



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 6, 1996

Mr. Somabhal L. Desal  
Quality Cleaner  
409 Anastasia Boulevard  
St. Augustine, Florida 32084

Re: Facility I.D. No. 1090048

Dear Mr. Desal:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 12, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Rick Banks, Northeast District

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

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

|   |
|---|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):<br><b>SOMABHAI L. DESAI</b>                                    |
| 2. Site Name (For example, plant name or number):<br><b>QUALITY CLEANER</b>   |
| 3. Hazardous Waste Generator Identification Number:   |
| 4. Facility Location:<br>Street Address: <b>409 ANASTASIA BLVD.</b><br>City: <b>ST. AUGUSTINE</b> County: <b>ST. JOHNS</b> Zip Code: <b>32084</b> |
| 5. Facility Identification Number (DEP Use):<br><b>1090048</b>  |

## Responsible Official

|   |
|---|
| 6. Name and Title of Responsible Official:<br><b>SOMABHAI L. DESAI</b>  |
| 7. Responsible Official Mailing Address:<br>Organization/Firm:<br>Street Address: <b>409 ANASTASIA BLVD</b><br>City: <b>ST. AUGUSTINE</b> County: <b>ST. JOHNS</b> Zip Code: <b>32084</b> |
| 8. Responsible Official Telephone Number:<br>Telephone: <b>(904) 829-2324</b> Fax: ( ) -  |

## Facility Contact (If different from Responsible Official)

|   |
|---|
| 9. Name and Title of Facility Contact (For example, plant manager):         |
| 10. Facility Contact Address:<br>Street Address:<br>City: County: Zip Code: |
| 11. Facility Contact Telephone Number:<br>Telephone: ( ) - Fax: ( ) -       |

RECEIVED

SEP 12 1996

Bureau of Air Monitoring  
& Mobile Sources

#1090048

Quality Cleaner

p.13 6. add title - from #1 - Owner

p.14 1.(c) add "X"

### 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                     |
| <b>Dry-to-Dry Unit</b>  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (1) w/ ref. condenser   | 1  | 08 DEC 91                        | 08 DEC 91                     |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (3) w/ no controls      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Washer Unit</b>      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (4) w/ ref. condenser   |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (5) w/ carbon adsorber  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (6) w/ no controls      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Dryer Unit</b>       |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (7) w/ ref. condenser   |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (8) w/ carbon adsorber  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (9) w/ no controls      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Reclaimer Unit</b>   |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (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 **HAVE NOT PURCHASED FOR OVER A YEAR**

(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  
large*

- |  |  |
|--|--|
| Existing small area source <input checked="" type="checkbox"/> | New small area source <input type="checkbox"/> |
| Existing large area source <input type="checkbox"/>            | New large area source <input type="checkbox"/> |

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

ll

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

|  |                     |
|--|---------------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | SOMABHAI L. DESAI   |
| 2. Site Name (For example, plant name or number):                                  | QUALITY CLEANER     |
| 3. Hazardous Waste Generator Identification Number:                                |                     |
| 4. Facility Location:<br>Street Address:   | 409 ANASTASIA BLVD. |
| City:  | ST. AUGUSTINE       |
| County:  | ST. JOHNS           |
| Zip Code:  | 32084               |
| 5. Facility Identification Number (DEP Use):                                       | 1090048             |

## Responsible Official

|  |                          |
|--|--------------------------|
| 6. Name and Title of Responsible Official:                     | SOMABHAI L. DESAI, OWNER |
| 7. Responsible Official Mailing Address:<br>Organization/Firm: | 409 ANASTASIA BLVD       |
| Street Address:  | 409 ANASTASIA BLVD       |
| City:  | ST. AUGUSTINE            |
| County:  | ST. JOHNS                |
| Zip Code:  | 32084                    |
| 8. Responsible Official Telephone Number:<br>Telephone:        | (904) 829-2324           |
| Fax:   | ( ) -                    |

## Facility Contact (If different from Responsible Official)

|   |                   |
|---|-------------------|
| 9. Name and Title of Facility Contact (For example, plant manager): |                   |
| 10. Facility Contact Address:<br>Street Address:                    |                   |
| City:   | County: Zip Code: |
| 11. Facility Contact Telephone Number:<br>Telephone:                | ( ) - Fax: ( ) -  |

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SEP 12 1996

### 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                     |
| <b>Dry-to-Dry Unit</b> |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (1) w/ ref. condenser  | 1  | 18 DEC 91                        | 08 DEC 91                     |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (3) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Washer Unit</b>     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (4) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (5) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (6) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Dryer Unit</b>      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (7) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (8) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (9) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Reclaimer Unit</b>  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (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 **HAVE NOT PURCHASED FOR EVER A YEAR**

(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) \_\_\_\_\_

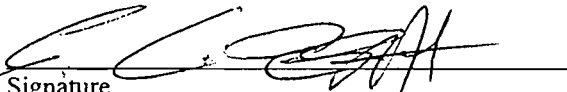
No air permits currently exist for the operation of the facility indicated in this notification form.

**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

9-6-96

AIRS ID#: 1090048

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: QUALITY CLEANERS DATE: 2/7/97  
 FACILITY LOCATION: 409 ANASTASIA BLVD.  
ST. AUGUSTINE, FL 32084

Annual Reporting Period: SEP 12 1996 TO FEB 7 1997

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

If NO, complete the following:

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

NOT CONDUCTING LEAK CHECKS OR MAINTAINING LOG

Exact period of non-compliance: from SEP 12, 1996 to FEB 7, 1997

Action(s) taken to achieve compliance: CONDUCT CHECKS - MAINTAIN LOG

Method used to demonstrate compliance: ANNUAL INSPECTION

#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: SOMABHAT L DESAI [Signature] 2-7-97  
 Name (Please Print) Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

✓

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1:00 PM TIME OUT: 1:35 PM AIRS ID#: 1090048  
 TYPE OF FACILITY: DRY CLEANER  
 FACILITY NAME: QUALITY CLEANERS DATE: 2/7/87  
 FACILITY LOCATION: 409 ANASTASIA BOULEVARD  
ST. AUGUSTINE, FL 32084  
 RESPONSIBLE OFFICIAL: SOMAIBHAI DESAI PHONE NUMBER: 904-829-2324

- 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              |
|---|--|
| NOT DOING LEAK CHECKS<br>OR MAINTAINING RECORDS | DO LEAK CHECKS WEEKLY.<br>MAINTAIN LOG |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

COMMENTS:

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

DATE OF NEXT INSPECTION: 2/98  
(Approximate)

INSPECTION CONDUCTED BY: R.A. BANKS  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 904-448-4310

X

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 1090048 DATE: 2/7/97 TIME IN: 1:00PM TIME OUT: 1:35PM  
FACILITY NAME: QUALITY CLEANERS  
FACILITY LOCATION: 409 ANASTASIA BOULEVARD  
ST. AUGUSTINE, FL 32084

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

A.

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

This is a correct facility classification  Y  N

If no, please check the appropriate classification:

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

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  
Is the temperature differential equal to or greater than 20° F?  Y  N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N
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 averages 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
  - 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
4. Maintained calibration data? (for direct reading instruments only)  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  
Problem corrected?  Y  N
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly leak detection and repair inspection?  Y  N

2. 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)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

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

4. 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 | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                           |  |

SOMABHAI DESAI

Name of Responsible Official

R.A. BANKS

Inspector's Name (Please Print)

*R.A. Banks*

Inspector's Signature

2/7/97

Date of Inspection

2/98

Approximate Date of Next Inspection



*all*

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

FACILITY NAME: Quality Cleaners MAR 05 1998 DATE: 2-23-98  
 FACILITY LOCATION: 409 Anastasia Blvd Bureau of Air Monitoring  
St. Augustine, FL 32084 & Mobile Sources

Annual Reporting Period: Feb 1997 TO Feb 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:

Not maintaining receipts or log for perc purchases

Exact period of non-compliance: from 2/97 to 2/98

Action(s) taken to achieve compliance: maintain log and keep receipts

Method used to demonstrate compliance: Annual Inspection

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

Conduct weekly leak detection, repair inspection, and keep log

Exact period of non-compliance: from 2/97 to 2/98

Action(s) taken to achieve compliance: Conduct inspections + keep log

Method used to demonstrate compliance: Annual Inspections

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: Somabhai L. Desai [Signature] 2-23-98  
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.

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

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 1:00 TIME OUT: 1:30 AIRS ID#: 1090048  
 TYPE OF FACILITY: DRY CLEANER  
 FACILITY NAME: QUALITY CLEANERS DATE: 2-23-98  
 FACILITY LOCATION: 409 ANASTASIA BLVD  
ST. AUGUSTINE, FL. 32084  
 RESPONSIBLE OFFICIAL: SOMABHAI DESAI PHONE NUMBER: 904-829-2324

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                     |
|---|---|
| Not Maintaining receipts for perc purchases and keeping rolling monthly average of perc consumption | Maintain perc usage log + keep perc receipts  |
| Not Conducting weekly leak detection and repair inspection  | Conduct leak inspection and repair inspection |
| Not Maintaining leak log  | Maintain leak log                             |
|   |   |
|   |   |
|   |   |

COMMENTS:

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

DATE OF NEXT INSPECTION: 2/99  
(Approximate)

INSPECTION CONDUCTED BY: Christopher L. Scott  
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 904-448-4310 x255

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY        
    RE-INSPECTION                     

AIRS ID#: 1090048      DATE: 2/23/98      TIME IN: 1:00      TIME OUT: 1:30  
 FACILITY NAME: Quality Cleaners  
 FACILITY LOCATION: 409 ANASTASIA BLVD.  
    ST. AUGUSTINE, FL 32084

### PART I: NOTIFICATION

(check appropriate box)

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

### PART II: CLASSIFICATION

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

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

This is a correct facility classification       Y       N

If no, please check the appropriate classification:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | facility qualified for a general permit as number _____ above          |
| <input type="checkbox"/> | facility exceeds above limits and is not eligible for a general permit |

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

RECEIVED

MAR 05 1998

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  
 Is the temperature differential equal to or greater than 20° F?  Y  N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
 Is the perc concentration equal to or less than 100 ppm?  Y  N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N
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 averages 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
  - 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
4. Maintained calibration data? (for direct reading instruments only)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  
 Problem corrected?  Y  N
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly leak detection and repair inspection?  Y  N

2. 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)

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

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

4. 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 | Muck cookers              | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Stills                    | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Exhaust dampers           | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| Pumps   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Diverter valves           | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| Water separators                                  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |                           |                                       |                            |

Ch Somabhai Desai  
 Name of Responsible Official

Christopher L. Scott  
 Inspector's Name (Please Print)

*Christopher L. Scott*  
 Inspector's Signature

2-23-98  
 Date of Inspection

2/99  
 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty box for additional site information]

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

**RECEIVED**

TYPE OF INSPECTION:      ANNUAL  
   RE-INSPECTION

~~AB~~ COMPLAINT/DISCOVERY   
 NOV 04 1998

Bureau of Air Monitoring  
& Mobile Sources

AIRS ID#: 1090048    DATE: 10/22/98    TIME IN: 1:00    TIME OUT: 1:25

FACILITY NAME: QUALITY CLEANERS

FACILITY LOCATION: 409 ANASTASIA BLVD  
ST. AUGUSTINE, FL 32084

RESPONSIBLE OFFICIAL: SOMABHAI DESAI    PHONE: 904-829-7824

CONTACT NAME: \_\_\_\_\_    PHONE: \_\_\_\_\_

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

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

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



**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N  N/A
- 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  N/A

**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 averages 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 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

R. A. BANKS  
Inspector's Name (Please Print)

10/22/98  
Date of Inspection

*R. A. Banks*  
Inspector's Signature

10/99  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

A large, empty rectangular box with a thin black border, occupying most of the page below the header. It is intended for providing additional site information.

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1:00 PM TIME OUT: 1:25 PM AIRS ID#: 1090048  
 TYPE OF FACILITY: DRY CLEANER  
 FACILITY NAME: Quality Cleaners DATE: 10-22-98  
 FACILITY LOCATION: 409 Anastasia Blvd.  
St. Augustine, FL 32084  
 RESPONSIBLE OFFICIAL: Somabhai Desai PHONE NUMBER: 904-829-2324

- 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:

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

DATE OF NEXT INSPECTION: 2/99  
(Approximate)

INSPECTION CONDUCTED BY: R.A. BANKS  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 904-743-4310

AIRS ID#: 1090048

ACC

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: QUALITY CLEANERS DATE: 10-22-98  
 FACILITY LOCATION: 409 ANASTASIA BLVD  
ST. AUGUSTINE, FL 32084

Annual Reporting Period: FEB 7, 1997 19 TO FEB 7 1998

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: SPM ABHAI L. DESAI [Signature] 10-22-98  
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.

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Sandy Bawnon  
Dep. of Environmental Protection  
2600 Blair Stone Rd  
MS 5510  
Tallahassee, FL 32399-2400

RECEIVED  
MAR - 8 2000  
Bureau of Air Monitoring  
& Mobile Sources

Re: Quality Cleaners, S.R. Desai  
409 Anastasia Blvd  
St. Augustine, FL 32084

Effective 01/01/99, the above  
establishment, Quality Cleaners  
has been closed and remains  
so until now. We have  
no future plans of re-  
opening -

Yours, Truly  
*[Signature]*

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING.

258018

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

RECEIVED  
MAIL ROOM

JAN 14 97

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

|  |                  |
|--|------------------|
| QUALITY CLEANER<br>SOMABHAI L DESAI<br>409 ANASTASIA BLVD<br>ST AUGUSTINE FL 32084 | AIRS ID# 1090048 |
|--|------------------|

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

305284

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

|   |                 |
|---|-----------------|
| SOMABHAI L DESAI<br>SOMABHAI L DESAI<br>409 ANASTASIA BLVD<br>ST AUGUSTINE FL 32084 | AIRS ID 1090048 |
|---|-----------------|

RECEIVED  
MAIL ROOM  
Bureau of Air & Mobile Sources  
MAR 12 1998  
MAR 16 1998

|  |
|--|
| FOR GOVERNMENT USE ONLY<br>Org.: 37550101000 EO: B1<br>Fund: 20-2-035001<br>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. ✓

RECEIVED  
MAIL ROOM  
JAN -8 99

**TOTAL AMOUNT DUE: \$50.00**

0356648

Do NOT Remove Label

|  |
|--|
| AIRS ID # 1090048  |
| QUALITY CLEANER<br>SOMABHAI L DESAI<br>409 ANASTASIA BLVD<br>ST AUGUSTINE FL 32084 |

|   |
|---|
| <b>FOR GOVERNMENT USE ONLY</b><br>Org.: 37550101000 EO: B1<br>Fund: 20-2-035001<br>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**

Do NOT Remove Label

|  |
|--|
| AIRS ID # 1090048  |
| QUALITY CLEANER<br>SOMABHAI L DESAI<br>409 ANASTASIA BLVD<br>ST AUGUSTINE FL 32084 |

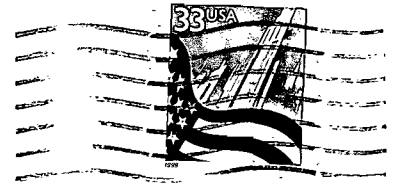
|   |
|---|
| <b>FOR GOVERNMENT USE ONLY</b><br>Org.: 37550101000 EO: B1<br>Fund: 20-2-035001<br>Obj.: 002273 |
|---|

**RECEIVED**  
MAR - 8 2000  
Bureau of Air Monitoring  
& Mobile Sources

Quality Cleaners  
& TRAVEL LODGE SAINT AUGUSTINE

94 SAN MARCO AVENUE, SAINT AUGUSTINE, FLORIDA 32084

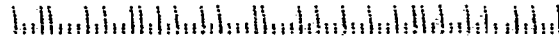
409 Anastasia Blvd  
St Augustine, FL  
32084



Dept of Environmental Protection  
2600 Blair Stone Rd  
MS 5516  
Tallahassee, FL

Attn:  
Sandy Bowman

32385+6542



Z 333 612 775

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID 1090048

SOMABHAI L DESAI  
SOMABHAI L DESAI  
409 ANASTASIA BLVD  
ST AUGUSTINE FL 32084

PS Form 3800, April 1995

|   |    |
|---|----|
| Certified Fee   |    |
| Special Delivery Fee  |    |
| Restricted Delivery Fee                                     |    |
| Return Receipt Showing to Whom & Date Delivered             |    |
| Return Receipt Showing to Whom, Date, & Addressee's Address |    |
| <b>TOTAL Postage &amp; Fees</b>                             | \$ |
| Postmark or Date  |    |

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 1090048

SOMABHAI L DESAI  
SOMABHAI L DESAI  
409 ANASTASIA BLVD  
ST AUGUSTINE FL 32084

4a. Article Number

Z333612775

4b. Service Type

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

7. Date of Delivery

2-14-98

5. Received By: (Print Name)

S DESAI

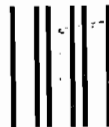
8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X Somabhai Desai

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

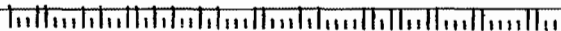
• Print your name, address, and ZIP Code in this box •

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 16 1998

RECEIVED



40964

Z 094 212 778

US Postal Service

**Receipt for Certified Mail** 2000

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 1090048

QUALITY CLEANER  
SOMABHAI L DESAI  
409 ANASTASIA BLVD  
ST AUGUSTINE FL 32084

PS Form 3800, April 1995

|   |           |
|---|-----------|
| Certified Fee   |           |
| Special Delivery Fee  |           |
| Restricted Delivery Fee                                     |           |
| Return Receipt Showing to Whom & Date Delivered             |           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| Postmark or Date  |           |

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID # 1090048

QUALITY CLEANER  
SOMABHAI L DESAI  
409 ANASTASIA BLVD  
ST AUGUSTINE FL 32084

2. Article Number (Copy from service label)

Z 094 212 778

**COMPLETE THIS SECTION ON DELIVERY**

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

SOMABHAI DESAI 3/1/00

C: Signature

  Agent  
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring  
& Mobile Sources

MAR - 3 2000

RECEIVED



Z 333 667 308

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

AIRS ID # 1090048

QUALITY CLEANER  
SOMABHAI L DESAI  
409 ANASTASIA BLVD  
ST AUGUSTINE FL 32084

PS Form 3800, April 1995

|   |           |
|---|-----------|
| Certified Fee   |           |
| Special Delivery Fee  |           |
| Restricted Delivery Fee                                     |           |
| Return Receipt Showing to Whom & Date Delivered             |           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| Postmark or Date  |           |

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID # 1090048

QUALITY CLEANER  
SOMABHAI L DESAI  
409 ANASTASIA BLVD  
ST AUGUSTINE FL 32084

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) B. Date of Delivery  
4/14/00
- C. Signature  
*X* R-L-DESAI  Agent  
 Addressee
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

Article Number (Copy from service label)  
7335 667 308

PS Form 3814 July 1999

Domestic Return Receipt

102595-99-M-1789



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

7000 0520 0020 9372 6568

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |

Postmark  
Here

*Recd -  
entitled*

Total Post: 10 AIRS ID # 1090048001AG

**Recipient** SOMABHAI L DESAI  
 QUALITY CLEANER  
**Street, Apt.** 409 ANASTASIA BLVD  
**City, State,** ST AUGUSTINE FL 32084

PS Form 3800, February 2000

See Reverse for Instructions

**SENDER: COMPLETE THIS**

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

1. Article Addressed to:

10 AIRS ID # 1090048001AG  
 SOMABHAI L DESAI  
 QUALITY CLEANER  
 409 ANASTASIA BLVD  
 ST AUGUSTINE FL 32084

0000520002093726568

2. Article Number (Copy from service label)

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

*S-S-DESAI 8/18/01*

C. Signature

*X S-S-DESAI,*

- Agent  
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes