

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 #1 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.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

Ms. Lori Tilley, Duval County cc:

| : | #.0310367 |
|------|--|
| | Jet Cleaners #/ |
| | Thomas -9/17/96-propane use approx. 31,200 gal./yr., under |
| p./3 | limits le add title - Owner 9. add title - Manager |
| 1 . | 9. add title-Manager |
| | |
| | |
| | |
| | |
| | |

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | Facility Owner/Company Name (Nar | ne of corporation, ag | gency, or individual owner): |
|-------|--|-----------------------|------------------------------|
| | • | | |
| | William NATHAN | Thomas | |
| 2. | | or number): | |
| | | , | |
| | JET CLEANERS # 1 | | |
| 3. | Hazardous Waste Generator Identifica | ation Number: | - |
| | | | , |
| | FLD 010502 461 | , A | |
| 4. | FLD 010502 466 Facility Location: Street Address: 1346 6-ANA | | |
| | Street Address: 1346 GANA | 1 ST | |
| | City: | County: | Zip Code: |
| | JACKSONVILLE | DUVAL | 32208 |
| 5. | Facility Identification Number (DEP) | | |
| | | | 02/02/07 |
| | | | 03/0367 |
| 0.000 | | | |
| | | Responsible Off | icial |
| | | responsible on | 10141 |
| (6.) | Name and Title of Responsible Offici | | |
| | Name and This of Responsible Office | α 1. | |
| | WILLIAM NATHAN - | thamas | |
| 7 | Responsible Official Mailing Address | | |
| ١′٠ | Organization/Firm: TET CLEAR | JERS | |
| | Street Address: 1346 6-ANDY ST | | |
| | City: | County: | Zip Code: |
| | _ | Du AL | 32208 |
| 0 | TACCSONVILLE Responsible Official Telephone Num | | · |
| 0. | | Dei. | Fore (Oal) |
| | Telephone: (904) 768 10 | 67 | Fax: (964) 772 - 7333 |
| | | <u> </u> | 170 1935 |
| | Equility Contac | nt (TE different from | Desponsible Official) |
| | racinty Contac | et (11 amerent 1rom | Responsible Official) |
| 603 | Name and Title of Facility Contact (T | or oxomalolo-+ | onogor): |
| (Gi | Name and Title of Facility Contact (F | or example, plant m | anager): |
| | 70-01- | | |
| 10 | JOANN DRECHSEL | | |
| 10. | Facility Contact Address: | | · |
| | 1346 GANDY ST | | |
| | Street Address: | _ | · |
| | City: | County: | Zip Code: |
| 1 | JACKSONO'LLE | Ωαραι | 32708 |

RECEIVED

Fax: (904)

AUG 2 6 1996

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

Telephone:

11. Facility Contact Telephone Number:

(904) 768 - 1067

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

| | | Date Machine Initially | Date Control Device | | Date Machine Initially | Date Control Device | | Date Machine Initially | Date Control Device |
|--|--|---|----------------------------|--------|---------------------------------------|---------------------------|-------|------------------------------|---|
| Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed |
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-9 |
| Dry-to-Dry Unit | | | • | : | | y and | | . : | Andrews |
| (1) w/ ref. condenser | z 1 | 08-Aug-82 | 08.Aug-82 | 42 | ci-Aug-89 | 01-Aug-89 | | | |
| (2) w/ carbon adsorber | | | | | 8 | 0 | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | inger i _ | | | | | | | 14 To 15 To |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | _ | | | |
| Dryer Unit | | | 13 | 42 1 | i i i i i i i i i i i i i i i i i i i | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | tondenser = 1 08-Aug-82 08-Aug-82 42 ci-Aug-89 01-Aug-89 on adsorber on adsorb | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |
| (c) No control devices 2.(a) What was the total of the control of | are re quant gallo | equired to be ity of perchlo ons ow many? [_ | installed [_ oroethylene (| perc) | _] purchased in | | | | [] |
| 3. What is the facility's so (Indicate with an "X". | Selec | t one classifi | cation only.) |) | | · | 3) of | Part II? | |
| Existing small ar | ea so | urce [] | Ne | ew sn | nall area sour | ce [|] | | |
| Existing large are | ea soi | arce [X] | Ne | ew lai | rge area sour | ce [| 1 | | |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

| What control technology is required on machines pursuant to section (5) of (Indicate with an "X".) | Turt II of this homewhat form. |
|---|------------------------------------|
| Existing large area source Carbon adsorber [] Refrigerated condenser | [Ж .] |
| 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 boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur in | ods of natural gas curtailment |
| All steam and hot water generating units exempt [X] | |
| No such units on-site | |
| | |
| No such units on-site | |
| No such units on-site | mation |
| No such units on-site | |
| No such units on-site Tunning on propare Equipment Monitoring and Recordkeeping Infor | |
| No such units on-site * running on propare Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the records. | |
| No such units on-site Frunking on propare Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the record (a) Purchase receipts and solvent purchases | |
| No such units on-site Funning on propage Equipment Monitoring and Recordkeeping Inform Check all logs which are required to be kept on-site in accordance with the recordance receipts and solvent purchases (b) Leak detection inspection and repair | quirements of this general permit: |
| Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the record Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring | quirements of this general permit: |

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

Surrender of Existing Air Permit(s)

| lease indicat | te with an "X" the appropriate selection: |
|-------------------------------------|--|
| | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) |
| [X] | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| this notifi statemen maintain | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facilion. 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. |
| I will pro | emptly notify the Department of any changes to the information contained in this notification. |
| Mulle Signature | 2-23.96 Date |

DEP Form No. 62-213.900(2)

Effective: 6-25-96



DARM Home | ASGP Home | Facilities | Inspections | Reports |

Perchloroethylene Inspection

General Information

| JET CLEANERS #1 | 1346 GAND JACKSONV | | 0310367 |
|---|---|---|----------------------------------|
| INSPECTION TYPE: AN | ······································ | | O'DONNELL (ODONNELL_K |
| | DATE: 9/8/2003 | TIME IN: | TIME OUT: |
| D | | | : |
| RESPO | NSIBLE OFFICIAL: | PHONE: | |
| In Compliance: | CONTACT: Minor Non-Compliance: C | PHONE: Significant Non-C | Compliance: C |
| in compilation. | | | |
| ADDITIONAL SITE INFORMATION | | | |
| INSPECTION STATUS: | <u> </u> | odate Inspection Delete Insp | pection |
| | of the second | | |
| | Inspec | tion Checklist | |
| Notifica | General Controls Ve | nt Controls Recordkeeping | Leak Detection |
| Part I: Notification | | | |
| | Mary familier and final | DADM 20 deve militata etadum | |
| | • | DARM 30 days prior to startup: y DARM to use general permit: | |
| Part II: Classification | • | , | |
| Part II. Classification | • | | |
| | ☐ No notification form | ١ | Drop store/out of busn/petroleum |
| A: Facility indicated on no | otification form that it is: | | Sastin politicismin |
| Existing small area sou | ırce: ○ | 2. New small area source: | O |
| 3. Existing large area sou | irce: C | 4. New large area source: | O |
| 5. This is a correct facility | classification: | | |
| If no, please check the | appropriate classification: | | |
| | ☐ Facility qualified for a ger | neral permit as number 🔲 a | bove. |
| | Facility exceeds above lin | mits and is not eligible for a ger | neral permit. |
| B. The total quantity of pe | erchloroethylene purchased in | the preceding 12 months by th | e |
| dry cleaning facility is | gallons. | • | |
| | | | |
| | | | |

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.

0310400

0310362

0310364

0310367

0310484

0310474

0310461

0310416

0310370

0310370

0310495

0310365

0310446

0310435

0310411

The following sites are closed.

0310498

0310481

0310502

0310391

0310490

0310412

0310476

The following sites are no longer using perchloroethylene.

0310417

0310371

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

AIRS ID#: 03/03647

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: JET | Cleaners #1 | | ATE: 2/27/97 |
|---|--|------------------------------------|------------------------|
| FACILITY LOCATION:/34 | fondy ST. | | |
| JAC | Cksonville, FL | 32208 | |
| | | | |
| Annual Reporting Period: | gust 26 199 | 6 то <u>Feb. 2</u> | 7 1997 |
| Based on each term or condition of the Tit 62-213.300, Florida Administrative Code | • | • | ith DEP Rule |
| If NO, complete the following: | | · | |
| #1. Term or condition of the general perm | nit that has not been in continuo | us compliance 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: | | · | |
| #2. Term or condition of the general perm | nit that has not been in continuo | us compliance during the reporting | 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 made in this notification are true, accurate upon rolling averages of purchase receipt year for transfer or combination facilities. | e and complete. Further, my an s, does not exceed 2,100 gallons | nual consumption of perchloroeth | ylene solvent, based |
| RESPONSIBLE OFFICIAL: りという | RM N. THOMPS Vame (Please Print) | Signature | 2.27.97 Date |

Page ____ of ____.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | annual 🂢 | COMPLAINT/D | ISCOVERY | RE-INSPECTION |
|---|--|-------------------------------|------------------------|---------------------------|
| TIME IN: 9:/0 | TIME OUT: | 9:30 | AIRS ID#: | 03/0367 |
| TYPE OF FACILITY: FACILITY NAME: FACILITY LOCATION: | Dry Cleaner Set Cleaners 1346 Gond | #1 | _ | DATE: 2/27/97 |
| RESPONSIBLE OFFICIAL: | Jackson ville, Villiam Nothan T | FL 3 | 2208 _phone number | 904-768-1067 |
| | the compliance requirements Rule 62-213.300, Florida Ad | | | icility is found to be in |
| Based on the results of discrepancies were not | the compliance requirements ed: | | - | |
| COMPLIANCE REQ | UIREMENT/PROBLE | M FO | LLOW-UP ACT | ION REQUIRED |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| COMMENTS: | | | | |
| | | | | |
| The Annual Compliance Certifi | cation form has been properl | y certified and sub | mitted to the inspecto | or. YES NO |
| DATE OF NEXT INSPECTIO | on: \mathcal{F} | (Approximate) | <u>)</u> | <i>t</i> |
| INSPECTION CONDUCTED | BY: Jef | (Approximate) (Please Print) | | |
| INSPECTOR'S SIGNATURE | : John Pal | ge of | _PHONE NUMBER | Revised 10/96 |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | × | COMPLAINT/DISCO | OVERY 🗖 |
|---|---|--|---|------------------------|
| AIRS ID#: <u>03/036</u> FACILITY NAME: <u>Se</u> | | | | 9:30 |
| FACILITY LOCATION: | 1346 Gar Jackson | dy ST. ville, Fo | 2 32208 | |
| PART I: NOTIFICATION | | | | |
| (check appropriate box) | | | | |
| 1. Existing facility notified DAR | M by 9/1/96 | | | × |
| 2. New facility notified DARM 3 | 0 days prior to startup |) | | 0 |
| 3. Facility failed to notify DARM | I to use general permi | t | | |
| PART II: CLASSIFICATION | | | | |
| Facility indicated on notification (check appropriate box) | n 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) | d: tr b: | New small a ry-to-dry only, ansfer only, x-oth types, x<1 constructed on | x<140 gal/yr <200 gal/yr | |
| 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 d d/yr tr yr b</td><td>ansfer only, 20 oth types, 140</td><td>rca source 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></x<2,> | gal/yr d d/yr tr yr b | ansfer only, 20 oth types, 140 | rca source 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 | (Y □N | | |
| If no, please check the appropria | te classification: | | | |
| 1 . | d for a general permit above limits and is n | | | |
| B. The total quantity of perchlore facility was Social gallons. | octhylene (perc) purc | hased within th | ne preceding 12 months | 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?

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?

MO YE

AD YE

DN DN

DN CIN

DY DN ENNA

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?

EYY 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?

OY ON CONIA

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

ao Yè

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

tay on

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

MD YE

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?

MO YE

| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | מן אם צם ארוע אם צם ארוע אם צם ארוע |
|----|---|-------------------------------------|
| | Is the temperature differential equal to or greater than 20° F? | מם צם אוא |
| 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 PONIA |
| | Is the perc concentration equal to or less than 100 ppm? | OY ON PERÍA 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 ENTA |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | OY ON CONTA |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|----------------------|
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for pere purchased? | GY DN |
| 2. Maintained rolling monthly averages of perc consumption? | ØY ON |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | DY 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) | מאנ <i>ס</i> אם עם A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | אלע אם צם אר |
| 6. Maintained startup/shutdown/malfunction plan? | E Y ON |
| 7. Maintained deviation reports? | CAY ON |
| Problem corrected? | EY ON |
| 8. Maintained compliance plan, if applicable? | ON ON/A |

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

3 of 4

| If using direct-reading instrumentation, is the equipment: | | | | | |
|--|------------|---------------------|---------------------------|------|------------|
| a. Capable of detecting | perc vapo | r concentrations is | a range of 0-500 ppm? | QY | ПN |
| b. Calibrated against a s (PID/FID only)? | tandard g | as prior to and aft | er each use | QY | □N |
| c. Inspected for leaks an | d obvious | s signs of wear on | a weekly basis? | ПY | ПN |
| d. Kept in a clean and s | ecure area | when not in use? | | ΩY | □N |
| e. Verified for accuracy | by use of | duplicate samples | (calorimetric only)? | QY | ΠN |
| 3. Has the facility maintained a leak log? | | | | 4 | ПN |
| 4. The following areas should be checked | for leaks | by the inspector: | | | |
| | Leak D | etected? | | Leak | Detected? |
| Hose connections, fittings, couplings, and valves | ПY | DAY | Muck cookers | QY | QH |
| Door gaskets and scating | ПY | G N | Stills | ПY | MD |
| Filter gaskets and scating | ΠY | t N | Exhaust dampers | ПY | GN |
| Pumps | ΠY | GN | Diverter valves | ПY | G N |
| Solvent tanks and containers | ΠY | CN CN | Cartridge filter housings | ПY | GN |
| Water separators | ΠY | N N | | | |

William Nathan Thomas

Name of Responsible Official

Jeffrey Winter
Inspector's Name (Please Print)

Jeffey Writes

| ADDITIONAL SITE INFORMATION: | Application and the control of the c |
|------------------------------|--|
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0310367 WILLIAM NATHAN THOMAS WILLIAM NATHAN THOMAS 1346 GANDY STREET JACKSONVILLE FL 32208

Do NOT Remove Label

| Annual Reporting Period: THYUNG | 19 | то | DECEMBE | 2 199 |
|---|--------------------------------|-----------------|---------------------------|-------------------------|
| Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F | | • | <u> </u> | vith DEP Rule |
| If NO, complete the following: | | | | |
| #1. Term or condition of the general permit | that has not been in contin | uous complia | nce during the reporting | g 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 contin | uous complia | nce 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, base notification are true, accurate and complete. Find does not exceed 2,100 gallons per year for dry-to- | urther, my annual consumpti | ion of perchlor | roethylene solvent, based | upon purchase receipts, |
| RESPONSIBLE OFFICIAL: Nan | N. Thomas Since (Please Print) | William | Signature | 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/D | DISCOVERY [| RE-INSPECT | пои 🔲 |
|--------------------------------|--|----------------------|-----------------------|--|---------------|
| TIME IN: 1300 | TIME OUT: | 1330 | AIRS ID#: | 03/0367 | > |
| TYPE OF FACILITY: DY | y Cleaner | · <u>-</u> | | | |
| FACILITY NAME: | et Cleaners. | #/ | | DATE: (/_ | 10/98 |
| FACILITY LOCATION: | 1346 Gand | 1 Street | · . | | |
| Ja | CKSon Ville, 1 | C 322 | 208 | | |
| RESPONSIBLE OFFICIAL: h | Villiam N. Th | omas | PHONE NUMBE | r: <u>904-768-</u> | 1067 |
| | the compliance requiremental tale 62-213.300, Florida Ad | | | facility is found to be | in · |
| | the compliance requirement | | | following compliance | e |
| COMPLIANCE REQU | | м Го | LLOW-UP AC | TION REQUIRE | C D |
| | | | | | |
| | | · | | P. | |
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| COMMENTS: 7 MA | :al: cT 1 | | - | i | |
| 2 Ma | chins au t | ocelele | 1-, | | |
| Both | chines at f | looled | fine. Ja | 5 | |
| | | . ' | | | |
| The Annual Compliance Certific | ation form has been properly | ly certified and sub | omitted to the inspec | ctor. YES | МОХ |
| DATE OF NEXT INSPECTIO | N: | | | - | |
| | | (Approximate) | | | |
| INSPECTION CONDUCTED | BY: | (Please Print) | 7 | | |
| INSPECTOR'S SIGNATURE: | allan V. | rute | PHONE NUMBE | cr: 904-630- | 2800 |
| | /W/ Da | ge / of / | | | Perised 10/96 |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL | × | COMPLAINT/DIS | COVERY |
|---|--|--|--|--|
| | RE-INSPECTION | ٥ | | PA |
| | 1 / - | , | | |
| AIRS ID#: <u>03/0367</u> | | | | ме бот: 1330 |
| FACILITY NAME: | | | , | 0 1 L |
| FACILITY LOCATION: | 1346 Gano | 1y 57 | Veet | Constant of the second |
| _ | Dackson VII | lle, Fl | 32208 | Ce Original Control of the Control o |
| RESPONSIBLE OFFICIAL : | : William Nathas | n Thorn | PHONE: <u>904-</u> | 768-1067 |
| CONTACT NAME: | Same | | _PHONE: | anne_ |
| | | | | |
| PART I: NOTIFICATION | | | | |
| (check appropriate box) | | | · · · · · · · · · · · · · · · · · · · | |
| New facility notified DARM | £ 20 days prior to startup | | | 74 |
| New facility notified DARM Facility failed to notify DAR | | | | /- |
| 2. Facility lanea to nomy Draw | UM to use general permit | | | |
| | | | | |
| " | | | | |
| PART II: CLASSIFICATION | | <u> </u> | | |
| Facility indicated on notificati | | | ☐ No notification fo | orm f business/petroleum |
| Facility indicated on notificati (check appropriate box) A. | ion form that it is: | | ☐ Drop store/out of | f business/petroleum |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour | ion form that it is: | | ☐ Drop store/out of area source | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/ | ion form that it is: rce | to-dry only, | ☐ Drop store/out of | f business/petroleum |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr | ion form that it is: rce | to-dry only, sfer only, x types, x < | ☐ Drop store/out of area source x < 140 gal/yr < 200 gal/yr 140 gal/yr | f business/petroleum |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr | ion form that it is: rce | to-dry only, sfer only, x types, x < | ☐ Drop store/out of area source x < 140 gal/yr < 200 gal/yr | f business/petroleum |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) | ion form that it is: rce | to-dry only, sfer only, x types, x < | ☐ Drop store/out of area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) | f business/petroleum |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, | ion form that it is: rce | to-dry only, sfer only, x types, x < structed on lew large a to-dry only, | ☐ Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/y}$ | f business/petroleum |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 | ion form that it is: rce | to-dry only, sfer only, x types, x < structed on lew large a to-dry only, sfer only, 20 | Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ | f business/petroleum |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 goth | ion form that it is: rce | to-dry only, sfer only, x types, x < structed on lew large a to-dry only, sfer only, 20 types, 140 | ☐ Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ | f business/petroleum |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 | ion form that it is: rce | to-dry only, sfer only, x types, x < structed on lew large a to-dry only, sfer only, 20 types, 140 | Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ | f business/petroleum |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g | ion form that it is: rce | to-dry only, sfer only, x types, x < structed on lew large a to-dry only, sfer only, 20 types, 140 | ☐ Drop store/out of area source $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91) area source $140 \le x \le 2,100 \text{ gal/yr}$ < $x \le 1,800 \text{ gal/yr}$ < $x \le 1,800 \text{ gal/yr}$ | f business/petroleum |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility cl | ion form that it is: rce | to-dry only, sfer only, x types, x < structed on lew large a to-dry only, sfer only, 20 types, 140 structed on | □ Drop store/out of trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine | f business/petroleum |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility cl If no, please check the | ion form that it is: rce 2. N /yr dry-t r trans both (conserved 4. N 1,100 gal/yr dry-t 200 gal/yr trans gal/yr both (conserved 4. N 2,100 gal/yr trans gal/yr both (conserved 4. N 2,100 gal/yr trans gal/yr trans gal/yr both (conserved 4. N 2,100 gal/yr trans gal/yr trans gal/yr both (conserved 4. N 2,100 gal/yr trans gal/yr trans gal/yr both (conserved 4. N 2,100 gal/yr trans gal/yr both (conserved 4. N 3,100 gal/yr trans gal/yr both (conserved 4. N 4,100 gal/yr trans gal/yr both (conserve | to-dry only, sfer only, x types, x < structed on lew large a to-dry only, sfer only, 20 types, 140 structed on | □ Drop store/out of trea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/y 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determination | f business/petroleum |
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| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility cl If no, please check the | ion form that it is: rce 2. N /yr dry-t r trans both (cons rce 4. N 1,100 gal/yr dry-t 200 gal/yr trans gal/yr both (cons classification Y repropriate classification: ity qualified for a general p ity exceeds above limits and | to-dry only, sfer only, x types, x < structed on lew large a to-dry only, sfer only, 20 types, 140 structed on | □ Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine the control of the control o | f business/petroleum u u vr e ve mit |

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 MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XXVA 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? XY 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 MAY 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?

| 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? | X | □N | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΩY | □и` | M/A |
| | Is the temperature differential equal to or greater than 20° F? | ПY | □и | MN/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 | Z AN/A |
| | Is the perc concentration equal to or less than 100 ppm? | | | N/A |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | ΩY | □N | DAN/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΠY | □и | , DEN/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | □Y | □и | M/A |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|-----------------|
| Has the responsible official: (Check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | XXY □N |
| 2. Maintained rolling monthly total of perc consumption? | XX □N |
| 3. Maintained leak detection inspection and repair reports for the following: | · |
| a. documentation of leaks repaired w/in 24 hrs? or; | XXY ON ON/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | ' OY ON ON/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | OY ON XXIVA |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | OY ON YONA |
| 6. Maintained startup/shutdown/malfunction plan? | XAY □N ' |
| 7. Maintained deviation reports? | OY ON MINA |
| Problem corrected? | □Y □N ŒN/A |
| 8. Maintained compliance plan, if applicable? | OY ON XIN/A |

| PART VI: LEAK DETECTION AN | ID REPAIRS | | |
|---|---------------------------------|-----------------------------|-------------------------|
| 1. Does the responsible official conduction | ct a weekly (for small sources, | bi-weekly) leak detection a | nd repair |
| inspection? | | • | ATA DN |
| 2. Has the facility maintained a leak lo | og? | | YY □N |
| 3. Does the responsible official check | the following areas for leaks? | | • |
| Hose connections, fittings, couplings, and valves | AV ON ON/A | Muck cookers | MY ON ON |
| Door gaskets and seating | Y ON ON/A | Stills | MY ON ON |
| Filter gaskets and seating | MY ON ON/A | Exhaust dampers | XY ON ON |
| Pumps | XY ON ON/A | Diverter valves | AA ON ON |
| Solvent tanks and containers | Y ON ON/A | Cartridge filter housings | XY ON ON |
| Water separators | XY ON ON/A | | |
| 4. Which method of detection is used | by the responsible official? | | . , |
| Visual examination (condensed solvent on exterior surfaces) | | | × |
| Physical detection (airflow fel | t through gaskets) | | N N O |
| Odor (noticeable perc odor) | | | × |
| Use of direct-reading instrume | entation (FID/PID/calorimetri | c tubes) | |
| Halogen leak detector | | | × |
| If using direct-reading in | nstrumentation, is the equipr | nent: | M/A |
| a. Capable of detecti | ng perc vapor concentrations | in a range of 0-500 ppm? | $\square Y \square N$ |
| b. Calibrated against (PID/FID only)? | t a standard gas prior to and a | fter each use | □Y □N |
| c. Inspected for leak | s and obvious signs of wear or | a weekly basis? | \square Y \square N |
| d. Kept in a clean an | nd secure area when not in use | ? | OY ON |
| e. Verified for accur- | acy by use of duplicate sample | es (calorimetric only)? | OY ON |

Inspector's Name (Please Print)

Oute, 1999

Inspector's Signature

Oute, 1999

Approximate Date of Next Inspection

. . . .

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| | Jet Cleaners | #/ | |
|---------------------|---|--|--------------------|
| 1. Fac | —spoke with 1 Thomas—9/1 approx. 31,2 limits | William Nath 17/96-Propane 100 gal /yr., und | an use Jer |
| 3. Ha | D.13 lead title - | - Murner | |
| J. 114 | P.13 6.add title – 9. add title – | Manager | |
| 4. Fa | 1,-WOCK_CVCIO | 77.60,000 | |
| S | | | |
| | | | |
| 5. F | | | |
| angelia di ressensi | | · | |
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| (6.) | | | |
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| 7. | | WW/ | |
| | | (\wedge) | |
| - | | <u> </u> | 108 |
| 8. | | | 33 |
| | | | |
| | | | |
| | Name and Title of Facility Contact (For e | xample, plant manage-7 | |
| 19. | | ** * * * * * * * * * * * * * * * * * * | |
| | JEANN DRECHSEL | | |
| 10. | Facility Contact Address: 13:46 GANDY ST | | |
| | Street Address: | County: | Zip Code: 32208 |
| | City: JACESOHO'ILE | DUVAL | |
| 11. | Eacility Contact Telephone Number. | Fax: (90c | 7333 |
| } | Telephone: (904) 7/28 1067 | | 110 000 |

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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 individu | al owner): |
|--|--|-------------------------------------|--|
| | Milliam NATHAN T | homas | |
| 2. | Site Name (For example, plant name or | | |
| | JET CLEANERS #1 | | |
| 3. | Hazardous Waste Generator Identification | on Number: | |
| | FLD 010502466 | | |
| 4. | Facility Location: | | |
| | Street Address: 1346 6-ANAY | ST | |
| | City: | County: | Zip Code: |
| | JACKSONVILLE | Daval | 32308 |
| 5. | Facility Identification Number (DEP Us | e); | |
| | | 0310367 | A CONTRACTOR OF THE CONTRACTOR |
| ************************************** | | | |
| | | Responsible Official | |
| 6. | Name and Title of Responsible Official: | , | 1000° |

| 6. | Name and Title of Responsible Off | ficial: | 100° |
|----|---|-----------|-------------------|
| | William NATHAN | Thomas | OWNER MIZ |
| 7. | Responsible Official Mailing Addr Organization/Firm: JET CLE | ress: | |
| | | | |
| | Street Address: 1346 6-ANDY | SF | |
| | City: | County: | Zip Code: |
| | JACKSONOILE | Dicti A L | 32208 |
| 8. | Responsible Official Telephone Nu | ımber: | |
| | Telephone: (904) 768 | | Fax: (904) - 7333 |
| | 764 768 | 1067 | ' 1777 7333 |

Facility Contact (If different from Responsible Official)

| | 9. | . Name and Title of Facility Contact (For example, plant manager): | | | | |
|---|-----|--|---------|---|--|--|
| > | | JEANN DRECHSEL | POS | AN PIGER | | |
| | 10. | Facility Contact Address: | • | , | | |
| | | 1346 GANDY ST Street Address: | | | | |
| | | Street Address: | | | | |
| | | City: | County: | Zip Code: | | |
| | | JACKSOHOILLE | DUVAL | 32308 | | |
| ſ | 11. | Facility Contact Telephone Number: | | · · | | |
| | | Telephone: (94) - 768 1067 | | Fax: (904) - 772 7333 | | |
| L | | | | 774 1333 | | |

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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 | Date | | Date | Date | | Date | Date |
|--|--------|-----------|---------------|-------|----------------|-----------------|-------|--------------|-----------|
| | | Machine | Control | | Machine | Control | | Machine | Control |
| • | | Initially | Dévice | | Initially | Device | | Initially | Device |
| Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed |
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-9 |
| Dry-to-Dry Unit | - | | | | | | | | |
| (1) w/ ref. condenser | z i | 08-Aug-82 | 134. Aug. 83 | 42 | ci-Aug-89 | ci-August | | | |
| (2) w/ carbon adsorber | | 7 | 0 | | 8 | 8 | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | , | | | | | - |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | _ | | | | |
| (6) w/ no controls | | | | _ | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | _ | _ |
| Reclaimer Unit | | | | | | | ٠. | | |
| (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 560 | | | oroethylene (| perc) | purchased in | the latest 12 | 2 mor | nths? | |
| (b) If less than 12 mont Check why it is less | | | | | _] New store | : [] Did | not k | eep records: | |
| 3. What is the facility's so (Indicate with an "X". | | | | | nitions found | d in section (3 | 3) of | Part II? | |
| Existing small ar | ea so | urce [] | Ne | w sm | nall area sour | ce [| } | | |
| Existing large are | ea sou | irce [X] | Ne | w lar | ge area sour | ce [|] | | |

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| 4. What control technology is required on machines (Indicate with an "X".) | pursuant to section (5) of Part II of this notification form |
|--|--|
| Existing large area source Carbon adsorber [] | Refrigerated condenser [X] |
| New small area source Refrigerated condenser [] | |
| New large area source Refrigerated condenser | |
| | |
| - | units shall not be eligible to use the general permit pursual d hot water generating units on-site meet the following |
| | have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired. |
| All steam and hot water generating units exempt No such units on-site | |
| k running on propane | |
| | |
| Equipment Monitoring a | and Recordkeeping Information |
| Check all logs which are required to be kept on-site i | in accordance with the requirements of this general perm |
| (a) Purchase receipts and solvent purchases | |
| (b) Leak detection inspection and repair | |
| (c) Refrigerated condenser temperature monitoring | |
| (d) Carbon adsorber exhaust perc concentration mon | itoring [] |
| (e) Instrument calibration | |
| (f) Start-up, shutdown, malfunction plan | |

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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) |
| - 87- | ·. |
| | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| this notific statements maintain t | ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form. |
| I will pron | nptly notify the Department of any changes to the information contained in this notification. |
| W.Mee Signature | 8-23.96 Date |

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

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT TOMPLIANCE INSPECTION CHECKLIST TOMPLAINT/DISCOVERS

| T | YP | E | OF | INS | PE (| CTI | ON | : |
|---|----|---|---------------------------|------|------|-----|----|---|
| • | | _ | $\mathbf{O}_{\mathbf{I}}$ | 1113 | | | • | |

RE-INSPECTION

| AIRS ID#: <u>03/036/</u> DATE: <u>9-22</u> | TIME IN: $13/5$ TIME OUT: $13/5$ |
|--|--|
| FACILITY NAME: <u>Set Clear</u> | ners #/ |
| T | Fandy St. |
| | nville, FC 32208 |
| RESPONSIBLE OFFICIAL: William A | Vathan Thomas PHONE: 904-768-1067 |
| CONTACT NAME: | Drechsel PHONE:Some |
| | |
| PART I: NOTIFICATION | |
| (check appropriate box) | |
| 1. New facility notified DARM 30 days prior to sta | artup |
| 2. Facility failed to notify DARM to use general pe | ermit |
| | |
| PART II: CLASSIFICATION | |
| Facility indicated on notification form that it is: (check appropriate box) | ☐ 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 $12/9/91$) |
| d | |
| 5. This is a correct facility classification | YAY ON OCan not determine |
| If no, please check the appropriate classific facility qualified for a get | cation: |

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? Y ON ON/A 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 disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

condenser upon opening the door?

condenser exceeded 45° F?

condenser on a weekly/bi-weekly basis?

XXY DN DN/A

| 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 Y C | מכ |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | | N/A |
| | Is the temperature differential equal to or greater than 20° F? | | A/M Z E NE |
| 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? | | IN TSN/A |
| į | Is the perc concentration equal to or less than 100 ppm? | | IN XIN/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? | | IN ANA |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | | in Man/a |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | Q Y Q | in X n/a |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|----------------------|
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | Apr on |
| 2. Maintained rolling monthly total of perc consumption? | Ya(Y □N |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or: | XXY 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 ⊅ an/a |
| 4. Maintained calibration data? (for applicable direct reading instruments) | oy on ¥Sn/a |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | oy on y x√n/a |
| 6. Maintained startup/shutdown/malfunction plan? | MO YAY |
| 7. Maintained deviation reports? | □Y □N X N/A |
| Problem corrected? | OY ON XXVA |
| 8. Maintained compliance plan, if applicable? | ander no vo |

| PART VI: LEAK DETECTION AND | D REPAIRS | | |
|---|----------------------------|----------------------------------|-----------------|
| 1. Does the responsible official conduct | a weekly (for small sour | ces, bi-weekly) leak detection a | and repair |
| inspection? | | | XAY □N |
| 2. Has the facility maintained a leak log | g? | | XX □N |
| 3. Does the responsible official check the | ne following areas for lea | ks? | |
| Hose connections, fittings, couplings, and valves | XY ON ON/A | Muck cookers | OY ON MINA |
| Door gaskets and seating | AND ND YA | Stills | XY ON ON/A |
| Filter gaskets and seating | AND NO YA | Exhaust dampers | DY DN ANA |
| Pumps | MY ON ON/A | Diverter valves | A/MEK NO YO |
| Solvent tanks and containers | AND NO YA | Cartridge filter housings | XY ON ON/A |
| Water separators | XY ON ON/A | | |
| 4. Which method of detection is used by | the responsible official? | | |
| Visual examination (condensed | solvent on exterior surfa | ces) | × |
| Physical detection (airflow felt | through gaskets) | | X |
| Odor (noticeable perc odor) | | | × |
| Use of direct-reading instrumen | tation (FID/PID/calorime | etric tubes) | |
| Halogen leak detector | | | |
| If using direct-reading ins | trumentation, is the equ | ipment: | N/A |
| a. Capable of detecting | g perc vapor concentratio | ns in a range of 0-500 ppm? | OY □N |
| b. Calibrated against a (PID/FID only)? | standard gas prior to an | d after each use | □Y □N |
| c. Inspected for leaks a | and obvious signs of wear | r on a weekly basis? | QY QN |
| d. Kept in a clean and | secure area when not in | use? | □Y □N |
| e. Verified for accurac | y by use of duplicate sam | ples (calorimetric only)? | OY ON |
| | | | |
| | | · . | |
| TORE I.lin | ter | 4-22 | -99 |
| Inspector's Name (Please Pr | int) | Date of Inspe | ction |
| Jeffery Wint | | April, | 2000 |
| Mapecter 's Signature | | Approximate Date of I | next hispection |

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

| TYPE OF INSPECTION: | ANNUAL 🔀 | COMPLAI | NT/DISCO | VERY | RE-INSPE | ECTION |
|--------------------------------|--|-------------------|----------------|----------------|----------------------|---------------|
| TIME IN: 1315 | TIME OUT: | 13 | 30 | AIRS ID#: | 03/03 | 67 |
| TYPE OF FACILITY: | Perc. Dry C | leaner | | | | |
| FACILITY NAME: | Jet Cleane | rs#1 | | | DATE:9 | -22-99 |
| FACILITY LOCATION: | 1346 Gane | ly St. | | | | |
| | Jacksonvill | k, FL | 322 | | | |
| RESPONSIBLE OFFICIAL: | William N.Th | amas | PHO | ONE NUMBE | r: <u>904-768-</u> | 1067 |
| | he compliance requirementule 62-213.300, Florida A | | | | facility is found to | be in |
| Based on the results of t | he compliance requirement | nts evaluated d | uring this ii | nspection, the | following complia | nce |
| COMPLIANCE REQU | IREMENT/PROBL | EM | FOLLO | W-UP AC | TION REQUI | RED |
| | | | | | | |
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| COMMENTS: | | | | | | |
| | | | | | | |
| The Annual Compliance Certific | ation form has been prope | erly certified ar | nd submitted | to the inspec | tor. YES | NO |
| DATE OF NEXT INSPECTIO | N: | (Approxi | X 000 mate) | | | |
| INSPECTION CONDUCTED | BY: | | WINTE | ER | | |
| INSPECTOR'S SIGNATURE: | Jeffyng (| (Please) | | ONE NUMBE | r: <u>904-63</u> 0- | |
| | P P | Page / of / | <u>/</u> . | | | Revised 10/96 |

pac

AIRS ID#: 03/0367

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| | | · | - Lauring | |
|--|---------------------------|------------------------|---------------------------|-----------------|
| FACILITY NAME: JET (| CLEANERS. | # / | DATE: | 4-22-99 |
| FACILITY LOCATION: 1340 | 6 Gandy | 57. | | |
| | Son Ville, Fu | | | · · |
| Annual Reporting Period: | Pil 22, | _19 <u>98</u> то | April 22 | 1999 |
| Based on each term or condition of the Title 62-213.300, Florida Administrative Code (1 | | | | P Rule NO |
| If NO, complete the following: | | | | |
| #1. Term or condition of the general permi | t that has not been in c | ontinuous compliance d | uring the reporting perio | d 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 permi | t that has not been in co | ontinuous compliance d | uring the reporting perio | d 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, made in this notification are true, accurate upon roiling averages of purchase receipts, year for transfer or combination facilities. | and complete. Further | , my annual consumptio | on of perchloroethylene s | olvent, based |
| RESPONSIBLE OFFICIAL: WILLIFF | | William X | Tham " | 4.27.99 |
| Na. | me (Please Print) | Si | gnature | 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 COMPLAINT/DISCOVERY |
|---|--|
| RE-INSPEC | TION 🗆 Sala |
| | |
| l | 0/2000 TIME IN: 9.45 TIME OUT: 1000 |
| FACILITY NAME: Jet Chav | |
| FACILITY LOCATION: 1346 | Gandy St. |
| | onville, FL 32208 |
| RESPONSIBLE OFFICIAL: William | Thomas PHONE: 904-768-1067 Drechsel PHONE: Same |
| CONTACT NAME: JOANN | Dreehsel PHONE: Same |
| | |
| PART I: NOTIFICATION | <u> </u> |
| (check appropriate box) | |
| 1. New facility notified DARM 30 days prior to | startup |
| 2. Facility failed to notify DARM to use general | permit \square |
| | |
| PART II: CLASSIFICATION | |
| Facility indicated on notification form that it i | s: |
| (check appropriate box) | ☐ Drop store/out of business/petroleum |
| 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) | 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 $12/9/91$) |
| dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ | both types, $140 \le x \le 1,800$ gal/yr |
| 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 $12/9/91$) 5. This is a correct facility classification | both types, $140 \le x \le 1,800$ gallyr (constructed on or after $12/9/91$) |
| 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 If no, please check the appropriate class facility qualified for a | both types, $140 \le x \le 1,800$ gallyr (constructed on or after $12/9/91$) YY $\square N$ $\square Can$ not determine ification: general permit as number above |
| 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 If no, please check the appropriate class facility qualified for a | both types, $140 \le x \le 1,800$ gallyr (constructed on or after $12/9/91$) Y Can not determine ification: |

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN MANA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MAN/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? 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 SAY 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? | #x | □N |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | □Y | ON TON/A |
| | Is the temperature differential equal to or greater than 20° F? | ΠY | ON MIN/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? | ΠY | □N MAN/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΠY | ON DANA |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction. | | |
| | or expansion; and downstream from no other inlet? | ΠY | ON THIA |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | □Y | ON AN/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | □Y | ON ANA |

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: □Y □N TAN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? □Y `□N **¥**N/A 4. Maintained calibration data? (for applicable direct reading instruments) OY ON SANA 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? AgA □N 7. Maintained deviation reports? □Y □N \$\frac{\fracc}\frac{\fin}}}}}}{\frac{\fin}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fracc}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fracc}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\f{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac □Y □N \$\$N/A Problem corrected? OY ON MIN/A 8. Maintained compliance plan, if applicable?

| PA | ART VI: LEAK DETECTION AND R | EPAI | RS | | | | | |
|----|---|---------|--------|-------------------|-----------------------------|----------|-----|------|
| 1. | Does the responsible official conduct a | weekly | (for | small sources, | bi-weekly) leak detection a | nd rep | air | |
| | inspection? | | | | | AY | I | □N |
| 2. | Has the facility maintained a leak log? | | | • | | AY | (| □N |
| 3. | Does the responsible official check the f | followi | ng ar | eas for leaks? | | | | |
| | Hose connections, fittings, couplings, and valves | Y | ΠN | □N/A | Muck cookers | Y | □N | □N/A |
| | Door gaskets and seating | Y | ΠN | □N/A | Stills | YY | ΠN | □N/A |
| | Filter gaskets and seating | YY | ПN | □N/A | Exhaust dampers | ΩY | □N | 7N/A |
| | Pumps | Y | ΠN | □N/A | Diverter valves | ΩY | ΠN | M/A |
| | Solvent tanks and containers | Y | □N | □N/A | Cartridge filter housings | XY. | ΠŇ | □N/A |
| | Water separators | Y | □N | □N/A | | | | |
| 4. | Which method of detection is used by the | ne resp | onsib | le official? | | | | |
| | Visual examination (condensed so | lvent c | on ex | terior surfaces) | | A | | |
| | Physical detection (airflow felt thro | ough g | gaske | ts) | | | | |
| | Odor (noticeable perc odor) | | | | | | | |
| | Use of direct-reading instrumentat | ion (Fl | ID/PI | D/calorimetric | tubes) | | | |
| | Halogen leak detector | | | | | | | |
| | If using direct-reading instru | ımenta | tion, | , is the equipmo | ent: | AN | /A | , |
| | a. Capable of detecting p | erc va | por c | oncentrations in | a range of 0-500 ppm? | □Y | □N | |
| | b. Calibrated against a sta (PID/FID only)? | andard | gas | prior to and afte | r each use | ΩY | ΠN | |
| | c. Inspected for leaks and | d obvio | ous si | gns of wear on | a weekly basis? | □Y | ΠN | |
| | d. Kept in a clean and sec | cure ar | ea w | hen not in use? | ; | \Box Y | ΠN | |
| | e. Verified for accuracy b | by use | of du | plicate samples | (calorimetric only)? | ΩY | □N | |

| | ! |
|------------------------------------|---|
| | 1 |
| Jeff Winter | 3/20/2000 |
| Inspector's Name (Please Print) | Date of Inspection |
| July Vila perpector's Signature | March 200/ Approximate Date of Next Inspection |
| perpector's Signature | Approximate Date of Next Inspection |

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

| TYPE OF INSPECTION: | ANNUAL 🔀 | COMPLAINT/I | DISCOVERY | RE-INSPECTION |
|---|-------------------------------|--------------------------------------|------------------------|---------------------------------------|
| TIME IN: 945 | TIME OUT: | 1000 | AIRS ID#: | 03/0367 |
| TYPE OF FACILITY: | C. Dry Cleans | 2 | | , , |
| FACILITY NAME: | Tet Cleaners = | #/ | | DATE: 3/20/2000 |
| FACILITY LOCATION: | 1346 Gandy | St. | | |
| | Jack Son ville, 7 | -L 3220 | 8 | |
| RESPONSIBLE OFFICIAL: | Jilliam Nathan | Thomas | PHONE NUMBI | ER: 904-768-1067 |
| | the compliance requiremen | | | e facility is found to be in |
| Based on the results of discrepancies were note | the compliance requiremented: | ts evaluated during | g this inspection, the | e following compliance |
| COMPLIANCE REQ | UIREMENT/PROBL | EM_ FO | OLLOW-UP AC | CTION REQUIRED |
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| COMMENTS: | | | | |
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| The Annual Compliance Certific | cation form has been prope | rly certified and su | bmitted to the inspe | ctor. YES NO |
| DATE OF NEXT INSPECTIO | ON: | Tarch, 6 | 200/ | · |
| | ~1 | (Approximate | | |
| INSPECTION CONDUCTED | BY: Jef- | + Winte | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| INSPECTOR'S SIGNATURE | : Allum | (Please Print) | | er: 904-630-3484 |
| A DE LOR D DEGIME UND | | 1 1 | | |
| | <i>V</i> / P | $age \underline{/} of \underline{/}$ | | Revised 10/9 |

AIRS 1D#: 03/0367

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: Set Cleaners #1 | DATE: 3/2/2000 |
|--|---|
| | ' |
| FACILITY LOCATION: 1346 Gandy St. Jackson Ville, FL 32208 | |
| JULESON VITE, PL 32200 | |
| Annual Reporting Period: APril 22, 1999 TO March | 20, 200 |
| Based on each term or condition of the Title V general air permit, my facility has remained in compliance 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 reporti | ing period stated above: |
| Exact period of non-compliance: from | |
| Action(s) taken to achieve compliance: | |
| Method used to demonstrate compliance: | |
| #2. Term or condition of the general permit that has not been in continuous compliance during the reporti | ing period stated above: |
| Exact period of non-compliance: from | |
| Action(s) taken to achieve compliance: | |
| Method used to demonstrate compliance: | |
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| As the responsible official, I hereby certify, based on information and belief formed after reasonable inquipally made in this notification are true, accurate and complete. Further, my annual consumption of perchloroe upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature | thylene solvent, based s or 1,800 gallons per |
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Page ____ of ____.

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

| TO THE RIGHT OF RETURN | |
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| NO PLACE STICKER AT TOPS. | 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. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery (ddress different formittem 1) Yes |
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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 0310367

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

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

258/4Please 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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JET CLEANERS #1 WILLIAM NATHAN THOMAS 1346 GANDY STREET JACKSONVILLE FL 32208 FOR GOVERNMENT USE ONLY

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TOTAL AMOUNT DUE: \$50.00

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TOTAL AMOUNT DUE: \$50.00

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Fund: 20-2-035001 Obj.: 002273

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AIRS ID # 0310367

JET CLEANERS #1
WILLIAM H. NATHAN THOMAS
1346 GANDY STREET
JACKSONVILLE FL 32208

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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JET CLEANERS #1
WILLIAM H. NATHAN THOMAS

1346 GANDY STREET

JACKSONVILLE FL 32208

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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

| on the reverse side? | SENDER: Complete items 1 and/or 2 for additional services. Complete items, 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spacemit. Write "Return Receipt Requested" on the mailpiece below the articl The Return Receipt will show to whom the article was delivered and delivered. | e does not e number. | I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. |
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WILLIAM NATHAN THOMAS WILLIAM NATHAN THOMAS 1346 GANDY STREET

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US Postal Service Certified Mail Receipt for Certified

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| s your RETURN ADDRESS completed on the reverse side? | SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. | I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. | |
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| | Jet Cleaners #/ |
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| · | spoke with William Nathan Thomas -9/17/96 |
| - | Thomas -9/17/96 |
| -10 | |
| p.15 | 5. propane - ~ 600 gal. /wk. = 31,200 gal. /yr. |
| | - 51, 200 gal. 747. |
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