

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 20, 1996

Mr. James E. Stephens, Sr. J & D Cleaners 5198 Stewart Street Milton, Florida 32570

Dear Mr. Stephens:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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,

otty Diltz

Bureau of Air Monitoring

and Mobile Sources

/DD

Mr. Charles Norman, Northwest District cc:

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	JED Cleaners						
2.	Site Name (For example, plant name or number):						
	(only plant)						
3.	Hazardous Waste Generator Identification Number:						
	FLD 984243 949						
4.	Facility Location: Street Address: 5198 Stewart St.						
	City: Milton County: SANTA ROSA Zip Code: 32570						
	Facility Identification Number (DEP Use):						
	1130155						
	Responsible Official						
	Name and Title of Responsible Official:						
	James E. Stephens Sr. (owner) Responsible Official Mailing Address: Organization/Firm: JED Cleaners Street Address: 5198 Stewart St.						
7.	Responsible Official Mailing Address: Organization/Firm: JED Cleane(5)						
	Street Address: 5198 Stewart St. City: Wilton County: Santa Rosa Zip Code: 32570						
	City: Milton County: Santa Rosa Zip Code: 32570						
8.	Responsible Official Telephone Number: Telephone: (904) (623-244 Fax: ルナ -						
	Telephone: (904) (633-244 Fax: NH) -						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
	Facility Contact Address:						
10.	Facility Contact Address:						
	Street Address:						
	City: County: Zip Code:						
11	Facility Contact Telephone Number:						
	Telephone: () - Fax: () -						
	<u> </u>						

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially	Date Control Device	ID	Date Machine Initially	Date Control Device	ID	Date Machine Initially	Date Control Device
Type of Machine Example	ID #1	Purchased 03-OCT-93	Installed 12-NOV-93	#2	Purchased 08-DEC-91	Installed	#3	Purchased 02-MAR-92	Installed 02-MAR-9
Dry-to-Dry Unit					1 1				
(1) w/ ref. condenser	#1	01-JAN-95	01-50W-95						
(2) w/ carbon adsorber			- C V/// - 1.5						
(3) w/ no controls									
Washer Unit		the godfern	Lead of the same					ta than the same	at a series
(4) w/ ref. condenser					1				
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	11	inger of a con-	The state of the s					. No. 1988 1	Partie
(7) w/ ref. condenser								_	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	1.1		7 1 12 L						
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of a second of the second of	are requant gallo	equired to be ity of perchloons ow many? [_	installed [_ proethylene (j	perc)	purchased in				
								eep records:	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd 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 mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Con don	8/20/9/2

Santo Raco



Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

ŀ	Facility Owner/Company Name (Name of corporation, agency, or individ JED CIEGNECS	RECEIVED
	Site Name (For example, plant name or number):	ISEP 2 0 1996
3.	Hazardous Waste Generator Identification Number: FLD 984243 949	Northwest Florida DEP
4.	Facility Location: Street Address: 5198 Stewart St. City: Milton County: SANITA ROSA	Zip Code: 32570
5.	Facility Identification Number (DEP Use): 1/130/5	
	Responsible Official	
	Name and Title of Responsible Official: James E. Stephens Sr. Owne Responsible Official Mailing Address: Organization/Firm: JED Cleaners Street Address: 5198 Stewart St.	r)
	Street Address: 5198 Stewart St. City: Milton County: Santa Rusa	Zip Code: 32570
8.	Responsible Official Telephone Number: Telephone: (904) いる - 244 Fax: が	-
	Facility Contact (If different from Responsible O	fficial)
	Name and Title of Facility Contact (For example, plant manager):	
10.	Facility Contact Address:	
	Street Address: City: County:	Zip Code:
11.	Facility Contact Telephone Number: Telephone: () - Fax: ()	-
,		

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Facility Information

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

		Date	Date		Date	Date		Date	Date
. .		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit					<u> </u>				
(1) w/ ref. condenser	#1	DI-1AN-9	101-JAW-95]
(2) w/ carbon adsorber		01.37							
(3) w/ no controls					-				
Washer Unit		' 	· · · · · · · · · · · · · · · · · · ·		-				
(4) w/ ref. condenser					T				
(5) w/ carbon adsorber							-		
(6) w/ no controls									
Dryer Unit					-l 	 		'	'
(7) w/ ref. condenser		1	<u> </u>					1	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					<u></u>				
(10) w/ ref. condenser	-		1						
(11) w/carbon adsorber									
(12) w/ no controls			i					İ	
 (b) Control devices are (c) No control devices 2.(a) What was the total of a second of the control devices (b) If less than 12 mont Check why it is less 	are re quant gallo	equired to be ity of perchlons ow many? [_	e installed [_ oroethylene (] months	perc)	purchased is]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec	t one classif	ication only.)	•	initions foun		3) of]	Part II?	

DEP Form No. 62-213.900(2)

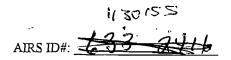
Effective: 6-25-96

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 [X]						
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 boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ods of natural gas curtailment					
All steam and hot water generating units exempt No such units on-site						
Equipment Monitoring and Recordkeeping Infor	mation					
Check all logs which are required to be kept on-site in accordance with the rec						
(a) Purchase receipts and solvent purchases						
(b) Leak detection inspection and repair	\bowtie					
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration monitoring						
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction plan	$\geq \leq$					

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

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)						
Ď	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.							
Jun 8ignature	nes E. Steph						





DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Q Y D Q	caner_	DATE:	110/97
FACILITY LOCATION: 5198	Heway ST		·
Mil		32510	
Annual Reporting Period:	19 <u>_6</u> т	0 Jan 10,	19 <u>9</u> 7
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.			Rule INO
If NO, complete the following:			
#1. Term or condition of the general permit t	hat has not been in continuous cor	mpliance during the reporting period s	stated above:
	·		
Exact period of non-compliance: from	<u> </u>	to	
Action(s) taken to achieve compliance:		· · · · · · · · · · · · · · · · · · ·	\
Method used to demonstrate compliance:			
#2. Term or condition of the general permit t	that has not been in continuous cor	mpliance during the reporting period s	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, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name	nd complete. Further, my annual	consumption of perchloroethylene sol	vent, based

^{*}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.

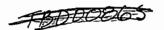
TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

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TYPE OF INSPECTION: ANNUAL 🔀 COMPLAINT/DISCOVERY RE-INSPECTION 1350 1440 AIRS ID#: / TIME OUT: TIME IN: TYPE OF FACILITY: FACILITY NAME: FACILITY LOCATION: PHONE NUMBER: 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. NO DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: 'INSPECTOR'S SIGNATURE:

Page___of___.

Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISC	OVERY 🗖
FACILITY NAME: () +	D Clean	97 TIME IN: 13/50 1/5 TIME WCG 1 ST FL \$ 2570	E OUT: <u>/44</u>
PART I: NOTIFICATION			
(check appropriate box)			
Existing facility notified DAR	M by 9/1/96		٥
2. New facility notified DARM 3	•	artup	
3. Facility failed to notify DARM	I to use general po	ermit	
PART II: CLASSIFICATION		<u> </u>	
· · · · · · · · · · · · · · · · · · ·			
Facility indicated on notification (check appropriate box) A.	n form that it is:		
(check appropriate box)		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)	E E
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr	e 🗆 e gal/yr	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	回 6
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2,100 140<x<1,800="" 200<x<1,800="" area="" dry-to-dry="" dry-to-d<="" gal="" only,="" sourced="" td="" transfer="" yr=""><td>e gal/yr al/yr</td><td> 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) New large area source dry-to-dry only, 140<x<2,100 140<x<1,800="" 200<x<1,800="" both="" gal="" li="" only,="" transfer="" types,="" yr="" yr<=""> </x<2,100></td><td></td></x<2,100>	e gal/yr al/yr	 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) New large area source dry-to-dry only, 140<x<2,100 140<x<1,800="" 200<x<1,800="" both="" gal="" li="" only,="" transfer="" types,="" yr="" yr<=""> </x<2,100>	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 200<x<1,800="" 9="" 91)<="" before="" gal="" only,="" td="" transfer="" yr=""><td>e</td><td> 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) New large area source dry-to-dry only, 140<x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" li="" on="" only,="" or="" transfer="" types,="" yr=""> </x<2,100></td><td></td></x<2,100>	e	 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) New large area source dry-to-dry only, 140<x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" li="" on="" only,="" or="" transfer="" types,="" yr=""> </x<2,100>	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<2,1800="" 200<x<1,800="" 9="" 91)="" a="" appropria<="" before="" both="" check="" classification,="" correct="" facility="" gal="" is="" only,="" please="" td="" the="" this="" transfer="" types,="" y=""><td>e gal/yr al/yr ation te classification: d for a general pe</td><td> 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) New large area source dry-to-dry only, 140<x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" li="" on="" only,="" or="" transfer="" types,="" yr=""> </x<2,100></td><td></td></x<2,100>	e gal/yr al/yr ation te classification: d for a general pe	 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) New large area source dry-to-dry only, 140<x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" li="" on="" only,="" or="" transfer="" types,="" yr=""> </x<2,100>	

1 of 4

В.	Has the responsible official of an existing large or new large area source also:	n		
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?	V `□Y	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	
	Is the temperature differential equal to or greater than 20° F?	ПY	□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?	ШY	UN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠN	
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?	ПY	ПN	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	NO YE				
2. Maintained rolling monthly averages of perc consumption?	MO AG				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	MO AID				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON				
4. Maintained calibration data? for direct reading instruments only)	OY ON MAN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	(KN ND YD				
6. Maintained startup/shutdown/malfunction plan?	THY COM				
7. Maintained deviation reports?	ALL VIEW YER				
Problem corrected?	DY DN CH				
8. Maintained compliance plan, if applicable?	A/NG NO AO				

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DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monite Sources

Bureau Mobile Sources

MILTON FL 32570

Do NOT Remove Label
Annual Reporting Period: 15 19 97 TO January 15 19 98
Based on each term or condition of the Yitle 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
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
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 thi notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: JAMES E. STEPHEUSSI Jumes E. Stephens So. 1/26/98 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.

BEST AVAILABLE COPY TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 CC	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0945 (TIME OUT:		0113
TYPE OF FACILITY: $\frac{1}{2}$	D Cleaners		
FACILITY NAME: 5 198			DATE: (/30/9)
FACILITY LOCATION:	Milky F6 325	70	
		4	
RESPONSIBLE OFFICIAL:	ame E Stevens 5	PHONE NUMBER:_	623-2416
	the compliance requirements eval Rule 62-213.300, Florida Adminis	uated during this inspection, the facilitrative Code (F.A.C.).	ty is found to be in
Based on the results of the discrepancies were note		uated during this inspection, the follo	wing compliance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	ON REQUIRED
add Date parts received to you	or lend + in leak tection	= See left	*.
<u> </u>	·		·
	•		
	-		
$\mathcal{I}_{i}(\mathcal{I}_{i}) = \mathcal{I}_{i}(\mathcal{I}_{i})$	$ au \sim \mathcal{M}$	1.1.1	ad
		·)
in the second se	The state of the s	2. 17	
COMMENTS:			
The Annual Compliance Certific	ation form has been properly cert	ified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO		.pproximate)	
INSPECTION CONDUCTED	BY: C. Norman	Please Print)	
INSPECTOR'S SIGNATURE:	the allow	PHONE NUMBER:	595-8364

 $Page \underline{\hspace{0.1in}} of \underline{\hspace{0.1in}} .$

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	N C	COMPLAINT/DIS	COVERY	
AIRS 1D#: [130/55	DATE: 6/30/				
FACILITY NAME: 1	3 Cloaners				
FACILITY LOCATION:	519854	eway 7 S	<u> </u>		
			7	*	
RESPONSIBLE OFFICIAL	: James ES	Anlens	_phone: <u>6 2</u>	13-24	16
CONTACT NAME:	Sam o		_ PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARN	A 30 days prior to sta	rtup		•	
2. Facility failed to notify DA	RM to use general per	rmit			
PART II: CLASSIFICATIO	N				
Facility indicated on notifica (check appropriate box) A.	tion form that it is:		☐ No notification: ☐ Drop store/out o		troleum
1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	1/yr ^v r	2. New small dry-to-dry only transfer only, x both types, x < (constructed on	, x < 140 gal/ут < 200 gal/ут)A(R
3. Existing large area soudry-to-dry only, $140 \le x \le 1$, transfer only, $200 \le x \le 1$, both types, $140 \le x \le 1$, 800 (constructed before $12/9/91$	2,100 gal/yr 300 gal/yr) gal/yr	transfer only, 2 both types, 140	area source , $140 \le x \le 2,100$ gal/ $00 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr or after $12/9/91$)		JUL - 6 1998
5. This is a correct facility	classification	ØY □N	□Can not determin	ne Source	Monito
	e appropriate classific lity qualified for a ge lity exceeds above lin	neral permit as n		,,,	ring
B. The total quantity of perch facility was 64.9 gallon	loroethylene (perc) pu	urchased within t	he preceding 12 mon	ths by this dr	y cleaning

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

	·	
В.	Has the responsible official of an existing large or new large area source also:	AN I
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser locate	d
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	AY ON
2.	Measured and recorded the washer exhaust temperature at the condenser	
	inlet and outlet weekly?	AND AND AN
	Is the temperature differential equal to or greater than 20° F?	DY DN DN/A
	20 and temperature and temperature of growth Lines 20 and	
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?	ANNÉ NO YO
	Is the perc concentration equal to or less than 100 ppm?	DY DN DN/A
	15 die pere concentuation equal to or rest atain 100 ppm.	-, -,/-
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,	\sim
	or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	DA DN DN/V
_		
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	
	condenser coils?	DY DN DNA
6	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
٥.	Todaed annon to the earon austroet (it used) at an unies:	31 31 31VA

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) NO YE 1. Maintained receipts for perc purchased? ND YØ 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: A/M M P YE a. documentation of leaks repaired w/in 24 hrs? or: b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed win 5 days of receipt? DY DIN DN/A DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) A/ND NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? NO YO AING NO YO 7. Maintained deviation reports? Problem corrected? DY QN QN/A AVIGE NO YO 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AN	D REPAIRS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?		~	NO YO	
2. Has the facility maintained a leak lo	og?		DY ON	
3. Does the responsible official check	the following areas for leaks			
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY DN QN/A	
Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A	
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	DY ON WN/A	
Pumps	AVA NO VØ	Diverter valves	A/NE NO YO	
Solvent tanks and containers	AVO NO YO	Cartridge filter housings	DY ON ON/A	
Water separators	A/אם אם צם			
4. Which method of detection is used	by the responsible official?			
Visual examination (condense	ed solvent on exterior surfac	es)	Ø	
Physical detection (airflow fel	t through gaskets)	<u> </u>	Ø	
Odor (noticeable perc odor)			D	
Use of direct-reading instrum	entation (FID/PID/calorimet	ric tubes)		
Halogen leak detector		_		
If using direct-reading in	nstrumentation, is the equi	pment:	₩/A	
a. Capable of detecti	ng perc vapor concentration	s in a range of 0-500 ppm?	OY ON	
b. Calibrated agains (PID/FID only)?	t a standard gas prior to and	after each use	OY ON	
c. Inspected for leak	s and obvious signs of wear	on a weekly basis?	OY ON	
d. Kept in a clean ar	nd secure area when not in u	se?	□Y □N	
e. Verified for accur	acy by use of duplicate samp	oles (calorimetric only)?	OY ON	

Inspector's Name (Please Print)

Inspector's Signature

6/30/98 Date of Inspection

•

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMAT	ION:	•			
					
		•			
				d.	
				•	
		•			
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TITLE V AIR QUALITY GENERAL PEF IT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION					
TIME IN: 1300 TIME OUT: 1330 TYPE OF FACILITY: J & D C leans A S	AIRS ID#: // 36 / S3					
FACILITY NAME:	DATE: 3/18/99					
FACILITY LOCATION: 5/98 Stewart 50	FACILITY LOCATION: 5/98 Stewar & St. Milton FL 3257/					
RESPONSIBLE OFFICIAL: JAMES E STEVE	TWS, S2 PHONE NUMBER: 623-24/6					
Based on the results of the compliance requirements evalua						
compliance with DEP Rule 62-213.300, Florida Administra	ative Code (F.A.C.).					
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance					
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED					
Good Records Vapora hour-	- NO frething works					
	ECE DEC					
	REVIEWED PLAK CONTROLLED					
	oring					
	ENTERED					
	MAR 2 6 1999					
COMMENTS:						
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO						
DATE OF NEXT INSPECTION: $M1D-20$						
INSPECTION CONDUCTED BY: (NORMAN)	ease Print)					
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 595 - 8364					

Page of

Revised 10/96

AIRS ID#: 1130155

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: JAD CLORNERS DATE: 3/18/99	2
Multan FL 32570	_
Multan FL 32570	
	_
nnual Reporting Period: 430/96 19 TO 3/18/99 19_	
used on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule -213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
NO, complete the following:	
. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:	:
	_
cact period of non-compliance: from ENTERED REVIEWED	—
ction(s) taken to achieve compliance: MAR 2 6 1999 MAR 2 6 1999	
ethod 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	:
xact period of non-compliance: fromto	
ction(s) taken to achieve compliance:	
Tethod used to demonstrate compliance:	
s the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements ade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based on rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per transfer or combination facilities.	'
ESPONSIBLE OFFICIAL: JAMES E. STEPHELS Jums E. Steph 3/18/9	9
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.

PERCALOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION		COMPLAINT/DISCO	OVERY 🔾
AIRS ID#: //3 0/55 D. FACILITY NAME: J + 1 FACILITY LOCATION: CONTACT NAME: CONTACT	Cleaners 51985ter	won 4 SI FL 3 Shucks	<u> </u>	·
PART I: NOTIFICATION				
(check appropriate box) 1. New facility notified DARM 30 2. Facility failed to notify DARM		-		
PART II: CLASSIFICATION		·		
Facility indicated on notification (check appropriate box)	ı form that it is:		□ No notification for	
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 	t t t t t t t t t t t t t t t t t t t	transfer only, 20 both types, 140 < (constructed on constructed on	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	ENTERED MAR 2 6 1999
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no, please check the applications of the source of	gal/yr to sification opropriate classificate qualified for a gene exceeds above limit	dry-to-dry only, transfer only, x < both types, x < 1 (constructed on constructed	rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 < x < 2,100 gal/yr 0 < x < 1,800 gal/yr or after 12/9/91) Can not determine mber above ible for a general perm	ENTERED MAR 2 6 1999

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

PART III: GENERAL CONTROL REQUIREMENTS

	2	
$\bigcup V$	D)

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΟN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□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?	•		□N/A
	Is the perc concentration equal to or less than 100 ppm?	ЦY	UN	□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?	ΩY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MD AG 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? NO YO 3. Maintained leak detection inspection and repair reports for the following: A'MO MO YO a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days A/NO NO YO and parts installed w/in 5 days of receipt? A/NO NO YO 4. Maintained calibration data? (for applicable direct reading instruments) A/Ma NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? NO YO 7. Maintained deviation reports? ИО КП DN/A Problem corrected? DY QN 8. Maintained compliance plan, if applicable? DY DN ZN/A

PAR	PART VI: LEAK DETECTION AND REPAIRS					
1. D	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
in	spection?			אם צופ		
2. H	as the facility maintained a leak log	?		MA DN		
3. D	oes the responsible official check the	e following areas for leak	s?			
	Hose connections, fittings, couplings, and valves	אומם מם עם	Muck cookers	אואם אם אמ		
	Door gaskets and seating	Y ON ON/A	Stills	A/אם אם צם		
	Filter gaskets and seating	A/NO NO YE	Exhaust dampers	אואם אם אם		
	Pumps	אועם אם אפר	Diverter valves	אומ אם צם		
	Solvent tanks and containers	A/NO NO YE	Cartridge filter housin	gs DY DN DN/A		
	Water separators	DY ON ON/A				
4. W	Thich method of detection is used by	the responsible official?		_		
Visual examination (condensed solvent on exterior surfaces)				Ø		
Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)				7		
	Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)	. .		
	Halogen leak detector					
	If using direct-reading inst	trumentation, is the equi	ipment:	ÐN/A		
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	NO YO		
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	OÝ ON		
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and	secure area when not in t	ıse?	OY ON		
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	OY ON		

CHARIOS NORMAN	3/18/99
Inspector's Name (Please Print)	Date of Inspection
Mak Mornen	mid 20
Inspector's Signature	Approximate Date of Next Inspection

DDITIONAL SITE INFO	RMATION:		
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	mice cent		(TOIUI	
FACILITY NAME: J &D CLEANE	es		OUT MAROA	TE: 3/21/00
FACILITY LOCATION: 5198 STEWAR	27 57	· 	thor si	0 (C)
milton FC	32570		No South	2/2
	· · · · · · · · · · · · · · · · · · ·	_		s 1/2
Annual Reporting Period: 3/19/99	79_	то3	121/00	79
Based on each term or condition of the Title V general air 62-213.300, Florida Administrative Code (F.A.C.), during				h DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit that has not be	peen in continuous	s compliance d	uring the reporting	period stated above:
F	NTERED			
Exact period of non-compliance: from		to	REVIEW	ED
Action(s) taken to achieve compliance:	R 2 7 2000		MAR 2.7 2	000
Method used to demonstrate compliance:				
#2. Term or condition of the general permit that has not be	een in continuous	s compliance d	uring 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 info made in this notification are true, accurate and complete upon rolling averages of purchase receipts, does not exceyear for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Property of Street Pr	Further, my ann eed 2,100 gallons TEPHELS	ual consumption per year for dr	on of perchloroethy	lene solvent, based
				TIVED.
			REC	FIVED
*This form is made available to you as an aid in order to a	meet vour annual i	compliance cei	dification requirem	ents It is at the

discretion of the responsible official to use this form. MAR 2 3 2000

> Northwest Florida DEP

LE V AIR QUALITY GENERAL CAMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 💢 CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1255	TIME OUT: 13/5		30/53
TYPE OF FACILITY: DC	<u>,</u>		<u> </u>
FACILITY NAME:	\$D CLEANERS	<u> </u>	DATE: 3/21/00
FACILITY LOCATION: 5	198 STEWANT S		
\mathcal{M}_1	LTON FL 32570		
RESPONSIBLE OFFICIAL:		PHONE NUMBER:	
بيكين	the compliance requirements evalu Rule 62-213.300, Florida Administ	uated during this inspection, the facilitrative Code (F.A.C.).	lity is found to be in
Based on the results of to discrepancies were note	-	uated during this inspection, the follo	owing compliance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
·			
			ENTERER
		<u> </u>	AR 2 7 2000
		•	
			<u> </u>
COMMENTS: NO PROS	SLEMS WELLA	MINTAIN ED FACIL	41711
,			
			. \
The Annual Compliance Certific	ation form has been properly cert	ified and submitted to the inspector.	YES NOV
DATE OF NEXT INSPECTIO			
INCOPPORTION CONDUCTOR		pproximate)	•
INSPECTION CONDUCTED		Please Print)	
INSPECTOR'S SIGNATURE	Thur Home	PHONE NUMBER:	·

Page___of___.

Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	и 🗆	COMPLAINT/DISCOVE	RY 🗆
AIRS ID#: 113 0155 FACILITY NAME: 5			IN: <u>1255</u> TIME OU	T: 13/5
FACILITY LOCATION: _S	MILTON F	L 325	70	
RESPONSIBLE OFFICIAL:	JAMES E. SI	EPMENS	52. PHONE: 623-2	416
CONTACT NAME:	//		_ PHONE:	
PART I: NOTIFICATION				
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DARI	• •	tup MA	NTERED R 2 7 2000	٥
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	n form that it is:		☐ No notification form☐ Drop store/out of busine	ess/petroleum
1. Existing small area sourd dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		transfer only, x both types, x <	x, x < 140 gal/yr < 200 gal/yr	
3. Existing large area source dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	100 gal/yr) gal/yr	transfer only, 2 both types, 140	area source $\sqrt{140} \le x \le 2,100 \text{ gal/yr}$ $0.00 \le x \le 1,800 \text{ gal/yr}$ $0.00 \le x \le 1,800 \text{ gal/yr}$ a or after 12/9/91)	
II .	appropriate classific y qualified for a ger	neral permit as n	Can not determine. umber above gible for a general permit	

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 45 gallons.

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	באמום אם אם
2. Examining the containers for leakage?	DY DN DN/A
3. Closing and securing machine doors except during loading/unloading?	AD AB
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY DN TON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	A/א כ אם צם
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	7.
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mit prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	s:
1. Equipped all machines with the appropriate vent controls?	NO AG
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON DN/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	NO AG
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	A/אול אם אם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	NO AG

B.	Has the responsible official of an existing large or new large area source also:	1
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?	OY ON
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?	OY ON ON/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?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V; RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) NO YE 1. Maintained receipts for perc purchased? NO YE 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days MY ON ON/A and parts installed w/in 5 days of receipt? DY DN ON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN-DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MD YE 6. Maintained startup/shutdown/malfunction plan? DY DN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND	REPAIR	RS				
1. Does the responsible official conduct	a weekly	(for	small sourc	ces, bi-weekly) leak detection a	and rep	air
inspection?					YE	DИ
2. Has the facility maintained a leak log?	?				YOY	ПИ
3. Does the responsible official check the	e followi	ng ar	eas for leak	cs?		
Hose connections, fittings, couplings, and valves	-BY	DИ	□N/A	Muck cookers	ΟY	ON ON/A
Door gaskets and seating			□N/A	Stills	✓□Y	□N □N/A
Filter gaskets and seating	DY	ПN	□N/A	Exhaust dampers	ΠY	A/NE NO
Pumps	DY	ПN	□N/A	Diverter valves	ΩY	אומם אם
Solvent tanks and containers	DY	ПN	□N/A	Cartridge filter housings	YE	□N □N/A
Water separators	YBY	ПN	□N/A	•		
4. Which method of detection is used by	the respo	onsib	le official?			
Visual examination (condensed	solvent o	n ext	terior surfac	ces)	<u></u>	
Physical detection (airflow felt t	hrough g	aske	ts)		B	
Odor (noticeable perc odor)					<u></u>	
Use of direct-reading instrument	tation (FI	D/PI	D/calorime	etric tubes)		
Halogen leak detector						
If using direct-reading inst	rumenta	tion,	, is the equ	ipment:	ØN/	'A.
a. Capable of detecting	g perc vaj	por c	oncentratio	ns in a range of 0-500 ppm?	ΩY	□N
b. Calibrated against a	standard	gas	prior to and	l after each use		
(PID/FID only)?						ON ON
c. Inspected for leaks a						
d. Kept in a clean and						□N
e. Verified for accurac	y by use	of di	iplicate san	iples (calorimetric only)?	· UY	ŪИ
HARLES NORMAN				3/21/00		
Inspector's Name (Please Pr	int)	-		Date of Inspection		
111,20				,		
Inspector's Signature				10~12 mo S Approximate Date of	Next I	Inspection
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ADDITIONAL SITE IN	FORMATION:	
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Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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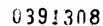
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Fund: 20-2-035001 Obj.: 002273



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AIRS ID # 1130155

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

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	Restricted Delivery Fee	
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	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees \$	
	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addresse's Address TOTAL Postage & Fees Postmark or Date 2//7/97	

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 card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to rectollowing service extra fee): 1. Addresse 2. Restricte Consult postmas	s (for an ee's Address ed Delivery	Return Receipt Service.
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3. Article Addressed to: AIRS ID # 1130155 J & D CLEANERS JAMES E STEPHENS SR 5198 STEWART STREET MILTON FL 32570	4a. Article Number 2 333 660 634 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery 2 - 16 - 80
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Day (Corner or Agent)	Addressee's Address (Only if requested and fee is paid)

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	C. Signature X Agent Addressee
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: VIUN 1 1 200
JAMES E STEPHENS SR J & D CLEANERS 5198 STEWART STREET MILTON FL 32570	Bureau of Air Monitoring 8 Mobile Sources
	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) Z 2/0 662 959	
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