

## 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. John Lao K & T Cleaners 5100 Sunbeam Road #12 Jacksonville, Florida 32257

Dear Mr. Lao:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 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 corporation, agency, or individual owner):
	KRTCleaner's JOHN LAO, INC.
2.	Site Name (For example, plant name or number):
	K&T cleaner
3.	Hazardous Waste Generator Identification Number:
	GAD 981269095
4.	Facility Location: 5100 SUNBeam Rd #12
	City: Jacksonville County: Dural Zip Code: 32257
5.	Facility Identification Number (DEP Use):
i e	0310377
	Responsible Official
6.	Name and Title of Responsible Official:
	John-LAO a Mrg
7.	Responsible Official Mailing Address: Organization/Firm: K&T Cleaner's
	Street Address: 5100 Sun Beam Rd #\72 City: City: Tin Code: 3.2.2.7
	City: Jacksonville County: Juval Zip Code: 32257
8.	Responsible Official Telephone Number:
	Telephone: (904) 260-3425 Fax: ( )
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -
	· · · · · · · · · · · · · · · · · · ·

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Bureau of Air Monitoring & Mobile Sources

## # 0310377

9-13 Spoke to John Lao he is also the owner.

P13 6. add owner

P.14

3. existing small area Source 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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	· ·	12-NOV-93	#2	08-DEC-91	Instance	#3	02-MAR-92	
Dry-to-Dry Unit	1 47 N		7						Statistics
(1) w/ ref. condenser	1	1 March 9	b		1	,	-	T	<u> </u>
(2) w/ carbon adsorber		, , , , , , , , , , , , , , , , , , ,						· ·	
(3) w/ no controls									
Washer Unit	. (h		* :		·	* .			
(4) w/ ref. condenser					<u> </u>			<u> </u>	
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit						40.44	Terror		(10)(4)(3)
(7) w/ ref. condenser					Ī				
(8) w/ carbon adsorber									
(9) w/ no controls	*								
Reclaimer Unit	141.			'				The second second	i i i i i i i i i i i i i i i i i i i
(10) w/ ref. condenser								T	
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are	reau				. ^				
(c) No control devices a  2.(a) What was the total q  [ 60 ]  (b) If less than 12 month Check why it is less	uanti gallo	equired to be ty of perchlons ow many? [_	installed [	V perc)	purchased in				

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<ol> <li>What control technology is require (Indicate with an "X".)</li> </ol>	red on machines	pursuant to section (5) of F	Part II of this notification form?			
Existing large area source Carbon adsorber		Refrigerated condenser				
New small area source Refrigerated condenser						
New large area source Refrigerated condenser		$\mathcal{N}_{/}$	1A			
5. A facility which contains non-ex to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such up	that all steam and	d hot water generating unit				
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	exclusively by no	atural gas except for period	ds of natural gas curtailment			
All steam and hot water generating No such units on-site	All steam and hot water generating units exempt [X]					
		·				
Equipme	ent Monitoring a	nd Recordkeeping Inform	nation			
Check all logs which are required to	be kept on-site i	in accordance with the requ	uirements of this general permit:			
(a) Purchase receipts and solvent pu	rchases		[_X]			
(b) Leak detection inspection and re	epair		[ <b>X</b> ]			
(c) Refrigerated condenser temperat	ture monitoring		<u> </u>			
(d) Carbon adsorber exhaust perc co	oncentration mon	itoring				
(e) Instrument calibration		•				
(f) Start-up, shutdown, malfunction	n plan					

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### 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)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi 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 prod	mptly notify the Department of any changes to the information contained in this notification.  The Lac Date

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

MSFECTION SUN	IMAKI KEFOKI
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3:30 PM TIME OUT: 4.0	10 PM AIRS ID#: 03/0377
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: K+T Ckaner	DATE: 6/26/97
FACILITY LOCATION: 5100 Subseam X	21 #12
Jackson ville, FL	32257
RESPONSIBLE OFFICIAL: John Lao-Owner	PHONE NUMBER: (904) 260-3425
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administration	_ · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
1. Leuk Log NOT MAINTAINEL.	R.O. will start one. will reinspect.
	R.O. will start one. will reinspect. Will reinspect.
2. Polling Monthly Averages NOT Mail	
2. Folling Montaly Avabes Not Mail	R.O. WITT STATE OFF.
	·
	·
<u> </u>	
	·
COMMENTS:	
COMMENTS.	
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector VESX NO
Tour	1998
DATE OF NEXT INSPECTION: (An	proximate)
INSPECTION CONDUCTED BY: JEff W	linter
	ease Print)
INSPECTOR'S SIGNATURE: Allhus Uni	PHONE NUMBER: (904)630-3484
Page	of Revised 10/96

	BEST AVAILABLE COPY
<u> </u>	Facility Own  # 6310377  9-13  Spoke to John Lao -  he is also the owner.  Facility Own
	KATO P.13
3.	Site Name ( 6. add owner Hazardous P. 14
4.	Facility Ld Source Should be 32257  Facility Ld Source Should be 32257
5.	Pacility I  Name a
6.	Name a
7.	Responsible Official Mailing Address:  Organization/Firm: K&T cleaner's  Street Address: 5100 Sun Beam Rd #\2
	City: Jacksonville County: Juval Zip Code: 32257
8.	Responsible Official Telephone Number:  Telephone: (904) 260-3425  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:

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 Num Telephone: ( ) -	ber:	Fax: (	) -	

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## Perchloroethylene Dry Cleaning Facility Notification

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_	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
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	City: Jacksonville County: Dural Zip Code: 32257
5.	Facility Identification Number (DEP Use):
	03/0377
40.4	
	Responsible Official
6.	Name and Title of Responsible Official:
	John-LAO a Mrg - owener The
7.	Responsible Official Mailing Address: Organization/Firm: K&T Cleaner's Street Address: 5100 Sun Beam Rd #12
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AUS 2 9 1996

Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	7	1 March 9	b						
(2) w/ carbon adsorber						-	-		1
(3) w/ no controls					_				
Washer Unit			•				•		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						·	· .
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls	·								<del> </del>
Reclaimer Unit	·:, .	garagita gilatera			ili. Marijan jiran jar	e jila ka		The part of the factor	77. 77.
(10) w/ ref. condenser		T		<u> </u>	T	1	Γ	1	
(11) w/carbon adsorber									
(12) w/ no controls	<del> </del>					<u> </u>			
<ul><li>(b) Control devices are</li><li>(c) No control devices</li><li>2.(a) What was the total of</li></ul>	are re	equired to be	installed [_	V		n the latest 12	2 <sup>,</sup> moi	nths?	
(b) If less than 12 mont Check why it is less	hs, h	ow many? [_			_] New store	: [] Did	not k	eep records:	نـــا
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sn	nall area sour	ce <del>[X</del>		Part II?	
Existing large are	-a 501		INE	w iai	rge area sour	re [	J		

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uired on machines	s pursuant to section (3) of f	Part II of this notification form?
<u>e</u>	Refrigerated condenser	
		lA
y that all steam an units exist on-site g units on-site (1) ed exclusively by r	nd hot water generating unit :: have a total heat input of l natural gas except for perio	s on-site meet the following  O million BTU/hr or less (298 ds of natural gas curtailment
nent Monitoring	and Recordkeeping Inform	mation
to be kept on-site	in accordance with the requ	uirements of this general permit:
ourchases		
repair		
ature monitoring		_ <b>X</b> ]
concentration mo	nitoring	
	÷	
on plan		
	exempt emissions by that all steam are units exist on-site (1) and exclusively by recontaining no more gunits exempt  The Monitoring to be kept on-site ourchases repair acture monitoring concentration more	exempt emissions units shall not be eligible to by that all steam and hot water generating unit units exist on-site:  If units on-site (1) have a total heat input of its exclusively by natural gas except for periodentaining no more than one percent sulfur is gunits exempt  Imput Monitoring and Recordkeeping Information be kept on-site in accordance with the required service of the service of t

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

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lease 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)					
	· · · · · · · · · · · · · · · · · · ·					
[_ <b>K</b> ]	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 its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	omptly notify the Department of any changes to the information contained in this notification.					
Signatur	John Laso  29 August 96  Date 6.26.97					



## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY COMPLAINT/DISCOVERY
FACILITY NAME: K+T C/R FACILITY LOCATION: 5/00 SC	•
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	×
2. New facility notified DARM 30 days prior to	startup
3. Facility failed to notify DARM to use general	permit $\square$
PART II: CLASSIFICATION	
Facility indicated on notification form that it i (check appropriate box)  A.	s:
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=""></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=""></x<2,>
This is a correct facility classification	DY XV
If no, please check the appropriate classification	· :
facility qualified for a general facility exceeds above limits ar	permit as number above d is not eligible for a general permit
B. The total quantity of perchloroethylene (perc facility was 60 gallons.	purchased within the preceding 12 months by this dry cleaning

Revised 10/14/96

### 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 SPIN filter (NIA) least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber QY QN QN/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? $\Box$ Y $\Box$ N OY 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 OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? QY QN 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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

PART III: GENERAL CONTROL REQUIREMENTS

DY DN

on dry-to-dry, reclaimer, and dryer machines on a weekly basis?

2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	Mary □n
2. Maintained rolling monthly averages of perc consumption?	DA XAN MA AD
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	Y □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)	□Y □N <b>X</b> (V/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN N/4
6. Maintained startup/shutdown/malfunction plan?	<b>X</b> Y □N
7. Maintained deviation reports?	X(Y □N
Problem corrected?	<b>X</b> Y □N
8. Maintained compliance plan, if applicable?	AVAE NO YO
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	XY □N
2. Which method of detection is used by the responsible official?	-
Visual examination (condensed solvent on exterior surfaces)	
Physical detection (ai-flaw falt through goalests)	
Physical detection (airflow felt through gaskets)	
Odor (noticeable perc odor)	

	If using direct-reading instrum	entation,	, is the equi	pment:		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					□N
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					ON N/A
	c. Inspected for leaks a	nd obviou	is signs of w	ear on a weekly basis?	ΣY	□и
	d. Kept in a clean and s	secure are	ea when not	in use?	XX	□N
	e. Verified for accuracy	by use o	f duplicate s	amples (calorimetric only)?	ПY	□и
3.	Has the facility maintained a leak log?				ПY	M
4.	The following areas should be checked	for leaks	s by the insp	ector:		•
		Leak I	Detected?		Leak	Detected?
	Hose connections, fittings, couplings, and valves	ПY	An	Muck cookers	ПY	<b>≱</b> ₩
	Door gaskets and seating	ПY	MN	Stills	ПY	MA
	Filter gaskets and scating	ΠY	AN	Exhaust dampers	ПY	<b>≥</b> Øv
	Pumps	ΠY	AM	Diverter valves	ПY	Жи
	Solvent tanks and containers	ΠY	AN	Cartridge filter housings	ПY	<b>)</b>
	Water separators	ΠY	AN			
	John Lao Name of Responsible Offici	al			,	
					/	

Inspector's Name (Please Print)

Manager of Responsible Official

Inspector's Name (Please Print)

Manager of Responsible Official

Inspector's Name (Please Print)

Manager of Responsible Official

Inspector's Name (Please Print)

Date of Inspection

Some, 1998

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION	N: ·	
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·		
	•	
	•	

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AIRS 1D#: 03/0377



# RECEIVED

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM & Mobile Sources

FACILITY NAME: K+T C	leaner		DA'	TE: 6/26/97
FACILITY LOCATION: 5/00 S	unbeam	Pd.#12		·
		232257	·	
Annual Reporting Period: 4U9US	T 29	19 <u>%</u> то _	June 20	p 19 <i>9</i>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	-	*	<u> </u>	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been	in continuous compliand	æ during the reporting p	period stated above:
COAK 109 NOT MAINT	Ained.			
Exact period of non-compliance: from	AUGUST	29,1996	o June 26	, 1997
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	Will Y	einspect AT	Later date	•
#0 T	d	:	di	
#2. Term or condition of the general permit  Rolling Monthly Aver		•		•
		29, 1996 to		
	-	iill Start O	_	
Method used to demonstrate compliance:	will re	Inspect as	Late do	te.
				<u> </u>
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.	and complete. Fu	rther, my annual consum	aption of perchloroethyl	ene solvent, based
RESPONSIBLE OFFICIAL:			John Var	6/26/97
Nai	ne (Please Print)		Signature	Date

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

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT

	COMPLIANCE IN	SPECTION	CHECKLIST	
TOTAL OF ENGINE CONON	437577747	₩	COMPLAINT/DIS	
TYPE OF INSPECTION:	ANNUAL	<b>X</b>	COMPLAIN 1/DIS	COAERA A 1700
	RE-INSPECTION			South
	1 .1			
AIRS ID#: <u>03/0377</u>			IN: <u>950</u> TI	ME OUT: <u>/0/5</u>
FACILITY NAME:				
FACILITY LOCATION:	5100 Sunt	eam	RJ. #12	
	Jackson vi	1/2, Fo	1 3225	7
RESPONSIBLE OFFICIAL :	John Lo	10	_ phone: <u>904</u> -	260-3425
CONTACT NAME:	Soi	ne	_ PHONE:	ame
PART I: NOTIFICATION				
(check appropriate box)				
	: 20 dava maior ta atantu			₩
1. New facility notified DARM	· -			<b>X</b>
2. Facility failed to notify DAR	M to use general permi	t 		
PART II: CLASSIFICATION	٧			
PART II: CLASSIFICATION  Facility indicated on notificati		_	☐ No notification f	orm .
Facility indicated on notificati (check appropriate box)		_	_	f business/petroleum
Facility indicated on notificati (check appropriate box) A.	on form that it is:	New small	☐ Drop store/out of	f business/petroleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour	on form that it is:	New small	☐ Drop store/out of area source	
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/	on form that it is:	y-to-dry only	☐ Drop store/out of area source  7, x < 140 gal/yr	f business/petroleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	on form that it is:  ce 2.  yr di	y-to-dry only ansfer only, x	☐ Drop store/out of area source  y, x < 140 gal/yr  y < 200 gal/yr	f business/petroleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/	on form that it is:  ce 2.  yr dr  tr  b	y-to-dry only ansfer only, $x < 0$ th types, $x < 0$	☐ Drop store/out of area source  y, x < 140 gal/yr  y < 200 gal/yr	f business/petroleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	on form that it is:  ce 2.  yr di  tr  be	y-to-dry only ansfer only, x oth types, x < onstructed or	☐ Drop store/out of area source  y, x < 140 gal/yr  x < 200 gal/yr  140 gal/yr  n or after 12/9/91)	f business/petroleum
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Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2,	on form that it is:  ce 2.  yr dr  tr  bo  (ce 4.  100 gal/yr dr	y-to-dry only ansfer only, x oth types, x < onstructed or New large: y-to-dry only	Drop store/out of area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$	f business/petroleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	on form that it is:  The second of the secon	y-to-dry only ansfer only, x oth types, x < onstructed or New large: y-to-dry only ansfer only, 2	Drop store/out of area source  7, $x < 140$ gal/yr  140 gal/yr  1 or after 12/9/91)  area source  1, $140 \le x \le 2,100$ gal/yr  1, $140 \le x \le 1,800$ gal/yr	f business/petroleum
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Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility cl	ce 2.  ce 4.  ce 4.  100 gal/yr dr  gal/yr be  assification  appropriate classification ty qualified for a general	y-to-dry only ansfer only, x oth types, x < onstructed or New large: y-to-dry only ansfer only, 2 oth types, 140 onstructed or Y \bigcup N	Drop store/out of area source $x < 140 \text{ gal/yr}$ $x < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 <$	f business/petroleum
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### 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 AY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MANA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? XIY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MAY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after XXY □N 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?	ΠY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□N	□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,	Πv	□N	□N/A
	if machines are equipped with a carbon adsorber?		•	
	Is the perc concentration equal to or less than 100 ppm?	ШY	ШN	□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	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□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?	YAY □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;	YAY □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)	□Y □N <b>Þ</b> ÍN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN <b>X</b> N/A			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?	DY DN DN/A			
Problem corrected?	□Y □N SAN/A			
8. Maintained compliance plan, if applicable?	OY ON TOWN/A			

P	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			XeX □N		
2.	. Has the facility maintained a lea	ak log?		XXY □N		
3.	. Does the responsible official che	eck the following areas for leaks?	?			
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	MY ON ON/A		
	Door gaskets and seating	MY ON ON/A	Stills	YAY ON ON/A		
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	XAY ON ON/A		
	Pumps	Y ON ON/A	Diverter valves	YY ON ON/A		
	Solvent tanks and contained	ers <b>TAY</b> ON ON/A	Cartridge filter housings	MY ON ON/A		
	Water separators	AY ON ON/A				
4.	Which method of detection is us	sed by the responsible official?				
	Visual examination (conde	ensed solvent on exterior surface	s)	×		
	Physical detection (airflow	felt through gaskets)		A A		
	Odor (noticeable perc odor	r)		A		
	Use of direct-reading instr	umentation (FID/PID/calorimetr	ic tubes)			
	Halogen leak detector			×		
	If using direct-reading	g instrumentation, is the equip	ment:	<b>X</b> IN/A		
	a. Capable of det	ecting perc vapor concentrations	in a range of 0-500 ppm?	□Y □N		
		inst a standard gas prior to and a	after each use	□Y □N		
	(PID/FID only	•	n o maaldu baaia?	_		
	-	eaks and obvious signs of wear o	-			
	-	n and secure area when not in us				
	e. Verified for ac	curacy by use of duplicate sampl	es (catorimetric only)?	□Y □N		
	Inspector's Name (Please Inspector's Signature)	ase Print)	Date of Insperators of Approximate Date of I	ction  1999  Next Inspection		

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

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TYPE OF INSPECTION:	annual 🔀	COMPLA	AINT/DISCOVERY	RE-INSPEC	TION
TIME IN: 950	TIME OUT:	101	AIRS ID	#: <i>031037</i>	7
TYPE OF FACILITY:	Dry Cleaner	<u> </u>			
FACILITY NAME:	K+T Clear	rers		DATE:	24/98
FACILITY LOCATION:	5/00 Sunt	eam	Rd.#12	<u>.</u>	
	Jackson ville,	FL	32257		· 
RESPONSIBLE OFFICIAL:	John Lac	2	PHONE NUI	mber: <u>904-<i>260</i></u>	1-3425
	the compliance requireme Rule 62-213.300, Florida A			, the facility is found to b	e in
Based on the results of discrepancies were not	the compliance requireme ed:	nts evaluated	during this inspection	, the following compliand	œ
COMPLIANCE REQ	UIREMENT/PROBL	EM	FOLLOW-UP	ACTION REQUIR	ED
	· · · · · · · · · · · · · · · · · · ·			P	
		·			
				Control of Alian Stage	· ·
				Nonitoring Solution	
					·
	·	,			
COMMENTS:		-			
			_	· 	
The Annual Compliance Certific	ication form has been prope	erly certified	and submitted to the ir	aspector. YES	моХ
DATE OF NEXT INSPECTIO	ON:	(Approx	/999 ximate)		
INSPECTION CONDUCTED	1.11	Please	Print)	MBER: <u>904-630</u>	n_0800
INSPECTOR'S SIGNATURE		Page of	PHONE NUI / 		Revised 10/96

and I

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

AIRS ID#0310377 JOHN LAO INC JOHN LAO 5100 SUNBEAM ROAD #12 JACKSONVILLE FL 32257 Do NOT Remove Label 31 December Annual Reporting Period: \_\_ / Jan 1997 Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  $\square$ 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 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. 2.10.98 RESPONSIBLE OFFICIAL:

| Joth Lao |
| Name (Please Print)

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

TYPE O	F INSP	ECTION:
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	$\checkmark$			
TITLE	HYLENE DRY CLEANERS FOR GENERAL PERMIT COMPLAINT/DISCOSERY COMPLAI			
	1-93 time in: 955 time out: 10/0			
FACILITY NAME: K+T C	kaner			
FACILITY LOCATION: 5/00 SUM	beam RJ.			
	ville, FL 32257			
<b>.</b>				
RESPONSIBLE OFFICIAL: 20hn	Lao PHONE: 904-260-3425			
CONTACT NAME:	me phone: Jame			
PART I: NOTIFICATION				
(check appropriate box)				
	artup 🛣			
New facility notified DARM 30 days prior to sta	·			
	·			
New facility notified DARM 30 days prior to sta	·			
New facility notified DARM 30 days prior to sta     Facility failed to notify DARM to use general popular.  PART II: CLASSIFICATION	ermit			
New facility notified DARM 30 days prior to sta     Facility failed to notify DARM to use general popular part of the state of the	·			
New facility notified DARM 30 days prior to sta     Facility failed to notify DARM to use general popular part of the state of the	Prmit □ □ □ □ □ □ □ No notification form □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general positive part of the state of the	Propostore/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			
1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general positive failed to notify DARM to use general positive 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 both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Print □ 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 ≤ 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			
1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general positive failed to notify DARM to use general positive facility failed to 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 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification	Propriet □ No notification form □ Drop store/out of business/petroleum □ Drop store/out of bus			
1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general positive facility failed to notify DARM to use general positive 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 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general positive facility qualified for a general positive facility facility facility facility qualified for a general positive facility facility facility facility facility qualified for a general positive facility facility facility facility facility facility facility qualified for a general positive facility	Propriet □ 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 $12/9/91$ )  Ay □N □Can not determine cation:  neral permit as number above			
1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general positive facility failed to notify DARM to use general positive 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 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general positive facility qualified for a general positive facility facility facility facility qualified for a general positive facility facility facility facility facility qualified for a general positive facility facility facility facility facility facility facility qualified for a general positive facility	Propriet □ 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 ≤ 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)  AY □N □ Can not determine			

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? XY ON ON/A 2. Examining the containers for leakage? MY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □Y □N XN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber □Y □N **X**N/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) $\square Y \square N$ 1. Equipped all machines with the appropriate vent controls? QY QN QN/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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated $\Box Y \Box N$ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after $\square Y \square N$ 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?	ΠY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□И	□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?	ΩY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y	□N	□N/A
	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□N	□N/A
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

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

PART VI: LEAK DETECTION AND	REPAIRS				
1. Does the responsible official conduct a	weekly (for sma	all sources, bi-w	veekly) leak detection a	nd repai	ir
inspection?				<b>M</b> Y	□N
2. Has the facility maintained a leak log?				ΣY	□N
3. Does the responsible official check the	following areas	for leaks?		•	
Hose connections, fittings, couplings, and valves	ATA DN DI	√J/A M	uck cookers	XX C	ON □N/A
Door gaskets and seating	AY ON ON	√A St	ills	XaX □	ON □N/A
Filter gaskets and seating	<b>A</b> A ON O	V/A Ex	chaust dampers		A/N <b>æ</b> nc
Pumps	AYY ON ON	J/A Di	verter valves	)a(A □	IN □N/A
Solvent tanks and containers	AYYYY ON ON	J/A Ca	artridge filter housings	XY C	ln □n/a
Water separators	ANTA ON ON	J/A			
4. Which method of detection is used by t	he responsible o	fficial?			
Visual examination (condensed se	olvent on exterio	or surfaces)		×	
Physical detection (airflow felt the	rough gaskets)			X X	
Odor (noticeable perc odor)				×	
Use of direct-reading instrumenta	tion (FID/PID/c	alorimetric tube	es)		
Halogen leak detector				×	
If using direct-reading instr	umentation, is t	he equipment:		MN/A	
a. Capable of detecting p	erc vapor conce	ntrations in a ra	ange of 0-500 ppm?	σy ο	lN
b. Calibrated against a st (PID/FID only)?	tandard gas prio	r to and after ea	ich use	OY O	IN
c. Inspected for leaks and	d obvious signs (	of wear on a we	ekly basis?	OY O	N
d. Kept in a clean and se	cure area when	not in use?		OY O	N
e. Verified for accuracy i	y use of duplica	ite samples (cal	orimetric only)?		N
Jeff Wint	ec		4-21-99		
Inspector's Name (Please Prin	t)		Date of Inspec	tion	
Collins 1 1 month	<del>/</del>		April. 2	600	
Inspector's Signature			Approximate Date of N	ext Insp	ection

	ADDITIONAL SITE INFORMATION:
i	
Ì	

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9.' 55	TIME OUT:	/0/0 AIRS ID#:	03/0377
TYPE OF FACILITY:	ERC. Dry Cleaner		
FACILITY NAME:	K+T Cleaner		DATE: 4-21-99
FACILITY LOCATION:	5100 Sunbeam	Rd. # 12	
	Jacksonville, FL	32257	
RESPONSIBLE OFFICIAL:	John Lao	PHONE NUMBE	R: 904-260-3425
	the compliance requirements eval		facility is found to be in
Based on the results of the discrepancies were note	the compliance requirements eval	uated during this inspection, the	following compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
			·
		·	
	<u> </u>		
COMMENTS:			
The Annual Compliance Cortific	cation form has been properly cert	ified and submitted to the increase	tor. YES NO
	$\Omega \alpha$	1 0	lor. PESIX NOLL
DATE OF NEXT INSPECTIO		pproximate)	
INSPECTION CONDUCTED	To C.	Winter	
LIU BOITON GOND GOLDD		Please Print)	
INSPECTOR'S SIGNATURE	: Jeffyny Dr	phone numbe	r: <u>904-630-3484</u>
	//// Page_/	_of	Revised 10/96



AIRS ID#:	03/037	7

Revised 10/10/9

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: K+TC	kaner		DATE	: <u>4-21-99</u>
FACILITY LOCATION: 5/00	Sun beam	Pd. #12		
		32257		
Annual Reporting Period:April	<i>21</i> <sub>1</sub> _1	9 <u>98</u> то	April a	19 <u>97</u>
Based on each term or condition of the Title V ger 62-213.300, Florida Administrative Code (F.A.C.)				DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit that h	as not been in conti	nuous complianœ duri	ng the reporting per	riod 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 h	as not been in conti	nuous compliance duri	ng the reporting per	iod stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based made in this notification are true, accurate and co upon rolling averages of purchase receipts, does nyear for transfer or combination facilities.	mplete. Further, my ot exceed 2,100 gai	annual consumption of	of perchloroethylene	e solvent, based
RESPONSIBLE OFFICIAL: John		John	Xao	4.21.47
Name (Ple	ase Print)	y Sign	atuit	Date

Page of

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

### **BEST AVAILABLE COPY**

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	X	COMPLAINT/	DISCOVERY DIAN					
	RE-INSPECTIO	, П		To I					
AIRS ID#: <u>03/0377</u> I			in: 1350	тіме оит:					
FACILITY NAME:	+T Clea	ner							
FACILITY LOCATION:									
	Jacks	onville,	FL 32	257					
RESPONSIBLE OFFICIAL:	John Lo								
CONTACT NAME:	Sane		_ PHONE:	Same					
PART I: NOTIFICATION									
(check appropriate box)									
1. New facility notified DARM 3	30 days prior to star	tup		<b>X</b>					
2. Facility failed to notify DARM	• •	•		, ,					
				,					
PART II: CLASSIFICATION									
TART II: CLASSIFICATION				Facility indicated on notification form that it is:					
Facility indicated on notification	n form that it is:								
Facility indicated on notification (check appropriate box)	n form that it is:			on form nt of business/petroleum					
Facility indicated on notificatio (check appropriate box) A.	<b>.</b> /	2. Now small o	☐ Drop store/ou	nt of business/petroleum					
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source	e <b>X</b>	2. New small a	☐ Drop store/ou						
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y.	e <b>X</b>	dry-to-dry only	Drop store/outrea source , x < 140 gal/yr	nt of business/petroleum					
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e <b>X</b>	dry-to-dry only transfer only, x	☐ Drop store/outrea source , x < 140 gal/yr < 200 gal/yr	at of business/petroleum					
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y.	e <b>X</b>	dry-to-dry only transfer only, x both types, x <	☐ Drop store/outrea source , x < 140 gal/yr < 200 gal/yr	at of business/petroleum					
Facility indicated on notification (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)	e 🔀	dry-to-dry only transfer only, x both types, x < (constructed on	Drop store/outrea source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	Bureau MAR					
Facility indicated on notification (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	e 💢	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a	Drop store/or area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	Bureau of /					
Facility indicated on notification (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)	e X r e □ 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only	Drop store/outrea source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	Bureau of Air					
Facility indicated on notification (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 ≤ 2,1	e X r e	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2	☐ Drop store/or  area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  area source , 140 ≤ x ≤ 2,100 g	Bureau of Air					
Facility indicated on notification (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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800	e X r e	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop store/or area source , $x < 140 \text{ gal/yr}$ < 200  gal/yr 140  gal/yr or after $12/9/91$ ) area source , $140 \le x \le 2,100 \text{ gal/}$ $140 \le x \le 1,800 \text{ gal/}$	MAR 1 5 2000  Bureau of Air Monitor  & Mobility Sources					
Facility indicated on notification (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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	e X r e	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop store/or area source , $x < 140 \text{ gal/yr}$ < 200  gal/yr 140  gal/yr or after $12/9/91$ ) area source , $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	MAR 1 5 2000  Bureau of Air Monitoring & Mobils Sources					
Facility indicated on notification (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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)	e on the control of t	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on	Drop store/or area source , $x < 140 \text{ gal/yr}$ < 200  gal/yr 140  gal/yr or after $12/9/91$ ) area source , $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	MAR 1 5 2000  Bureau of Air Monitoring & Mobils Sources					
Facility indicated on notification (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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)  5. This is a correct facility class If no, please check the approximate to the source of the sourc	e on the control of t	dry-to-dry only transfer only, x both types, x < (constructed on  4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on  Y  New large and dry-to-dry only transfer only 2 both types, 140 (constructed on the constructed on the construct	Drop store/or  area source , $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source , $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determ	MAR 1 5 2000  Bureau of Air Monitoring & Mobils Sources					
Facility indicated on notification (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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)  5. This is a correct facility class If no, please check the approximation facility.	e   c 00 gal/yr gal/yr al/yr ssification	dry-to-dry only transfer only, x both types, x < (constructed on  4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on  Y New large and dry-to-dry only transfer only, 2 both types, 140 (constructed on dry New lation:	Drop store/or  area source , $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source , $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine the source of the source	MAR 1 5 2000  Bureau of Air Monitoring  & Mobility Sources  bove					

### 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) $\Box$ Y $\Box$ N 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? QY QN QN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? QY QN QN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? $\Box$ Y $\Box$ N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? QY QN QN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after QY QN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	□Y	□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	□N	□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?	ΠY	□N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ПY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□N	□N/A

### PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	- <b>d</b> y □n			
2. Maintained rolling monthly total of perc consumption?	XY DN			
3. Maintained leak detection inspection and repair reports for the following:	'			
a. documentation of leaks repaired w/in 24 hrs? or;	TAY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	Dy On Man/a			
4. Maintained calibration data? (for applicable direct reading instruments)	□y □n \$An/a			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN <b>Y</b> IN/A			
6. Maintained startup/shutdown/malfunction plan?	Yary □n			
7. Maintained deviation reports?	□Y □N <b>∀</b> IN/A			
Problem corrected?	□Y □N XIN/A			
8. Maintained compliance plan, if applicable?	OY ON MAN/A			

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			AN DN		
2.	Has the facility maintained a leak log?		•	AY DN		
3.	Does the responsible official check the	e following areas for leaks	?	•		
	Hose connections, fittings, couplings, and valves	AY ON ON/A	Muck cookers	YAY ON ON/A		
	Door gaskets and seating	TAY ON ON/A	Stills	Y ON ON/A		
	Filter gaskets and seating	AND NO YA	Exhaust dampers	OY ON MIN/A		
	Pumps	TAY ON ON/A	Diverter valves	OY ON XIN/A		
	Solvent tanks and containers	AY ON ON/A	Cartridge filter housings	OY ON MN/A		
	Water separators	YAY ON ON/A				
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed s	solvent on exterior surface	es)	#		
	Physical detection (airflow felt the	nrough gaskets)		A		
	Odor (noticeable perc odor)			中		
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ric tubes)			
	Halogen leak detector					
	If using direct-reading inst	rumentation, is the equip	oment:	TAN/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 a	after each use	□Y □N		
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	□Y □N		
	d. Kept in a clean and s	secure area when not in us	e?	□Y □N		
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	□Y □N		
		·				

Inspector's Name (Please Print)

Minspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
·			
·			
,			
	•		
		·	

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1350 TIME OUT: /	400
TYPE OF FACILITY: Perc. Dry Cleaner	
FACILITY NAME: K+T Cleaner	DATE: 2/23/2000
FACILITY LOCATION: 5/00 Sun beam	RI.#/2
Jack Sonville, F	2 32257
RESPONSIBLE OFFICIAL: John Lao	PHONE NUMBER: 904-260-3425
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
-	
COMMENTS:	
COMMENTS.	
	·
The Association of Committee of	
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: Feb.	proximate)
INSPECTION CONDUCTED BY: Seff W	Jinter
7 / 1 (Pl	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904-630-3484
	1
Page /	of $\int$ Revised 10/96

ÁIRS 1D#: 03/0377

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

				•	1.
FACILITY NAME:	K+T	Cleaner		r	DATE: 2/23/2000
FACILITY LOCATION:	5100	Sunbean			
		,	- 32257		_
Annual Reporting Period:	Afril	1 21,	19 <u>99</u> то	Feb.	23, <u>* 20</u> 0
Based on each term or condition	of the Title \	/ general air permit, m	y facility has remained	in compliance v	vith DEP Rule
62-213.300, Florida Administra	tive Code (F.A	A.C.), during the period	l covered by this statem	ent. XYES	$\square$ NO
If NO, complete the following:					
#1. Term or condition of the ge	neral permit t	hat has not been in con	tinuous compliance dur	ing the reportin	g period stated above:
Exact period of non-compliance	from _		to		
Action(s) taken to achieve comp	liance:				
Method used to demonstrate con	ipliance:				
#2. Term or condition of the ge	neral permit t	hat has not been in con	tinuous compliance dur	ing the reportin	g period stated above:
Exact period of non-compliance	from		to		
Action(s) taken to achieve comp	liance:				·
Method used to demonstrate con	pliance:				
					·
As the responsible official, I her made in this notification are true upon rolling averages of purcha year for transfer or combination	e, accurate an se receipts, de	id complete. Further, i	ny annual consumption allons per year for dry-l	of perchloroeth to dry facilities	ylene solvent, based
RESPONSIBLE OFFICIAL:	JOHN	LAO	<i></i>	hu Xaco	2.23.00
	Name	e (Please Print)	Sign	nature	Date

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

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED
MAIL ROOM

FEB -5 97

TOTAL AMOUNT DU \$50.00

Do NOT Remove Label

AIRS ID# 0310377

JOHN LAO INC JOHN LAO 5100 SUNBEAM ROAD #12 **JACKSONVILLE FL 32257** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FUR PROPER HANDLING

0356385

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

**TOTAL AMOUNT DUE: \$50.00** 

RECEIVED MAIL ROOM

Do NOT Remove Label

AIRS ID # 0310377

K & T CLEANER JOHN LAO 5100 SUNBEAM ROAD #12 JACKSONVILLE FL 32257

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.

AECEIVED

ALL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID#0310377

JOHN LAO INC JOHN LAO

5100 SUNBEAM ROAD #12

JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273



039056,3

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

## TOTAL AMOUNT DUE: \$50.50 CEIVED

Do NOT Remove Label

AIRS ID # 0310377

K & T CLEANER JOHN LAO 5100 SUNBEAM ROAD #12 JACKSONVILLE FL 32257 Bureau of Air Monitoring & Mobile Sources

FOR GOVERNMENT USE BLY TO Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obi.: 002273

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THIS PORTION MUST BE ATTACHED TO REMIETANCE FOR PROPER HANDLING

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

Org.: 37550101000 EQTA1 20 Fund: 20-2-035001 TOTAL AMOUNT DUE SEGOOO TO Sequivold to Sequ

Do NOT Remove Label

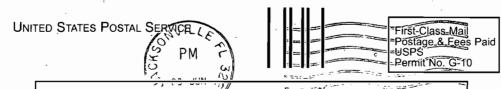
K & T CLEANER JOHN LAO 5100 SUNBEAM ROAD #12 JACKSONVILLE FL 32257

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spapermit.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered addilivered.	ce does not	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:  AIRS ID 0310377  JOHN LAO INC  JOHN LAO  5100 SUNBEAM ROAD #12  JACKSONVILLE FL 32257	4a. Article N  2 33  4b. Service  Registere  Express  Retum Re  7. Date of De	Type  ad Certified  Mail Insured  ceipt for Merchandise   COD
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressed and fee is	e's Address (Only if requested

	Z 333 £	312 924			
_	US Postal Service _Receipt for Certified Mail				
J( 51	DHN LAO INC DHN LAO 100 SUNBEAM ROAD # ACKSONVILLE FL 3225	AIRS ID 0310377			
	Postage	\$			
	Certified Fee				
	Special Delivery Fee				
	Restricted Delivery Fee				
1995	Return Receipt Showing to Whom & Date Delivered				
April	Return Receipt Showing to Whom, Date, & Addressee's Address				
800	TOTAL Postage & Fees	\$			
PS Form <b>3800</b> , April 1995	Postmark or Date				

<b>لای</b>	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
5 4 2	OEF		
{ -,		1 6 1 A L	. USE
7361	Postage Certified Fee	\$	
000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee		Postmark Here
(Endorsement Required)  10 AIRS ID # 0310377001AG  JOHN LAO  K & T CLEANER  5100 SUNBEAM ROAD #12  JACKSONVILLE FL 32257  PS Form 3800, May 2000  See Reverse for Instructions			

PLACE STICKER AT TOP OF ENV TO THE RIGHT OF RETURN ADD FOLD AT DOTTED LINE	COMPLETE THIS SECTION, ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  X  Agent  Addressee  D. Is delivery address different from item 1?		
1. Article Addressed to:  10 AIRS ID # 0310377001AG  JOHN LAO  K & T CLEANER  5100 SUNBEAM ROAD #12  JACKSONVILLE FL 32257	JUN 1 1 200;		
	3. Service Mobile Souritoring Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.		
·	4. Restricted Delivery? (Extra Fee) Yes		
2. Article Number (Copy from service label) 7 000/6 70 0006 736/542	95 · · · · · · · · · · · · · · · · · · ·		
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789		



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

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

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