

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

October 18, 1996

Mr. Robert L. Feldman Manager Dean Beach Cleaners 1815 Dean Road Jacksonville, Florida 32216-4520

Dear Mr. Feldman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 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:

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporate	ation, agency, or individual owner):
2.	Dean Beach Teane Site Name (For example, plant name or number):	ers, Inc.
2.	Site Name (For example, plant name of number):	
-	"Dean Deach Jeaner	rs
3.	Hazardous Waste Generator Identification Number:	r:
	9411 98126900 5	
4.	Facility Location: Street Address: 1815 Dean Road	L
	City Jacksonville County:	Duval Zip Code: 32216-4520
5.	Facility Identification Number (DEP Use):	03/0376
		金世和古典中間レンプレンは各位工作中の国
	Responsib	ible Official
0	Name and Title of Responsible Official:	
	Robert I. Feldman ~	withlya.
7.	Responsible Official Mailing Address: Organization/Firm:	
	Street Address: 1215 Town Road	
	City: 7 County	Vi Dival Zip Code: 32216 45
0		PAVAL SAM 25
8.	Responsible Official Telephone Number: Telephone: (404) 724-9645	Fax: () -
	794 421-9013	· · ·
	Facility Contact (If differen	ent from Responsible Official)
9.	Name and Title of Facility Contact (For example, p	plant manager):
10.	. Facility Contact Address:	
	Street Address: City: County:	Zip Code:
	City. County.	Zip Code.
11.	. Facility Contact Telephone Number:	
	Telephone: () -	Fax: () -

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AUG 28 1996

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

Bureau of Air Monitoring & Mobile Sources

#0310376

	Dean Beach Cleaners
•	Spoke with Robert Feldman-9/18/96
P.14	6. add title - Vice-President 1.(a) add date control device installed 1.(c) mark out "/" and initial
p.15	4 should be new small area Source W/refrig. Con.
· · ·	
<u> </u>	

Facility Information

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	ľD	Date Machine Initially Purchased	Date Control Device Installed
Example Example	#1	<u>L-</u> .	12-NOV-93	#2	08-DEC-91	Instaned	#3	02-MAR-92	1
Dry-to-Dry Unit	<u> </u>		. •						
(1) w/ ref. condenser	1	8 146'0	<u>, </u>						
(2) w/ carbon adsorber		1 2 3 1					_		
(3) w/ no controls									
Washer Unit							De	digital territoria	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1.15%	Africa galas			e i padrija ja	in, nem a		Kaukyaya.	The grant of
(7) w/ ref. condenser						1		1	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	:		T					Ngjar	
(10) w/ ref. condenser			1			I			<u></u>
(11) w/carbon adsorber									
(12) w/ no controls	 				<u> </u>				
(b) Control devices are No control devices 2.(a) What was the total of the control devices (b) If less than 12 montrol Check why it is less	are r quant gallo	equired to be ity of perchlo ons ow many? [_	installed [V perc)	_] purchased in				r 1
What is the facility's so (Indicate with an "X". Existing small ar.	urce Selec ea so	classification t one classifi urce []	based on the cation only.)	e defi	nitions found	d in section (·	
Existing large are	ea so	urce []	Ne	w lai	ge area sour	ce [J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 14 of 16

What control technology is required on machines p (Indicate with an "X".)	oursuant to section (5) of I	Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser	
New small area source Refrigerated condenser []		\mathcal{N}
New large area source Refrigerated condenser []		<i>/ '</i> ,
5. A facility which contains non-exempt emissions u 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) h boiler HP or less), and (2) are fired exclusively by na during which propane or fuel oil containing no more	tural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	X	
Equipment Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to be kept on-site in	n accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent purchases		×
(b) Leak detection inspection and repair		X
(c) Refrigerated condenser temperature monitoring		X
(d) Carbon adsorber exhaust perc concentration moni	toring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		[X]

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

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								
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.									
I will promptly notify the Department of any changes to the information contained in this notification.									
Signature	Wes 26 August '96 Date								

TITLE V AIR QUALITY GENERAL PERMIT 'INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL $ u$	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 7.30 TIME OUT:	8:30 AIRS ID#: 0310376
TYPE OF FACILITY: Dry Cleaner	
	Paners DATE: 1/30/97
FACILITY LOCATION: 1815 Dean Rd.	7-7-
	2216
RESPONSIBLE OFFICIAL: Robert Feldm	PHONE NUMBER: 724-9643
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Adminis	luated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements evaluscrepancies were noted:	luated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	· ·
·	
	+
	·
·	
	· · · · · · · · · · · · · · · · · · ·
. :	
COMMENTS:	-1 .
The Annual Compliance Cartification form has been present asset	tified and submitted to the inspector. YES V NO
The Annual Compliance Certification form has been properly cer	20 10 8
DATE OF NEXT INSPECTION:	Approximate)
INSPECTION CONDUCTED BY: Jeffey	Winter
	Please Print)
INSPECTOR'S SIGNATURE: Jeffly Line	PHONE NUMBER: 904-630-3484
Page 1	Parisad 10/06

#0310376 Dean Beach Cleaners

- Cac	with Robert Feldm		
1 P.13, 6. Add	title Tree-Pre	sident	
P.14 1.(a) add c	date control device	installed	
p.15 4 should	rkout "V" and be new small an		•
w/refr	ig. Con.		
Ci			216-4520
F			
		and the last of th	
		A	
<u>N</u>			
<u> </u>			
	-/	· · · · · · · · · · · ·	
S N N N N N N N N N N N N N N N N N N N			de:32216-4
1		-	
			<u></u>
) Facility Contact Address:			
). Facility Contact Address: Street Address:		Zip Code:	

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AUG 28 1996

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Plan Beach Leaners Site Name (For example, plant name or number): Dean Brack Leaners 3. Hazardous Waste Generator Identifination Number: Gravity Jocation: Street Address: 1815 Dean Road City Jackson Me Responsible Official 6. Name and Title of Responsible Official: Responsible Official Mailing Address: Organization/Firm: Telephone: (194) 724-9643 Facility Contact (If different from Responsible Official) Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: City: County: County:						
2. Site Name (For example, plant name or number): Dean Beach Leaners 3. Hazardous Waste Generator Identification Number: GAD 98126909 5 4. Tacility Location: Street Address: County: Duval Zip Code; 3221b-4520 5. Facility Identification Number (DEP Use): Street Address: Pack Street Address: All Street Address: Pack Street Address:	1.	Facility Owner/Company Name (Name	of corporation,	agency, or in-	dividu	al owner):
2. Site Name (For example, plant name or number): Dean Beach Leaners 3. Hazardous Waste Generator Identification Number: GAD 98126909 5 4. Tacility Location: Street Address: County: Duval Zip Code; 3221b-4520 5. Facility Identification Number (DEP Use): Street Address: Pack Street Address: All Street Address: Pack Street Address:		Dean Beach It	eaners	s. In	۔ نے	
4. Tacility Location: Street Address: City Jackson Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Responsible Official Milling Address: Organization/Firm Dean Beach City: Jackson Number County: Diana 8. Responsible Official Telephone Number: Telephone: Telephone: Telephone: Telephone (Jo4) 114-9645 Pacility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County:	2.	Site Name (For example, plant name or i	number):			
4. Tacility Location: Street Address: City Jackson Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Responsible Official Milling Address: Organization/Firm Dean Beach City: Jackson Number County: Diana 8. Responsible Official Telephone Number: Telephone: Telephone: Telephone: Telephone (Jo4) 114-9645 Pacility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County:	(Dean Beach It	mors			•
A. Tacility Location: Street Address: City Jackson The County: Dural County: Dural Zip Code: 3221b-4520 Responsible Official Responsible Official: Responsible Official Mailing Address: Organization/Firm: Dean Board City: Jackson Number: Telephone: (914) 724-9643 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: City: County: Count	3.	Hazardous Waste Generator Identification	on Number:			,
Street Address: 1815 Vean County: Duval Zip Code: 3221b-4520 5. Facility Identification Number (DEP Use): Pack of the Internal County: Duval Zip Code: 3221b-4520 6. Name and Title of Responsible Official: Ale Claims he is Name and Title of Responsible Official Mailing Address: Organization/Firm Dean Beard County: Duval Zip Code: 3721b-4520 8. Responsible Official Telephone Number: Telephone: (914) 724-9643 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:		GAD 98126909 5	-			
Responsible Official Responsible Official: Responsible Official: Responsible Official: Responsible Official: Responsible Official Mailing Address: Organization/Firm: Street Address: 1815 Dean Road City: Tacksonville Responsible Official Telephone Number: Telephone: Responsible Official Telephone Number: Telephone: Responsible Official Telephone Number: Telephone: Street Address: City: County: C	4. •	Street Address: 1815 Dean		٠ ــــــ .	,	
Responsible Official 6. Name and Title of Responsible Official: Robert Relaman Address: Organization/Firm: Other Responsible Official Mailing Address: Organization/Firm: Street Address: Ocunty: Tacksonville 8. Responsible Official Telephone Number: Telephone:		Man it an italiance		val		Zip Code: 32216-4520
Responsible Official 6. Name and Title of Responsible Official: Responsible Official 7. Responsible Official Mailing Address: Organization/Firm: Organization/Firm	5.	Facility Identification Number (DEP Use	e);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;			
6. Name and Title of Responsible Official: Responsible Official Mailing Address: Organization/Firm: Street Address: 1815 Dean Road City: Tackson Manuer County: Telephone: Responsible Official Telephone Number: Telephone: 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: Zip Code: Zip Code: Zip Code:					Hiji.	0310376
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 18. Responsible Official Telephone Number: Telephone: Telephone: 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: Zip Code: Zip Code:			Responsible C	Official		
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7. Responsible Official Mailing Address: Organization/Firm: Street Address: 18. Responsible Official Telephone Number: Telephone: Telephone: 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: Zip Code: Zip Code:	6.	Name and Title of Responsible Official:				1 He claims he is
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 18. Responsible Official Telephone Number: Telephone: Telephone: 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: Zip Code: Zip Code:		Robert J. Felan	ian x	Mra.		(Manager, NOTV.P.
Street Address: 1815 Dean Road City: Jack Sonville Responsible Official Telephone Number: Telephone: (904) 724-9643 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:	7.	Responsible Official Mailing Address:	Chang	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		,
8. Responsible Official Telephone Number: Telephone: (904) 724-9643 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:				T		•
8. Responsible Official Telephone Number: Telephone: (904) 724-7643 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:			Country			7in Codo: A: 72 all 14im
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:		Jacksonville	County D	wal		Zip Code. 322 16-252
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:	8.	Responsible Official Telephone Number	:			,
9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:		Telephone: (904) 724-964	13	Fax: ()	-
9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:		Fortility Contact (76 4:66	D	J- 06	C-:-1\
10. Facility Contact Address: Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:		Facility Contact (11 dillerent iro	om Kesponsic	ne On	nciai)
Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:	9.	Name and Title of Facility Contact (For	example, plant	manager):		
Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:						
City: County: Zip Code: 11. Facility Contact Telephone Number:	10.	Facility Contact Address:				
11. Facility Contact Telephone Number:		Street Address:				
•		City:	County:			Zip Code:
Telephone: () - Fax: () -	11.	Facility Contact Telephone Number:				
<u> </u>		Telephone: () -		Fax: ()	<u>.</u>
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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	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	Ϊ́D	Purchased	Installed
Example		03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									_
(1) w/ ref. condenser	1	R 145'0	1.854/91	6					
(2) w/ carbon adsorber		1251							
(3) w/ no controls									
Washer Unit								is a second	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		·			\$1.5			Tangan, ni Pinah	
(7) w/ ref. condenser								1	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	_		l	I		1		to Aurora	
(10) w/ ref. condenser		T		T				1	
(11) w/carbon adsorber						 	l	 	_
(12) w/ no controls						-		1	-
(12) *** 110 ****									
(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 mont Check why it is less	are r quant gallo hs, h	equired to be ity of perchlo ons ow many? [_	installed [_oroethylene (perc)	purchased in			. •	
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classifi	cation only.)	ew sn	initions found nall area sour rge area sour	rce 💢		Part II?	

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)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
ĽX	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notij statemen	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						
comply v	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.						
	the air pollutant emissions units and air pollution control equipment described above so as to						
	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. Somptly notify the Department of any changes to the information contained in this notification.						

AIRS ID#: 03/0376

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dean-E	Beach Cleaners	DATE: 1/30/97
FACILITY LOCATION: 18/5	_	
	, FLorida 32216	
Annual Reporting Period: August	28, 19 9 6 TO	January 30 1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		<u> </u>
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous complian	nce 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 complian	nce during the reporting period stated above:
Exact period of non-compliance: from	·1	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 consu	mption 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	UAL NSPECTION		COMPLAINT/DISC	OVERY	0
FACILITY LOCATION: /8/	Beach 5 De	: 7,3 Cleaner Pan Rd			<u>co</u>
PART I: NOTIFICATION			• • • • • • • • • • • • • • • • • • • •		_
(check appropriate box)					
1. Existing facility notified DARM by 9/	1/96				₫
2. New facility notified DARM 30 days p	orior to startu	ıp			
3. Facility failed to notify DARM to use	general perm	iit			
		· · · · · · ·	·	•	
PART II: CLASSIFICATION					
Facility indicated on notification form (check appropriate box)	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)	d tr b	2. New small are lry-to-dry only, x- ransfer only, x-20 ooth types, x-140 constructed on or	140 gal/yr 00 gal/yr gal/yr		
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	d tu b (4)	lry-to-dry only, x- ransfer only, x-20 ooth types, x-140 constructed on or . New large are	<pre><140 gal/yr 00 gal/yr gal/yr gal/yr after 12/9/91) a source 10<x<2, 100="" <1,800="" <x<1,800="" gal="" pre="" yr="" yr<=""></x<2,></pre>		
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="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td>d tu b (4)</td><td>lry-to-dry only, x-ransfer only, x-20 ooth types, x-140 constructed on or l. New large are lry-to-dry only, 14 ransfer only, 200-ooth types, 140-x-20 ooth t</td><td><pre><140 gal/yr 00 gal/yr gal/yr gal/yr after 12/9/91) a source 10<x<2, 100="" <1,800="" <x<1,800="" gal="" pre="" yr="" yr<=""></x<2,></pre></td><td></td><td></td></x<2,>	d tu b (4)	lry-to-dry only, x-ransfer only, x-20 ooth types, x-140 constructed on or l. New large are lry-to-dry only, 14 ransfer only, 200-ooth types, 140-x-20 ooth t	<pre><140 gal/yr 00 gal/yr gal/yr gal/yr after 12/9/91) a source 10<x<2, 100="" <1,800="" <x<1,800="" gal="" pre="" yr="" yr<=""></x<2,></pre>		
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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>d to to be considered to the constant of the c</td><td>lry-to-dry only, x-ransfer only, x-20 both types, x-140 constructed on or New large are lry-to-dry only, 14 ransfer only, 200- both types, 140<x- as="" constructed="" in="" n="" number<="" on="" or="" td=""><td><pre><140 gal/yr 00 gal/yr gal/yr gal/yr after 12/9/91) a source 10<x<2, 100="" 12="" 9="" 91)<="" <1,800="" <x<1,800="" after="" gal="" pre="" yr=""> <pre>2 above eneral permit</pre></x<2,></pre></td><td></td><td>eaning</td></x-></td></x<2,>	d to to be considered to the constant of the c	lry-to-dry only, x-ransfer only, x-20 both types, x-140 constructed on or New large are lry-to-dry only, 14 ransfer only, 200- both types, 140 <x- as="" constructed="" in="" n="" number<="" on="" or="" td=""><td><pre><140 gal/yr 00 gal/yr gal/yr gal/yr after 12/9/91) a source 10<x<2, 100="" 12="" 9="" 91)<="" <1,800="" <x<1,800="" after="" gal="" pre="" yr=""> <pre>2 above eneral permit</pre></x<2,></pre></td><td></td><td>eaning</td></x->	<pre><140 gal/yr 00 gal/yr gal/yr gal/yr after 12/9/91) a source 10<x<2, 100="" 12="" 9="" 91)<="" <1,800="" <x<1,800="" after="" gal="" pre="" yr=""> <pre>2 above eneral permit</pre></x<2,></pre>		eaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYN/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).

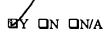
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

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?
- 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 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?











QY QN

Measured and recorded the washer exha- inlet and outlet weekly?	·	7 □N	
Is the temperature differential equa	ll to or greater than 20° F?	Z □N	
Measured and recorded the perc concent at the end of the final drying cycle while	_		
if machines are equipped with a carbon a	adsorber?	Z □N	□N/A
Is the perc concentration equal to c	r less than 100 ppm?	Y □N	
4. Assured that the sampling port on the ca perc concentrations is at least 8 duct diam or expansion; is at least 2 duct diameters	neters downstream of any bend, contraction,		
or expansion; and downstream from no o		Z ON	
5. Equipped transfer machines (dryers, recl	•	7 (TINT	
condenser coils?		Z □N	UN/A
6. Routed airflow to the carbon adsorber (if	used) at all times?	Z ON	□N/A
	The second secon		

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

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

	If using direct-reading instrume	ntation,	is the equipment	:		_
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					ПY	ПN
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					ΠY	□N
	c. Inspected for leaks and	d obvious	s signs of wear on	a weekly basis?	ΠY	ПN
	d. Kept in a clean and se	cure area	a when not in use?	,e	\Box Y	□N
	e. Verified for accuracy b	y use of	duplicate samples	(calorimetric only)?	ΠY	DN
3. Has t	he facility maintained a leak log?		,		EY	DAN GO
4. The f	following areas should be checked t	for leaks	by the inspector:			
		Leak D	etected?		Leak	Detected?
	Hose connections, fittings, couplings, and valves	ΠY	DEN,	Muck cookers	ΠY	DAN .
	Door gaskets and seating	ΠY	ďaN ,	Stills	ПY	D AN
	Filter gaskets and seating	ΩY	d2N .	Exhaust dampers	ΠY	d N
	Pumps	ΩY	₫N/	Diverter valves	ΠY	L
	Solvent tanks and containers	ΩY	d N	Cartridge filter housings	ΩY	TAN
	Water separators	ΩY	dh			
()	Illi			,		
Name of Responsible Official			,			
	Jeff Wint	es		1/30	19	7
	Inspector's Name (Please Print	1)		Date of Inside	ction	

Approximate Date of Next Inspection

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN:	1045 AIRS ID#: 03/0376
TYPE OF FACILITY: Wy Cleaner	1/12/25
FACILITY NAME: Jean Beach Clea	ners DATE: 4/13/98
FACILITY LOCATION: 18/5 Lean Ke	d.
Jackson ville, FC	322/6
RESPONSIBLE OFFICIAL: KOBETT FELLINAV	2 PHONE NUMBER: 904-124-9693
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administ	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	<u>.</u>
	P
	BEI BA
<u> </u>	30- 5- 4
	The South of the S
	e des
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COMMENTS:	
<u> </u>	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	1, 1998
	pproximate)
INSPECTION CONDUCTED BY: Deft 1	Jinter
INSPECTOR'S SIGNATURE: [P. C.	lease Print) PHONE NUMBER: 904-630-2808
/ 00 / Bagg /	of Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitori & Mobile Sources AIRS ID#0310376 DEAN BEACH CLEANERS INC ROBERT L FELDMAN 1815 DEAN ROAD JACKSONVILLE FL 32216-4520 Do NOT Remove Label January Annual Reporting Period: 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 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. Signature

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TVDE	ΛF	INCDE	CTION
life	OF	HISTE	

ANNUAL



Y CLEANERS OF THE CHARLES OF THE CHA

RE-INSPECTION

AIRS 10#: 03/0376date: 4/13/98 time in: 10/5 time out: 1045
FACILITY NAME: Dean Beach Cleaners
FACILITY LOCATION: 1815 Dean Road
Jacksonville, FL 32216
RESPONSIBLE OFFICIAL: RObert Fellman PHONE: 904-724-9643
CONTACT NAME: POBET Fellman PHONE: 904-724-9643

DA	PT I	· NO	TIFIC	ATION
	\mathbf{m}			ALIUI

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

×

PART II: CLASSIFICATION

(check appropriate box)	
A.	
1. Existing small area source	2. 1
dry-to-dry only, $x < 140$ gal/yr	dry-

Facility indicated on notification form that it is:

- 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

- ☐ No notification form
- ☐ 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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
- ✓Y □N □Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number above
- 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) 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? ON ON/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at 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? □N □N/A 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 ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ПY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QY	□N	□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	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠИ	□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?	ПY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

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

PART VI: LEAK DETECTION AND	REPAIRS_				
1. Does the responsible official conduct a	weekly (for sr	mall sources, b	i-weekly) leak detection as	nd rep	air
inspection?				XY	□N
2. Has the facility maintained a leak log?)			X(Y	□N
3. Does the responsible official check the	following area	as for leaks?			
Hose connections, fittings,	Ar mr	737/4		-	
couplings, and valves	AA DN C	JN/A	Muck cookers	XY	□N □N/A
Door gaskets and seating	AX DN C	⊒N/A	Stills	XY	□N □N/A
Filter gaskets and seating	X ON C	□N/A	Exhaust dampers	YY	□N □N/A
Pumps	XY DN C	⊐N/A	Diverter valves	XY	□N □N/A
Solvent tanks and containers	≥ (Y □ N □	⊐N/A	Cartridge filter housings	XY	□N □N/A
Water separators	XX ON C	⊃N/A			
4. Which method of detection is used by	the responsible	e official?			
Visual examination (condensed s	solvent on exte	erior surfaces)		×	
Physical detection (airflow felt the	rough gaskets	;)		X X X	
Odor (noticeable perc odor)				×	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading inst	rumentation, i	is the equipmo	ent:	X(N/	A
a. Capable of detecting	perc vapor cor	ncentrations in	a range of 0-500 ppm?	□ Y	□N
b. Calibrated against a (PID/FID only)?	standard gas p	prior to and afte	er each use	ΩY	□N
c. Inspected for leaks a	nd obvious sign	ns of wear on a	a weekly basis?	ПY	□N
d. Kept in a clean and	_		•	ΠY	□N
e. Verified for accuracy	by use of dup!	licate samples	(calorimetric only)?	ПY	□N
J. P. 11 40				6	R
Jeff Winter Inspector's Name (Please Pri	nt)		Date of Inspe	ction	0
importor s traine (i rease i ii	,		Date of hispe	·	
affry White	2		April, 1	1992	8
Signature (1997)			Approximate Date of I	Next I	nspection

ADDITIONAL SITE INFORMATION:			
	-		
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		,	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/DI	SCOVERY	
	RE-INSPECTION	a		P	
r					
airs id#: <u>03/0376</u> :		TIME I	O/.	TAME OUT:	1,00
FACILITY NAME:	_		5	7 3 100	A.
FACILITY LOCATION:	_		06/	10 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
·	Jack Sonvi			- Coring	
RESPONSIBLE OFFICIAL :	Robert Fe	Mman	_ PHONE: _ <i>904-</i>	724-96	43
CONTACT NAME:) on	re	_ PHONE:	Same	
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM:	30 days prior to startu	p			×
2. Facility failed to notify DARM	A to use general perm	it			
PART II: CLASSIFICATION					
Facility indicated on notification	n form that it is:		☐ No notification	form	
(check appropriate box)			☐ Drop store/out of	of business/petro	oleum
A. 1. Existing small area source	e 🗆 2.	. New small a	rea source	×	
dry-to-dry only, x < 140 gal/y	r d	ry-to-dry only,			
transfer only, x < 200 gal/yr		ansfer only, x	· .		
both types, x < 140 gal/yr (constructed before 12/9/91)		oth types, $x < 1$	40 gal/yr or after 12/9/91)		
(constitution before 12/7/71)	(-	onstruction on t	or mior 12/7/71)		
3. Existing large area sourc		. New large a			
dry-to-dry only, $140 \le x \le 2.1$	• •		$140 \le x \le 2,100 \text{ gal}$		
transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga		-	0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr		
(constructed before 12/9/91)	•		or after 12/9/91)		
5. This is a correct facility cla	ssification	(y □n	□Can not determin	ne	
If no, please check the a	ppropriate classification	on:			
☐ facility			mber abo	ve	
☐ ☐ facility	qualified for a genera				
d facility	exceeds above limits				
B. The total quantity of perchlore facility was	exceeds above limits	and is not eligi	ble for a general per	rmit	leaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) XXY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? KY □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? □N □N/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the Y ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ΠN	□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?	ΠV		□N/A
	• • •			
	Is the perc concentration equal to or less than 100 ppm?	ЦY	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?	ЦY	ПИ	□N/A
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?	ΩY	□N	□N/A

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

PART 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	?		XY □N
3. Does the responsible official check the	e following areas for leak	s?	
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	XY ON ON/A
Door gaskets and seating	AY ON ON/A	Stills	XIY ON ON/A
Filter gaskets and seating	TAY ON ON/A	Exhaust dampers	DY DN MN/A
Pumps	AND NO YA	Diverter valves	XY ON ON/A
Solvent tanks and containers	Y UN UN/A	Cartridge filter housings	XY ON ON/A
Water separators	SEY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	solvent on exterior surface	es)	X
Physical detection (airflow felt the	rough gaskets)		À
Odor (noticeable perc odor)			×
Use of direct-reading instrument	ation (FID/PID/calorimetr	ric tubes)	ū
Halogen leak detector			
If using direct-reading instr	umentation, 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	ecure area when not in us	e?	□Y □N
e. Verified for accuracy	by use of duplicate sampl	les (calorimetric only)?	ND Y
Inspector's Name (Please Printing) Inspector's Signature	Her L	Date of Inspect	tion 2000 Ext Inspection

DDITIONAL SITE INFOR	WIATION:	 	
	•		
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🛛	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 1030	TIME OUT:	1/00	AIRS ID#:	03/0376
TYPE OF FACILITY:	rc. Dry Clean	ec		
FACILITY NAME:	Dean Beach	Cleaners	5	DATE: 3/2/99
FACILITY LOCATION:	1815 Dear	1 Rd.		
	Jacksonville	FL 3	2216-452	.0
RESPONSIBLE OFFICIAL:	Cobert Feldm	nan	PHONE NUMBI	3R: <u>904-724-9643</u>
	ne compliance requirement ale 62-213.300, Florida Ad			facility is found to be in
Based on the results of the discrepancies were noted	ne compliance requirement	ts evaluated dur	ing this inspection, the	following compliance
COMPLIANCE REQU	IREMENT/PROBLI	EM I	FOLLOW-UP AC	CTION REQUIRED
			 	
				·
COMMENTS:	_		_	
.*				
The Annual Compliance Certifica	ation form has been proper	ly certified and	submitted to the inspec	ctor. YES NO
DATE OF NEXT INSPECTION	√:	arch, o	(<i>000</i>	
Biobeomior corresponse	Tz	(Approxima	ter	
INSPECTION CONDUCTED I)::	, (Please Pri	•	
INSPECTOR'S SIGNATURE:_	Jeffrey h	linte	PHONE NUMBI	er: <u>904–630-3484</u>
	/ W / Pa	ageof		Revised 10/96

AIRS ID#:	_0310376

Revised 10/10/90

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dean	Beach Cleaners	5	DATE: 3/2/99
FACILITY LOCATION:/8/5	Dean Rd.		<u>'</u>
Jack	Sonville, FL	32216	
Annual Reporting Period: April	13, 19 <u>9</u>	78 то <u>Макс</u>	<u>43, 1999</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F			
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continue	ous 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:			
#2. Term or condition of the general permit	that has not been in continuo	ous 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, a made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, my an	inual consumption of perc	hloroethylene solvent, based
	•	_	

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.

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	X COM	MPLAINT/DISC	OVERY - -	7111
	RE-INSPECTION			\ell_	
AIRS ID#: <u>03/0376</u> DA	TE: 2/2/2000		306 TIME	е оит: <u>/345</u>	
facility name: $\underline{\hspace{1cm}}$	Dean Beach	h Cleane	255		
FACILITY LOCATION:	1815 Dec	an Road	4		_
· · · · · · · · · · · · · · · · · · ·	Jacksonv	ille, FL	32214	0	_
RESPONSIBLE OFFICIAL :	Robert Fel	Man PHO)NE: <u>904-</u>	124-9643	5
CONTACT NAME:	Some	РНО	ONE:	nne	_
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		·		
PART II: CLASSIFICATION				· · · · · · · · · · · · · · · · · · ·	
Facility indicated on notification	form that it is:		lo notification for		
(check appropriate box) A.		u D	rop store/out of b	ousiness/petroleum	
1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr	dry-t trans	ew small area soon o-dry only, x < 14 fer only, x < 200 g	40 gal/yr gal/yr	×	
both types, $x < 140 \text{ gal/yr}$ (constructed before 12/9/91)		types, $x < 140$ gal structed on or afte	er 12/9/91)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ gaboth types, $140 \le x \le 1,800$ gal/(constructed before $12/9/91$)	gal/yr dry-t al/yr trans yr both	ew large area soup- o-dry only, $140 \le$ fer only, $200 \le x \le$ types, $140 \le x \le 1$ tructed on or after	≤ 1,800 gal/yr 1 800 gal/yr	MAR 1 5 20 Bureau of Air Mor Mobile Sour	000
5. This is a correct facility classi	fication XY	□N □Ca	an not determine	& Mobile Source	ces
	ropriate classification: ualified for a general poxceeds above limits and		above a general permi	t	
B. The total quantity of perchloroes facility was 9, egallons.	thylene (perc) purchase	d within the prece	eding 12 months b	by this dry cleaning	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 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? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

F	TY (1 11.1 CC! 1.1 C. 1.41.1 1 1 1 1 1			
∥ _R .	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?	ПΥ	□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	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	ΠN	□N/A
[Is the perc concentration equal to or less than 100 ppm?	ПY	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?	ПY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΩN	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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? 4. Maintained calibration data? (for applicable direct reading instruments) DY DN STN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? □Y □N **∀**N/A 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable? □Y □N X\N/A

PART VI: LEAK DETECTION AND REPAIRS

1	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair									
١.	•	a weekly (for small sources	s, bi-weekly) leak detection a	nu repa						
	inspection?			X	ΠN					
2.	Has the facility maintained a leak log?	?		\Box Y	\square N					
3.	Does the responsible official check the	e following areas for leaks?								
	Hose connections, fittings,	~ (
	couplings, and valves	DAY ON ON/A	Muck cookers	Y	□N □N/A					
	Door gaskets and seating	YY ON ON/A	Stills	XY	□N □N/A					
	Filter gaskets and seating	TO ON ON/A	Exhaust dampers	ПY	□N XN/A					
	Pumps	Y ON ON/A	Diverter valves	ПY	□N X N/A					
	Solvent tanks and containers	TRY ON ON/A	Cartridge filter housings	AY	□N □N/A					
	Water separators	Y ON ON/A								
4.	Which method of detection is used by	the responsible official?		•						
	Visual examination (condensed	solvent on exterior surfaces	s) ·	X						
	Physical detection (airflow felt t	hrough gaskets)		X						
	Odor (noticeable perc odor)			XXX						
	Use of direct-reading instrument	tation (FID/PID/calorimetri	c tubes)							
	Halogen leak detector									
	If using direct-reading inst	rumentation, is the equip	ment:	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 af	fter each use	□Y	□N					
	c. Inspected for leaks a	and obvious signs of wear o	n a weekly basis?	ΠY	□N					
	d. Kept in a clean and	secure area when not in use	?	\Box Y	□N					
	e. Verified for accuracy	y by use of duplicate sample	es (calorimetric only)?	ΠY	□N					

Seff Winter
Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1305TIME OUT:/3	45 AIRS ID#: 03/0376
TYPE OF FACILITY: Perchloroethylene	Dry Cleaner
FACILITY NAME: Dean Beach Ch	eaners DATE: 2/2/2000
FACILITY LOCATION: 1815 Dean R	oad
Jack Sonville, F	-L 322/6
RESPONSIBLE OFFICIAL: Kobert Feldman	PHONE NUMBER: 904-724-9643
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
	·
COMMENTS:	
·	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: Feb.	2001
$\sim 10^{-1}$	proximate)
INSPECTION CONDUCTED BY: PICTURE (PICTURE)	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904/630-3484
Page 1	of / Revised 10/96

Revised	10/10/96

AIŘS ID#: 03/0376

Kin

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dean Beach Cleaners DATE: 2/2/2000
FACILITY LOCATION: 1815 Dean Road
Jack Sonville, FL 32216
Annual Reporting Period: March 2, 1999 TO Feb. 2, 1200
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 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

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357476

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0310379

AIRS ID # 0310379

XOMED SURGICAL PRODUCTS JERRY BUSSELL 6743 SOUTHPOINT DRIVE N JACKSONVILLE FL 32216

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLAND 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

AIRS ID # 0310376

DEAN BEACH CLEANERS ROBERT L FELDMAN 1815 DEAN ROAD JACKSONVILLE FL 32216-4520 FOR GOVERNMENT Org.: 37550101000 EO: B1
Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301202

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID#0310376

DEAN BEACH CLEANERS INC ROBERT L FELDMAN 1815 DEAN ROAD JACKSONVILLE FL 32216-4520 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00 Bureau of Air Monitoring & Mobile Sources

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DEAN BEACH CLEANERS ROBERT L FELDMAN 1815 DEAN ROAD JACKSONVILLE FL 32216-4520 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258415

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JAN 17 97 TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0310376
DEAN BEACH CLEANERS INC
ROBERT L FELDMAN
1815 DEAN ROAD
JACKSONVILLE FL 32216-4520

FOR GOVERNMENT USE ONLY

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

Pung: 20-2-0350 Obj.: 002273



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AIRS ID # 0310376

DEAN BEACH CLEANERS ROBERT L FELDMAN 1815 DEAN ROAD JACKSONVILLE FL 32216-4520

FOR GOVERNMENT USE ONEX Org.: 37550101000 EQ.A1 9 Fund: 20-2-035001

Obj.: 002273

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS	OMPLETE 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: 10 AIRS ID # 0310376001AG ROBERT L FELDMAN DEAN BEACH CLEANERS 1815 DEAN ROAD JACKSONVILLE FL 32216-4520	A. Received by (Please Print Clearly) B. Date of Delivery Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 1670 0006 73615	-326
PS Form 3811, July 1999 Domestic Ret	

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5326		USE
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7000	JACKSONVILLE FL 32216-4520	see Reverse for Instructions

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