

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 18, 1996

Mr. William Nathan Thomas Jet Cleaners #2 1020 Edgewood Avenue N Jacksonville, Florida 32205

Dear Mr. Thomas:

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.

Singerely,

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"

	#0310365	
	Tet Cleaners #2	
	Spoke with William Nathan Thomas - 9/17/96	
p./3	4. add title - Owner 7. change street address - 3hould be 1346 Gandy St. 9. add title-Manager	·
	9. add title-Manager	
-		
		£

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	•	
1.	Facility Owner/Company Name (Name of corporation,	agency, or individual owner):
	William NoTHAN Thomas	
2.	William NATHAN Thomas Site Name (For example, plant name or number):	
	TET CLEANERS # 2 Hazardous Waste Generator Identification Number:	
3.	Hazardous waste Generator Identification Number:	•
	981031032	
4.	Facility Location:	
	Street Address: 1020 EDGEVIDOD AVE N City: County:	Zip Code:
	JACKSONVILLE DUVAL	373.05
5.	Facility Identification Number (DEP Use):	
		03/0365
	Responsible O	fficial
(Z)	Name of the state	
©	Name and Title of Responsible Official:	
٠ ا	William NATHAN THOMAS	
(7)	Responsible Official Mailing Address:	
	Organization/Firm: JET CLEANERS Street Address? 1020 ENJEWOOD AVE N	
	City: County:	Zip Code:
	JACKSONUILLE DUVAL	
8.	Responsible Official Telephone Number:	B (6.1)
	Telephone: (904) - 768 1067	Fax: (904) - 772 7333
	168 1061	118 1195
	Facility Contact (If different from	m Responsible Official)
(Q)	Name and Title of Facility Contact (For example, plant r	manager):
_	1500 000000	
10	VERA CLOWERS Facility Contact Address:	
10.	Tacinty Contact Address.	
	Street Address: 1030 EDGEWOOD AUE H	
	City: County:	Zip Code:
11	TACKSONUILE DUVAL Facility Contact Telephone Number:	32205
11.	Telephone: (904)	Fax: (904) -
	183 9558	772 7333
	-	

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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	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	. A.		tarran bila.		on the second se				
(1) w/ ref. condenser	±Ł j	15-SEAT-84	is-Sept-84						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		in the state of th		٠.		,			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	4.54	CLESS WIFTS	ak fili	John St.	ļi u jaras.			ka (Basa) yi	. in State of the
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	14 Par			1 1/2		. 1950. e. e. e.	10000		
(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 the control of the contr	are ro	equired to be ity of perchlo ons ow many? [_	installed [perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.) Ne	w sm	all area sour	rce [3) of	Part II?	
Existing large are	ea soi	urce [X]	Ne	w lar	ge area sour	ce	J		

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

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Surrender of Existing Air Permit(s)

ease indica	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 notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sits made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
WW Signatur	Lan Derman 8.23-96 Date

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Bowman, Sandy

From: Bill Coffman [COFFMAN@coj.net]

Sent: Tuesday, July 06, 2004 2:52 PM

To: Bowman, Sandy Subject: Dry Cleaners

Sandy the following Facilities should be marked inactive as they are either now drop sites , closed or no longer using perc.

The following are now drop sites.

The following sites are closed.

The following sites are no longer using perchloroethylene.

I am still working on the list so please bear with me. We are trying to be certain that these facilities are actually out of business and have not just moved. If I can be of any assistance Please call.

Thanks Bill COffman



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0310365

JET CLEANERS #2 WILLIAM NATHAN THOMAS

1346 GANDY STREET

JACKSONVILLE FL

32208

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273





Main Office: 1346 Gandy Street • Jacksonville, FL 32208 • 768-1067

1020-1 N. Edgewood Avenue Jacksonville, FL 32254 Phone: 783-9558 7900-34 103rd. Street Jacksonville, FL 32210 Phone: 772-6681 6855-24 Wilson Boulevard Jacksonville, FL 32210 Phone: 772-6630 3000-61 Dunn Avenue Jacksonville, FL 32218 Phone: 764-4106

8299-1 W. Beaver Street Jacksonville, FL 32202 Phone: 786-7440 7451-30 103rd Street Jacksonville, FL 32210 Phone: 778-8611 1440 Dunn Ave. Ste. 21 Jacksonville, FL 32218-4894 Phone: 757-0853

December 18, 2002

To: General Permit Section
Bureau of air monitoring and mobile sources
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400



This letter is to inform the Bureau that effective December 18, 2002 that the Jet Cleaners located at 1020-1 North Edgewood Avenue Jacksonville, Florida 32254 AIRS ID #0310365 is no longer operating as a cleaning location, the above location has been converted to a drop location only. We have removed the dry cleaning machine and still on December 18, 2002.

Sincerely

William N. Thomas

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JET CLEANERS
1346 Gandy Street
Jacksonville, Florida 32208



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

0010000

BEST AVAILABLE COPY

	Tet Cleaners #2	
1.	-Spoke with William Nathan Thomas - 9/17/96	·
2.	P.13 6. add title - Owner	
	7. Change street address Should be 1346 Gandy St. 9. add title—Manager	
3.	Should be 1346 Gandy St.	•
4.	9. add title-Manager	
''		
5.5		<u>5</u>
J.		
[/ 2		
6		
(7)		
		ode: 230 8
8.		
		<u> 33</u>
9.	Name and Title of Facility Contact (For example, plant managery.	
10	VERA CLOWERS Facility Contact Address:	
	Street Address: 1000 EDGEWOOD AVE N	
	City: County: Zip Code:	

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JACKSONUILLE

Telephone:

11. Facility Contact Telephone Number:

(964)

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DurAi

Fax: (904)

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	31/11/2010 Marriage Thomas	
2	WILLIAM NATHAN Thomas Site Name (For example, plant name or number):	
۷.	Site Name (For example, plant name or number).	
	TET CLEANERS # 2 Hazardous Waste Generator Identification Number:	
3.	Hazardous Waste Generator Identification Number:	
	981031032	
4	Facility Location:	
.,	Street Address: 1020 EDGENICOD ANE N	
	City: Zip Code:	
	JACKSONVIllE DUVAL 32205	
5.	Facility Identification Number (DEP Use):	
	03/0365	
	Responsible Official	
	responsible official	
6.	Name and Title of Responsible Official:	
	$\sim \sim $	
	Name and Title of Responsible Official: William Nathan Thomas OWNER Responsible Official Mailing Address: Organization/Firm: JET CLEANERS Street Address: 1346 GAND) 57	
7.	Responsible Official Mailing Address: Organization/Firm: JET CLEANERS 1346 GAND 57	
	Street Address: 1000 Extension Ave A 1346 GANDY	7
	City: County: - Zip Code:	~
	City: County: Zip Code: JACKSCHUITE DUVAL 32268	
8.	Responsible Official Telephone Number:	
	Telephone: (GC4) - Fax: (9c4) -	
	768 1067 1702 7333	
	Facility Contact (If different from Responsible Official)	
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
	\mathcal{M}	
	VERA CLOWERS MANAGER Facility Contact Address:	
10.	Facility Contact Address:	
	Street Address: 1000 FS at the control of	
	Street Address: 1000 EDGEWCOD AVE N City: County: Zip Code:	
	City: County: Zip Code: 32205	
11.	Facility Contact Telephone Number:	
	Telephone: $(\Omega_{i}(d))$ - Fax: $(\Omega_{i}(d))$ -	
	183 9558 772 7333	

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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	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	· ·	1.4		_					
(1) w/ ref. condenser	±i	15 -SEATS-1	155017.34						
(2) w/ carbon adsorber		7,2							
(3) w/ no controls									
Washer Unit					•	•	•		
(4) w/ ref. condenser									
(5) w/ carbon adsorber		:							
(6) w/ no controls									
Dryer Unit						-		in the	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	- 1		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			·			*
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	urce []	cation only.) Ne	w sn	nitions found nall area sour	-ce [3) of	Part II?	
Laisting large an	-u 301	LA_	140	77 141	50 area 30 ar	L	J		

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Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)	Part II of this notification form?				
Existing large area source Carbon adsorber Refrigerated condenser					
New small area source Refrigerated condenser []					
New large area source Refrigerated condenser []					
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit exemption criteria or that no such units exist on-site:					
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.					
All steam and hot water generating units exempt No such units on-site					
•					
Equipment Monitoring and Recordkeeping Infor	mation				
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:				
(a) Purchase receipts and solvent purchases	\square				
(b) Leak detection inspection and repair	\checkmark				
(c) Refrigerated condenser temperature monitoring	\checkmark				
(d) Carbon adsorber exhaust perc concentration monitoring					
(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 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 notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Imptly notify the Department of any changes to the information contained in this notification.					
Signature	8.23.96 Date					
WWh	om 5 Juan 2.27.97					

DEP Form No. 62-213.900(2) Effective: 6-25-96 AIRS ID#: <u>03/0365</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: JET	Cleaners 7	42		ATE: 2/27/97
FACILITY LOCATION:	Edge WOR	d Ave.	<i>N.</i>	
FACILITY LOCATION: 1020	nville, FL	- 32203	5	
Annual Reporting Period: Augu	st 26	_1926 то _	February	27 199
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.			~	rith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in co	ntinuous compliand	æ during the reportin	g period stated above:
Exact period of non-compliance: from		1	o	· · · · · · · · · · · · · · · · · · ·
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in co	ontinuous compliand	ce during the reportin	g 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, and in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, does not exceed 2,100	, my annual consum	ption of perchloroeth r dry-to dry facilities	ylene solvent, based
Nar	ne (Please Print)		Signature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: /030 TIME OUT: /09	40 AIRS 1D#: 03/0365
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: JET Cleaners	#2 DATE: 2/27/97
FACILITY LOCATION: 1020 Edge WOO	
Jackson Ville	
RESPONSIBLE OFFICIAL: William Nathan Th	omas PHONE NUMBER: 904-768-1067
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
. , , , , , , , , , , , , , , , , , , ,	
<u> </u>	· · · · · · · · · · · · · · · · · · ·
COMMENTS:	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	1998
· -	proximate)
INSPECTION CONDUCTED BY:	Winter
INSPECTOR'S SIGNATURE: Affing Line	PHONE NUMBER: 904-630-3484
/ // Page	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTI O N	×	COMPLAINT/DISCO	OVERY	
AIRS ID#: <u>03/0365</u> FACILITY NAME:				1040	2
FACILITY LOCATION:	Tacksonvill	le, FC	32205		
PART I: NOTIFICATION					
(check appropriate box)				<u> </u>	
1. Existing facility notified DARI	M by 9/1/96)M
2. New facility notified DARM 3	0 days prior to startup				a
3. Facility failed to notify DARM	to use general permit				
PART II: CLASSIFICATION					ï
Facility indicated on notification (check appropriate box) A.	ı 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)	dry trar boti	usfer only, x h types, x<1	x<140 gal/yr <200 gal/y r		
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="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr dry d/yr trai yr boti</td><td>nsfer only, 2 h types, 140</td><td>140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	gal/yr dry d/yr trai yr boti	nsfer only, 2 h types, 140	140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classification	ation 🔀	. □N	•		
If no, please check the appropria	te classification:				
	d for a general permit a above limits and is not				
B. The total quantity of perchlore facility was 282 gallons.	oethylene (perc) purcha	sed within t	he preceding 12 months	s by this dry	cleaning

1 of 4

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 DN/A

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

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)

(check appropriate doxes)	
1. Equipped all machines with the appropriate vent controls?	DY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ONA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	GY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	MY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ON ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	GY ON
B. Has the responsible official of an existing large or new large area source also:	

MD YE

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?

2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	04 N N N/4 04 N N/4
	Is the temperature differential equal to or greater than 20° F?	DY DN NA
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 CONTA
	Is the perc concentration equal to or less than 100 ppm?	oy on Conta oy on NIA
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?	אוע אם צם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON CHOIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON GN/A

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

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ØÝ □N
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	4
Physical detection (airflow felt through gaskets)	4
Odor (noticeable perc odor)	4
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	

If using dispat spadies instance	nantatio-	in the contin	man m t s				
If using direct-reading instrumentation, is the equipment:							
a. Capable of detecting		JN					
b. Calibrated against a	מע כ	71.7					
(PID/FID only)?							
c. Inspected for leaks a	and obviou	is signs of we	ar on a weekly basis?		N		
d. Kept in a clean and	secure are	a when not in	n use?		אב		
e. Verified for accurac	y by use of	f duplicate sa	mples (calorimetric only)?	DY C	NC		
3. Has the facility maintained a leak log	?			éy (מב		
4. The following areas should be checke	d for leaks	by the inspe	ctor:				
	Leak I	Detected?					
Hose connections, fittings,		70/1	Musla seekers	ΩY	M N		
couplings, and valves	ПY	MN/	Muck cookers	шı			
Door gaskets and seating	ПY	E N	Stills	ΠY	ME		
Filter gaskets and scating	ΠY	GN	Exhaust dampers	ΩY	ÚN		
Pumps	Pumps Diverter valves						
Solvent tanks and containers	ПY	GN	Cartridge filter housings	ΩY	ÚN		
Water separators							

Name of Responsible Official

Inspector's Name (Please Print)

Aspector's Signature

2/27/1997

Date of Inspection

2/1998

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	•
	· ·
	·
	•



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0310365

WILLIAM NATHAN THOMAS WILLIAM NATHAN THOMAS

1020-EDGEWOOD-AVEN

JACKSONVILLE FL 32208

Do NOT Remove Label

Annual Reporting Period: TRWKAZ	}	_19 <mark>9</mark> Т то	DECEMBER	<u> </u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.			—/	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in cor	ntinuous complia	nce during the reporting p	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 cor	ntinuous complian	nce during the reporting p	eriod stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, base notification are true, accurate and complete. Findoes not exceed 2,100 gallons per year for dry-to-	urther, my annual consum	nption of perchlor	oethylene solvent, based up	on purchase receipts,
RESPONSIBLE OFFICIAL: <u>Wソエンいっか</u> Nam	ne (Please Print)	Wilham	Signature	2.1998 Date

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

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

	COMPLIANCE INSP	ECHON	.decalist	e i , L	
TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/DIS	SCOVERY /OD K	
	RE-INSPECTION	_		TO MON TO	
				The life	
AIRS ID#: <u>03/0365</u>			n: <u>/4/0</u> ti	IME OUT: 1430	
FACILITY NAME:	et Cleaners	#2			
FACILITY LOCATION:	•				
	Jacksonville	k, FL	32205	-	
RESPONSIBLE OFFICIAL :		-			
	va Clowers				
CONTACT NAME:	<u> </u>	<u> </u>	PHUNE: /- (
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					
il .					
PART II: CLASSIFICATION	,				
Facility indicated on notification			☐ No notification		
Facility indicated on notification (check appropriate box)				form of business/petroleum	
Facility indicated on notification	on form that it is:	New small a	☐ Drop store/out o		
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y	on form that it is: ce	-to-dry only,	☐ Drop store/out of rea source x < 140 gal/yr	of business/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	on form that it is: ce	-to-dry only, asfer only, x	□ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr	of business/petroleum	
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	on form that it is: ce	-to-dry only, nsfer only, x h types, x < 1	☐ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	of business/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	on form that it is: ce	-to-dry only, nsfer only, x h types, x < 1	□ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr	of business/petroleum	
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	on form that it is: ce	-to-dry only, nsfer only, x h types, x < 1	□ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	of business/petroleum	
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)	on form that it is: ce	-to-dry only, nsfer only, x h types, x < 1 nstructed on New large a	□ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	of business/petroleum	
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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800	on form that it is: ce	-to-dry only, x h types, x < 1 nstructed on New large a -to-dry only, 20	□ Drop store/out of rea source $x < 140$ gal/yr < 200 gal/yr $ 40$ gal/yr or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100$ gal/yr $ 00 \le x \le 1,800$ gal/yr	of business/petroleum	
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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	on form that it is: ce	-to-dry only, x h types, x < 1 nstructed on New large a -to-dry only, sfer only, 20 h types, 140 d	Prop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100 \text{ gal/yr} $ $ 50 \le x \le 1,800 \text{ gal/yr} $ $ 50 \le x \le 1,800 \text{ gal/yr} $	of business/petroleum	
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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800	on form that it is: ce	-to-dry only, x h types, x < 1 nstructed on New large a -to-dry only, sfer only, 20 h types, 140 d	□ Drop store/out of rea source $x < 140$ gal/yr < 200 gal/yr $ 40$ gal/yr or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100$ gal/yr $ 00 \le x \le 1,800$ gal/yr	of business/petroleum	
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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	on form that it is: ce	-to-dry only, x h types, x < 1 nstructed on New large a -to-dry only, usfer only, 20 h types, 140 nstructed on	Prop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100 \text{ gal/yr} $ $ 50 \le x \le 1,800 \text{ gal/yr} $ $ 50 \le x \le 1,800 \text{ gal/yr} $	of business/petroleum	
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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classes.	on form that it is: ce	to-dry only, x h types, x < 1 nstructed on New large a to-dry only, nsfer only, 20 h types, 140 nstructed on	□ Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $= 12/9/91$) rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ or after $= 12/9/91$)	of business/petroleum	
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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classification, please check the a facility of the constructed before 12/9/91.	on form that it is: ce	to-dry only, x h types, x < 1 nstructed on New large a to-dry only, nsfer only, 20 h types, 140 nstructed on	□ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determinate mber abo	of business/petroleum //yr ne	
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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classification, please check the a facility of the constructed before 12/9/91.	on form that it is: ce	to-dry only, x h types, x < 1 nstructed on New large a to-dry only, nsfer only, 20 h types, 140 nstructed on	□ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determinate mber abo	of business/petroleum //yr ne	

1 of 5

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

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Ā	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY		N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□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?	ΩY	מ אם	N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	מ אם	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?	пv	ק אם	ίν/Δ
_	•	- 1	-11 7	Ų//A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□и ј	N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	א אם	N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	XX □N
2. Maintained rolling monthly total of perc consumption?	XY ON
3. Maintained leak detection inspection and repair reports for the following:	′
 a. documentation of leaks repaired w/in 24 hrs? or; 	YY 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?	/ □Y □N □N/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN XXVA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MAN/A
6. Maintained startup/shutdown/malfunction plan?	YY □N
7. Maintained deviation reports?	Orany on Mana
Problem corrected?	DY ON MYA
8. Maintained compliance plan, if applicable?	DY DN MAN/A

PART VI: LEAK DETECTION AND REPAIRS

1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?					XX	□N
2.	Has the facility maintained a leak log	?				λχ	□N
3.	Does the responsible official check th	e follow	ing a	reas for lea	aks?	1	
	Hose connections, fittings, couplings, and valves	AA	□N	□N/A	Muck cookers	Y	ON ON/A
	Door gaskets and seating	Y	ΠN	□N/A	Stills	Y	ON ON/A
	Filter gaskets and seating	Y	ΠN	□N/A	Exhaust dampers	YY	□N □N/A
	Pumps	Y	□N	□N/A	Diverter valves	Y	□N □N/A
	Solvent tanks and containers	Y	ΠN	□N/A	Cartridge filter housing	s XY	□N □N/A
	Water separators	Y	ΠN	□N/A		•	
4.	Which method of detection is used by	the resp	onsib	le official	?	. /	
	Visual examination (condensed	solvent	on ex	terior surf	aces)	X	
	Physical detection (airflow felt t	hrough	gaske	ts)		X	
Odor (noticeable perc odor)							
	Use of direct-reading instrumen	tation (F	ID/P	ID/calorim	netric tubes)	A VO	
	Halogen leak detector					X	
	If using direct-reading inst	rument	ation	, is the eq	uipment:	N	/A
	a. Capable of detecting	perc va	por c	oncentratio	ons in a range of 0-500 ppm?	ĹΥ	□N
	b. Calibrated against a (PID/FID only)?	standar	d gas	prior to as	nd after each use	ΟY	□N
	c. Inspected for leaks a	nd obvi	ous si	gns of wea	ar on a weekly basis?	ΠY	□N
	d. Kept in a clean and	secure a	rea w	hen not in	use?	ΩY	□N
	e. Verified for accurac	y by use	of du	plicate sar	nples (calorimetric only)?	ΠY	□N

Inspector's Name (Please Print)

Date of Inspection

The 1999

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATIO	N:		
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	•	Y	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COL	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: /4/0TIME OUT:/	430 AIRS 1D#: 03/0365
TYPE OF FACILITY: Dry Cleaner	1 1-0
FACILITY NAME: DET Cleaners #	2
FACILITY LOCATION: 1020 Edge Wood	Ave. N.
Jackson Ville, FC	32205
RESPONSIBLE OFFICIAL: WIlliam W. 7h	PHONE NUMBER: 904-768-1067
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Adminis	
Based on the results of the compliance requirements evaluation discrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	'K'
	Of the Contract of the Contrac
	E SE TO L
	10 May 15 M
	Sulfanitian S
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•	·
COMMENTS:	
	•
	•
The Annual Compliance Certification form has been properly cert DATE OF NEXT INSPECTION:	ified and submitted to the inspector. YES NO
	pproximate)
INSPECTION CONDUCTED BY: Jeff 1	Jinter
Classic 1	lease Print) PHONE NUMBER 904-620-2860
INSPECTOR'S SIGNATURE:	<u>~~</u> phone number: <u>904-630-28<i>6</i>0</u> / /

PERCHLOROETHYLENE DRY C

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF	INSPE	CTION:
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PERCHLOROETI TITLE V COMPLIANCE TYPE OF INSPECTION: ANNUAL RE-INSPECTION	HYLENE DRY CLEANERS OF THE STATE OF THE STAT
AIRS ID#: <u>03/0365</u> DATE: <u>Y-23</u> FACILITY NAME: <u>SET CLEAN</u>	2-99 TIME IN: 1410 TIME OUT: 1425
FACILITY LOCATION: 1020 Ed	
	ille, FL 32205
RESPONSIBLE OFFICIAL: William N	1. Thomas PHONE: 904-768-1067
CONTACT NAME: VEIA Glowe	15 PHONE: 904-783-9558
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup 🕦
2. Facility failed to notify DARM to use general pe	rmit
DADT II. CLASSIFICATION	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
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)	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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2{,}100$ gal/yr transfer only, $200 \le x \le 1{,}800$ gal/yr both types, $140 \le x \le 1{,}800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	My ON OCan not determine
If no, please check the appropriate classification facility qualified for a general facility exceeds above limits.	
B. The total quantity of perchloroethylene (perc) pu facility was gallons.	rchased within the preceding 12 months by this dry cleaning

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 MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MANA 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? YY ON ON/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 DY DN MANA 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 MY 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, reclaimer, and dryer machines on a weekly basis?	X	_N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N \$\frac{1}{2}N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□N ÞM/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y	□n S (n/a
	Is the perc concentration equal to or less than 100 ppm?	□Y !	□N \$AN/A
	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?	□ Υ (In Ta n/a
5 .	Equipped transfer machines (dryers, reclaimers, and washers) with individual		, A\N A
6.			AND NE

P	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	· • • • • • • • • • • • • • • • • • • •
1.	Maintained receipts for perc purchased?	AA □N
2.	Maintained rolling monthly total of perc consumption?	Ά ΩΥ □N
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or:	XIY 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?	□Y □N X N/A
4.	Maintained calibration data? (for applicable direct reading instruments)	DY DN XIN/A
5.	Maintained exhaust duct monitoring data on perc concentrations?	ava x nd ya
6.	Maintained startup/shutdown/malfunction plan?	γ α Υ □Ν
7.	Maintained deviation reports?	ava x no yo
	Problem corrected?	DY DN XXV/A
8.	Maintained compliance plan. if applicable?	DY DN XXNA

PART VI: LEAK DETECTION AND	D REPAIRS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			AN □N	
2. Has the facility maintained a leak lo	g?	,	XY □N	
3. Does the responsible official check the	he following areas for leaks	s ?		
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	AND NO AS	
Door gaskets and seating	AY ON ONA	Stills	AM ON ON/A	
Filter gaskets and seating	AND NO YA	Exhaust dampers	aya k	
Pumps	AND ND AND	Diverter valves	ava k d no vo	
Solvent tanks and containers	TAY ON ON/A	Cartridge filter housings	S YEY ON ON/A	
Water separators	AND NO YA			
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed	solvent on exterior surface	es)	À	
Physical detection (airflow felt	through gaskets)		X	
Odor (noticeable perc odor)			7 6	
Use of direct-reading instrumer	tation (FID/PID/calorimet	ric tubes)		
Halogen leak detector				
If using direct-reading ins	trumentation, is the equip	oment:	MN/A	
a. Capable of detecting	g perc vapor concentrations	s in a range of 0-500 ppm?	□Y □N	
•	standard gas prior to and	after each use		
(PID/FID only)?			□Y □N	
c. Inspected for leaks a	and obvious signs of wear of	on a weekly basis?	□Y □N	
d. Kept in a clean and	secure area when not in us	se?	OY ON	
e. Verified for accurac	y by use of duplicate sampl	les (calorimetric only)?	□Y □N	
Sec. 10	10-	401100	1200	
JETT WIM	<u> </u>	April 22,	<u>1777</u>	

4 of 5

Revised 9/15/97

Approximate Date of Next Inspection

ADDITIONAL SITE INFORM	ATION:		
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAIN	NT/DISCOVERY	RE-INSPECTION
TIME IN: 14/0	TIME OUT:	146	25AIRS ID#:_	03/0365
TYPE OF FACILITY:	erc. Dry Ch	eaner_		
FACILITY NAME:	DET CLEANER	15#2		DATE: 4-22-99
FACILITY LOCATION:	Jacksonvi	Ile, FL	32205	
	1020 Edge	WOOD A	ve	
RESPONSIBLE OFFICIAL:	William N.	Thomas	PHONE NUMB	DER: 904-768-1067
compliance with DEP R	ule 62-213.300, Florida A	dministrative C	Code (F.A.C.).	e facility is found to be in
Based on the results of the discrepancies were noted	he compliance requirements:	nts evaluated du	ring this inspection, th	e following compliance
COMPLIANCE REQU	IREMENT/PROBL	EM	FOLLOW-UP A	CTION REQUIRED
	<u> </u>			
COMMENTS:				
				\
The Annual Compliance Certific	ation form has been prope	erly certified and	d submitted to the inspe	ector. YES NO
DATE OF NEXT INSPECTIO	N:	telil,	2000	<u>,</u>
INSPECTION CONDUCTED	ву: <i>Бе</i>	7	nter	· · · · · · · · · · · · · · · · · · ·
INSPECTOR'S SIGNATURE:	Jeffyn	Please Pr		BER: 904-630-3484
	F	ageof/		Revised 10/96

AIRS ID#: 03/0365

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				· · · · · · · · · · · · · · · · · · ·	
FACILITY NAME:	JET CLE	ANERS #	2		DATE: 4-22-97
FACILITY LOCATION:	1020 E.	age wood.	AUR.		<u> </u>
		wille, FL		5	
Annual Reporting Period:	April	22, 19	98 to _	April	22, 199
Based on each term or condition 62-213.300, Florida Administration	_	-			
If NO, complete the following:				·	
#1. Term or condition of the gen	neral permit that has	s not been in contin	uous complianc	e during the repor	ting period stated above
Exact period of non-compliance:	from		to	o	
Action(s) taken to achieve compl	iance:	·		· ·	
Method used to demonstrate com	plianœ:				·
#2. Term or condition of the gen	teral permit that has	s not been in contin	uous complianc	e during the repor	ting period stated above:
Exact period of non-compliance:	from		to_		
Action(s) taken to achieve compl	iance:				
Method used to demonstrate com	pliance:				
·					·
As the responsible official, I here made in this notification are true, upon roiling averages of purchas year for transfer or combination	, accurate and com se receipts, doe s not	plete. Further, my	annual consum	ption of perchloro	ethylene solvent, based
responsible official: \underline{lack}	Name (Plea	N. ThemAS se Print)	malle W	Signature	<u> 4-2799</u> Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

×

	ANNUAL) X (COMPLAINT/DISC	OVERY	J 🗆 JAN -	
<i>.</i>	RE-INSPECTION					
AIRS 1D#: <u>03/036,5</u> d.	• •		/053 _{TIM}	E OUT:	105	
	et Cleaners:					
FACILITY LOCATION:						
	Jacksonvill	e, FC	32205			
RESPONSIBLE OFFICIAL :					67	
CONTACT NAME:	col Me And	rew P	HONE:	ane		
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM 30	days prior to startup				X	
2. Facility failed to notify DARM	to use general permit				ū.	
PART II: CLASSIFICATION						
Facility indicated on notification (check appropriate box)	form that it is:		No notification forDrop store/out of t		oleum	
A.			•	,		
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-t trans	ew small area to-dry only, x < fer only, x < 2	< 140 gal/yr 00 gal/yr			
both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$)		types, x < 140 structed on or a		Œ	70	
	(constant) 4. N 0 gal/yr dry-t yr both	ew large area o-dry only, 14 fer only, 200 <	after 12/9/91) source $0 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le 1,800 \text{ gal/yr}$	ureau of Air در Mobile	APR C	
(constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gal	(con: 0 gal/yr dry-t gal/yr trans /yr both (con:	structed on or a few large area to-dry only, 14 fer only, $200 \le x$ types, $140 \le x$ structed on or a	after 12/9/91) source $0 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le 1,800 \text{ gal/yr}$	ureau of Air در Mobile	APP	
 (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gaboth types, 140 ≤ x ≤ 1,800 gab (constructed before 12/9/91) 5. This is a correct facility class If no, please check the appropriate the source of th	(constant) (constant) (constant) (constant) (constant) (constant) (constant) (constant)	ew large area to-dry only, 14 fer only, 200 < types, 140 < x structed on or a large N	after $12/9/91$) source $0 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le 1,800 \text{ gal/yr}$ after $12/9/91$) Can not determine er above	ureau of Air Monitoring & Mobile Sources	APR - 5 200	

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 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? 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? 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 condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AN DN
2. Maintained rolling monthly total of perc consumption?	YEY ON
3. Maintained leak detection inspection and repair reports for the following:	'
a. documentation of leaks repaired w/in 24 hrs? or;	Y 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 MAN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN MAN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MINA
6. Maintained startup/shutdown/malfunction plan?	May an
7. Maintained deviation reports?	OY ON MANA
Problem corrected?	DY DN MAN/A
8. Maintained compliance plan, if applicable?	OY ON AN/A

PART VI: LEAK DETECTION	AND REPAIRS				
1. Does the responsible official co	nduct a weekly (for sm	nall sources, bi-v	veekly) leak detection ar	nd rep	air
inspection?				A	□N
2. Has the facility maintained a lea	ık log?		,	XY	□N
3. Does the responsible official ch	eck the following areas	s for leaks?		•	
Hose connections, fittings couplings, and valves	, A Y ON O	N/A M	luck cookers	AY	□N □N/A
Door gaskets and seating	A Y ON O	N/A St	tills	AY	□N □N/A
Filter gaskets and seating	AY ON O	N/A E	xhaust dampers	Ρ̈́Υ	□N ¥N/A
Pumps	A D N D	N/A D	iverter valves	ΩY	ON MIN/A
Solvent tanks and contain	ers YEY ON O	N/A C	artridge filter housings	X	□N □N/A
Water separators	ם אם צאל	N/A			
4. Which method of detection is us	sed by the responsible of	official?	•		
Visual examination (cond-	ensed solvent on exteri	ior surfaces)		A	
Physical detection (airflow	v felt through gaskets)			A	
Odor (noticeable perc odo	r)			- AA	
Use of direct-reading instr	es)				
Halogen leak detector					
If using direct-readin	g instrumentation, is	the equipment:	•	M/	A
a. Capable of de	tecting perc vapor conc	centrations in a r	ange of 0-500 ppm?	ΔY	□N
b. Calibrated aga (PID/FID only	inst a standard gas pric	or to and after ea	ach use	ΠY	□N
·	eaks and obvious signs	s of wear on a w	eekly hasis?	□Y	_
•	n and secure area when		comy suchs.		
•	ccuracy by use of dupli		alorimetric only)?		
c. Verniculor ax	centacy by use of dupit	cate samples (et	iorimente omy).		
				, _	
	nter		3/20/	20	00
Inspector's Name (Ple	ase Print)		Date of Inspection		
Jeffry W.	ito		March,	20	50/
Inspector's Signati	ıre		Approximate Date of N	Vext Ir	spection

ADDITIONAL SITE INFORMATION	ł:			
		:		
			,	
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•				
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*				

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: /053 _ TIME OUT:	1/05 AIRS ID#: 03/0365
TYPE OF FACILITY: Perc. Dry Clean	er
FACILITY NAME: Jet Cleaners #	2112. 2/20/200
	od Ave. N.
Jack Sonville, F	12 32205
RESPONSIBLE OFFICIAL: William N. Thom	PHONE NUMBER: 904-768-1067
Based on the results of the compliance requirements e compliance with DEP Rule 62-213.300, Florida Admi	valuated during this inspection, the facility is found to be in instrative Code (F.A.C.).
Based on the results of the compliance requirements e discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
	·
COMMENTS:	· ·
<u> </u>	
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	rch, 2001
Kal	(Approximate)
INSPECTION CONDUCTED BY:	(Please Print)
INSPECTOR'S SIGNATURE: My Un	Te PHONE NUMBER: 904-630-3484
Page	1 1

Airs ID#: 03/0365

Ale

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Jet Cleaners #.	2	DATE: <u>3/20/200</u> 0
FACILITY LOCATION: _	1020 Edge Wood	Ave. N.	
		L 32205	
		<u> </u>	
Annual Reporting Period:	April 22,	19 <i>9</i> 9 TO	arch 20, = 200
	tion of the Title V general air permit strative Code (F.A.C.), during the pe		
If NO, complete the following	g:		
#1. Term or condition of the	e general permit that has not been in	continuous compliance during th	ne reporting period stated above:
Exact period of non-complia	nce: from	to	
Action(s) taken to achieve co	ompliance:		
Method used to demonstrate	compliance:		
#2. Term or condition of the	general permit that has not been in	continuous compliance during th	ne reporting period stated above:
Exact period of non-complia	nce: from	to	
Action(s) taken to achieve co	ompliance:		
Method used to demonstrate	compliance:	_	
made in this notification are	hereby certify, based on information true, accurate and complete. Further chase receipts, does not exceed 2,10 tion facilities. L: WN Name (Please Print)	er, my annual consumption of pe	rchloroethylene solvent, based of facilities or 1,800 gallons per

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

2581411

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# 0310365

JET CLEANERS #2 WILLIAM NATHAN THOMAS 1020 EDGEWOOD AVE N JACKSONVILLE FL 32208 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

BEST AVAILABLE COPY

DATE		DESCRIPTION	AMOUNT	DEDUCTION	NET AMOUNT
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CHECK DATE	CONTROL NUMBER				
13/97	0018272	TOTALS -	200.00		200.00

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A Receiver by (Please Print Clearly) C. Signature Agent Addressee B. Is delivery address different from item 1? Yes
1. Article Addressed to: 10 AIRS ID # 0310365001AG WILLIAM NATHAN THOMAS JET CLEANERS #2	If YES, enter delivery address below: No *JUN 1 1 2001 Bureau of Air Monitoring
1346 GANDY STREET JACKSONVILLE FL 32208	3. Service Type Certified Mail
2. Article Number (Copy from service label) 4/303 PS Form 3811, July 1999 Domestic Ret	03 /

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	0026 4330	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
	7000 0600	WILLIAM NAT JET CLEANERS § 1346 GANDY S JACKSONVILL	5#2 FREET E FL 32208	
		PS Form 3800, February 2	2000	See Reverse for Instruction

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STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

TWIN TOWERS OFFICE BUILDING

2600 BLAIR STONE ROAD

TALLAHASSEE, FLORIDA 32399-2400

37550301000 2529 18 MS#5S10 BAMMS JOEY ROBERTS

JET CLEANERS#2 WADE L WANSLEY III 554 BAY RIDGE ROAD



32214-8501 00

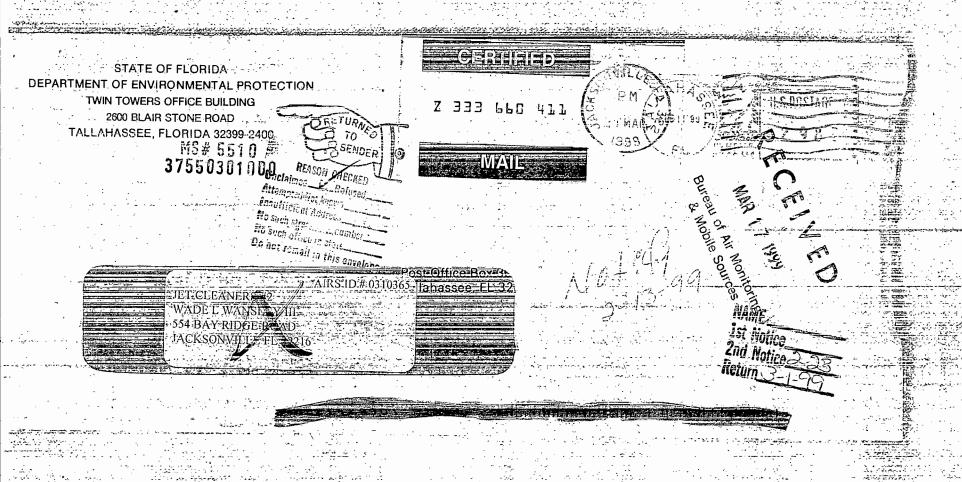
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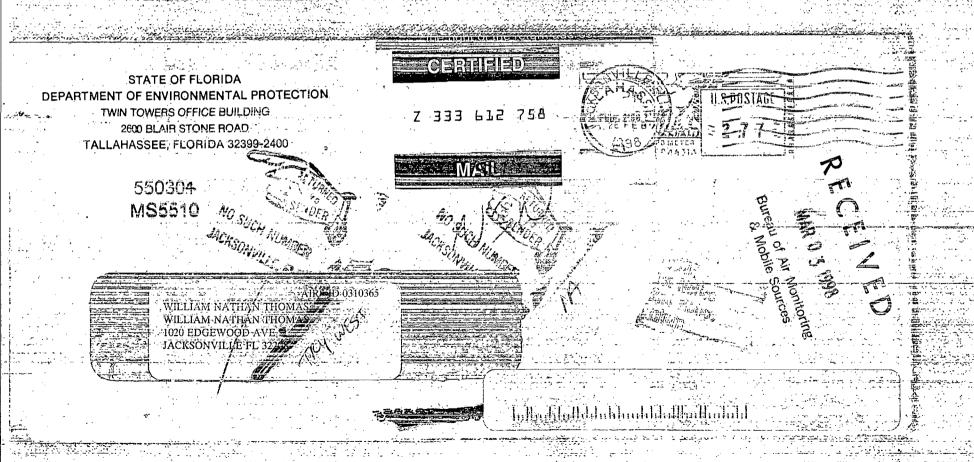
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SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.	I also wish to receive the following services (for an
# Enritivour name and address on the reverse of this form so that we card to you. Battach this form to the front of the mailpiece, or on the back if space	o de la companya de l
permit. White Return Receipt Requested on the mailpiece below the article	
The Return Receipt will show to whom the article was delivered and delivered.	
3. Article Addressed to:	4a. Article Number
	7333 (60 41)
AIRS ID # 0310365	4b. Service Type
WADEL WANSLEY III	Registered Certified
6 + 554 BAY-RIDGE ROAD	□ Express Mail □ Insured 🗜
JACKSONVILLE FL 32216	Return Receipt for Merchandise COD
	7: Date of Delivery
5. Received By: (Print.Name)	8. Addressee's Address (Only if requested
La Caracteria de la Car	and fee is paid)
6. Signature (Addressee ∂r Agent)	
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I also wish to receive the following services (for an extra fee): card to you. 1 Addressee's Address Attach this form to the front of the mailplace, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt will show to whom the article was delivered and the date 2. A Restricted Delivery Consult postmaster for fee. 4a. Article Number 2335612758 4b. Service Type WILLIAM NATHAN THOMAS Certified. El-Registered -WILLIAM NATHAN THOMAS □_Insured Express Mail 1020-EDGEWOOD AVE N ☐ Return Receipt for Merchandise- ☐ COD JACKSONVILLE FL 32208 7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid) 102595-97-8-0179 Domestic Return Receipt



303637

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#0310365

WILLIAM NATHAN THOMAS

WILLIAM NATHAN THOMAS

1020 EDGEWOOD AVEN 1346 GAMP 5T

JACKSONVILLE FL 32208

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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n the reverse side?	■Complete 1 = 1 or additional services. ■Complete items 3, 4a, and 4b.		I also wish to receive the following services (for an extra fee): 1.
your <u>RETURN ADDRESS</u> completed	3. Article Addressed to: Jet Cleaners #2 William N Thomas 1.346 Gandy Street. Jacksonville Florida 32208 5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	4a. Article Number 2 333 6/3 093 4b. Service Type □ Registered □ Express Mail □ Retum Receipt for Merchandise □ COD 7. Date of Delivery □ 1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
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US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to Jet Cleaners Street & Number 1346 Gant Post Office, State, & ZIP Code TAX 32208 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, 2 Date Delivered Return Receipt Showing to Whom, 2 Date, & Addresse's Address TOTAL Postage & Fees Postmark or Date		
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Postmark or Date	TOTAL Postage & Fees	\$
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US Postal Service Receipt for Certified Mail

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