

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 25, 1996

Mr. Seang J. Rha Harbour Place Cleaners 13170-57 Atlanta Boulevard, Jacksonville, Florida 32225

Dear Mr. Rha:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 27, 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:

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corpo			
	Harbour place Cl		eung	T , Rha
2.	Site Name (For example, plant name or number)	_		
	Harbour place Cl			
3.	Hazardous Waste Generator Identification Numb			,
	FLD (ESO	,		
4.	Street Address: 13170 -57 City: Jackson vT//e County:	ATLantre	Blud	
	City: TackCoaluTile County:	Duval	Zip Code:	22225
	only goodson of the country.	D40001	z.p cour.	7 2223
5.	Facility Identification Number (DEP Use):			排作"数"()
			0310	271
	Respons	sible Official		
6.	Name and Title of Responsible Official:		•	
	Seang J.	Rha		
7.	Responsible Official Mailing Address:			
	Organization/Firm: Street Address:			
	City: Coun	tv:	Zip Co	ode:
		· ·	r	
8.	Responsible Official Telephone Number:	.		
	Telephone: (904) 221- 7215	Fax: ()	-	
	Facility Contact (If differ	ent from Responsible O	fficial)	
	· · ·	·	,	
9.	Name and Title of Facility Contact (For example	•	1	
	Seung J. Rha	(owne	v)	
10.	Facility Contact Address:			-
	Street Address:			
	City: County	:	Zip Code:	
		•	Dip Gode.	
I1.	Facility Contact Telephone Number:			_
	Telephone: (90422/- 1215	Fax: ()	-	
	· · · · · · · · · · · · · · · · · · ·		RECE	IVED
		•		
			AUG 2	7 1996

Bureau of Air Monitoring & Mobile Sources

0310371

P.13

6. add title- owner

7. fill in

10. fill in

P.14

Should be marked

P.15

4. Should not be marked

5. Spoke to Mr. Rha and he is using natural gas, therfore Check first box

(4) should be marked

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.

Tuna of Mashina	ID	Date Machine Initially	Date Control Device	ID	Date Machine Initially	Date Control Device	ID	Date Machine Initially	Date Control Device
Type of Machine	ID #1	Purchased	Installed		Purchased	Installed		Purchased	Installed
Example	#1	<i>03-0</i> C1-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	<i>02-MAR-</i> 9
Dry-to-Dry Unit	:	01-1	101-90)			٠		
(1) w/ ref. condenser	X								
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit				:			:		2.4 2.1.
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	200			1000			ŤA.		
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		N A 3				ing a state of the	. Green
(10) w/ ref. condenser								1	
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of [are re luant galle	equired to be ity of perchlons ow many? [_	installed [perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small are Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sn	nitions found nall area sour rge area sour	rce []	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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 ı
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser []		
		•
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:		
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by no during which propane or fuel oil containing no more	atural gas except for periods o	of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring a	nd Recordkeeping Informat	tion
Check all logs which are required to be kept on-site	n accordance with the require	ements of this general permit:
(a) Purchase receipts and solvent purchases	٦	X_{-}
(b) Leak detection inspection and repair	١	X
(c) Refrigerated condenser temperature monitoring	[_	XJ
(d) Carbon adsorber exhaust perc concentration mon	itoring [_]
(e) Instrument calibration	L]
(f) Start-up, shutdown, malfunction plan	L	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	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)
ιXί	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain comply w	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 s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prof	mptly notify the Department of any changes to the information contained in this notification. $\frac{8/26/96}{\text{Date}}$

Bowman, Sandy

From: Bill Coffman [COFFMAN@coj.net]
Sent: Tuesday, July 06, 2004 2:52 PM

To: Bowman, Sandy Subject: Dry Cleaners

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

The following are now drop sites.

The following sites are closed.

The following sites are no longer using perchloroethylene.

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

Thanks Bill COffman

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1.20 TIME OUT: 1.5	40 pm AIRS ID#: 03/037/
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Harbour Place C	leaners DATE: 5/20/97
	antic Blud.
Jack Sonville, FL	32225
RESPONSIBLE OFFICIAL: Seung J. KL	PHONE NUMBER: 904-221-7215
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	:
1	
	•
COMMENTS: New Machine installed in	1997. 4-
<u> </u>	NAT
The Annual Compliance Certification form has been properly certifi	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: (Arm	y / 77 0
INSPECTION CONDUCTED BY:	Winter
INSPECTOR'S SIGNATURE: Alley have	PHONE NUMBER: 904-630-3484

AIRS ID#: 03/0371



RECEIVED

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring

JUL

			& Mo	obile Sources
FACILITY NAME: Harbour		Geoners		5/20/97
FACILITY LOCATION: 131	70-57	Atlantic	Blud.	
Jackso	on ville, Fo	L. 32225		
Annual Reporting Period: Hugu.	ST 27	_19 <u>96</u> то	May 20	19 <u>9</u> 7
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F				P Rule NO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in c	ontinuous compliance du	ring the reporting perio	nd 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	t that has not been in c	ontinuous compliance du	ring the reporting perio	od stated above:
	·			
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Furthe	r, my annual consumption	n of perchloroethylene	solvent, based
	me (Please Print)	Sig	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.

BEST AVAILABLE COPY	Julia.
P.13 # 0310371	ST OCCUPANT
6. add title- owner 7. fill in	OCT 07 1996 P. JACKSONULUS OF TO
1. Facility Own 10. fill in	G X
Has P. 14	J. Rha
2. Site Name (1. ()	
3. Hazardous Should be marked	
4. Facility Ly 4. Should not be macked	3 2225
5: Facility Ne is Using natural 9 as, therfore Check first box	1037/
6. Name (4) Should be marked	
7. Responsible Official Mailing Address: Organization/Firm: Street Address:	
City: County:	Zip Code:
8. Responsible Official Telephone Number: Telephone: (904 24- 72/5 Fax: ()	-
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
Seung J. Rha (owner)	

9. Name and Title of Facility Conta	ict (For example, plan	t manager):
Seung J	. Rha	(owner)
10. Facility Contact Address:		
Street Address:	_	
City:	County:	Zip Code:
11. Facility Contact Telephone Num Telephone: (90422/-	ber: 1215	Fax: () -
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		0.7 1996

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AUG 27 1995

Bureau of Air Monitoring & Mobile Sources

7/2/97	Spoke to Seung f. Rhd and he stated that the existing machine had been replaced with a new machine on april 17, 1997
	new marking on daril 17 1997
-	
·	

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Harbour place cleaners Seung J. Rha
2.	
	Harbour Place Cleaners
3.	Hazardous Waste Generator Identification Number:
	FLO CESOG
4.	Street Address: 13170-57 ATLantre Blud
	Street Address: City: Jackson v7/le County: Duval Zip Code: 3 2225
5.	Facility Identification Number (DEP Use):
	0310371
Line 1985	
	Responsible Official
6.	Name and Title of Responsible Official:
	Seang J. Rha (Owner) Responsible Official Mailing Address: 1370-57 Atlantic 13/Vd Organization/Firm: Harbour place Cleaners Street Address: Same as above City: Tacksowvn/ County: Daval Co Zip Code: 23225
7.	Responsible Official Mailing Address: 1310-51 Atlantic 13109
	Organization/Firm: Harbour place cleaners
	City: County: D 1/2 Co 7in Code: 3 32 3 C
	Jack 5010 011/ () () () () () () () () () (
	Responsible Official Telephone Number:
	Telephone: $(904) 221 - 7215$ Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Seung J. Rha (owner)
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
	Zip Code.
11.	Facility Contact Telephone Number:
	Telephone: $(90421-721)$ Fax: () -
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Facility Information

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

٠,	l l		lf 'ontrol		Machine	Control		Machine	Control
		Machine Initially	Control Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Type of Machine	ID	ruichaseu	mstaneu	ID	ruichased	mstaned	ID	1 dichased	mstaned
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		01-1	101-90	5					
(1) w/ ref. condenser	X								
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			* .				•		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				٠.					
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls					İ				
Reclaimer Unit		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	8. J		er egi				All of the
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices and (c) No control devices 2.(a) What was the total [100] (b) If less than 12 morn Check why it is less 	quant gallo	equired to be ity of perchlo ons ow many? [_	installed [perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small at Existing large a	Selec	t one classifi	cation only.) Ne	w sn	nitions found nall area sour rge area sour	rce [3) of	Part II?	

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(Indicate with an "X".)	· · · · · · · · · · · · · · · · · · ·
Existing large area source Carbon adsorber [] Refrigerated condense	er (A)
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 the exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input boiler HP or less), and (2) are fired exclusively by natural gas except for peduring which propane or fuel oil containing no more than one percent sulfu	riods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping In	ormation .
Equipment Monitoring and Recordkeeping In Check all logs which are required to be kept on-site in accordance with the	•
	•
Check all logs which are required to be kept on-site in accordance with the	•
Check all logs which are required to be kept on-site in accordance with the (a) Purchase receipts and solvent purchases	requirements of this general permit:
Check all logs which are required to be kept on-site in accordance with the (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair	requirements of this general permit: [X]
Check all logs which are required to be kept on-site in accordance with the (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	requirements of this general permit: [X] [X] [X]

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Surrender of Existing Air Permit(s)

Please indica	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)					
	· •,					
ιχί	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the the the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	omptly notify the Department of any changes to the information contained in this notification.					
Signature	$\frac{8/26/96}{Date}$					
	5/20/91					

Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner) Seung J, Rha 2. Site Name (For example, plant name or number): Harbour place Cleaners 3. Hazardous Waste Generator Identification Number: GAD 98/269095 4. Facility Location: 13/10 - 51 Atlantic Bivd Street Address: City: Tack Solv Tile County: Duval Co. Zip Code: 23225
2. Site Name (For example, plant name or number): Harbour place Cleaners 3. Hazardous Waste Generator Identification Number: GAD 98/269095 4. Facility Location: 13/10 - 57 Atlantic Blvd Street Address:
Harbour place Cleaners 3. Hazardous Waste Generator Identification Number: GAD 98/269095 4. Facility Location: 13/10 - 57 Atlantic Blvd Street Address:
GAD 98/269095 4. Facility Location: 13/100-57 Atlantic Blvd Street Address:
Street Address:
5: Facility Identification Number (DEP Use): 03/03.7/
Responsible Official
6. Name and Title of Responsible Official: Seang J, Rha (owner)
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: TackSoNVT/1e County: DUVal CO Zip Code: 2322-5
8. Responsible Official Telephone Number: Telephone: 90424-1215 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager): Seung T, Rha (Owner)
10. Facility Contact Address: Street Address: Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

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Bureau of Air Monitoring & Mobile Sources

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#0310371

p14	
[(a)	Add fate control clevice installed
	installed
2000	91 10
p/5 4.	New small area source R.C. Should be marked
1	
5	Exempt should be marked
. `	
-	
	i

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.

			Machine	Control		Machine	Control		Machine	Date Control
			Initially	Device		Initially	Device		Initially	Device
	Type of Machine	ΙD	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		11-api	907						
	(1) w/ ref. condenser	V	1	MARG	7	(h)				
	(2) w/ carbon adsorber	V							1	
	(3) w/ no controls		1							
	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									
I	Reclaimer Unit	•	•						•	
•	(10) w/ ref. condenser									
	(11) w/carbon adsorber									1
	(12) w/ no controls									
	(b) Control devices are	requ	ired, but not	yet installed]				
	(c) No control devices	are r	eauired to be	installed [1				
	()		- -			_1				
	2.(a) What was the total c	mant	ity of perchlo	oroethylene (nerc)	nurchased in	the latest 12	mor	iths?	
		gallo		(P C · C)	pur erraseu ri				
	(1) (0) - 4 - 10 - 4		. 0.1	7 .1						
	(b) If less than 12 mont					1 Nove stone	.r in:d			г 1
	Check why it is less	inan	12 months:	New owner:		New store		поі к	eep records:	L
	3. What is the facility's so	urce	classification	based on the	e defi	nitions found	d in section (3	3) of	Part II?	
	(Indicate with an "X".							,		
	T 1.1			.		11	r V			
	Existing small ar	ea so	urce []	Ne	w sn	nall area sour	ce [X_]	I		
	Existing large are	ea soi	urce []	Ne	w la	rge area sour	ce []	l		

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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
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring (e) Instrument calibration
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	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 fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
this notifi statement maintain comply w	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPEC	COMPLAINT/DISCOV	ERY 🖸
FACILITY NAME: Harbour FACILITY LOCATION: 13/70-	Place Cleaners	J
PART I: NOTIFICATION		
		
(check appropriate box) 1. Existing facility notified DARM by 9/1/96		X.
2. New facility notified DARM 30 days prior to	o startun	/ □
3. Facility failed to notify DARM to use general	·	a
PART II: CLASSIFICATION		
Facility indicated on notification form that it (check appropriate box)	t 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 transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)] .
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>. د</td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>. د</td></x<2,>	. د
This is a correct facility classification	DY XV	
If no, please check the appropriate classification facility qualified for a general facility exceeds above limits	on:	

C.P

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?

New Muchine

AVAR NO AD

PART IV: PROCESS VENT CONTROLS

I - Da	-+ II A .	
in ra		

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?

AL UN

- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- AND NO KA
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- AND NO SA
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?
- ANT DI
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?
- ATY ON
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?
- MD YAF
- 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?

OY ON

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
·	OY ON
Is the temperature differential equal to or greater than 20° F?	CI UN
 Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, 	
if machines are equipped with a carbon adsorber?	. DY DN DN/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 pere 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,	3 77 3 77
or expansion; and downstream from no other inlet?	QY QN
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ONVA
to the edition depoter. (- 2004) at an inner.	
	-
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AY ON
2. Maintained rolling monthly averages of perc consumption?)х(Y 🗆 и
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	Agă □N
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)	OY ON XVI
5. Maintained exhaust duct monitoring data on perc concentrations?	אם צם מו
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	XY ON
Problem corrected?	May on
8. Maintained compliance plan, if applicable?	איאלא אם אם
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	NY DN
Does the responsible official conduct a weekly leak detection and repair inspection? Which method of detection is used by the responsible official?	an □n
2. Which method of detection is used by the responsible official?	AN ON
Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces)	A ON
2. Which method of detection is used by the responsible official?	4 4 DN DN

	If using direct-reading instrumentation, is the equipment:								
	a. Capable of detecting p	rations in a range of 0-500 ppm?	XΥ	□N					
	b. Calibrated against a s (PID/FID only)?	ΟY	DNW)A						
	c. Inspected for leaks an	nd obviou	s signs of	wear on a weekly basis?	XX	ПИ			
	d. Kept in a clean and s	ecure are	a when no	ot in use?	YΜ	□и			
	e. Verified for accuracy	by use of	f duplicate	e samples (calorimetric only)?	QΥ	DN/N/A			
3.	Has the facility maintained a leak log?				A	□N			
4.	The following areas should be checked	for leaks	by the in	spector:	/				
٠.		Leak I	Detected?		Leak	Detected?			
	Hose connections, fittings, couplings, and valves	ΩY	фи	Muck cookers	QY	Жи			
	Door gaskets and seating	ΠY	- S EN	Stills	ПY	AN			
	Filter gaskets and scating	□Y	Жи	Exhaust dampers	ΠY	2001			
	Pumps	ΠY	MN	Diverter valves	QY	МЖИ			
	Solvent tanks and containers	QY	M	Cartridge filter housings	ΩY	ХĮИ			
	Water separators	ΠY	фи						
		_	,	 					

Seung J. Rha
Name of Responsible Official

Teff Winter
Inspector's Name (Please Print)

ADDITIONAL SITE INFORMATION:	_		
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM RECEIVED

AIRS ID#0310371
SEUNG J RHA
SEUNG J RHA
13170-57 ATLANTIC BLVD
JACKSONVILLE FL 32225

JAN 2 6 1000

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

	Do NOT Remove	Labei	
Annual Reporting Period:	19	то	19
Based on each term or condition of the Title V gener			4 /
62-213.300, Florida Administrative Code (F.A.C.), o	luring the period covere	d by this statement.	LYES UNO
If NO, complete the following:			
#1. Term or condition of the general permit that has	s not been in continuous	compliance during	the reporting period stated above:
		4-	(EIN LR) 22
Exact period of non-compliance: from		to	88 €00 0-7-0
Action(s) taken to achieve compliance:	•		
Method used to demonstrate compliance:			<u>. </u>
Exact period of non-compliance: from	-	to	
-		to	
Action(s) taken to achieve compliance:			<u> </u>
Method used to demonstrate compliance:			
	•		
As the responsible official, I hereby certify, based on info notification are true, accurate and complete. Further, m does not exceed 2,100 gallons per year for dry-to dry fac	ny annual consumption of	perchloroethylene so	olvent, based upon purchase receipts,
RESPONSIBLE OFFICIAL: Seun g Name (Please	J, Rha se Print)	Signatur	

^{*}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.



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Harbour	Place Cleaners	DATE: 5/28/98
FACILITY LOCATION: /3/7		d
	nville, FL 32225	
Annual Reporting Period:	<i>у 20</i> 19 <u>97</u> то	May 28 1998
Based on each term or condition of the Title	V general air permit, my facility has remain	ned in compliance with DEP Rule
62-213.300, Florida Administrative Code (F	A.C.), during the period covered by this sta	tement. YES NO
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous compliance	during the reporting period stated above:
Exact period of non-compliance: from	to	C
Action(s) taken to achieve compliance:	<u> </u>	Surgar V
Method used to demonstrate compliance:	<u> </u>	* NOO, A, 2 199, CO
#2. Term or condition of the general permit	that has not been in continuous compliance	during the reporting period stated above:
Exact period of non-compliance: from	to_	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, my annual consump	ption of perchloroethylene solvent, based
	()	

^{*}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: /3.50 TIME OUT:	1430 AIRS ID#: 03/037/
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Harbour Place	Cleaners DATE: 5/28/98
FACILITY LOCATION: 13170-57	Atlantic Blvd.
Jacksonville, Fl	232225
RESPONSIBLE OFFICIAL: Seang J. X	Cha PHONE NUMBER: 904-221-7215
Based on the results of the compliance requirements e compliance with DEP Rule 62-213.300, Florida Admi	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements e discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
*	C
	Sur Mar El
	\$ 10 c 20 K
	* Mobile Schooling
	Tree Cring
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
, , , , , , , , , , , , , , , , , , , 	
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	, 1999
	(Approximate)
INSPECTION CONDUCTED BY:	(Placedrint)
INSPECTOR'S SIGNATURE: Jeffry !!	(PleasofPrint) PHONE NUMBER: 904-630-2800
Page	of / Revised 10/96

TYPE	OF	INSPE	CTION:

4	<i>/P</i>	
· [1,40	
DED CITY OF CETT	INVIENE DRY CLEANERS (4	•
•	HYLENE DRY CLEANERS & Company of the	L.
	INSPECTION CHECKLIST	3
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY 5/3/2	
RE-INSPECTION	ON G	
	*	_
AIRS ID#: <u>03/037/</u> DATE: <u>5/28</u>	7/98 TIME IN: <u>/350</u> TIME OUT: <u>/430</u>	_
FACILITY NAME: Harbour	Place Cleaners	
FACILITY LOCATION: 13170-	57 Atlantic Blvd.	
	ville, FL 32225	
RESPONSIBLE OFFICIAL: Jang	T.01	
CONTACT NAME:	J. Kha PHONE: Jame	
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		7
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ Drop store/out of business/petroleum	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr		
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 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	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	Drop store/out of business/petroleum 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)	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	Drop store/out of business/petroleum 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) 4. New large area source	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	Drop store/out of business/petroleum 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)	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ger	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine cation: neral permit as number above	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ger	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine	

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? □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 DY DN MN/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? 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 XY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MY UN 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?	ΩY	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,			□n/a
É	if machines are equipped with a carbon adsorber?			
	Is the perc concentration equal to or less than 100 ppm?	ЦY	ПN	UN/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?	ΠV	ПΝ	□N/A
	of expansion, and downstream from no other macr.			-1 ///1
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	>α(γ □n
2. Maintained rolling monthly total of perc consumption?	XXY □N
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?	s DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N ÞÓN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	ava k no yo
6. Maintained startup/shutdown/malfunction plan?	X (Y □ N
7. Maintained deviation reports?	ANAMA ND MANA
Problem corrected?	DY DN XXVA
8. Maintained compliance plan, if applicable?	ANA NO YO

P/	ART VI: LEAK DETECTION AND	REPA	RS				
1.	Does the responsible official conduct	a weekly	(for	small sources,	bi-weekly) leak detection a	nd rep	air
	inspection?					ÝÝ	□N
2.	Has the facility maintained a leak log	?				X Y	□N
3.	Does the responsible official check th	e follow	ing aı	eas for leaks?			
	Hose connections, fittings, couplings, and valves	A Y	□N	□N/A	Muck cookers	XX	□N □N/A
	Door gaskets and seating	A Y	□N	□N/A	Stills	Y Y	□N □N/A
	Filter gaskets and seating	Y	□N	□N/A	Exhaust dampers	Y	ON ON/A
	Pumps	Þ	□N	□N/A	Diverter valves	Y	□N □N/A
	Solvent tanks and containers	Y	□N	□N/A	Cartridge filter housings	XY	□N □N/A
	Water separators	ΨY	ΠN	□N/A			
4.	Which method of detection is used by	the resp	onsib	le official?			
Visual examination (condensed solvent on exterior surfaces)			À				
	Physical detection (airflow felt t	hrough (gaske	ts)		X	
	Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector						
	If using direct-reading inst	rument	ation	, is the equipm	ent:	MN/	Ά
	a. Capable of detecting	perc va	por c	oncentrations in	a range of 0-500 ppm?	ПY	□N
	b. Calibrated against a (PID/FID only)?	standar	d gas	prior to and aft	er each use	ΠY	□N
	c. Inspected for leaks a	nd obvi	ous si	gns of wear on	a weekly basis?	ПY	□N
	d. Kept in a clean and	secure a	rea w	hen not in use?		ΩY	□N
	e. Verified for accurac	y by use	of du	plicate samples	(calorimetric only)?	ΩY	□N
	· · · · · · · · · · · · · · · · · · ·						

Inspector's Name (Please Print)

Date

Approximate

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION	T:		
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HLOROETHYLENE DRY CLEAD TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST COMPLAINT DESCOVERY COMPLAINT DESCOVERY PERCHLOROETHYLENE DRY CLEA

TVDE	$\Delta \mathbf{r}$	INSPE	CTI	AN.
LIFE	UF	INSPE		OIT:

AIRS ID#: <u>03/037/</u> I	DATE: 4-7-99 TIME	IN: <u>1420</u> TIME	оит: 1440
FACILITY NAME:	bour Place Chai	ners	
	13170-57 AH		
	Jackson ville, 7	EC 32225	
RESPONSIBLE OFFICIAL:	Seving J. Rha	_ phone: <u>_904-22</u>	21-7215
CONTACT NAME:	Some	PHONE: <i>S0</i>	me

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

Pacific indicated on matification form that it is:	□ No notification fo—
Facility indicated on notification form that it is:	No notification form
(check appropriate box) A.	☐ 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, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1{,}800 \text{ gal/yr}$ both types, $140 \le x \le 1{,}800 \text{ gal/yr}$ (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y
	ation: neral permit as number above nits and is not eligible for a general permit

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MAY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at 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? YY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AND ND YA 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 SAÎY □N □N/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	XX □N				
2. Maintained rolling monthly total of perc consumption?	X □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or:	AVA ON ONA				
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 XINA				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON X				
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N X SN/A				
6. Maintained startup/shutdown/malfunction plan?	N□ Y X				
7. Maintained deviation reports?	OY ON YEN/A				
Problem corrected?	□Y □N ¥XN/A				
8. Maintained compliance plan, if applicable?	□Y □N X ÎN/A				

Door gaskets and seating Filter gaskets and seating Y UN UN/A Exhaust dampers Pumps Y UN UN/A Diverter valves	
2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating AY ON ON/A Muck cookers Pumps Solvent tanks and containers AY ON ON/A Diverter valves Solvent tanks and containers AY ON ON/A Cartridge filter housings AY ON ON/A Water separators Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? Delta Winter Applix 7, 19	air
3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Filter gaskets and seating Pumps Solvent tanks and containers Water separators Water separators Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? Defilication in the content of the content of the calorimetric only)? Defilication in the content of the calorimetric only)? Application in the content of the content of the calorimetric only)? Application in the content of the calorimetric only)? Defilication in the calorimetric only in the calo	□N
Hose connections, fittings, couplings, and valves Door gaskets and seating AY ON ON/A Stills Filter gaskets and seating Pumps Solvent tanks and containers AY ON ON/A Diverter valves Solvent tanks and containers AY ON ON/A Cartridge filter housings AY ON ON/A Water separators Water separators Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? Applit 7, 19	□N
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Pumps Solvent tanks and containers AY ON ON/A Cartridge filter housings Water separators YON ON/A Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? NACH Winter Appli, 7, 19	□N □N/A
Solvent tanks and containers Water separators Water separators Wisual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)?	□N M N/A
Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DAGIL 7, 19	□N □N/A
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(PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? Teff Winter April 7, 19	□N .
c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? Teff Winter April 17, 19	□N
d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? Seff Winter April 7, 19	□N
e. Verified for accuracy by use of duplicate samples (calorimetric only)? Seff Winter April 7, 19	
Inspector's Name (Please Print) April, 7, 19 Date of Inspection April, 2000	□N
Seff Winter Inspector's Name (Please Print) April 7, 19 Date of Inspection April 2000	
Inspector's Name (Please Print) Date of Inspection April 2000	
America De la Seria De la Companya del Companya del Companya de la	1999
American Description	00

ADDITIONAL SITE INFORMATION:	
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AIRS ID#:	0310371	

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Harbour Place Cleaners DATE: 4-7-99
FACILITY LOCATION: 13170-57 Atlantic Blud.
Jacksonville, FL 32225
Annual Reporting Period: May 28, 1998 to April 7, 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
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 gailons per year for dry-to dry facilities or 1,800 gailons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: Seang J. Pha J. Signature Date
Name (Please Print) Signature Date

Page ____ of ____

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPL	AINT/DISCOVERY	RE-INSPECTION
TIME IN: $\frac{1420}{1420}$ TIME OUT	:/4	40 AIRS ID#:	03/037/
TYPE OF FACILITY: Perc. Dry	Cleaner		
FACILITY NAME: HOY BOUT P	lace Cle	anecs	DATE: 4/7/99
FACILITY LOCATION: 13/70-		utic Blut.	
Jackson	ille, FL	32225	
RESPONSIBLE OFFICIAL: SEUNG 3	T. Kha	PHONE NUMBI	ER: 904-221-7215
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Floring			e facility is found to be in
Based on the results of the compliance required discrepancies were noted:	rements evaluated	during this inspection, the	following compliance
COMPLIANCE REQUIREMENT/PR	OBLEM	FOLLOW-UP AC	TION REQUIRED
		•	
			•
·			
COMMENTS:			
COMMENS.			
The Annual Compliance Certification form has been	properly certified	and submitted to the inspec	ctor. YES NO
DATE OF NEXT INSPECTION:	April	2000	
	(Approx	ximate)	
INSPECTION CONDUCTED BY:	JEH W	MACI Brist	
INSPECTOR'S SIGNATURE:	y Link	PHONE NUMBI	er: <u>904-630-348</u> 4
	Pageof	<u>L</u> .	Revised 10/96

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

	COMPLIANC	E INSPECTION	N CHECKLIST		4:50
TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/D	DISCOVERY JA	Ĺ
	RE-INSPECT	ION 🗆		[o]	
AIRS ID#: <u>03/037/</u>	, ,		•	гіме оцт: <u>/</u> 400	1
FACILITY NAME:					_
FACILITY LOCATION:	13170	-57 A	Hlantic BI	vd.	
	Jack !	Sonville,	FL 3222	25	
RESPONSIBLE OFFICIAL :	Seving	J. Rho	L_ PHONE: <u>90</u> {	1-221-7215	
CONTACT NAME:	Sán	ne	PHONE:	Same	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to s	tartup	<i>3</i>	×	
2. Facility failed to notify DARI	M to use general j	permit		0	
					_
PART II: CLASSIFICATION					_
Facility indicated on notification	on form that it is	:	☐ No notification		
(check appropriate box) A.			☐ Drop store/out	t of business/petroleum	
A. 1. Existing small area source	ce 🗅	2. New sma	all area source	'M	
dry-to-dry only, $x < 140$ gal/y			only, x < 140 gal/yr	7	
transfer only, x < 200 gal/yr	, -	•	y, x < 200 gal/yr	-	지
both types, $x < 140 \text{ gal/yr}$			x < 140 gal/yr	B _u	-
(constructed before 12/9/91)		(constructed	i on or after 12/9/91)	MAR 1 5 2000 ureau of Air Monito & Mobile Sources allys	
3. Existing large area source	ce 🗅	4. New larg	ge area source		
dry-to-dry only, $140 \le x \le 2$,	100 gal/yr		only, $140 \le x \le 2,100$ ga	al/yr ਰੋਂ ≩	7
transfer only, $200 \le x \le 1,800$			$y, 200 \le x \le 1,800 \text{ gal/y}$	yr o s	
both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	;al/yr	• •	$140 \le x \le 1,800 \text{ gal/yr}$	2000 Monit	5
(4 4 - 4 L - 4 17 (1) (1) 1)		(constructed	i on or after 12/9/91)	6 5 9	7

If no, please check the appropriate classification:

5. This is a correct facility classification

facility qualified for a general permit as number _____ above

XY

 $\square N$

□Can not determine

a 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 20 gallons.

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

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПN	□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
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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A

PART V: RECORDKEEPING REQUIREMENTS

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?				Ay DI	N
2. Has the facility maintained a leak log?				AX DI	Ŋ
3. Does the responsible official check the	following ar	eas for leaks?		,	
Hose connections, fittings, couplings, and valves	AY ON	□N/A	Muck cookers	THY ON C]N/A
Door gaskets and seating	XXY □N	□N/A	Stills	XY ON C	IN/A
Filter gaskets and seating	NO Y	□N/A	Exhaust dampers	אל אם אם	N/A
Pumps	Y ON	□N/A	Diverter valves	OY ON \$	N/A
Solvent tanks and containers	MD AND	□N/A	Cartridge filter housings	OY ON X	IN/A
Water separators	ATY □N	□N/A	,		
4. Which method of detection is used by t	he responsib	le official?			
Visual examination (condensed so	olvent on ext	erior surfaces)		A	
Physical detection (airflow felt th	rough gasket	ts)		7	
Odor (noticeable perc odor)				A	,
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			Y ON		
b. Calibrated against a s (PID/FID only)?	tandard gas į	orior to and afte	r each use	□Y □N	
c. Inspected for leaks an	d obvious si	gns of wear on a	a weekly basis?	□Y □N	
d. Kept in a clean and se	ecure area wh	nen not in use?		□Y □N	
e. Verified for accuracy	by use of du	plicate samples	(calorimetric only)?	□Y □N	
			<u> </u>	_	
			01-10	/_	
Jeff Winter	.+)		$\frac{2/24}{\text{Data of Inspection}}$	<u> 2000 </u>	
Inspector's Name (Please Prin	it <i>)</i>		Date of Inspection		
Oldlana 1) at			Feb	2001	
Ipprector's Signature	•		Approximate Date of 1	Next Inspection	on

ADDITIONAL SITE INFORMATI	ON:		
1			
		·	
	·		
		·	
	•		

AIRS ID#: 0310371

HCC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Harbour Place Cleaners	date: <u>2/24/200</u> 0
FACILITY LOCATION: 13170-57 Atlantic Blus.	·
Jacksonville, FL 32225	
	
Annual Reporting Period: APril 7, 1999 TO	Feb. 24, 200
Based on each term or condition of the Title V general air permit, my facility has remained in	n compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement	nt. AYES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during	ng the reporting period stated above:
Exact period of non-compliance: fromto	7
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	ng 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 in this notification are true, accurate and complete. Further, my annual consumption of upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	of perchloroethylene solvent, based odry facilities or 1,800 gallons per

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1345 TIME OUT:	1400 _AIRS ID#: 0310371
TYPE OF FACILITY: PERC. Dry Cleaner	
	Paners DATE: 2/24/2000
FACILITY LOCATION: 13170-57 AH	antic 131Vd.
Dack Sonville, I	L 32225
RESPONSIBLE OFFICIAL: Seung J. Kha	PHONE NUMBER: 904-221-7215
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Adminis	
Based on the results of the compliance requirements evaluation discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· · · · · · · · · · · · · · · · · · ·	
	·
-	-
COMMENTS:	
· ·	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: Felc	2,2001
	pproximate)
INSPECTION CONDUCTED BY: (P	lease Print)
INSPECTOR'S SIGNATURE: Jeffry Will	PHONE NUMBER: 904-630-3484

Revised 10/96

0354609 ease 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 # 0310371

HARBOUR PLACE CLEANERS SEUNG J RHA 13170-57 ATLANTIC BLVD JACKSONVILLE FL 32225

FOR GOVERNMENT USE ON Org.: 37550101000 EO: B1

Fund: 20-2-035001

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 # 0310371

HARBOUR PLACE CLEANERS SEUNG J RHA 13170-57 ATLANTIC BLVD JACKSONVILLE FL 32225

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

Obj.: 002273

258016

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

MAIL ROOM

JAN 14 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0310371

HARBOUR PLACE CLEANERS SEUNG J RHA 13170-57 ATLANTIC BLVD JACKSONVILLE FL 32225 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



423480 FEB242883

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#0310371

HARBOUR PLACE CLEANERS SEUNG J RHA 13170-57 ATLANTIC BLVD JACKSONVILLE FL 32225

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

TOTAL AMOUNT PUE: \$50. 436427 FEB17 2004 Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

Do NOT Remove Label

ID# 310371 SEUNG RHA HARBOUR PLACE CLEANERS 13170-57 ATLANTIC BLVD JACKSONVILLE, FL 32225

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

300672

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#0310371

SEUNG J RHA SEUNG J RHA 13170-57 ATLANTIC BLVD JACKSONVILLE FL 32225

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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

413760 FEB 42002

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0310371 HARBOUR PLACE CLEANERS SEUNG J RHA 13170-57 ATLANTIC BLVD JACKSONVILLE FL 32225

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273





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

R2R1E48070

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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 # 0310371

HARBOUR PLACE CLEANERS SEUNG J RHA 13170-57 ATLANTIC BLVD

JACKSONVILLE FL 32225

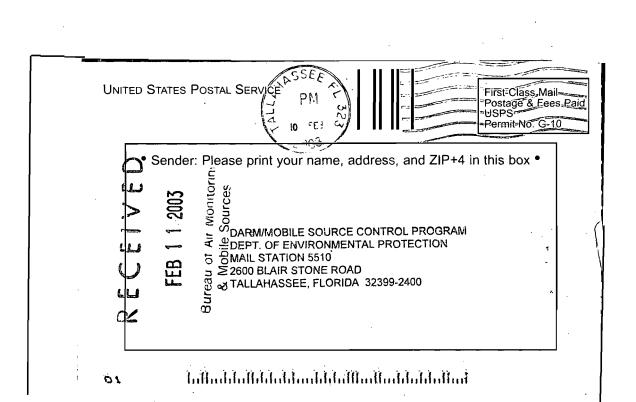
FOR GOVERNMENT ESE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

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 mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X	
10 AIRS 1D # 0310371001AG . SEUNG J RHA		
HARBOUR PLACE CLEANERS		
13170-57 ATLANTIC BLVD	3. Service Type	
JACKSONVILLE FL 32225	Certified Mail	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Copy from service label) 7000060000 2641303673		
PS Form 3811, July 1999 Domestic Re		
(

3673		ervice MAIL RECI			
3.0	Postage	\$			
413	Certified Fee		Postmark		
_0	Return Receipt Fee (Endorsement Required)		Here		
9200	Restricted Delivery Fee (Endorsement Required)		•		
8	Tota 10	AIRS ID # 03103	71001AG		
	Street, 13170-57 ATLANTIC BLVD JACKSONVILLE FL 32225				
7000	City, S				
~	- 2// -				
1	PS Form 3800, February	2000	See Reverse for Instructions		

∀ [~	(Domestic Mail Only; No Insurance Coverage Provid	ded)
6127	OFFICIALVUS	A CONTRACTOR OF THE PROPERTY O
7975	Postage \$ Certified Fee	
0	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	
7001 0	AIRS ID#0310371 Street, A SEUNG J RHA or PO Bc 13170-57 ATLANTIC BLVD JACKSONVILLE FL 32225 SForm	`

SENDER: COMPLETE THIS SECTION	N	COMPLETE THIS SE	CTION ON DEL	IVERY
 Complete items 1, 2, and 3. Also conitem 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to you. Attach this card to the back of the mor on the front if space permits. Article Addressed to: AIRS ID#03: ARBOUR PLACE CLEANERS EUNG J RHA EUNG J RHA 	ed. reverse u. nailpiece,	A. Received by (Pleas C. Signature X D. Is delivery address If YES, enter delive	Uffhui different from iter	_
3170-57 ATLANTIC BLVD ACKSONVILLE FL 2225		Service Type Certified Mail Registered Insured Mail Restricted Delivery	☐ C.O.D.	il eipt for Merchandise
7001 0320 0001 7975	6127	 ,		
PS Form 3811, July 1999	Domestic Return	n Receipt		102595-00-M-0952



8069	Ú.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com。
	For delivery information visit our website at www.usbs.com
5650	OFFICIALOUSE
5	Postage \$
0003	Certified Fee
	Return Reciept Fee (Endorsement Required)
멾	Restricted Delivery Fee (Endorsement Required)
ū	Tot ID# 310371
m	SEUNG RHA
700	Sent HARBOUR PLACE CLEANERS
7	Street 13170-57 ATLANTIC BLVD
	or Pt JACKSONVILLE, FL 32225
Į	City,
	PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE TH	IS SECTION	COMPLETE THIS SECTION ON DELIV	ERY	
Complete items 1, 2, and item 4 if Restricted Deliving Print your name and add so that we can return the Attach this card to the basic or on the front if space p	ery is desired. ress on the reverse card to you. ack of the mailpiece,	MI Hyon Yi	Agent Addressee	
Article Addressed to:		Is delivery address different from item If YES, enter delivery address below: /	· _ ·	
ID# 310371 SEUNG RHA HARBOUR PLACE (113170-57 ATLANTIC	CBLVD	3. Service Type X Certified Mail	<u> </u>	
JACKSONVILLE, FI	. 32225 	11 f .S.	pt for Merchandise	
- 1.30 (5 to 2 to 3		4. Restricted Delivery? (Extra Fee)	☐ Yes	
2. Article Number (Transfer from service label)	7003 221	<u>-0 0003 5650 8069</u>] .	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-154				

Pirst:Class Mail—Postage & Fees Raid USPS Permit No. G-10

 Sender: Please print your name, address, and ZIR+4 in this box

DARMMOBILE SOURCE CONTROL PROGRAMITY
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CONTROL PROGRAMITY

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