

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 3, 1996

Mr. Jae W. Park
Park's Dry Cleaners
5027 Sunbeam Road
Jacksonville, Florida 32257

Dear Mr. Park:

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

cc: Ms. Lori Tilley, Duval County

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

P.15 4. Newsmall is not required to be checked



(c), + (f) should be checked

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(c), + (f) should be checked

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	Dark's Cleaners					
2.	Site Name (For example, plant name or number):					
	Park's Dry Cleaners					
3.	Hazardous Waste Generator Identification Number:					
	FLDCESQG					
4.	Facility Location: Street Address:					
	Street Address: City: TOAT Surherm Rd JARKTWILE Zip Code: 32257					
5.	Facility Identification Number (DEP Use):					
	03/0359					
	Responsible Official					
	Responsible Official					
6.	Name and Title of Responsible Official:					
	Jae w Park owner					
7.	Responsible Official Mailing Address:					
	Organization/Firm: 5027 Sunbann Rd					
	City: County: N O Zin Code:					
	Responsible Official Telephone Number:					
8.	Telephone: $Q(X)T33 - 600$ Fax: ()					
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
10.	Facility Contact Address:					
	Street Address:					
	City: County: Zip Code:					
11.	Facility Contact Telephone Number:					
	Telephone: () - Fax: () -					
L	· · · · · · · · · · · · · · · · · · ·					

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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 Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	<u> </u>	12-NOV-93		08-DÉC-91	1	l	02-MAR-92	1
Dry-to-Dry Unit	<u> </u>	· · · · · · · · · · · · · · · · · · ·		·			•		•
(1) w/ ref. condenser	1.4	88 VIII2	RUM	#7	Jurga	MYXRP			
(2) w/ carbon adsorber	-	T TANK	1-100	1	1000	1 (3"			<u> </u>
(3) w/ no controls			·						
Washer Unit				4	<u> </u>				
(4) w/ ref. condenser				T					<u> </u>
(5) w/ carbon adsorber									1
(6) w/ no controls									
Dryer Unit			<u> </u>		***************************************		l	•	
(7) w/ ref. condenser		1		T		1		1	1
(8) w/ carbon adsorber		1							
(9) w/ no controls						1			
Reclaimer Unit				•	•				*
(10) w/ ref. condenser			1						
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the contr	are ro	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene ((perc)] purchased i				· []
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.)) ew sn	initions foun nall area sou: rge area sour	rce [3) of]	Part II?	

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4. What control technology is required on machines pursual (Indicate with an "X".)	ant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber Refri	igerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
 A facility which contains non-exempt emissions units sh 	hall not be eligible to use the general permit pursuant
to Rule 62-213.300, F.A.C. Verify that all steam and hot we exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a boiler HP or less), and (2) are fired exclusively by natural g during which propane or fuel oil containing no more than o	gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Re	ecordkeeping Information
Check all logs which are required to be kept on-site in acco	ordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	LX
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	<u> </u>
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	(X)

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Surrender of Existing Air Permit(s)

Pleas	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)						
[X	No air permits currently exist for the operation of the facility indicated in this notification form.					
		Responsible Official Certification					
t. s n	his notific statements naintain t comply wi	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 the all terms and conditions of this general permit as set forth in Part II of this notification form.					
S	Signature	All w Marke Date Date					
		flee w //whe =/1=/97					

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
_	Park's Cleaners
2.	Site Name (For example, plant name or number):
	Park's Dry Cleaners
3.	Hazardous Waste Generator Identification Number:
	FLDCESQG
4.	Facility Location:
	Street Address: City: The County: County: County: Zip Code: Sale
	Show 2 and show the showing
5.	Facility Identification Number (DEP Use):
, ii	0310359
	Responsible Official
	Acsponsible Official
6.	Name and Title of Responsible Official:
	Jae w Park owner
7.	
	Organization/Firm: 5027 Sunbeam Rd
	C'
	0/6=(=== 0 /= /= = 0
8.	
	Telephone: QQ+)7733 - 8600 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
9.	Name and Title of Facility Contact (For example, plant manager).
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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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.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control 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	1		Agra Long M		1.1.54				
(1) w/ ref. condenser	T#	88 VIII-	BRYIN	#7	Brit	JULY 88	T	T	
(2) w/ carbon adsorber		1	- 100 -	1	Cayaa	1			
(3) w/ no controls									
Washer Unit								i e i di tue di ter	
(4) w/ ref. condenser		ĺ	1		1	<u> </u>		T	
(5) w/ carbon adsorber									
(6) w/ no controls			<u> </u>						
Dryer Unit		Value (Marie Value)		1.50	· · · · · · · · · · · · · · · · · · ·	i Magazine		Tan is in	
(7) w/ ref. condenser		1	1		Ī .			<u> </u>	
(8) w/ carbon adsorber									1
(9) w/ no controls									
Reclaimer Unit	12/3/17					along a et along		Nasilija (nas.	The state of the s
(10) w/ ref. condenser		-				T	r	T .	
(11) w/carbon adsorber			· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>			
(12) w/ no controls								<u> </u>	
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are requanting gallo	equired to be ity of perchlons ons	installed [_ proethylene (perc)	_] purchased in				[]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sm	nitions found nall area sour ge area sour	ce [3) of]	Part II?	

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 What control technology is required on machines (Indicate with an "X".) 	s 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	
New large area source Refrigerated condenser []	
to Rule 62-213.300, F.A.C. Verify that all steam an 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 natural gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	and Recordkeeping Information
	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	. X
(b) Leak detection inspection and repair	<u> </u>
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mo	nitoring []
(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 indicat	te 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	Jale Date					

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Bowman, Sandy

From:

Bill Coffman [COFFMAN@coj.net]

Sent:

Friday, September 02, 2005 8:18 AM

To:

Bowman, Sandy

Cc:

Wayne Tutt

Subject: Arms database

Sandy

The following sites are no longer in operation, or are no longer using perc. Please remove them for the active site list in ARMS. We are currently in the process of determining what sites are valid perc sites and which are drop or out of business. This process is ongoing and will take a while.

0310359 No Cleaner at this location

0310510 Vacant Building

0310482 Drop Store

0310437 Drop Store

0310453 Closed

0310374 No longer using process

Site 0310504 and 0310525 are not showing up in the ASGP database, but are in the ARMS database both are active Dry Cleaners

Thanks Bill Coffman

AIRS ID#: 03/0359

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Park'S	Dry Cleaners	DATE: 2/12/97
FACILITY LOCATION: 502	7 Sunbeam Rd.	
Jackson	ville, FC 3225	7
Annual Reporting Period: Augus	57 /2 1996 T	0 <u>February</u> 12 1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous con	apliance 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 con	apliance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		·
Method used to demonstrate compliance:		
made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my annual c	ned after reasonable inquiry, that the statements onsumption of perchloroethylene solvent, based ear for dry-to dry facilities or 1,800 gallons per
RESPONSIBLE OFFICIAL: Nan	ne (Please Print)	Signature $\frac{2}{12}$ 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 C	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: /000	TIME OUT:	10:20 AIRS ID#: 03/0359
TYPE OF FACILITY:	My Cleaner	
FACILITY NAME:	ark's Cleaner	5 DATE: 2/12/9
FACILITY LOCATION:	5027 Sunbe	
	acksonville ,7	1 32251
RESPONSIBLE OFFICIAL:	Jae W. York	PHONE NUMBER: 733-8600
	he compliance requirements evule 62-213.300, Florida Admir	raluated during this inspection, the facility is found to be in histrative Code (F.A.C.).
Based on the results of t discrepancies were noted		valuated during this inspection, the following compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
		•
•		·
÷		
		· · · · · · · · · · · · · · · · · · ·
		*
COMMENTS:		
The Annual Compliance Certific	ation form has been properly co	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTIO		2/98
INSPECTION CONDUCTED	Tack	(Approximate) (Places Print)
INSPECTOR'S SIGNATURE:	Jeffrey Wn	(Please Print) PHONE NUMBER (904)630-345
	/ 00 /	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	COMPLAINT/DISC	OVERY -		
FACILITY LOCATION:	1/2 TIME I 1/2 Dry 5027 ACKSONVI	Cleaners Sunbeam Kd.	10:20		
PART I: NOTIFICATION					
(check appropriate box)	(1 0/1/07		70		
Existing facility notified DARM New facility notified DARM 30	•	4	مون ا		
New facility notified DARM 30Facility failed to notify DARM	• •	•	0		
	doe government				
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A.	form that it is:				
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)	1	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)			
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>gal/yr /yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	gal/yr /yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>			
This is a correct facility classification	tion	MY ON			
If no, please check the appropriate	e classification:				
☐ facility exceeds a		not eligible for a general permit	a hu thia day alaaning		
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DNA 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) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN

6. Conducted all temperature monitoring after an appropriate cooldown period and after

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

verifying that the coolant had been completely charged?

on dry-to-dry, reclaimer, and dryer machines on a weekly basis?

 \Box Y \Box N

DY DN

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ОУ ОИ
Is the temperature differential equal to or greater than 20° F?	מם צם
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?	OY ON
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?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
Condenser cons:	di di diva
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)	·						
1. Maintained receipts for perc purchased?	CHY ON						
2. Maintained rolling monthly averages of perc consumption?	CHY ON						
3. Maintained leak detection inspection and repair reports for the following:							
a. documentation of leaks repaired w/in 24 hrs? or;	DERY ON						
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	אם צם						
4. Maintained calibration data? (for direct reading instruments only)	OY ON CENVA						
5. Maintained exhaust duct monitoring data on perc concentrations?	DY GAN						
6. Maintained startup/shutdown/malfunction plan?	DY ON						
7. Maintained deviation reports?	COY ON						
Problem corrected?	DY DN						
8. Maintained compliance plan, if applicable?	OPY ON ON/A						

P	ART VI: LEAK DETECTION AND REPAIRS		
1.	Does the responsible official conduct a weekly leak detection and repair inspection?	DPÝ □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)	<u>u</u>	

If using direct-reading instrume			/		
 a. Capable of detecting p 	a range of 0-500 ppm?	Zery (אכ		
b. Calibrated against a st (PID/FID only)?	er each use		90		
c. Inspected for leaks and	d obvious	signs of wear on	a weekly basis?	CYY (אכ
d. Kept in a clean and se	cure area	when not in use?		GY (N
e. Verified for accuracy t	by use of	duplicate samples	(calorimetric only)?		<u>4</u> N
3. Has the facility maintained a leak log?				DY (N
4. The following areas should be checked	for leaks	by the inspector:			
	Leak I	Detected?			
Hose connections, fittings, couplings, and valves	ΠY	UN	Muck cookers	ПY	<u>GN</u>
Door gaskets and seating	ΩY	DEN	Stills	ΠY	ZN
Filter gaskets and scating	ΠY	GN			
Pumps Diverter valves					Z N
Solvent tanks and containers				ΩY	ÚN
Water separators	ΠY	CENT			

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
	•	
	,	
		,
,		
	•	
	·	

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0310359

PARK'S CLEANERS JOE W PARK 5027 SUNBEAM ROAD JACKSONVILLE FL 32257 Bureau of Air Monitoring & Mobile Sources

	Do <u>NOT</u> Remove Label	ring
Annual Reporting Period:	19TO	19
Based on each term or condition of the Title V gene 62-213.300, Florida Administrative Code (F.A.C.), 6	- · · · · · · · · · · · · · · · · · · ·	<u> </u>
If NO, complete the following:		• • • • • • • • • • • • • • • • • • • •
#1. Term or condition of the general permit that has	s not been in continuous compliance during	g the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		-2 ROS
Method used to demonstrate compliance:		8 20
#2. Term or condition of the general permit that has	s not been in continuous compliance during	3 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 inf notification are true, accurate and complete. Further, n does not exceed 2,100 gallons per year for dry-to dry fac	ny annual consumption of perchloroethylene	solvent, based upon purchase receipts,
RESPONSIBLE OFFICIAL: Name (Plea	se Print) Park Signat	W Mark / Sa 194 ure / Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

TYPE	OF	INSPE	CTION
------	----	-------	--------------

13



				P	
PER	CHLOROETHYL title v geni compliance inspi	ERAL PE	RMIT	VERS BURNON TO THE	12/2
TYPE OF INSPECTION:	ANNUAL	À	COMPLAINT	T/DISCOVERY & DE	O'
	RE-INSPECTION		···	Ces oning	
AIRS ID#: <u>03/03/59</u>	DATE: 7/13/97	TIME	IN: <u>1400</u>	_ time out: <u>/43</u> 0	-
FACILITY NAME:	icks Dry G	leaner	<u> </u>		-
FACILITY LOCATION:	5027 Sun 2	sean	- Rd.		
	Jacksonvi	112,	EL 32	257	
RESPONSIBLE OFFICIAL	Jae W. Pa	rk_	_ phone: <u></u>	14-733-8600	
CONTACT NAME:	Same		_ PHONE:	Jame	

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

PART II: CLASSIFICATION Facility indicated on notification form that it is: ■ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, 140 < x < 2,100 gal/yr dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, 200 < x < 1.800 gal/yr transfer only, 200 < x < 1,800 gal/yrboth types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number 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 19. 2 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at XY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber AVA NO YO 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) **X**Y ON ON/A 1. Equipped all machines with the appropriate vent controls? 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 YY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY 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:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, restaimer, and dryer machines on a weekly basis?	ПY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ПY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	□N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY	□N	□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)	
1. Maintained receipts for perc purchased?	XX □N
2. Maintained rolling monthly total of perc consumption?	YY ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	XY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	' OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	AVA É N NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MANA
6. Maintained startup/shutdown/malfunction plan?	XX □N Ì
7. Maintained deviation reports?	OY ON MANA
Problem corrected?	DY ON STANA
8. Maintained compliance plan, if applicable?	OY ON XINA

PART	PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
ins	pection?					XY	. (ДИ
2. Has	the facility maintained a leak log	?				XX	. (µ□
3. Doe	es the responsible official check the	follow	ing a	reas for leak	s?			
	Hose connections, fittings, couplings, and valves	YAY	□и	□N/A	Muck cookers	XY	□N	□N/A
	Door gaskets and seating	AX	ПΝ	□N/A	Stills	Y	ПN	□N/A
:	Filter gaskets and seating	Y	ΠN	□N/A	Exhaust dampers	ÞΥ	ΠN	□N/A
:	Pumps	AA	ΠN	□N/A	Diverter valves	MY	ПN	□N/A
	Solvent tanks and containers	A Y	ΠN	□N/A	Cartridge filter housings	XY	□N	□N/A
	Water separators	AX	ΠN	□N/A				
4. Whi	ich method of detection is used by	the resp	onsib	le official?				
	Visual examination (condensed s	solvent	on ex	terior surfac	es)	X		
	Physical detection (airflow felt th	nrough	gaske	ts)		XXX		
	Odor (noticeable perc odor)					×		
	Use of direct-reading instrument	ation (F	TID/P	D/calorimet	tric tubes)			
	Halogen leak detector							
	If using direct-reading inst	rument	ation	, is the equi	pment:	MN	'A	
	a. Capable of detecting	perc va	por c	oncentration	s in a range of 0-500 ppm?	' _{UY}	ПN	
	b. Calibrated against a (PID/FID only)?	standar	d gas	prior to and	after each use	□Y	□N	
	c. Inspected for leaks a	nd obvi	ous si	gns of wear	on a weekly basis?	ΠY	ΠN	
	d. Kept in a clean and s	secure a	rea w	- hen not in u	se?	ПY	. □N	
	e. Verified for accuracy	by use	of du	plicate samp	oles (calorimetric only)?	ПY	ΠN	
	Jeff Winter Only 13. 1998							
	Inspector's Name (Please Pri	nt)		_	Date of Inspe	ction		
	Jethen Uni	La			Tuly	_/	77	7_
	Inspector's Signature Approximate Date of Next Inspection							tion

Revised 9/15/97

ADDITIONAL SITE INFORMATION:	
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	i.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMP	LAINT/DI	SCOVERY [] R	E-INSPECT	ION
TIME IN: 1400	TIME OUT:	14.	30 ·	AIRS ID#:	03	1035	9
TYPE OF FACILITY:	If (leaner						-/
FACILITY NAME:	arks Dry	, Cle	anes	<u> </u>	DAT	E: 7//2	199
FACILITY LOCATION:	5027 Jun	bear	nK	d			
	ackson ville	FC	322	25/	0. /		01.00
RESPONSIBLE OFFICIAL:	Jae W. fark			_PHONE NUME	BER: 909	-/35-	8600
	the compliance requirementule 62-213.300, Florida A				ne facility is	found to be i	in
Based on the results of discrepancies were note	the compliance requiremer d:	nts evaluate	ed during t	his inspection, tl	ne following	compliance	
COMPLIANCE REQU	JIREMENT/PROBL	EM	FOI	LLOW-UP A	CTION R	EQUIRE	<u>D</u>
				,			
			•		· · · · · · · · · · · · · · · · · · ·		
				P	^		
				Our July	CEL		,
				& Modile South	1540	Ò	
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				- Contraction of the contraction	Tips .		
COMMENTS:							
				·			
The Annual Compliance Certific	cation form has been prope	erly certifie	d and subr	nitted to the insp	ector.	YES	NO
DATE OF NEXT INSPECTIO	N:	JUI	19,1	1999			
INSPECTION CONDUCTED	BY:	Je (oximate) L se Print)	inter			
INSPECTOR'S SIGNATURE:		y L		— PHONE NUMI	BER: <u>90</u>	4-630-	2100

Acc

AIRS ID#: 03/0359

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Park's Cleaners	DATE: 7/13/98
FACILITY LOCATION: 5027 Sunbeam Rd.	
Jackson Ville, FL 3229	57
Annual Reporting Period: Feb. 12 1997 TO _	July 13 1998
Based on each term or condition of the Title V general air permit, my facility has rema	uined in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this s	
If NO, complete the following:	,
#1. Term or condition of the general permit that has not been in continuous compliance	ce during the reporting period stated above:
Exact period of non-compliance: from	to say of 3 L
Action(s) taken to achieve compliance:	06,72 4
Method used to demonstrate compliance:	SQUARE O
#2. Term or condition of the general permit that has not been in continuous compliance	ce during the reporting period stated above:
Exact period of non-compliance: fromto)
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed a	
made in this notification are true, accurate and complete. Further, my annual consunupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year foyear for transfer or combination facilities.	
RESPONSIBLE OFFICIAL: Name (Please Print)	Signature Nauke 7/13/98

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	≱ co	MPLAINT/RATS	COVERY	
AIRS 1D#: <u>03/0359</u> d		TIME IN:	120 TI	We ont;	740
FACILITY NAME:	ark's Dry	Cleaners	5 8 8	**************************************	<i></i> _
FACILITY LOCATION:	5027 Su.	nbeam	Q	<u></u>	
	Dacksonvi	11e, 7-C	322	57	
RESPONSIBLE OFFICIAL : _	Jae Par	K PH	ONE: <u>904</u> -	733-8	600
CONTACT NAME:	Some	PH(ONE:	Some	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30	days prior to startup			. •	A
2. Facility failed to notify DARM	to use general permit				ت ا
PART II: CLASSIFICATION					
Facility indicated on notification	form that it is:		o notification fo		
	form that it is:		o notification for rop store/out of		oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source	≯ 2. N	□ D ew smail area so	rop store/out of		oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. No dry-to	ew small area so o-dry only, x < 1-	rop store/out of urce 10 gal/yr	business/petr	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source	2. No dry-to trans:	□ D ew smail area so	rop store/out of urce 10 gal/yr gal/yr	business/petr	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. No dry-to trans:	ew small area so o-dry only, $x < 14$ for only, $x < 200$	rop store/out of urce 10 gai/yr gai/yr I/yr	business/petr	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	2. No dry-to trans. both (cons) 0 gal/yr dry-to gal/yr trans.	ew small area so o-dry only, $x < 1$ - fer only, $x < 200$ types, $x < 140$ ga	rop store/out of urce 10 gal/yr gal/yr 1/yr r 12/9/91) urce x \le 2,100 gal/yr \le 1,800 gal/yr	business/petr	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/both types, 140 ≤ x ≤ 1,800 gal/sites.	2. No dry-to trans: both (cons) 3. No dry-to trans: both (cons) 4. No gai/yr dry-to trans: y/yr both (cons)	ew small area so o-dry only, $x < 1$ -fer only, $x < 200$ types, $x < 140$ ga tructed on or after ew large area so o-dry only, $140 \le$ fer only, $200 \le x$ types, $140 \le x \le$ tructed on or after	rop store/out of urce 10 gal/yr gal/yr 1/yr r 12/9/91) urce x \le 2,100 gal/yr \le 1,800 gal/yr	business/petr	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility class If no, please check the approach is a correct facility of facility of facility of facility of the constructed before 12/9/91.	2. No dry-to trans: both (cons) 0 gal/yr dry-to trans: dr	ew small area so o-dry only, x < 14 fer only, x < 200 types, x < 140 gat tructed on or after only, 140 ≤ fer only, 200 ≤ x types, 140 ≤ x ≤ fer only, 200 ≤ x tructed on or after only only only only only only are tructed on or after only only only only only only are tructed on or after only only only only only only only only	rop store/out of urce 10 gai/yr gal/yr I/yr r 12/9/91) urce x \le 2,100 gai/yr \le 1,800 gai/yr r 12/9/91) n not determine above	business/petr	oleum

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

В	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	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?	ПY	ПN	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion: is at least 2 duct diameters upstream from any bend, contraction.			
	or expansion; and downstream from no other inlet?	ЦY	N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	□N	□N/A

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

PA	ART VI: LEAI	K DETECTION AND	REPA	IRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?						XX	•	□N
2.	Has the facility	maintained a leak log	?				XY		□N
3.	Does the respon	nsible official check the	follow	ing a	reas for leaks?		•		
		nections, fittings, gs, and valves	AY	□N	□N/A	Muck cookers	X IY	□N	□N/A
	Door gask	kets and seating	AA	ПN	□N/A	Stills	AY	ΠN	□N/A
	Filter gasi	kets and seating	YY	□N	□N/A	Exhaust dampers	ΠY	ΠN	MN/A
	Pumps		AA	□N	□N/A	Diverter valves	ПY	ΠN	XN/A
	Solvent ta	inks and containers	A	□N	□N/A	Cartridge filter housings	XY	□N	□N/A
	Water sep	arators	AA	ПΝ	□N/A				
4.	Which method	of detection is used by	the resp	onsib	le official?				
	Visual examination (condensed solvent on exterior surfaces)			X					
	Physical detection (airflow felt through gaskets)			×					
	Odor (noticeable perc odor)			近风灰					
	Use of dire	ect-reading instrument	ation (F	ID/PI	D/calorimetric	tubes)			
	Halogen le	eak detector							
	If usin	ng direct-reading instr	ument	ation,	is the equipm	ient:	XN/	A	
	a.	Capable of detecting	perc va	por co	ncentrations is	n a range of 0-500 ppm?	□Y	ПN	
	b.	Calibrated against a s (PID/FID only)?	standaro	l gas	prior to and aft	ter each use	ΩY	□N	
	C.	Inspected for leaks ar	d obvio	us sig	ens of wear on	a weekly basis?	ΠY	□N	
	_ d.	Kept in a clean and s	ecure ai	ea wi	nen not in use?		□Y	□N	
	e.	Verified for accuracy	by use	of dup	olicate samples	(calorimetric only)?	ΠY	ΠN	

Inspector's Name (Please Print)

My Water

Inspector's Signature

Approximate Date of Next Inspection

May 26 1999 Date of Inspection

ADDITIONAL SITE INFORMATION	ON:			
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 💢	COMPLA	NT/DISCOVERY	RE-INSPECTION
TIME IN: 92	OTIME_OUT:	94	AIRS ID#:	03/0359
TYPE OF FACILITY:	esc. My C	Raner		
FACILITY NAME:	Porks Dry	, Clear	ners	DATE: 5/26/99
FACILITY LOCATION:	3027 3	un bear	Pd.	
	Jack Souv	ille, PC	- 36251	011-1-121
RESPONSIBLE OFFICIAL:	Jae Fal	K	PHONE NUMBE	ir: <u>904-733-8600</u>
Based on the results of the compliance with DEP R			during this inspection, the Code (F.A.C.).	facility is found to be in
Based on the results of t discrepancies were noted	<u>-</u>	nents evaluated d	luring this inspection, the	following compliance
COMPLIANCE REQU		BLEM	FOLLOW-UP AC	TION REQUIRED
				•
		·		
COMMENTS:			· · · · · · · · · · · · · · · · · · ·	
The Annual Compliance Certific	eation form has been no	operly certified a	nd submitted to the inspec	ctor. YES NO
DATE OF NEXT INSPECTIO		$\mathcal{M}_{\alpha \vee \beta}$	2000	Not. 123[A] NO[_]
DILL OF NEAT INSPECTIO	* * * *	(Approxi	mate)	
INSPECTION CONDUCTED	BY:	Jett h	Jinter	
INSPECTOR'S SIGNATURE:	Jeffrey	Please I	PHONE NUMBE	CR: 904/630-3484
		Pageof	<u> </u>	Revised 10/96

Revised 10/10/96

AIRS ID#: 03/0359

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Park's Dry Cleaners Date: 5/26/99
FACILITY LOCATION: 5027 Sunbeam Rd.
Jacksonville, FC 32257
Annual Reporting Period: May 26, 1997 TO May 26, 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.
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:
wethod used to demonstrate compitance.
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: Name (Please Print) Signature Date

Page _____ of _____.

^{*}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.



Department of Environmental Protection

Jeb Bush Governor Division of Air Resource Management 2600 Blair Stone Road, MS 5510 Tallahassee, Florida 32399-2400

Colleen M. Castille Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 310359 10 PARK'S DRY CLEANERS 5027 Sunbeam Rd JACKSONVILLE, FL 32257

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273



Department of Environmental Protection

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

Colleen M. Castille Secretary

December 6, 2004

NOTICE OF ANNUAL OPERATION FEE

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year **2004**. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1**, 2005, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Bruce Thomas at 850/921-7744 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Jóséph Kahn, Chief Bureau of Air Monitoring and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process".

Printed on recycled paper.

ATTENTION:

The Title V Air General Permit is *NOT* transferable and does not follow a change in ownership of the facility. If you are a new owner and have not submitted a notification form, please contact Bruce Thomas at 850/921-7744.



POSTAGE REQUIRED

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0310359

PARK'S CLEANERS
JOE W PARK
5027 SUNBEAM ROAD
JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FULL

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JOE W PARK
5027 SUNBEAM ROAD
JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1
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UNITED STATES POSTAL SERVICE



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

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Bureau of A.r Monitoring & Mobile Sources MAR 2 1 2002



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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TOTAL AMOUNT DUE: \$50.00

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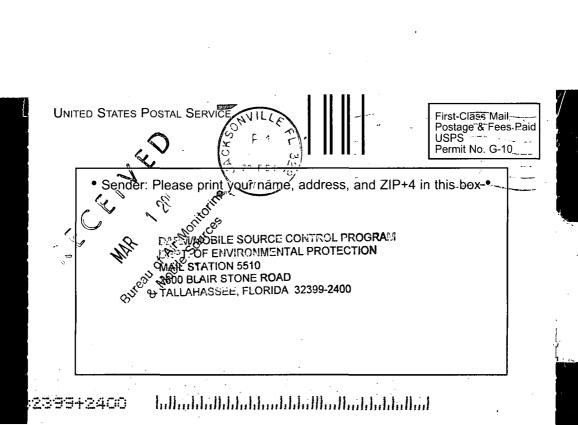
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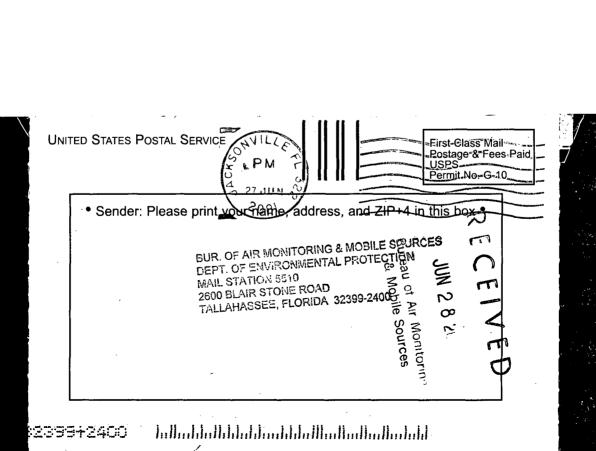
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Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addressed and fee is	e's Address <i>(Only paid)</i> Domestic Ret	

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Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400



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Bureau of Air Monitoring & Mobile Sources

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DEPARTMENT OF ENVIRONMENTAL PROTECTION

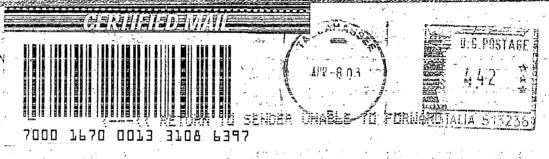
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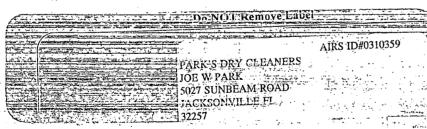
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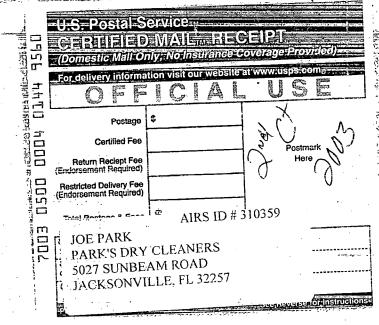
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Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400 Best Available Copy

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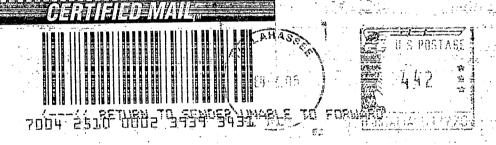
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Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400





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