

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 19, 1996

Mr. James A. Leslie Mr. Freddie G. Day Highland Wash N'Clean 926-1 Dunn Avenue Jacksonville, Florida 32218

Dear Mr. Leslie and Mr. Day:

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

oty blietz

and Mobile Sources

/DD

cc: Ms. Lori Tilley, Duval County

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



### Department of Environmental Protection

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

February 29, 2000

David B. Struhs Secretary

#0310368

Mr. James Leslie Highland Wash N' Clean 926-1 Dunn Avenue Jacksonville, Florida 32218

Dear Mr. Leslie,

Thank you for your note informing the Department that Highland Wash N' Clean has been sold. We received your note February 28 and the Department has inactivated Highland Wash N' Clean in our database.

Rule 62-213.300, Florida Administrative Code (F.A.C.), states that an annual operation fee in the amount of \$50.00 is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirement of the Title V general permit. Our records indicate that Highland Wash N' Clean was in operation in 1999. Therefore, the annual operation fee is now due.

In addition, Rule 62-213.300, F.A.C., states that the general permit is not transferable and does not follow a change in ownership of the facility. The new owner will need to submit a notification form if he uses perchloroethylene.

Our final reminder notices along with invoices to facilities not yet paying the 1999 annual operation fee were mailed February 24. A reminder notice and invoice was mailed to Highland Wash N' Clean. If you have any questions concerning the fee or the Title V general permit program, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section Bureau of Air Monitoring and

Mobile Sources

SB\

cc: Jeff Winter, Duval County

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT/DI	SCOVERY	RE-INSPEC	TION
TIME IN: //25	TIME OUT:	1145	AIRS ID#:	03/0362	8
TYPE OF FACILITY:	ry Cleaner				
FACILITY NAME: Hig	shland Wash	v' <u>Clean</u>		DATE:_ <i>5/2</i>	7/97
FACILITY LOCATION:	926-1 Juna			· · ·	
	cksonville, F		32218	10.11	
RESPONSIBLE OFFICIAL:	mes costil / Free	Bare Day	_PHONE NUMBE	R:(904) 131-	233/
	he compliance requirements on the compliance requirements of the compliance requirement of the compl	_		facility is found to b	e in
Based on the results of the discrepancies were noted	he compliance requirements of:	evaluated during t	his inspection, the	following compliand	ce ,
COMPLIANCE REQU	TREMENT/PROBLEM	1 FOI	LLOW-UP AC	TION REQUIR	ED
Temperature Log	NOT Maintain	ed Will	(Rinspect		
Leak Log NOT	Maintained	will	veins/200T		
			•	_	
	·	,			
COMMENTS:					
		•		<b>N</b>	
The Annual Compliance Certification	ation form has been properly	certified and subr	nitted to the inspec	ctor. YES	NO
DATE OF NEXT INSPECTION	N:	(Approximate)	998		
INSPECTION CONDUCTED I	RV. Tet	Winter			
Tible Editor Composited I	1 11 11	(Please Print)		( )	
INSPECTOR'S SIGNATURE:	Jeffry Dri	Ea	PHONE NUMBI	er: <i>(904)63</i>	0-3484
	Page	/ of /			Revised 10/96

AIRS ID#: 03/0368



## RECEIVED

### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Bu

JUL 1 1997

ANNUAL COMPLIANCE CERTIFICATION FORM  8 Mobile Sourges
FACILITY NAME: Highland Wash N'Clean DATE: 5/27/97
FACILITY LOCATION: 926-1 Dunn Avenue
Jackson ville, FL 32218
Annual Reporting Period: September 20 1996 TO May 27 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Temperature Log NOT Maintained
Exact period of non-compliance: from Sel. 20, 1998 to May 27, 1997
Action(s) taken to achieve compliance: L.O. Will Start one.
Method used to demonstrate compliance: Will Yeinspect at loter date
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Leak /89 NoT Maintrived
Exact period of non-compliance: from Sev. 20, 1996 to May 27, 1997
Action(s) taken to achieve compliance:  R.O. Will Start One.  Method used to demonstrate compliance:  Will VeinsPert at late date
Method used to demonstrate compliance: Will reinsfect at later date
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Date

<sup>\*</sup>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.

### 03/0368

P.13

4. should be filled in

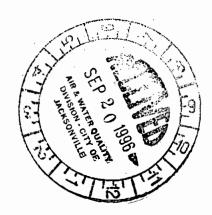


P.14

3. New Small area source Should be marked

P.15

4. New Small area source r.c. Should be marked



Twin Towers Office Building . 2600 Blairstone Road . Tallahassee, Florida 32399

Perchloroethylene Dry Cleaning Facility Notification	13.
Facility Name and Location	
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
2. Site Name (For example, plant name or number):	
High land Wash N' ( lean	Ny
3. Hazardous Waste Generator Identification Number:	
FLD CESOG	
4. Facility Location: 926-1 Dunn Avenue	
City: Jackson ville County: Duval Zip Code: 32218	
5. Facility Identification Number (DEP Use): 0310368	
Responsible Official	
6. Name and Title of Responsible Official:	
James A. Leslie/Freddie B. DAY President/V. Aesister	1+
/. Responsible Official Mailing Address:	
Street Address: 926-1 Dana AVENU	
Jacksonville County DUVAI ZIPCOUE 3221P	
8. Responsible Official Telephone Number: Telephone: (904) 751-2331 Fax: ( ) -	
Telephone: (904) 751 - 2331 Fax: ( ) -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
•	
10. Facility Contact Address:	
Street Address:	
City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	
RECEIVED	

AUG 2 6 1996

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

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	ţ.						. :		
(1) w/ ref. condenser	7	01-JUN-93	01-144-93						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		in the second			in the second			. Tarah Maring	. No althou
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		, as they still to	State (1997)	5 1		,	J1 (1)	TANGET STATES	Transmitter and
(7) w/ ref. condenser	-				Ì			1	Ī
(8) w/ carbon adsorber									
(9) w/ no controls				_				1	
Reclaimer Unit			754 - b						u Mariano.
(10) w/ ref. condenser	···	T	,	<u> </u>	<u> </u>	T		1	
(11) w/carbon adsorber									
(12) w/ no controls									
<ul> <li>(b) Control devices are</li> <li>(c) No control devices a</li> <li>2.(a) What was the total q</li> <li>75</li> <li>(b) If less than 12 month Check why it is less</li> </ul>	uanti gallo	equired to be ity of perchloons ow many? [_	installed [	perc)	_] purchased in			<i>,</i>	

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

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

#### Surrender of Existing Air Permit(s)

	Surrender of Existing III Termitory					
Please indicat	e with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
ι <b>X</b>	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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	mptly notify the Department of any changes to the information contained in this notification.					
Domas	A Lesford Weekling 1 8-24-96					

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

Signature

### 0310368

P.13

4. should be filled in



P.14

3. New Small area source Should be marked

P.15

4. New Small area source r.C. Should be marked

Twin Towers Office Building • 2600 Blairstone Road • Tallahassee, Florida 32399

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
2. Site Name (For example, plant name or number):	
2. Site Name (For example, plant name or number).	
Highland Wash N. 1. lean	
3. Hazardous Waste Generator Identification Number:	
FLD CESOG	
4. Facility Location:	
Street Address: City: County: Zip Code:	
Zip code.	
5. Facility Identification Number (DEP Use):	
03/0368	
Responsible Official	
6. Name and Title of Responsible Official:	<b>&gt;</b>
$\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $	A
James A. Leslie/Freddie G. DAY President/V	Mesizent
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 926-1 Dann Avenue City:  Tip Code:	
City: Jackson Wille County: DUVA / Zip Code: 32	210
	214
8. Responsible Official Telephone Number:	·
Telephone: $(904)751-2331$ Fax: ( )	
	J
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
700 Facility Contact Facilities.	
Street Address:	
City: County: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: ( ) - Fax: ( ) -	

RECEIVED

AUG 2 6 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 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	Date Control		Date Machine	Date Control		Date Machine	Date Control
٠.		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	<u>.</u>	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	Ι—								
(1) w/ ref. condenser	1	01-JUN-93	11. Tun-97						1
(2) w/ carbon adsorber		OF ACIV-13	C1-40/V-7-3						
(3) w/ no controls							-		
Washer Unit			ļ.		.I				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				7.3	1.5				
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	- 1		:			1 3 m			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol of the control	are required	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene ( ] months	perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small are	Selec ea so	t one classifi urce [X]	cation only.) Ne	ew sm	nall area sour	rce []	3) of	Part II?	
Existing large are	ea soi	urce []	Nε	w lar	ge area sour	ce []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

#### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:  I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)  No air permits currently exist for the operation of the facility indicated in this notification form.  Responsible Official Certification							
	1/	•.					
		Responsible Official Certification					
	this notifi statement maintain	dersigned, 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 is 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	mptly notify the Department of any changes to the information contained in this notification.					
/	Signature	A. Leslie / Julihi A Day 8-24-96					





# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 20, 1997

JL & FD Enterprises, Inc. 926-1 Dunn Avenue Jacksonville, Florida 32218

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez

Administrator

Mobile Source Control Section Bureau of Air Monitoring and

Mobile Sources

HE\sb

Enclosure

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

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAIR	NT/DISCOVERY	a
AIRS ID#:	1921and W	: 1125 TIM 1sh -N-Clean Junn Avenue 1/e, FL 322		<u>5</u>
PART I: NOTIFICATION			100 00000000000000000000000000000000000	
<ol> <li>(check appropriate box)</li> <li>Existing facility notified DAR</li> <li>New facility notified DARM</li> <li>Facility failed to notify DARM</li> </ol>	30 days prior to start			×
PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)	on form that it is:			
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 ansfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9)		
3. Existing large area sourd dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gab="" only,="" td="" transfer="" types,=""><td>0 gal/yr ;al/yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 12="" 140<x<1,800="" 16="" 200<x<1,800="" 9)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,=""><td>gal/yr /yr</td><td></td></x<2,></td></x<2,>	0 gal/yr ;al/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 16="" 200<x<1,800="" 9)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,=""><td>gal/yr /yr</td><td></td></x<2,>	gal/yr /yr	
This is a correct facility classifi	cation	DY XN		
	ed for a general pern s above limits and is roethylene (perc) pu	it as number above not eligible for a general per chased within the preceding	mit	ry 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? 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? NON wented Mocline XIY IN AND ND YES 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 XY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a 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 DY XV 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? DY DN

2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY QN QN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DEC ON
2. Maintained rolling monthly averages of perc consumption?	MC AM
3. Maintained leak detection inspection and repair reports for the following:	•
a. documentation of leaks repaired w/in 24 hrs? or;	NO YX
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ОУ ОМ
4. Maintained calibration data? (for direct reading instruments only)	AVIX NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON NIA
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	MC VX
Problem corrected?	XX ON
8. Maintained compliance plan, if applicable?	איאאל אם אם
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	XY DN
2. Which method of detection is used by the responsible official?	•
Visual examination (condensed solvent on exterior surfaces)	×
Physical detection (airflow felt through gaskets)	Þ
Odor (noticeable perc odor)	×
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	

If using direct-reading instrume	ntation,	is the equip	oment:		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					חח
b. Calibrated against a st	and after each use				
(PID/FID only)?				ПY	מם
c. Inspected for leaks and	d obvious	s signs of w	ear on a weekly basis?	ПY	□И
d. Kept in a clean and se	cure area	a when not i	n use?	ΠY	□N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					□N
3. Has the facility maintained a leak log?				DY XV	
4. The following areas should be checked:	for leaks	by the inspe	ector:		
	Leak Detected?				Detected?
Hose connections, fittings, couplings, and valves	ΩY	<b>M</b> N	Muck cookers	ПY	XIN
Door gaskets and seating	ΠY	×ν	Stills	ПY	An
Filter gaskets and scating	ΠY	XN	Exhaust dampers	QY	ME
Pumps	ΠY	AN	Diverter valves	ΟY	NIX
Solvent tanks and containers	QY	<b>2</b> 40	Cartridge filter housings	ПY	MN
Water separators	ΩY	MIN			

James Ceslie / Freddie G. Day
Name of Responsible Official
Jeff Winter
Inspector's Name (Please Print)
askens Vinta
Aspector's Signature

May, 1998
Approximate Date of Next Inspection

DDITIONAL SITE INFOR	MATION:	 	
		-	•

· . · .

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 💢	COMPLAIN	T/DISCOVERY	RE-INSPECT	TION
TIME IN: 1430	TIME_OUT:	1455	AIRS ID#:	03/0368	
TYPE OF FACILITY: $\mathcal{L}$	Dry Cleaner				
FACILITY NAME:	Wand Was	LN'C	lean	DATE: <b>6//</b>	198
FACILITY LOCATION:	926-1 Du	nn Aver	nue		
<u> </u>	Jacksonvi	Ile, F/	orida 32	218	
RESPONSIBLE OFFICIAL:	James A. Le	slie	PHONE NUMBI	ER: <u>904-751-</u>	-233/
<u></u>	<del>-</del>				
	he compliance requiremental de 62-213.300, Florida A			e facility is found to be	in
Based on the results of t discrepancies were noted	he compliance requirement d:	nts evaluated dur	ing this inspection, the	following compliance	;
COMPLIANCE REQU	JIREMENT/PROBL	EM	FOLLOW-UP AC	TION REQUIRE	D
·				P	
				BUR YE K	١
	_			150	_
				13 1998	40
				inces and inces	
	,		•		
•					
COMMENTS:	)				
•				•	
					<u> </u>
The Annual Compliance Certific	ation form has been prope	erly certified and	submitted to the inspe	ctor. YES	NOX
DATE OF NEXT INSPECTIO	N:	June,	1999		
		(Approxim	ate)		•
INSPECTION CONDUCTED	BY: <u>)e</u>	TT WIL	114		
BIONE CHARLE CITATION	Aell.	(Please Py		and 120	-2812
INSPECTOR'S SIGNATURE:	- della	· · · · ·	PHONE NUMB	er: <u>904-630</u>	2000
	/ // r	ore / of /		ĭ	Perriced 10/06

# PERCHLOROETHYLENE DRY CLEANERS

	COMPLIANCE INS	PECTION (	CHECKLIST	the state of		
TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/DI	ISCOVER 4		
	RE-INSPECTION	<u> </u>		OUT CO ON THE OWNER OF THE OWNER OWN		
AIRS ID#: <u>03/0368</u> 1				тіме оцт: <u>/9/5/5</u>		
FACILITY NAME:						
FACILITY LOCATION:	926-1 1	Dun 1	Avenue			
	Jackson	ville, F	-Lorida 3	2218		
RESPONSIBLE OFFICIAL :	James A. C	eslie	_ phone: <u><i>9</i>09</u>	1-751-2331		
CONTACT NAME:	reddie Do	J	PHONE:	Some		
PART I: NOTIFICATION	<u> </u>	· .		1		
(check appropriate box)				_		
1. New facility notified DARM	30 days prior to startup			×		
2. Facility failed to notify DARN	A to use general permit			_		
		<del>_</del> , , , ,	<del></del>			
PART II: CLASSIFICATION						
Facility indicated on notification	n form that it is:		☐ No notification	form		
(check appropriate box)			☐ Drop store/out	of business/petroleum		
A.	. D	New small	Dwgg courses	4		
1. Existing small area source dry-to-dry only, x < 140 gal/y			x < 140 gal/yr	×		
transfer only, x < 200 gal/yr			< 200 gal/yr			
both types, x < 140 gal/yr		h types, x <		ļ		
(constructed before 12/9/91)			or after 12/9/91)			
3. Existing large area sourc	e 🗅 4.	New large a	irea source			
dry-to-dry only, $140 \le x \le 2,1$			$140 \le x \le 2,100$ gai	l/yr		
transfer only, $200 \le x \le 1,800$	gal/yr trai	nsfer only, 2	$00 \le x \le 1,800 \text{ gal/y}$	r		
both types, $140 \le x \le 1,800$ ga			$\leq x \leq 1,800 \text{ gal/yr}$			
(constructed before 12/9/91)	(co	nstructed on	or after 12/9/91)			
5. This is a correct facility cla	ssification	Y ON	☐Can not determi	ine .		
If no, please check the a	ppropriate classification	<b>1</b> :				
facility qualified for a general permit as number above						
	qualified for a general exceeds above limits a					
	exceeds above limits a	nd is not elig	gible for a general pe	ermit		

#### 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? Y ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN YEN/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? Y 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? Y ON ONA 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 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:			4.4
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?	ПY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ПY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	$\square N$	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ПY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПN	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: XY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN DN/A DY DN MN/A 4. Maintained calibration data? (for applicable direct reading instruments) □Y □N ĎN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MO YES 6. Maintained startup/shutdown/malfunction plan? DY ON MANA 7. Maintained deviation reports? Problem corrected? DY DN MN/A 8. Maintained compliance plan, if applicable? DY DN TÉN/A

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small sources,	bi-weekly) leak detection a	nd repair
inspection?			XX ON
2. Has the facility maintained a leak log	?		XXY □N
3. Does the responsible official check the	e following areas for leaks?		
Hose connections, fittings, couplings, and valves	AVO NO WA	Muck cookers	XY ON ON/A
Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A
Filter gaskets and seating	PAY ON ON/A	Exhaust dampers	XY ON ON/A
Pumps	AND NO YA	Diverter valves	AND NO YY
Solvent tanks and containers	XY ON ON/A	Cartridge filter housings	YY ON ON/A
Water separators	YAY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed :	solvent on exterior surfaces)		λą λα Σ¥
Physical detection (airflow felt the	hrough gaskets)		×
Odor (noticeable perc odor)			<b>X</b>
Use of direct-reading instrument	tation (FID/PID/calorimetric	tubes)	
Halogen leak detector			Q
If using direct-reading inst	rumentation, is the equipme	ent:	XIN/A
a. Capable of detecting	perc vapor concentrations in	a range of 0-500 ppm?	□Y □N
b. Calibrated against a (PID/FID only)?	standard gas prior to and afte	er each use	□Y □N
c. Inspected for leaks ar	nd obvious signs of wear on a	a weekly basis?	□Y □N
d. Kept in a clean and s	secure area when not in use?		□Y □N
e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	DY DN
•			
Teff Winter		6/1/	T (
Inspector's Name (Please Pri	nt)	Date of Inspe	<u>ro</u> ction
Jethus Winte	4	June	. 1999
Maspecter's Signature		Approximate Date of 1	Vext Inspection

ADDITIONAL SITE INFORMATION:		
	•	
		٠
·		

#### PERCHLOROETHYLENE DRY CLEANERS COMPLIANCE INSPECTION CHECKLISTS COMPLAINT DISCO TYPE OF INSPECTION: **RE-INSPECTION** AIRS 1D#: 03/0368 DATE: FACILITY LOCATION: CONTACT NAME: PART I: NOTIFICATION (check appropriate box) New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION ■ No notification form Facility indicated on notification form that it is: ☐ Drop store/out of business/petroleum (check appropriate box) A. 2. New small area source 1. Existing small area source dry-to-dry only, x < 140 gal/yr drv-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800 \text{ gal/yt}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification $\square N$ □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was \_\_\_\_\_gallons.

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? □N □N/A Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at XY ON ON/A least 24 hours prior to disposai? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MNA 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? YAY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the XY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? XY ON ON/A 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

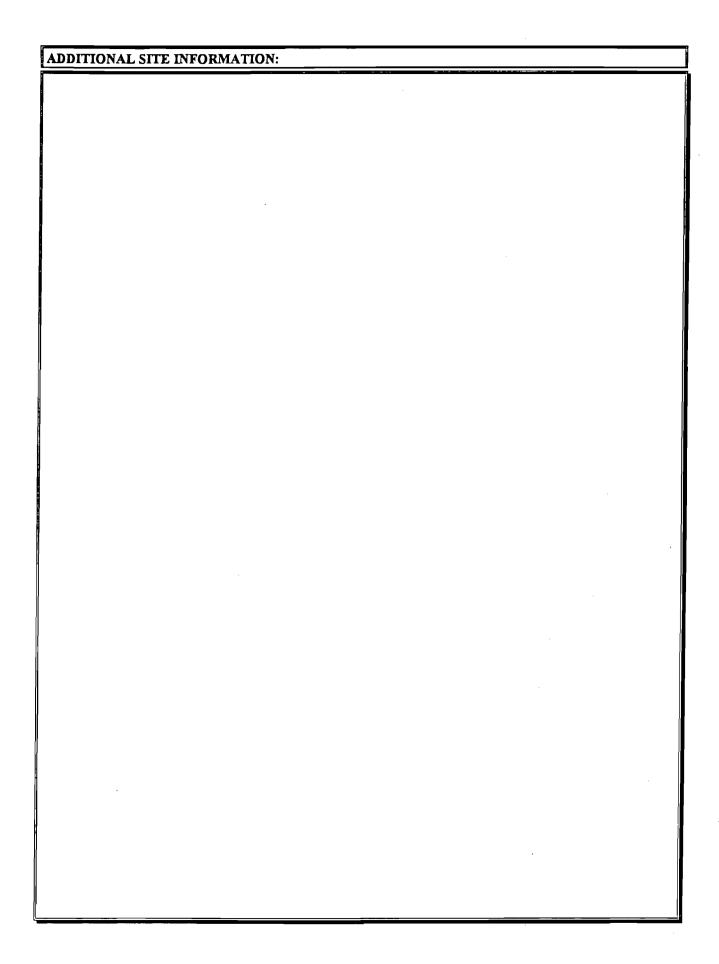
В.	. Has the responsible official of an existing large or new large area source also:	_		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ПY	ПN	
2.	Measured and recorded the washer exhaust temperature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

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

P.	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	nd repair
	inspection?			XX □N
2.	Has the facility maintained a leak log	?		XIY □N
3.	Does the responsible official check th	e following areas for leak	s?	•
	Hose connections, fittings, couplings, and valves	AND NO YA	Muck cookers	OY ON MANA
	Door gaskets and seating	XY ON ON/A	Stills	DY DN XXN/A
	Filter gaskets and seating	YAY ON ON/A	Exhaust dampers	OY ON XIN/A
	Pumps	MY ON ON/A	Diverter valves	YEY ON ON/A
	Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	XY ON ON/A
	Water separators	YY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surface	es)	×
	Physical detection (airflow felt the	hrough gaskets)		Å Å
	Odor (noticeable perc odor)			<b>≱</b> τ
	Use of direct-reading instrument	ation (FID/PID/calorimetr		
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equip	oment:	MN/A
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	□Y □N
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
	c. Inspected for leaks ar	nd obvious signs of wear o	on a weekly basis?	□Y □N
	d. Kept in a clean and s	secure area when not in us	se?	$\square$ Y $\square$ N
	e. Verified for accuracy	by use of duplicate sample	les (calorimetric only)?	□Y □N
		•		
		<del></del>		
	Jeff Winter	•	4/281	43
	Inspector's Name (Please Prin	nt)	Date of Inspec	tion

Inglector's Signature

Approximate Date of Next Inspection





AIRS ID#: 03/0368

Revised 10/10/9

### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Highland Wash N' Clean DA	TE: 4/28/97
FACILITY LOCATION: 926-1 Dunn Ave.	
Jacksonville, FC 32218	
Annual Reporting Period: Afril, 28, 1998 to Afril 2	1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance wit 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES  If NO, complete the following:	h DEP Rule □NO
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting	nerind stated above:
	portou statou 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	
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, made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethyl upon rolling averages of purchase receipts, does not exceed 2,100 gailons per year for dry-to dry facilities or year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature	ene solvent, based

<sup>\*</sup>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 X	COMPLAINT	DISCOVERY	RE-INSPECTION	
TIME IN: /640	TIME OUT:	1/00	AIRS ID#:	03/0368	
TYPE OF FACILITY:	erc. Dry Clea	ner			
FACILITY NAME:	Highland Wash	N'C	lean	DATE: 4/28/99	· 
FACILITY LOCATION:	1926-1 Du	inn Av	e.	<u> </u>	
	Jackson ville	e, FL	32218		
RESPONSIBLE OFFICIAL:	. leslie / F. D	óy	PHONE NUMBI	ER: <u>904-751-233/</u>	<u>'                                    </u>
	the compliance requirements tule 62-213.300, Florida Adr			e facility is found to be in	
Based on the results of t discrepancies were note	he compliance requirements	evaluated duri	ng this inspection, the	following compliance	
COMPLIANCE REQU	JIREMENT/PROBLE	M F	OLLOW-UP AC	CTION REQUIRED	
			_		
	-				
COMMENTS:		·			
The Annual Compliance Certific	eation form has been properly	y certified and s	submitted to the inspe	ctor. YES NO	
DATE OF NEXT INSPECTIO	N:	Approxima	<u>2000</u>	,	
INSPECTION CONDUCTED	ву:	( ) ( ) ( ) ( ) ( )	inter		
INSPECTOR'S SIGNATURE:		Inte	PHONE NUMB	7	2
	/ W// Pag	ge / of / .		Revised 1	.0/96

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

0310368

JL & FD ENTERPRISES INC

926-1 DUNN AVENUE

JACKSONVILLE FLORIDA 32218

FOR GOVERNMENT USE ONLY OF CONTROL OF CONTRO

	z 510 P	P3 108			
US Postal Service Receipt for Certified Mail					
JAN 926-	HLAND WASH N' CI IES A LESLIE 1 DUNN AVENUE KSONVILLE FL 3221	Me our			
	Postage	\$			
	Certified Fee				
PS Form <b>3800</b> , April 1995	Special Delivery Fee				
	Restricted Delivery Fee				
	Return Receipt Showing to Whom & Date Delivered				
	Return Receipt Showing to Whorn, Date, & Addressee's Address				
800	TOTAL Postage & Fees	\$			
PS Form 3	Postmark or Date				

Acres of Louising States	the same of the sa
SENDER: COMPLETE THIS SECTION	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 mellpiece, or on the front if space permits. AND STATES AND	A. Received by (Plane Print Clearly)  B. Date of Delivery  C. Signature  Addressee  D. Is delivery address different from item 1?   Yes
HIGHLAND WASH N' CDEAN	If YES, enter delivery address below:
PACKSON VIELE PE SZZIO	3. Service Type Certified Mail
Z210 663 108	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	

UNITED STATES POSTAL SERVICE First-Class Mail Postage & Fees Paid USPS Permit No. G-10 • Sender: Please print your name, address, and ZIP+4 in this box • DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 01

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.	e can return this e does not e number.	I also wish to receive the following services (for an extra fee):  1.
IN ADDRESS completed on	AIRS ID#: 0310368  JL & TD ENTERPRISES INC JAMES A LESLIE 926-1 DUNN AVENUE JACKSONVILLE FL 32218	4a Article N  4b. Service  Registers  Express  Return Ret  7. Date of De	Type ad Certified Mail Insured ceipt for Merchandise COD ceilivery
Is your RETUR	5. Received By: (Print Name)  6. Signature (Addressee or Agent)  X Le Let Lalmur  PS Form 3811, December 1994	8. Addressed and fee is	e's Address (Only if requested

## 

. b 5.22 305 492

	over top of envelope to	enil ts blo		
rse 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.	e can return this	I also wish to red following service extra fee):	s (for an
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. 🗆 Address	ee's Address
ther	■Write *Return Receipt Requested* on the mailpiece below the article ■The Return Receipt will show to whom the article was delivered an		2. 🗆 Restricte	ed Delivery
ם	delivered.		Consult postmas	ster for fee.
completed	3. Article Addressed to:  AIRS ID ##0310368	4a. Article N	33 667	182 '
E	HIGHLAND WASH N' CLEAN	4b. Service		T Cortified
	JAMES A LESLIE 926-1 DUNN AVENUE	☐ Registere		Certified Insured
DRESS	JACKSONVILLE FL 32218		viair ceipt for Merchandise	а П СОВ
AD		7. Date of De	· / /	,
RETURN	5. Received By; (Print Namb)  A DLOKY Falmer	8. Addresse and fee is	e's Address (Only paid)	if requested :
ls your	6. Signature: (Addressee or)Agent)  X Secky Falmer			
_	PS Form <b>3811</b> , <b>Ø</b> ecember <b>1994</b>	25 <b>9</b> 5-97-B-0179	Domestic Ret	urn Receipt

### Z 333 667 182 US Postal Service Consist for Certified Mail AIRS ID # 0310368 HIGHLAND WASH N' CLEAN JAMES A LESLIE 926-1 DUNN AVENUE JACKSONVILLE FL 32218 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address Form 3800, TOTAL Postage & Fees Postmark or Date

on the reverse side?	Ol. adoleAua io.dol 1900 ell  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.	can return this e does not e number.	raiso wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
IN ADDRESS completed	AIRS ID # 0310368 HIGHLAND WASH N' CLEAN JAMES A LESLIE 926-1 DUNN AVENUE JACKSONVILLE FL 32218	7. Date of De	Type S O S O S O S O S O S O S O S O S O S
Is your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Sully Almus  PS Form 3811, December 1994	8. Addressed and fee is	e's Address (Only if requested = 논

·	P 174 05	2 1	<b>35</b> 7		αV
	US Postal Service Receipt for Cert	ifie	d Ma	nil \	
JA 92	GHLAND WASH N' C MES A LESLIE 6-1 DUNN AVENUE CKSONVILLE FL 322	LEA		031	0368
	Postage	\$	•		
	Certified Fee				
	Special Delivery Fee				
	Restricted Delivery Fee				
1995	Return Receipt Showing to Whom & Date Delivered				
April	Return Receipt Showing to Whom, Date, & Addressee's Address				
800,	TOTAL Postage & Fees	\$			
PS Form 3800, April 1995	Postmark or Date				

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

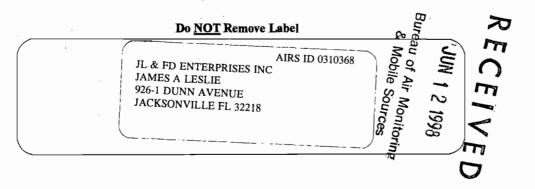
0324660

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**

RECEIVED MAIL ROOM

.JUN 10 g



FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

on the reverse side?	■ 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.	ce does not le number.	I also wish to rec following service extra fee):  1.  Address 2.  Restricte Consult postmas	s (for an ee's Address ed Delivery
NADDRESS completed o	AIRS ID 0310368  JL & FD ENTERPRISES INC  JAMES A LESLIE  926-1 DUNN AVENUE  JACKSONVILLE FL 32218	4b. Service Registere	33 612 Type  od  Mail  ceipt for Merchandise	Certified Insured
Vour RETUR	5. Received By: (Print Name) 6. Signature (Addressee or Agent)	8. Addressed and fee is	o's Address (Only paid)	if requested

.

.

.

		P15	7 C T	
US Postal Ser Receipt f		rtified	Mail	
JL & FD EN JAMES A L 926-1 DUNN JACKSONV	ESLIE I AVENI	UE	AIRS ID (	31036
Postage		\$		
Certified Fee				
Special Delivery	Fee			
Restricted Delive	ry Fee			
Return Receipt S Whom & Date De	howing to			
William & Date De				
Return Receipt Show Date, & Addressee's	ving to Whon Address	"		
Return Receipt Show	Address	\$		$\neg$

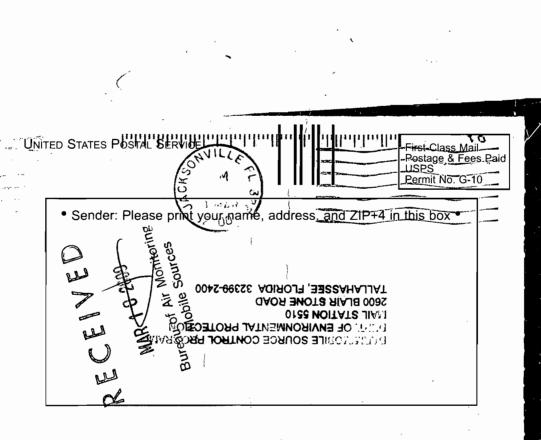
on the reverse side	Ol adolanua to dol lano auil to ploa  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article  The Return Receipt will show to whom the article was delivered and delivered.	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.	eceipt Service.
N ADDRESS completed	3. Article Addressed to:  AIRS ID # 0310368 HIGHLAND, WASH N' CLEAN JAMES A LESLIE 926-1 DUNN AVENUE JACKSONVILLE FL 32218	4b. Service 1  Registere Express I Return Rec 7. Date of De	Type  ad	for using Return R
ls your <u>RETUR</u>	5. Received By: (Print Name)  6. Signature (Addressee or Agent)  X Cky Alnur  PS Form 3811, December 1994	8. Addressee and fee is	e's Address (Only if requested paid)  Domestic Return Receipt	Thank you

·	. 0
ζ.	, z эээ ььо чъг \449
	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.
	Do not use for International Mail (See reverse)
	Sent to AIRS ID # 0310368
1	HIGHLAND WASH N' CLEAN
	JAMES A LESLIE
9	926-1 DUNN AVENUE
	JACKSONVILLE FL 32218
	Certified Fee
	Special Delivery Fee
	Restricted Delivery Fee
Š	Return Receipt Showing to Whom & Date Delivered
7	Return Receipt Showing to Whom, Date, & Addressee's Address
8	TOTAL Postage & Fees \$
i i	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address  TOTAL Postage & Fees Postmark or Date

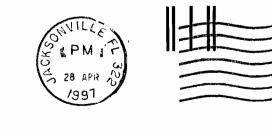
.

Z 333 667 455 US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0310368 HIGHLAND WASH N' CLEAN JAMES A LESLIE 926-1 DUNN AVENUE JACKSONVILLE FL 32218 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

	7
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by friends Print Clearly)  B. Date of Delivery  C. Signature  X Addressee  Is judgent  Y Specific From tem 17.   Yes
1. Article Addressed to:	YES, enter delivery address below! No
AIRS ID # 0310368 HIGHLAND WASH N' CLEAN JAMES A LESLE 926-1 DUNN AVENUE	
JACKSONVIJLE FL 32218	3. Service Type   ②□ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) Z 333 667 495	
PS Form 3811, July 1999 Domestic Pot	n Receipt / 102595-99-M-1789



JLYFD ENTERPRISES, INA 926-1 DUNN AUR JAX, Fl. 32218



TITLE V - General Permit Receipts Post Office Box 3070

Tallahassee, FL 32315-3070

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  Addressee  Precedivery address efficient from item 17  Yes  If YES, enter delivery address below:
AIRS ID # 0310368 HIGHLAND WAS 'N' CLEAN JAMES A LESLI 926-1 DUNN AVENUE JACKSONVIALE FL 32218	3. Service Type FEB 1 5 2000
	Certified Mail   Express that   Registered   Return Receipt for Merchandise   Insured Mail   C
2. Afticle Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	urn Receipt / 102595-99-M-1789
,	

. .

	Z 33	33 F	<b>5</b> 47	299	
	US Postal Service Receipt for No Insurance Co	r Cer	Provid	led.	
	Do not use for Ir	ternatio		uil <i>(See reverse)</i> .IRS ID # 03103	٦ 368
JA	GHLAND WA MES A LESLI 6-1 DUNN AV	E	02.2.	N ·	
	CKSONVILĻI				
	Certified Fee				
	Special Delivery Fe	e			
	Restricted Delivery	Fee			
1995	Return Receipt Sh Whom & Date Deli			,	
April	Return Receipt Showir Date, & Addressee's A		١,		
800,	TOTAL Postage &	Fees	\$		
PS Form <b>3800</b> , April 1995	Postmark or Date				

#### 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 figure

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0310368

HIGHLAND WASH N' CLEAN JAMES A LESLIE 926-1 DUNN AVENUE

JACKSONVILLE FL 32218

FOR GOVERNMENT USE ONLY

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

Obi.: 002273

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE PL 92309 2400

70000 0500 0025 4130 3555

#1/837



Burgar of Fr. Monton Control of the Control of the

it	Complete Items 1, 2, and 3. Also complete tem 4.if.Restricted Delivery is desired. Print.your name and address on the reverse		A Beceived by (Please Print Clearly) B. Date of Deliv
s <b>≘</b> A	to that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.		C. Signature  Agent  Address  Address  Bris delivery address different from item 12  Yes
1. A	AIRS-ID 401 1046 8001 AG	-	*B⊬S delivery address different from item 1? □ Yes if YES, enter delivery address below: □ No
1. A 10 513 513 513 513 513 513 513 513 513 513	AIRS-ID-##310*68001AG		

