

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 #4 1346 Gandy Street Jacksonville, Florida 32208

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.

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

Ms. Lori Tilley, Duval County cc:

	#0310366
	Jet Cleaners #4
7	Spoke with William Nathan Thomas- 9/17/96
p./3	4. add title - Owner 7. add firm 9. add title - Manager
	9. add title - Manager
<u> </u>	
}	

•

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	WILLIAM NATHAN THOMAS
2.	Site Name (For example, plant name or number):
•	JET CLEANERS # 4
3.	Hazardous Waste Generator Identification Number:
	000015180
4.	Street Address: 6855-24 WILSON DZYD.
	City: TROSONVILLE County: DUVIL Zip Code: 32210
5.	Facility Identification Number (DEP Use):
	0310366

Responsible Official

0	Name and Title of Responsible Official: WILLIAM NATHIN ThomAS	
7	Responsible Official Mailing Address: Organization/Firms Street Address: 1346 GAND ST. City: ファント Zip Code: 32208	
8.	Responsible Official Telephone Number: Telephone: 904)768-1067 Fax: (904)772-7333	

Facility Contact (If different from Responsible Official)

(9)	Name and Title of Facility Contact (For example, plant manager):
	DONNY OMEN
10.	Facility Contact Address:
	Street Address: 6855-24 WILSON BLUD City: TACKSONVICCE County: DWUAC Zip Code: 32210
11.	Facility Contact Telephone Number: Telephone: (904)772 - 6630 Fax: (904)772 - 7333

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Bureau of Air Monitoring & Mobile Sources

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Facility Information

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

Tung of Mashina	ID	Date Machine Initially	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Type of Machine	עו	Purchased	installed	ID	Purchased	instaned	עו	Furchaseu	Illistaneu
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02 - MAR-9
Dry-to-Dry Unit	1.15			1,413	ki, kiti		*		to Conduction of the Conductio
(1) w/ ref. condenser	# j	10Au6-88	10-Aug-88						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		Paging 4 -					12-		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	4		Magazal Karal	خوا	ray ray ne terbaja na d			Grand Brich	top the time.
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	: : ;			i sib					
(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 second of the secon	are requant	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (perc)	purchased in	n the latest 12			[]
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)	1	nitions found		3) of	Part II?	
Existing large ar	ea so	urce [X]	Ne	w lai	ge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) (Indicate with an "X".)	of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condens	er [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 eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating 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 boiler HP or less), and (2) are fired exclusively by natural gas except for p during which propane or fuel oil containing no more than one percent sulf	eriods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping In	formation
Check all logs which are required to be kept on-site in accordance with the	requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
	_
(c) Refrigerated condenser temperature monitoring	

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

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ĺ Ľ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemer maintair	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 ats made in this notification are true, accurate and complete. Further, I agree to operate and a 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.

DEP Form No. 62-213.900(2) Effective: 6-25-96 AIRS ID#: 03/0366

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: <u>JET Cleaners</u> 7	#4 DATE: 2/27/	<u>,</u> 97
FACILITY LOCATION: 6855-24 Wil	Ison Blud.	
Jacksonville, F	L 322/0	
Annual Reporting Period: August 26 1	1996 TO February 27 199	<u>97</u>
Based on each term or condition of the Title V general air permit, my 62-213.300, Florida Administrative Code (F.A.C.), during the period	-	
If NO, complete the following:	·	
#1. Term or condition of the general permit that has not been in conti	inuous compliance during the reporting period stated above	e:
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 conti	inuous compliance during the reporting period stated above	e:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based on information and made in this notification are true, accurate and complete. Further, multiple upon rolling averages of purchase receipts, does not exceed 2,100 gas year for transfer or combination facilities.	ny annual consumption of perchloroethylene solvent, based	d
RESPONSIBLE OFFICIAL: WILLIAM N. THOMRS Name (Please Print)	Mulliom 12 January 3-03-97 Signature Date	<u> </u>

^{*}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 💢	COMPLAIN	T/DISCOVERY	RE-INSPECTION	NC
TIME IN: $\frac{\partial \cdot \partial \partial}{\partial \cdot \partial}$	TIME OUT:	2:15	AIRS ID#:	03/0366	
TYPE OF FACILITY: \int	Dry Cleaner				
FACILITY NAME:	Jet Geoness	#4		DATE: <u>2/27</u>	197
FACILITY LOCATION:	6855-24	Wilson	Blvd.	<u> </u>	
	JAX, FC 3	322/6		2 (2 2	
RESPONSIBLE OFFICIAL: W	illiam Nathan	Thomas	PHONE NUMB	er: <u>904-768-</u> /	106 /
	the compliance requirements			e facility is found to be in	
Based on the results of t discrepancies were note	the compliance requirements d:	s evaluated dur	ing this inspection, the	e following compliance	
COMPLIANCE REQU	JIREMENT/PROBLE	M 3	FOLLOW-UP AC	TION REQUIRED	
		•		•	
	•				
<u>. </u>			•		
			•		,
					•
<u> </u>					
COMMENTS:				·	
					·
	•				
·		•	·	~ /	
The Annual Compliance Certific	cation form has been properl	y certified and	submitted to the inspe	ctor. YES N	10
DATE OF NEXT INSPECTIO	N:	ebruar	/-/		
		(Approxima	ate)		
INSPECTION CONDUCTED	BY:	(Please Pr	y WINTER		
INSPECTOR'S SIGNATURE:	Jeffrey	Vinta		er: <u>904-63</u> 0-3	3484
•		/		To -	.d==d=10707

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTI	ON 🗆	OVERY		
AIRS ID#: 03/03/66 TIME FACILITY NAME: <u>Set Cle</u> FACILITY LOCATION: 6855	aners #4			
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DARM by 9/1/96		×		
2. New facility notified DARM 30 days prior to st	artup			
3. Facility failed to notify DARM to use general p	ermit	o.		
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (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. 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 before 12/9/91)	(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>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,>	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	XY DN			
If no, please check the appropriate classification:				
facility qualified for a general portange facility exceeds above limits and	ermit as number above is not eligible for a general permit			
B. The total quantity of perchloroethylene (perc) facility was 300 gallons.	purchased within the preceding 12 month	s by this dry cleaning		

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?

DY ON

2. Examining the containers for leakage?

ZYY DN

3. Closing and securing machine doors except during loading/unloading?

ND YE

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

Y ON

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

DY DN ZIN/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls?

DY ON

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

DN DN/A

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

DY DN CHY/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?

DY ON

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?

NO YE

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

DIX ON

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?

MOY ON

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

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

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	מם אַפֿי
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)	6
Odor (noticeable perc odor)	e
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	

If using direct-reading instru	mentation,	is the equip	ment:		- • • • · · · · · · · · · · · · · · · ·
			ions in a range of 0-500 ppm?	ΩY	□и
b. Calibrated against (PID/FID only)?	a standard g	gas prior to a	and after each use	ΩY	□N
c. Inspected for leaks	and obviou	s signs of we	ear on a weekly basis?	ΩY	□и
d. Kept in a clean an	d secure are	a when not i	n use?	ΩY	□и
e. Verified for accura	acy by use of	duplicate sa	imples (calorimetric only)?	ΩY	DN
3. Has the facility maintained a leak lo	g?			DY	ПИ
4. The following areas should be check	ced for leaks	by the inspe	ector:		
	Leak D	etected?		Leak	Detected?
Hose connections, fittings, couplings, and valves	ΟY	Ġ Ń	Muck cookers	ΟY	GN
Door gaskets and scating	ΠY	DAY)	Stills	ПY	31
Filter gaskets and scating	ΠY	12H	Exhaust dampers	ПY	ÚN
Pumps	ΠY	CHN	Diverter valves	ПY	SA M
Solvent tanks and containers	ΠY	ŒŃ	Cartridge filter housings	□Y	MN
Water separators	ΠY	E N			

Name of Responsible Official

Jeff Winter

Inspector's Name (Please Print)

Myny Winter

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 0310366

WILLIAM NATHAN THOMAS WILLIAM NATHAN THOMAS 1346 GANDY STREET JACKSONVILLE FL 32208

Do NOT Remove Label

Annual Reporting Period: TRNUAR	19	TO DEC	HELMBER	19]
Based on each term or condition of the Title V general a 62-213.300, Florida Administrative Code (F.A.C.), during	•		$\bar{\Box}$	EP Rule
If NO, complete the following:				
#1. Term or condition of the general permit that has not	t been in continuous co	ompliance during	the reporting peri	od stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:	•			<u> </u>
Method used to demonstrate compliance:				
#2. Term or condition of the general permit that has not	t been in continuous co	mpliance during	the reporting peri	od 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 inform notification are true, accurate and complete. Further, my as does not exceed 2,100 gallons per year for dry-to dry facilities	nnual consumption of pe	erchloroethylene s	olvent, based upon	purchase receipts,
RESPONSIBLE OFFICIAL: Name (Please P		Signatu	ire	2-19.98 Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLAINT/E	DISCOVERY	RE-INSPEC	TION [
TIME IN: 1445	TIME OUT:	1510	AIRS ID#:	03/0364	
TYPE OF FACILITY: \mathcal{L}	NJ Cleaner				 .
FACILITY NAME:	Jet Cleaners #	4		date:_ <i></i>	5/98_
FACILITY LOCATION:	6855-24 Wil	Ison Blve			
	ackson ville, F	-C 32			
RESPONSIBLE OFFICIAL:	William N. Tho	mas	PHONE NUMBER	r: <u>904-768-</u>	/067
	the compliance requirements Rule 62-213.300, Florida Adr			facility is found to be	e in
Based on the results of discrepancies were not	the compliance requirements ed:	evaluated during	this inspection, the f	following complianc	e
COMPLIANCE REQ	UIREMENT/PROBLE	MFO	LLOW-UP ACT	TION REQUIRE	E D
			•	P	
•				K	
,			E 4		
	<u> </u>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
			Mobile Ri	18 1	
·			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	9 0	
*.			Co.	toring	
			·		
					
					• .
COMMENTS:					
The Annual Compliance Certification	ication form has been properly	y certified and sub	omitted to the inspect	tor. YES	моХ
DATE OF NEXT INSPECTIO	ON:	Dure,	1999		
		(Approximate)			
INSPECTION CONDUCTED	BY: <u>Jeft</u>	(Please Print)			
INSPECTOR'S SIGNATURE	: Jeffrey W	wer .		r: 904-630	-2800
		1 . 1			D - ' 1 10/06

#0310366 BEST AVAILABLE COPY

1. Fac	-spoke with William Nathan Thomas- 9/17/96	~
し、 2. Sit	p.13. 6. add title - Owner 7. add firm 9. add title - Manager	
3. Ha	9. add title - Manager	
4. Fa St Ci		2210
5. Fa		
(6) N		
₹7) R O		
St.		e: 32208
8. R T		·3
.5.0	me and Title of Facility Contact (For example, plant manager):	
10. Fa	cility Contact Address:	
St. Ci	reet Address: 6865-24 WILSON BLUD TY: JACKSONVICCE County: DWURL Zip Code: 3	32210
	cility Contact Telephone Number: elephone: 904)772 - 6630 Fax: 904772 - 733	33

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Bureau of Air Monitoring & Mobile Sources

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	CRMONT NAMEN MARISSIM
	Site Name (For example, plant name or number):
•	JET CLEANERS # 4
3.	Hazardous Waste Generator Identification Number:
	000015180
4	Facility Location: Street Address: 6855-24-WILSON BLYD
	City: JACKSONVILLE County: DUVI) L Zip Code: 32210
5.	Facility Identification Number (DEP Use):
	0.3/0366

Responsible Official

	Name and Title of Responsible Official: W1417m ハアがパイ	_	OWNER m2
7.	Responsible Official Mailing Address: Organization/Firm: JET CLEAN Street Address: 1346 FAND) City: JACKSON VILLE	ERS MINIST. County: DNVRL	Zip Code: ラン208
8.	Responsible Official Telephone Number: Telephone: 904)768-1067	Fax: (964)	772 - 7333

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact	(For example, plant manager):
DONNY OMEN	MANAGER
10. Facility Contact Address:	
Street Address: 6865-24 City: JACKSONVICCE	County: Duure Zip Code: 32210
11. Facility Contact Telephone Number Telephone: (904)772 - 6	

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Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
• •		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	++ j	10 Aug - 98	10-Au-58						
(2) w/ carbon adsorber		7.1100 33	16. 16.7-3.2						
(3) w/ no controls									
Washer Unit							-		' .
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit							<u> </u>		
(7) w/ ref. condenser									
(8) w/ carbon adsorber			-						
(9) w/ no controls						1			
Reclaimer Unit	:	'	7		1	<u> </u>	:		
(10) w/ ref. condenser					T				T
(11) w/carbon adsorber			-						
(12) w/ no controls									
(b) Control devices are(c) No control devices2.(a) What was the total of	are r	equired to be	installed [_			n the latest 12	2 mor	nths?	
(b) If less than 12 mont Check why it is less	hs, h	ow many? [_			_] New store	:: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3) of	Part II?	
Existing small ar	ea so	eurce []	Ne	w sn	nall area sour	rce []		
Existing large are	ea so	urce [X]	Ne	w lai	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration (f) Start-up, shutdown, malfunction plan
(f) Start-up, shutdown, malfunction plan

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
LXJ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in
maintain	cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
maintain comply w	s 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

PERC	CHLOROETI	HYLENE D	RY CLEANI	ERS ()	
TITLE V GENERAL PERMIT 🔗 🕠 🔨 🔾					
	COMPLIANCE	INSPECTION (CHECKLIST	Surgar VIII CIL	
		٠٠			
TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/I	DISCOVERY Jo	
	RE-INSPECTION	ON 🗖		Sold of	
				The life.	
20100/1	,),	In	11/1/	3 70	
AIRS ID#: <u>03/03/de</u>	DATE:_ <i>(0//</i> 0	<u>48</u> time	IN: <u>/445</u>	TIME OUT: $/ > / \bigcirc$	
FACILITY NAME:	Tet Clear	ners #4			
FACILITY LOCATION:	6855-24	Wilson	B/Vd.		
_	Jackson	ille, FC	32210		
	1 /11/2 1	1-11		4-71-8-10107	
RESPONSIBLE OFFICIAL : CONTACT NAME:	William	· Ihomas	PHONE: _/-	1 100-1001	
CONTACT NAME: 6/1	WIN MC	Andrew	PHONE: 904	1-772-4030	
CONTACT NAME	, , ,	,, <u> </u>	I HO!!L. <u></u>	7,000	
				<u>.</u>	
PART I: NOTIFICATION					
(check appropriate box)			•		
1. New facility notified DARM	30 days prior to sta	artup		×	
2. Facility failed to notify DAR	M to use general pe	ermit		· 🗖	
Table of Account CARLON				<u> </u>	
PART II: CLASSIFICATION					
Facility indicated on notification	on form that it is:		☐ No notification		
(check appropriate box)			☐ Drop store/ou	it of business/petroleum	
A.		2 11		-	
1. Existing small area sour		2. New small			
dry-to-dry only, x < 140 gal/y		ary-to-ary only	x < 140 gal/yr		

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	
 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/yr
both 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 dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification 	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 $12/9/91$)
If no, please check the appropriate classific facility qualified for a get	
B. The total quantity of perchloroethylene (perc) pure facility was 25 / gallons.	archased 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) □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 □N □N/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? XIY 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 Y 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 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:	<u>-</u>	
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?	AT ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON YOU	
	Is the temperature differential equal to or greater than 20° F?	OY ON DEN/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?	DY DN SINA	۱ ،
	Is the perc concentration equal to or less than 100 ppm?	OY ON STANA	
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?	OA ON AUNV	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ANJE NO YO	
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON MIN/A	

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	XY □N
2. Maintained rolling monthly total of perc consumption?	XY □N
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	AV 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)	OY ON ANIA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XIN/A
6. Maintained startup/shutdown/malfunction plan?	X UN
7. Maintained deviation reports?	DY DN X N/A
Problem corrected?	DY DN XXIVA
8. Maintained compliance plan, if applicable?	OY ON MINA

PART VI: LEAK DETECTION AND REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				X Y	□N
2.	Has the facility maintained a leak log?	•			XY	□N
3.	Does the responsible official check the	following a	reas for leaks?			
	Hose connections, fittings,	A		Made and an	4. .	
	couplings, and valves	MIX LIN	□N/A	Muck cookers	A	□N □N/A
	Door gaskets and seating	AY ON	□N/A	Stills	A (A	□N □N/A
	Filter gaskets and seating	NO YES	□N/A	Exhaust dampers	X	□N □N/A
	Pumps	MO N	□N/A	Diverter valves	XY	□N □N/A
	Solvent tanks and containers	AX ON	□N/A	Cartridge filter housings	YY	□N □N/A
	Water separators	AY ON	□N/A			
4.	Which method of detection is used by t	the responsi	ble official?		_	
	Visual examination (condensed solvent on exterior surfaces)				A	
	Physical detection (airflow felt through gaskets)				A A	
	Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector				×	
	If using direct-reading instr	rumentation	ı, is the equipme	ent:	MN/	Α
	a. Capable of detecting	perc vapor o	concentrations in	a range of 0-500 ppm?	ПY	□N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				ΠY	□N	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			a weekly basis?	$\Box Y$	□N
	d. Kept in a clean and s	ecure area v	when not in use?		$\Box Y$	□N ,
	e. Verified for accuracy	by use of du	iplicate samples	(calorimetric only)?	$\square Y$	$\square N$

Inspector's Name (Please Print)

Olio 198

Date of Inspector

4 of 5

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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PERCHLOROETHYLENE DRY CLEANER

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST Ap.

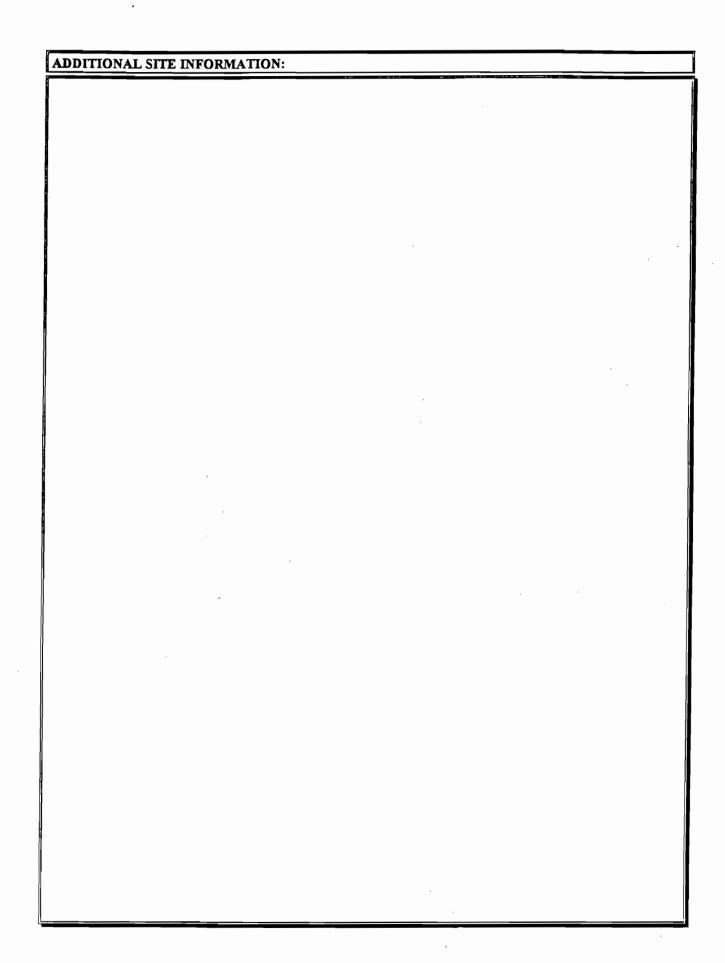
TYPE OF INSPECTION:	ANNUAL	\	COMPLAINT/DISCOV	ERY A	
	RE-INSPECTION		COMPLAINT/DISCOV	0	
AIRS ID#: <u>03/03/66</u>	DATE: 4/22/99	3 TIME 1	n: <u>1435</u> Times	DUT: <u>/</u> /45	
FACILITY NAME:	Jet Cleaner	s #4		1	
FACILITY LOCATION: 6855-24 Wilson Blud.					
	Jocksonville	& FL	32210		
RESPONSIBLE OFFICIAL :				2-6630	
RESPONSIBLE OFFICIAL :	Floria Mcan.	drew	PHONE: <u>904-77</u>	72-6630	
·					
PART I: NOTIFICATION					
(check appropriate box)		,			
1. New facility notified DARM	30 days prior to startup			X	
2. Facility failed to notify DARM	M to use general permit			_	
4.5					
PART II: CLASSIFICATION				-	
PART II: CLASSIFICATION Facility indicated on notification (check appropriate box)			☐ No notification form ☐ Drop store/out of busin	ness/petroleum	
Facility indicated on notification	ee 2. N T dry-t trans	sfer only, $x < t$ types, $x < t$	Drop store/out of busing rea source x < 140 gal/yr < 200 gal/yr	ness/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gai/yr transfer only, x < 200 gai/yr both types, x < 140 gal/yr	on form that it is: 2. Note transport transport (constitution) e 4. Note transport t	to-dry only, x sfer only, x types, x < 1 structed on of the large and to-dry only, after only, 20 types, 140 \(\)	Drop store/out of busing rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	ness/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gai/yr transfer only, x < 200 gai/yr both types, x < 140 gai/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 gailyr types, 140 ≤ x ≤ 1,800 gailyr transfer only, 200 ≤ x ≤ 1,800 gailyr types, 140 ≤ x ≤ 1,800 gailyr types, 140 ≤ x ≤ 1,800 gailyr types.	on form that it is: 2. Note transport transport (constitution) e 4. Note transport t	to-dry only, x sfer only, x types, x < 1 structed on of the large and to-dry only, after only, 20 types, 140 \(\)	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	ness/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gai/yr transfer only, x < 200 gai/yr both types, x < 140 gai/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 ga (constructed before 12/9/91) 5. This is a correct facility class of the second of the	on form that it is: 2. Note transport transpo	to-dry only, sfer only, x types, x < 1 structed on of the large and to-dry only, after only, 20 types, 140 structed on of the large and types, 140 structed on of the large and the larg	□ Drop store/out of busing rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source □ 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine mber above ble for a general permit		

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) TAY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? XY DN DN/A 2. Examining the containers for leakage? Y DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MAY ON ON/A least 24 hours prior to disposai? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MYA 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? MAY 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 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?	AA	□N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□n pa n/a
	Is the temperature differential equal to or greater than 20° F?	ПY	□N ÞÍN/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 Þan/a
	Is the perc concentration equal to or less than 100 ppm?	□Y I	DN ØN/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?	U Y (⊐n X an/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		⊐n Y an/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y (DN D(N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	-
1. Maintained receipts for perc purchased?	AT ON
2. Maintained rolling monthly total of perc consumption?	Xay □n
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 MANA
4. Maintained calibration data? (for applicable direct reading instruments)	da du X ina
5. Maintained exhaust duct monitoring data on perc concentrations?	ava k no ya
6. Maintained startup/shutdown/malfunction plan?	ATY ON
7. Maintained deviation reports?	ANNEE NO YE
Problem corrected?	□Y □N ŒÑ/A
8. Maintained compliance plan, if applicable?	DY DN XXIVA

PART VI: LEAK DETECTION AND	REPAIRS			
Does the responsible official conduct	a weekly (for small so	ources, bi-weekly) leak detection a	and repa	air
inspection?			XX	□N
2. Has the facility maintained a leak log	; ?		YY	ПD
3. Does the responsible official check the	ne following areas for l	eaks?		
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	X Y	□N □N/A
Door gaskets and seating	Y DN DN/A	Stills	MY	□N □N/A
Filter gaskets and seating	AND ND YA	Exhaust dampers	QY	A/MEG NO
Pumps	Y ON ON/A	Diverter valves 9	Y	□n X N/A
Solvent tanks and containers	AND NO TA	Cartridge filter housings	YY	□N □N/A
Water separators	AND NO YA		·	
4. Which method of detection is used by	the responsible officia	ni?		
Visual examination (condensed	solvent on exterior su	rfaces)	A	
Physical detection (airflow felt t	through gaskets)	•	Þ	
Odor (noticeable perc odor)			A	
Use of direct-reading instrumen	tation (FID/PID/calori	metric tubes)		
Halogen leak detector				
If using direct-reading ins	trumentation, is the e	quipment:	MN/A	A.
a. Capable of detecting	g perc vapor concentra	tions in a range of 0-500 ppm?	'UY	□N
b. Calibrated against a (PID/FID only)?	standard gas prior to	and after each use	□Y	□N
c. Inspected for leaks a	and obvious signs of w	ear on a weekly basis?	□Y□	□N
d. Kept in a clean and	secure area when not	in use?	□Y□	□N
•		amples (calorimetric only)?	□Y	□N
		<u> </u>		
Jeff Winte	20	4-22-	99	
Inspector's Name (Please Pr	int)	Date of Inspe	ction	
allum Winter		April,	200	0
propector's Signature		Approximate Date of 1	Next Ins	spection



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1435 TIME OUT: 1	1445 AIRS ID#: 03/0366
TYPE OF FACILITY: Perc. Dry Cleane.	
FACILITY NAME: JET Cleaners # 4	DATE: 4-22-97
	Son Blud.
Jacksonville, FL	322/0
RESPONSIBLE OFFICIAL: William N. Thomas	S PHONE NUMBER: 904-768-/067
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
COMMENTS:	
	•
	1
The Annual Compliance Certification form has been properly certif	<i>T</i> –
DATE OF NEXT INSPECTION: April (April 1997)	proximate)
INSPECTION CONDUCTED BY: Jeff	Winter
	ease Print)
INSPECTOR'S SIGNATURE:	hone number: 904-630-3484
Page_/	of Revised 10/96



AIRS ID#: 03/03/66

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Je	+ Cleaners =	#4	DA	TE: <u>4</u> -22-99
FACILITY LOCATION: 6	855-24 WI			
	act Sonville,		8	
	707 JOV (0 11/2)			
Annual Reporting Period:	April, 22	19 <u>98</u> то	Afril 2	22, 1999
Based on each term or condition of the 62-213.300, Florida Administrative C				h DEP Rule
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	m	to		
Action(s) taken to achieve compliance	e:			
Method used to demonstrate complian	nce:			
#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	n	to		
Action(s) taken to achieve compliance	e:			
Method used to demonstrate complian				
As the responsible official, I hereby c made in this notification are true, acc upon rolling averages of purchase re	turate and complete. Furth	ner, my annual consump	tion of perchloroethyl	ene solvent, based
year for transfer or combination facil				- 0
RESPONSIBLE OFFICIAL: Wu	hand Thom		N. Thomiss	- 4-27.99
	Name (Please Print)		Signature	Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY AND SAN
RE-INSPECTION	ON O
AIRS ID#: <u>03/03/66</u> DATE: <u>3/20/</u>	2000 TIME IN: 1/20 TIME OUT: 1/30
FACILITY NAME: <u>Jet Cleane</u>	cs #4
FACILITY LOCATION: 6855-2	24 Wilson Blud.
	ville, FL 32210
	1. Thomas PHONE: 904-768-1067
CONTACT NAME: 6/0/14 MC	Andrew PHONE: Same
· · · · · · · · · · · · · · · · · · ·	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup 💢
2. Facility failed to notify DARM to use general per	rmit 🔲
PART II: CLASSIFICATION	·
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	_
1 Evicting small area source	2 November of the second of th
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
dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
dry-to-dry only, x < 140 gal/yr	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)
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-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)
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, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
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 \le x \le 2,100 gal/yr	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)
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	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)
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	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)
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	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)
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 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
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PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN YEN/A 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 DY DN \$MAN/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 LY 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?

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?	AY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DINA
Is the temperature differential equal to or greater than 20° F?	OY ON MON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y □N ¶N/A
Is the perc concentration equal to or less than 100 ppm?	OY ON TANA
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?	DY DN BN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON TAN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON SIN/A

PART V: RECORDKEEPING REQUIREMENTS

TART V. RECORDREET ING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	YOY ON
2. Maintained rolling monthly total of perc consumption?	XYY □N
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	DAY 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?	DY ON TANA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN THIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN TANA
6. Maintained startup/shutdown/malfunction plan?	MAY DN
7. Maintained deviation reports?	□Y □N ¥XN/A
Problem corrected?	dy dn y a/a
8. Maintained compliance plan, if applicable?	OY ON YONA

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			YEAR ON			
2.	Has the facility maintained a leak log?	ALL DN					
3.	Does the responsible official check the	·					
	Hose connections, fittings, couplings, and valves	YAY ON ON/A	Muck cookers	TAY ON ON/A			
	Door gaskets and seating	Y ON ON/A	Stills	Y ON ON/A			
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	OY ON MAN/A			
	Pumps	Y UN UN/A	Diverter valves	DY DN MAN/A			
	Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	Y ON ON/A			
	Water separators	AND NO YA					
4.	Which method of detection is used by the	he responsible official?					
	Visual examination (condensed so	X					
	Physical detection (airflow felt the	X -					
	Odor (noticeable perc odor)	X					
	Use of direct-reading instrumentar						
	Halogen leak detector						
	If using direct-reading instru	TAN/A					
	a. Capable of detecting p	'UY UN					
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				□Y □N			
c. Inspected for leaks and obvious signs of wear on a weekly basis?				OY ON ,			
d. Kept in a clean and secure area when not in use?				OY ON			
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				□Y □N			

Inspector's Name (Please Print)

March, 2001

Approximate Date of Next Inspection

ADDITIONAL SITE INFO	RMATION:			
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/D	ISCOVERY	RE-INSPECTION
TIME IN: //28	TIME OUT:	1/30	AIRS ID#:	03/0366
	rc. Dry Clean	er		
FACILITY NAME:	Jet Cleaners	#4		DATE: 3/20/2000
FACILITY LOCATION:	6855-24 h	lilson BI	Vel.	——————————————————————————————————————
	Jacksonville	, FL ?	32210	
RESPONSIBLE OFFICIAL:	William N. 7	homas	_PHONE NUMBE	IR: 904-7/68-/067
	he compliance requirements ule 62-213.300, Florida Adu			facility is found to be in
Based on the results of t discrepancies were noted	he compliance requirements	evaluated during	this inspection, the	following compliance
COMPLIANCE REQU	IREMENT/PROBLE	M FO	LLOW-UP AC	TION REQUIRED
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	<u> </u>			
COMMENTS:		•		
The Annual Compliance Certific	11	y ceruiied and subi	mitted to the inspec	ctor. YES NO
DATE OF NEXT INSPECTIO	N:	(Approximate)	<i></i>	
INSPECTION CONDUCTED	BY: Jeff	Winter		
	0 11	(Please Print)		0
INSPECTOR'S SIGNATURE:	- Geffing 1	Jule	PHONE NUMBE	CR: 404-650-3484
	Pag	geof		Revised 10/96

AIRS ID#: 03/0366

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Jet Cleaners #4 DATE: 3/20/200
FACILITY LOCATION: 6855-24 Wilson Blos.
Jacksonville, FL 32210
Annual Reporting Period: April 22, 1999 TO March 20, 20
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: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: N. N. Thomas Gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. Name (Please Print) Signature Date

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258141

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# 0310366

JET CLEANERS #4 WILLIAM NATHAN THOMAS 1346 GANDY STREET JACKSONVILLE FL 32208 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

ОЫј.: 002273



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

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WILLIAM NATHAN THOMA'S
WILLIAM NATHAN THOMA'S
1346 GANDY STREET
JACKSONVILLE FL 32208

FOR GOVERNMENT USE ONLY

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

Оыј.: 002273

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so the card to you. Attach this form to the front of the mailpiece, or on the back if permit.		1 0XII 100).	
permit. Write 'Return Receipt Requested' on the mailpiece below the The Return Receipt will show to whom the article was delivered.	article number.	 Addressee's Address Restricted Delivery Consult postmaster for fee. 	ceipt Service
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5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Kasu	8. Addresse and fee is	e's Address (Only if requested s paid)	Thank you

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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

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Do NOT Remove Label

AIRS ID # 0310366

JET CLEANERS #4 WILLIAM N THOMAS

6855-24 WILSON BLVD

JACKSONVILLE FL 32210

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0310366

JET CLEANERS #4
WILLIAM NATHAN THOMAS
6855-24 WILSON BLVD
JACKSONVILLE FL 32210

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

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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0310366001AG WILLIAM N THOMAS JET CLEANERS #4 6855-24 WILSON BLVD JACKSONVILLE FL 32210 	A. Received by (Please Print Clearly) C. Signature D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No JUN 1 2001 Bureau of Air Monitoring 8. Mobile Sources 3. Service Type Certified Mail
2. Article Number (Copy from service label) 7000 0600 000 0000 000 0000	3758
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	PS Form 3800 February	2000	See Reverse for	Instruction



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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 # 0310369

PROFESSIONAL CLEANERS

JES PATEL

6826 OLD KINGS ROAD SOUTH

JACKSONVILLE FL 32217

MAIL ROOM

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

JES & SHOBA PATEL
4068 Stillwood Drive
Jacksonville, FL 32257

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

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Thank you for using Return Receipt Service.

Domestic Return Receipt

Fold at line over top of envelope to-

PS Form **3811**, December 1994

United States Postal Service

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

DARM/MOBILE SOURCE CONTROL PROGRAM, DEPT. OF ENVIRONMENTAL PROTECTION OF MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 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 # 0310366

JET CLEANERS #4 WILLIAM N THOMAS 6855-24 WILSON BLVD

JACKSONVILLE FL 32210

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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