LOCATION: 9719 San Jose Blvd.
Jacksonville, FL 32257
 RESPONSIBLE OFFICIAL: John Hannoush PHONE NUMBER: (904) 260-8211

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

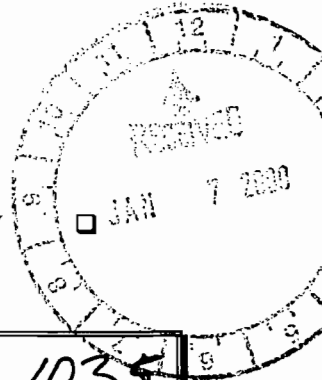
DATE OF NEXT INSPECTION: June, 2000
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST



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

AIRS ID#: 0310461 DATE: 5/5/2000 TIME IN: 1020 TIME OUT: 1035
FACILITY NAME: Signature Cleaners
FACILITY LOCATION: 9719 San Jose Blvd. # 5
Jacksonville, FL 32257
RESPONSIBLE OFFICIAL: John Hannoush PHONE: 904/260-8211
CONTACT NAME: Same PHONE: Same

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

No notification form
 Drop store/out of business/petroleum

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <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 checked="" 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 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 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 30 gallons.

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JUN - 7 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)

5/5/2000
Date of Inspection

Jeff Winter
Inspector's Signature

May, 2001
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

✓ DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Signature Cleaners DATE: 5/5/2000

FACILITY LOCATION: 9719 San Jose Blvd. # 5 Jacksonville, FL 32257

Annual Reporting Period: June 22, 1999 TO May 5, 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. [X] 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: John Hanneush Name (Please Print) John Hanneush Signature 5/5/2000 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: 1020 TIME OUT: 1035 AIRS ID#: 0310461
 TYPE OF FACILITY: Perc. Dry cleaner
 FACILITY NAME: Signature Cleaners DATE: 5/5/2000
 FACILITY LOCATION: 9719 San Jose Blvd. #5
Jacksonville, FL 32257
 RESPONSIBLE OFFICIAL: John Hannoush PHONE NUMBER: 904/260-8211

- 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: May, 2001
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: *Jeff Winter* PHONE NUMBER: 904-630-1212
EXT. 3169

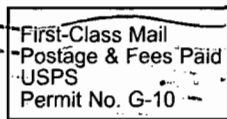
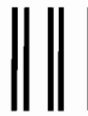
Page 1 of 1

Revised 10/96

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
[Redacted]		
Postage	\$	Postmark ...
Certified Fee		
Return Receipt Fee (Endorser)		
Restrict (Endorse)	AIRS ID# 0310461 SIGNATURE CLEANERS JOHN HANNOUSH	
Total Pr		
Recipie	9719 SAN JOSE BLVD #5	
Street, A	JACKSONVILLE FL 32257	
City, Stat		
PS Form 3800, February 2000 See Reverse for Instructions		

COMPLETE THIS SECTION ON DELIVERY	
A. Received by (Please Print Clearly)	B. Date of Delivery 2-28
C. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type <input 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.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
1. Article Addressed to: AIRS ID# 0310461 SIGNATURE CLEANERS JOHN HANNOUSH 9719 SAN JOSE BLVD #5 JACKSONVILLE FL 32257	
2. Article Number (Copy from service label) 70000520002898732347	

UNITED STATES POSTAL SERVICE



• 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
MAR 4 2002

32399-2400



U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	<i>Receipt</i> Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	10 AIRS ID # 0310461001AG
Sent To	JOHN HANNOUSH
Street, Apt. No. or PO Box No.	DAS OF PONTE VEDRA INC
City, State, Zip	9719 SAN JOSE BLVD #5 JACKSONVILLE FL 32257
PS Form 3800, January 2001 <small>See Reverse for Instructions</small>	

7001 0320 0001 7976 3491

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. Signature <i>X [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery JUN - 6 2003</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>10 AIRS ID # 0310461001AG JOHN HANNOUSH DAS OF PONTE VEDRA INC 9719 SAN JOSE BLVD #5 JACKSONVILLE FL 32257</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article (Transferee) 7001 0320 0001 7976 3491</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

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.

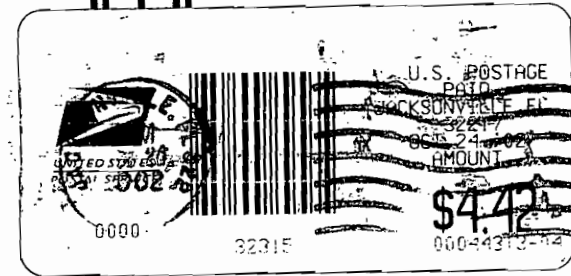
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

JUN 1 0 2003

RECEIVED

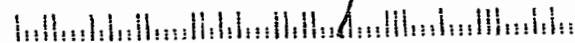
SEL Cleaners
9719 S San Jac. Blvd
JAX. FL. 32257

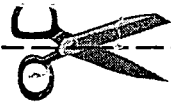


TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

Attn: Sandra Bowman

32315+3070 99





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400575

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

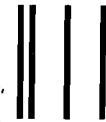
AIRS ID # 0310461

SIGNATURE CLEANERS
 JOHN HANNOUSH
 9719 SAN JOSE BLVD #5
 JACKSONVILLE FL 32257

RECEIVED
 MAIL ROOM
 DEC 20

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

SIGNATURE DRY CLEANER
 9719-5 San Jose Blvd.
 Jacksonville, FL 32257
 (904) 260-8211



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

32315+3070



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0355162

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

RECEIVED
MAIL ROOM
DEC 23 98

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0310461
SIGNATURE CLEANERS JOHN HANNOUSH 9719 SAN JOSE BLVD #5 JACKSONVILLE FL 32257

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

RECEIVED
 DEC 29 1998
 Bureau of Air Monitoring
 & Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389142

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 # 0310461
SIGNATURE CLEANERS JOHN HANNOUSH 9719 SAN JOSE BLVD #5 JACKSONVILLE FL 32257

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

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 DEC 8 98
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 MAIL ROOM
 DEC 10 1999
 Bureau of Air Monitoring
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