

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 14, 1996

Mr. David Bieber Vice President Beach Cleaners 12777-1 Atlantic Boulevard Jacksonville, Florida 32225

Dear Mr. Bieber:

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

Levet

/DD

cc: Ms. Lori Tilley, Duval County

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

Printed on recycled paper.



Department of Environmental Protection

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

July 3, 2001

David B. Struhs Secretary

Mr. Davis Bieber Beach Cleaners 12777-1 Atlantic Boulevard Jacksonville, Florida 32225

Dear Mr. Bieber:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 3.

In reviewing your submittal, it was noted that Beach Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0310378). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosure

cc: Mr. Wayne Tutt, Duval County

"More Protection, Less Process"

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
BEACH INVESTMENTS INC I DISA BEACH CLEANERS				
2. Site Name (For example, plant name or number):				
BEACH CLEANERS				
3. Hazardous Waste Generator Identification Number:				
FLD CESOL				
4. Facility Location: Street Address: 12777-1 ATLANTIC BLVB				
City: JACKSONVILLE County: DUVAL Zip Code: 32225				
5. Facility Identification Number (DEP Use):				
Responsible Official				
6. Name and Title of Responsible Official:				
7. Responsible Official Mailing Address: Organization/Firm: SAME AS FACIUITY LOCATION Street Address:				
City: County: Zip Code:				
8. Responsible Official Telephone Number: Telephone: (404) 221 - 4162 Fax: () -				
Facility Contact (If different from Responsible Official)				
9. Name and Title of Facility Contact (For example, plant manager):				
CHARLES EVANS PLANT MANAGER				
10. Facility Contact Address:				
SAME AS FALLLITY LOCATION				
Street Address:				
City: County: Zip Code:				
11. Facility Contact Telephone Number:				
Telephone: (904) 224 - 9162 Fax: () -				
·				

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NOV 3 1997

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Bureau of Air Monitoring & Mobile Sources

Facility Information

How many dry-to-dry mac	chine on-site, pleas	e provide the following informat	ion:
Date Initially Purchased From Manufacturer	Status	Control Device Required*	Date Control Device Installe (if same as purchase date, write "SAME")
Dec 1990	Existing/New	RC/CA/None required	SAME
DEC 1990	Existing/New	RC/CA/None required	SANE
	Existing/New	RC/CA/None required	· .
*KEY: RC = refrigerate 1.(b) Transfer Machines How many washers do y How many dryers/reclaim	ONLY you have on-site?	CA = carbon adsorber on-site?	
1.(b) Transfer Machines How many washers do y How many dryers/reclain If the transfer machine we EXISTING unit. If the September 22, 1993, it is	ONLY you have on-site? mers do you have was purchased fron transfer machine w s a NEW unit (no	on-site? [] on the manufacturer prior to or on	urer between December 9, 1991 a 22, 1993 are allowed to operate
1.(b) Transfer Machines How many washers do y How many dryers/reclain If the transfer machine we EXISTING unit. If the September 22, 1993, it is	ONLY you have on-site? mers do you have was purchased fron transfer machine w s a NEW unit (no it). For each trans	on-site? [] on the manufacturer prior to or on yas purchased from the manufacturits purchased after September	urer between December 9, 1991 a 22, 1993 are allowed to operate
1.(b) Transfer Machines How many washers do y How many dryers/reclain If the transfer machine w EXISTING unit. If the September 22, 1993, it is under this general perm	ONLY you have on-site? mers do you have was purchased fron transfer machine w s a NEW unit (no it). For each trans	on-site? [] on the manufacturer prior to or on yas purchased from the manufact units purchased after September fer machine on-site, please provi	urer between December 9, 1991 a 22, 1993 are allowed to operate de the following information: Date Control Device Installe (if same as purchase date,
1.(b) Transfer Machines How many washers do y How many dryers/reclain If the transfer machine w EXISTING unit. If the September 22, 1993, it is under this general perm	ONLY you have on-site? mers do you have was purchased fron transfer machine was a NEW unit (no it). For each trans Status	on-site? [] on the manufacturer prior to or on vas purchased from the manufacturits purchased after September fer machine on-site, please provided to the control Device Required.	urer between December 9, 1991 a 22, 1993 are allowed to operate de the following information: Date Control Device Installe (if same as purchase date,

2.(a) What was the total quantity of perchloroethyle months? [277.6] gallons (You mus	ene (perc) purchased or consumed within the last 12 trill this in)
(b) If less than 12 months, how many? [] mo Check why it is less than 12 months: New ow	onths ner: [] New store: [] Did not keep records: []
3. What is the facility's source classification based o (Indicate with an "X". Select one classification or	, ,
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(x<140 gal/yr) (x<200 gal/yr) (x<140 gal/yr)
Large Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser	New machines at large area source Refrigerated condenser
to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following: All steam and hot water generating units on-site have a ser (HP) or less and are fired by natural gas or propane or r.
All steam and hot water generating units exempt No such units on-site	X

6. Equipment Monitoring and Recordkeeping Information	6. 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 monito	ring []				
(e) Instrument calibration					
(f) Start-up, shutdown, malfunction plan	<u> </u>				
7. 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 op this notification form.	peration of the facility indicated in				
Responsible Offi	cial Certification				
this notification. I hereby certify, based on informa statements made in this notification are true, accur maintain the air pollutant emissions units and air p	efined in Part II of this form, of the facility addressed in attion and belief formed after reasonable inquiry, that the ate and complete. Further, I agree to operate and collution control equipment described above so as to I permit as set forth in Part II of this notification form.				
I will promptly notify the Department of any chang	es to the information contained in this notification.				
DAVID BIEBER					
Print name of responsible official					
Dad Built	O.J. 29 1979				
Signature	Date				



Department of Sandy Environmental Protection

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

November 5, 1997

Mr. David Bieber Beach Cleaners 12777-1 Atlantic Boulevard. Jacksonville, Florida 32225

Dear Mr. Bieber:

Thank you for your November 3 submittal of the Perchloroethylene Dry Cleaning Facility Notification form.

The form used to notify the Department of your intent to use the general permit has not yet been approved. Therefore, I am sending you the current effective form (Effective: 6-25-96). Please complete and submit this form to the Department in the enclosed envelope. Processing of your notification will continue upon the receipt of the proper form.

I appreciate your attention to this matter and apologize for any inconvenience. Please contact me if you have any questions at 850\921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section Bureau of Air Monitoring and

Mobile Sources

SB\

Enclosures

cc: Lori Tilley, Duval County

AIRS ID#: <u>03/0378</u>

1

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Beach Clea	iners	DAT	E: 2/12/97
FACILITY LOCATION:/2777-/_/	Atlantic Blue	<u>. </u>	
FACILITY LOCATION: 12777-1	32225	·	
Annual Reporting Period: August 29	19 <u>%</u> то _	Feb. 12	19 <u><i>9</i>7</u>
Based on each term or condition of the Title V general air p 62-213.300, Florida Administrative Code (F.A.C.), during t			DEP Rule
	no period severed by this i		
If NO, complete the following:			
#1. Term or condition of the general permit that has not be	en in continuous complian	ce during the reporting pe	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 has not be	en in continuous complian	ce during the reporting pe	riod 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 on inform made in this notification are true, accurate and complete. I upon rolling averages of purchase receipts, does not exceed year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	Further, my annual consum	ption of perchloroethylen	e solvent, based
Name (Please Print	<u> </u>	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.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	Tacinty Name and Education
l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	BEACH INVESTMENTS, INC II DBA BEACH CLEANERS
2.	Site Name (For example, plant name or number):
	BEACH CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLB CESOL
4.	Facility Location:
	Street Address: 12117-1 ATLANTIC BLVB. City: JACKSON VILLE County: DUVAL Zip Code: 32225
	Facility Identification Number (DEP Use):
i de	03/ 08 78
	Responsible Official
	Name and Title of Responsible Official:
0.	DAVIS BLEBER VICE PRESIDENT / MANDALER
7.	O COST I SAME
	Street Address: 12000-1 ATLANTIC BUS.
÷	City: JACKSOM VILLE County: DOVAL Zip Code: 32225
8.	
	Telephone: (904) 221-9162 Fax: () -
	Facility Contact (If different from Responsible Official)
	Tachity Contact (It different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	CHARLES EVANS PLANT MANARER
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
-	
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	RECEIVED

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	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	14	DEC 1990	OPP1 334	12	DEC MAGO	DEC 1590			
(2) w/ carbon adsorber									
(3) w/ no controls					-		_		
Washer Unit		•		-					
(4) w/ ref. condenser							_		
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					•				
(7) w/ ref. condenser									
(8) w/ carbon adsorber	l								
(9) w/ no controls						·			
Reclaimer Unit								,	
(10) w/ ref. condenser							_		
(11) w/carbon adsorber		(· · · ·					
(12) w/ no controls							_		
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 montrol Check why it is less	are requanting gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (perc)	_] purchased ir		•		· .
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
Existing small ar	ea so	urce []	Ne	w sm	all area sour	ce []			
Existing large are	ea sou	irce 🔨	Ne	w lar	ge area sour	ce []			

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Existing large area source Carbon adsorber Refrigerated condenser	1
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 to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site 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 millio	
boiler HP or less), and (2) are fired exclusively by natural gas except for periods of naduring which propane or fuel oil containing no more than one percent sulfur is fired.	tural gas curtailment
	tural 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	tural 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	tural 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	tural gas curtailment
All steam and hot water generating units exempt No such units on-site	
All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordkeeping Information	
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 requirement	ts of this general permit:
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 requirement (a) Purchase receipts and solvent purchases	ts of this general permit:
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 requirement (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair	ts of this general permit:
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 requirement (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	ts of this general permit:

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

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)
<u>, </u>	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 ats 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.
Signature	e Date

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TIME IN: 2'20 TIME OUT: 2'50 AIRS ID#: 03/0378 TYPE OF FACILITY: Day Oleaner FACILITY NAME: Beach CleanerS FACILITY LOCATION: 12777-1 Atlantic DIVI. Tacks on ville FL 32225 RESPONSIBLE OFFICIAL: David Vieler PHONE NUMBER: Got) 22/- 9/62 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62:213.90, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) (Approximate) (Approximate) INSPECTION CONDUCTED BY: Jeffey Jinter PHONE NUMBER: 904) 1230-3484 Page of Revised 10/96 Revised 10/96	TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION						
FACILITY NAME: Geach Cleaners DATE: 2/12/97 FACILITY LOCATION: 27777- Atlantic DIVd. Tack Son ville FC 32225 RESPONSIBLE OFFICIAL: David Cleber PHONE NUMBER: (got) 22/-9/62	TIME IN: $2:20$ TIME OUT: $2:5$	60AIRS ID#: 03/0378						
FACILITY LOCATION: 12777-1 Atlantic Blvd. Tacksonville FL 32225 RESPONSIBLE OFFICIAL: David Bieber PHONE NUMBER: (9ct) 221-9162 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) (Approximate) INSPECTION CONDUCTED BY: Jeffrey Winter (Plefase Print) INSPECTOR'S SIGNATURE: Jeffrey Winter PHONE NUMBER: (304) 630-3484	TYPE OF FACILITY: Dry Cleaner	·						
Tacksonville FC 3222 S RESPONSIBLE OFFICIAL: David Vieler PHONE NUMBER: (904) 221-9162 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: Jeffrey Winter NSPECTOR'S SIGNATURE: PHONE NUMBER: (904) 630-3484	FACILITY NAME: Beach Cleaners	DATE: 2/12/97						
RESPONSIBLE OFFICIAL: David Vieles Phone Number: Gold 221-9162	FACILITY LOCATION: 12777-1 Atlanti	FACILITY LOCATION: 12777-1 Atlantic BIVS.						
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) (Please Print) INSPECTOR'S SIGNATURE: PHONE NUMBER (904) 630-34884	Jacksonville, FL							
compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Please Print) PHONE NUMBER (304) 630-3484	RESPONSIBLE OFFICIAL: David Vieber	PHONE NUMBER: (904) 221-9162						
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COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: (Please Print) INSPECTOR'S SIGNATURE: PHONE NUMBER: (904) 630-3484		ated during this inspection, the following compliance						
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INSPECTION CONDUCTED BY: Jeffrey Winter (Please Print) PHONE NUMBER: (904) 630-3484	DATE OF NEXT INSPECTION: 2/	12/98						
INSPECTOR'S SIGNATURE: Jeffry Line PHONE NUMBER: (904) 630-3484		· . 1						
INSPECTOR'S SIGNATURE: Jeffrey Winte PHONE NUMBER: (904) 630-3484								
	A = A + A + A + A + A + A + A + A + A +	1 6 1/100 DURIL						
FAVE I III I REVICED TITAL								



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/D	ISCOVERY
AIRS ID#: 03/037	8 TIME IN:		ut: 2:50
FACILITY NAME:B	each Clea	ners	
FACILITY LOCATION:	12777-1	Atlantic Blud.	
	Jacksonvi	1/e, FL 32225	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DAR	M by 9/1/96		12
2. New facility notified DARM 3	0 days prior to startup)	0
3. Facility failed to notify DARM	I to use general permi	t	
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	n form that it is: #	FACILITY HOS 2 M Purchased before 199	Achines 71. (No Controls).
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)	dr tra bo	New small area source y-to-dry only, x<140 gal/yr ansfer only, x<200 gal/yr oth types, x<140 gal/yr onstructed on or after 12/9/91)	
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	dr tra bo (co gal/yr dr l/yr tra r bo	y-to-dry only, x<140 gal/yr ansfer only, x<200 gal/yr oth types, x<140 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 (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,="" y<=""><td>dr tra bo (co gal/yr dr l/yr tra r bo</td><td>y-to-dry only, x<140 gal/yr ansfer only, x<200 gal/yr oth types, x<140 gal/yr onstructed on or after 12/9/91) New large area source y-to-dry only, 140<x<2, 100="" 140<x<1,800="" 200<x<1,800="" ansfer="" gal="" only,="" oth="" td="" types,="" yr="" yr<=""><td></td></x<2,></td></x<2,>	dr tra bo (co gal/yr dr l/yr tra r bo	y-to-dry only, x<140 gal/yr ansfer only, x<200 gal/yr oth types, x<140 gal/yr onstructed on or after 12/9/91) New large area source y-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" ansfer="" gal="" only,="" oth="" td="" types,="" yr="" yr<=""><td></td></x<2,>	
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="" 200<x<1,800="" 9="" 91)<="" before="" gal="" only,="" td="" transfer="" y=""><td>dr tra bo (co gal/yr dr l/yr tra r bo (co</td><td>y-to-dry only, x<140 gal/yr ansfer only, x<200 gal/yr oth types, x<140 gal/yr onstructed on or after 12/9/91) New large area source y-to-dry only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" ansfer="" gal="" on="" only,="" onstructed="" or="" oth="" td="" types,="" yr=""><td></td></x<2,></td></x<2,>	dr tra bo (co gal/yr dr l/yr tra r bo (co	y-to-dry only, x<140 gal/yr ansfer only, x<200 gal/yr oth types, x<140 gal/yr onstructed on or after 12/9/91) New large area source y-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" ansfer="" gal="" on="" only,="" onstructed="" or="" oth="" td="" types,="" yr=""><td></td></x<2,>	
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="" 200<="" only,="" td="" transfer=""> transfer only, 200 x<1,800 gal/yr (constructed before 12/9/91)</x<2,>	dr tra bo (co gal/yr dr l/yr tra r bo (co tation	y-to-dry only, x<140 gal/yr ansfer only, x<200 gal/yr oth types, x<140 gal/yr onstructed on or after 12/9/91) New large area source y-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" ansfer="" gal="" on="" only,="" onstructed="" or="" oth="" td="" types,="" yr=""><td></td></x<2,>	

Revised 10/14/96

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 OY ON GAN/A beds according to the manufacturer's specifications?

PART	PART IV: PROCESS VENT CONTROLS				
In Pai	rt II-A: 2 Machines Purchased in 1990 (NO	Controls).			
	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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993				
	If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated condenser			
	as the responsible official of all new sources and existing large area sources: appropriate boxes)				
l. Eqi	uipped all machines with the appropriate vent controls?	DY ON			
2. Equ	uipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A			
	nipped the condenser with a diverter valve so airflow will be directed away from the idenser upon opening the door?	OY ON ON/A			
	asured and recorded the temperature of the outlet exhaust stream of a refrigerated denser on a weekly basis?	אוא אם צם			
	paired or adjusted the equipment within 24 hours if the exhaust temperature of the idenser exceeded 45° F?	DN ON			
	nducted all temperature monitoring after an appropriate cooldown period and after ifying that the coolant had been completely charged?	DY ON			
В. На	s the responsible official of an existing large or new large area source also:				
	asured and recorded the exhaust temperature on the outlet side of the condenser located dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ם אוא אם אם			

2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON 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?	OY ON CON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	oy on NA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DONA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON DANIA

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

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	DY ON
2. Which method of detection is used by the responsible official?	/
Visual examination (condensed solvent on exterior surfaces)	9
Physical detection (airflow felt through gaskets)	4
Odor (noticeable perc odor)	10
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	.

If using direct-reading instrume	ntation,	, is the equip	ment:				
 Capable of detecting p 	ΠY	□N					
b. Calibrated against a s	b. Calibrated against a standard gas prior to and after each use						
(PID/FID only)?	•			ΠY	□N		
 c. Inspected for leaks an 	d obviou	ıs signs of w	ear on a weekly basis?	ΠY	□N		
d. Kept in a clean and se	cure are	a when not	in use?	ΠY	□N		
e. Verified for accuracy	by use of	f duplicate s	amples (calorimetric only)?	ΠY	אַנַ		
3. Has the facility maintained a leak log?	MAIN	JUINED	DAILY	₽ Y	□N		
4. The following areas should be checked.	for leaks	by the insp	ector:				
	Leak I	Detected?		Leak	Detected?		
Hose connections, fittings, couplings, and valves	ΠY	UN	Muck cookers	ΩY	2 N		
Door gaskets and seating	ΠY	₫ N	Stills	ΩY	CHN		
Filter gaskets and seating	\Box Y	L	Exhaust dampers	ΠY	1217		
Pumps	ΠY	d√N /	Diverter valves	ПY	TÉN		
Solvent tanks and containers	ПY	₫N /	Cartridge filter housings	ПY	ÉN		
Water separators	ΩY	W N					
Pavid Bieber	1						

Approximate Date of Next Inspection

Inspector's Name (Please Print)

nspector's Signature

ADDITIONAL SITE INFORMATION:			
			<i>*</i>
		•	
			•
	•		

Perchloroethylene Dry Cleaning Facility Notification

RECEIVED

Facility Name and Location

NOV 1 7 1997

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): Bureau of Air Monit BEACH Lavestaliant III LEA BEACH CLEANSE Mobile Source	itorin ces
2.	Site Name (For example, plant name or number):	
	BEACH CLEANERS	
3.	Hazardous Waste Generator Identification Number:	
	Frb C820C	
4.	Street Address: 12977-1 ATLANTIC BLUD	
	City: TACKSONVILLE County: DUNAL Zip Code: 32225	
5.	Facility Identification Number (DEP Use): 03/0378	
	Responsible Official	
6.	Name and Title of Responsible Official:	
7.	Responsible Official Mailing Address: Organization/Firm: Same ASBRESS AS FACILITY Street Address:	
	City: County: Zip Code:	
8.	Responsible Official Telephone Number: Telephone: (904) 221 - 5162 Fax: () -	
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager)	
	CHARLES EVANS LANT MANALER	
10.	. Facility Contact Address:	
	Street Address: SAME AS PACICITY LOCATION	
	City: County: Zip Code:	
11.	. Facility Contact Telephone Number: Telephone: (ヘッイ) ユュー ー ー Fax: () ー	

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Facility Information

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

Type of Machine	ID	Machine Initially Purchased	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		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			<u>, </u>		100		- ::		
(1) 11, 101, 001,001,501	#1	DEC 199	0 DEC 90	₽,	180 90	\$ 25 40			
(2) w/ carbon adsorber									
(3) w/ no controls	<u> </u>								
Washer Unit		r shije šija	an Property Company	1.74		t Karata III.	1 1 1		Mary Property
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	T. T.	· PRESE				, Pelis link			a main
(7) w/ ref. condenser									
(8) w/ carbon adsorber					_				
(9) w/ no controls				-					
Reclaimer Unit			Projection of	- :,	1. 75 1		- 1	Nagrana aga	the same of
(10) w/ ref. condenser									
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls									
(11) w/carbon adsorber	uanti gallo	equired to be ity of perchlons ow many? [_	installed [perc)	purchased in				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machin (Indicate with an "X".)	nes pursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser	_ *_
New small area source Refrigerated condenser		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emission to Rule 62-213.300, F.A.C. Verify that all steam exemption criteria or that no such units exist on-s	and hot water generating units	
All steam and hot water generating units on-site (boiler HP or less), and (2) are fired exclusively be during which propane or fuel oil containing no m	y natural gas except for period	ls of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	<u>%</u> 	
		·
	g and Recordkeeping Inform	
Check all logs which are required to be kept on-si	ite in accordance with the requ	
(a) Purchase receipts and solvent purchases		<u> </u>
(b) Leak detection inspection and repair		<u> </u>
(c) Refrigerated condenser temperature monitorin	g	<u></u>
(d) Carbon adsorber exhaust perc concentration n	nonitoring	
(e) Instrument calibration		<u> </u>
(f) Start-up, shutdown, malfunction plan		[>]

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

<u></u>	I hereby surrender all existing air permits authorifacility indicated in this notification form; specification form; specifica			
	No air permits currently exist for the operation of this notification form.	ation of the facility indicated in		
	Responsible Official Cert	tification		
this noti statemer maintair	dersigned, am the responsible official, as defined in fication. I hereby certify, based on information and nts made in this notification are true, accurate and c n the air pollutant emissions units and air pollution o with all terms and conditions of this general permit o	belief formed after reasonable inquiry, that the complete. Further, I agree to operate and control equipment described above so as to		
I will pr	omptly notify the Department of any changes to the	information contained in this notification.		
	06.			
)	of low	Now. 1, 1601		

DRY CLEANER AIR QUALITY GENERAL PERMIT MIT RECEIVED OF THE SOUND IN S ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0310378

BEACH INVESTMENTS INC II DAVID BIEBER 12777-1 ATLANTIC BLVD JACKSONVILLE FL 32225

	!				<u> </u>		Jrce litor
	\	Do NOT	Remove La	abel			
Annual Reporting Period:	. ٦		19 <u>57</u>	то	12/31		19 ⁶ 1
Based on each term or condition of the 62-213.300, Florida Administrative C							DEP Rule
If NO, complete the following:							
#1. Term or condition of the general	permit that has	s not been in cont	tinuous co	mpliance	e during the re	eporting pe	eriod stated above:
Exact period of non-compliance: from	n			to)		
Action(s) taken to achieve compliance	e:						
Method used to demonstrate complian	nce:						·
#2. Term or condition of the general	permit that has	not been in cont	inuous co	mpliance	during the re	eporting pe	riod stated above:
Exact period of non-compliance: from	n		,	to_			
Action(s) taken to achieve compliance	e:						
racenon usen to nemonanate combitat	ice: <u>·</u>		· ·			- ·	
As the responsible official, I hereby cert notification are true, accurate and comp does not exceed 2,100 gallons per year fo	lete. Further, n or dry-to dry fac	ny annual consum ilities or 1,800 gai	ption of pe Uons per ye	rchloroei ear for tro	hylene solvent insfer or comb	, basea upo	n purcnase receipis,
RESPONSIBLE OFFICIAL:	Name (Plea	se Print)		1 ~	Signature	<u>~~~</u>	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 💢	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: //55	TIME OUT:	/2/5 AIRS ID#: 03/0378
TYPE OF FACILITY: \mathcal{I}	Pry Cleaner	
FACILITY NAME:	Beach Cleaners	DATE: 4/8/98
FACILITY LOCATION:	12777-1 A	Hartic Blvd.
	acksonville, f	FC 32225
RESPONSIBLE OFFICIAL:	Vavid Bieb	PHONE NUMBER: 904-221-9/62
		nts evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.).
Based on the results of discrepancies were note		nts evaluated during this inspection, the following compliance
COMPLIANCE REQ	UIREMENT/PROBLE	EM FOLLOW-UP ACTION REQUIRED
•		
		P
	·	ENOTHING SE
		ELC STORING
COMMENTS:		
	•	
The Annual Compliance Certifi	cation form has been proper	erly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTIO	ON:	March, 1999
INSPECTION CONDUCTED	BY:	(Approximate) Eff Winter (Please Print)
INSPECTOR'S SIGNATURE	: Jeffing Un	PHONE NUMBER: 904-630-2800

PERCHLOROETHYLENE DRY CLEANERS

TITLE V	GENERAL PE	KMIT
COMPLIANCE	INSPECTION	CHECKLIST

	COMPLIANCE INSI	PECTION C	HECKLIST	Cir 10
TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/DI	SCOVERY THE SCOVERY TO THE SCOVERY T
	RE-INSPECTION			Moli Ni
				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
AIRS ID#: <u>03/0378</u>	DATE: 4/8/9.	<u> </u>	n: <u>//55</u> t	іме оит: <u>/2 2 👸 👸</u>
facility name: $_{\cal B}$	each Ckane	15		
FACILITY LOCATION:	12777-1	4Hanti	c Blul.	
· 	Jacksonvil	le, FC	32225	
RESPONSIBLE OFFICIAL :	. David Biel	er	PHONE: 904	1-221-9162
RESPONSIBLE OFFICIAL :	Luck Evans	5	PHONE: 904	2-221-9/62
PART I: NOTIFICATION				
(check appropriate box)			•	
 				₩
New facility notified DARM	1 30 days prior to startup			
New facility notified DARM Facility failed to notify DAF	• -			
·	• -			<u> </u>
·	RM to use general permit			<u> </u>
2. Facility failed to notify DAF	RM to use general permit		☐ No notification	
2. Facility failed to notify DAF PART II: CLASSIFICATIO Facility indicated on notificat (check appropriate box)	RM to use general permit			
PART II: CLASSIFICATION Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gal/yr both types, x < 140 gal/yr	RM to use general permit N ion form that it is: rce	New small a y-to-dry only, insfer only, x th types, x < 1	☐ Drop store/out rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr	form
PART II: CLASSIFICATION Facility indicated on notificat (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	RM to use general permit N ion form that it is: rce	New small a y-to-dry only, ansfer only, x on tructed on New large a y-to-dry only, ansfer only, 20 th types, 140	□ Drop store/out rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	form of business/petroleum

Revised 9/15/97

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 21/2 gallons.

facility qualified for a general permit as number __

facility exceeds above limits and is not eligible for a general permit

If no, please check the appropriate classification:

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

B.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on <u>a weekly</u> basis?	XY	□N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ON DEN/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□N X (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?	\Box Y	□N XN/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ON MN/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 MN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N MN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□N ŒN/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: XY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days □Y □N □N/A and parts installed w/in 5 days of receipt? DY DN ANA 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? □Y □N X\N/A XXY □N 6. Maintained startup/shutdown/malfunction plan? OY ON MY/A 7. Maintained deviation reports? \Box Y \Box N Problem corrected? 8. Maintained compliance plan, if applicable? \square Y \square N

PART VI: LEAK DETECTION AND REPAIRS

	RI VI. LEAR DETECTION AND I					
1.	Does the responsible official conduct a	weekly (for	small sources, b	i-weekly) leak detection ar	nd rep	air
	inspection?				Y	□N
2.	Has the facility maintained a leak log?				Y	□N
3.	Does the responsible official check the	following a	reas for leaks?		<i>(</i>	
	Hose connections, fittings, couplings, and valves	YY ON	□N/A	Muck cookers	Y	□N □N/A
	Door gaskets and seating	Y DN	□N/A	Stills	×	□N □N/A
	Filter gaskets and seating	DA DN	□N/A	Exhaust dampers	XY	□N □N/A
	Pumps	Y DN	□N/A	Diverter valves	YY	□N □N/A
	Solvent tanks and containers	MY ON	□N/A	Cartridge filter housings	YY	□N □N/A
	Water separators	YY DN	□N/A		•	
4.	Which method of detection is used by the	he responsi	ble official?			
	Visual examination (condensed se	olvent on ex	terior surfaces)		X	
Physical detection (airflow felt through gaskets)				X		
Odor (noticeable perc odor)					X	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				tubes)	۵	
	Halogen leak detector					
If using direct-reading instrumentation, is the equipment:					XV/	'A
	a. Capable of detecting	perc vapor o	concentrations in	a range of 0-500 ppm?	□Y	□N
	b. Calibrated against a s	standard gas	prior to and aft	er each use		
	(PID/FID only)?					□N
c. Inspected for leaks and obvious signs of wear on a weekly basis?						□N
	d. Kept in a clean and secure area when not in use?					□N
	e. Verified for accuracy	by use of di	iplicate samples	(calorimetric only)?	ΠY	□N
				1	,	
	Total Victor	_		4/5	1/3	8

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

March, 1999
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
·		

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
AIRS ID#: <u>03/0378</u> DATE: <u>/-</u> Z/ FACILITY NAME: <u>Beach</u> C	7-97 TIME IN: 1115 TIME OUT: 1145
FACILITY LOCATION: 12777	
RESPONSIBLE OFFICIAL: David	Gieber PHONE: 904-221-9162
CONTACT NAME:	PHUNE:
PART I: NOTIFICATION	TE (
 (check appropriate box) New facility notified DARM 30 days prior to sta Facility failed to notify DARM to use general per 	
	78.0
	v. 6:
PART II: CLASSIFICATION	60
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A.	No notification form Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box)	□ No notification form
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	☐ 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
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	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
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 classific facility qualified for a ger	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 \square N \square Can not determine

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

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

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

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

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?	YY	□N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N ÞÁN/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□N \$MINA
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?		on Xina on Xina
	Is the perc concentration equal to or less than 100 ppm?	ЦY	UN YAN/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 X an/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 XXIN/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 dy □n			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	XXY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	' OY ON X IN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN XXVA			
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N X(N/A			
6. Maintained startup/shutdown/malfunction plan?	Xayy □n ′			
7. Maintained deviation reports?	DY DN XXN/A			
Problem corrected?	DY DN XXVA			
8. Maintained compliance plan, if applicable?	OY ON XIN/A			

PART	VI: LEAK DETECTION AND	REPAII	RS				
1. Doe	s the responsible official conduct a	weekly	(for	small sources	, bi-weekly) leak detection a	ınd rep	аіг
insp	ection?					YY	□N
2. Has	the facility maintained a leak log?					YY	ПN
3. Doe	s the responsible official check the	followir	ng ar	reas for leaks?		/	
	Hose connections, fittings,	4				~ /	
	couplings, and valves	Set 1	ΠИ	□N/A	Muck cookers	AY	
	Door gaskets and seating	XY	ПП	□N/A	Stills	XY	
	Filter gaskets and seating .	AX (ΠИ	□N/A	Exhaust dampers	ПY	UN XIN
:	Pumps	AA (ПП	□N/A	Diverter valves	XY	
	Solvent tanks and containers	AX (⊐N	□N/A	Cartridge filter housings	XY	
t	Water separators	AX (П	□N/A		·	
4. Whi	ch method of detection is used by the	he respo	nsib	le official?			
	Visual examination (condensed so	olvent o	n ext	terior surfaces)	×	
	Physical detection (airflow felt the	rough ga	asket	ts)		MXXO	
	Odor (noticeable perc odor)					×	
	Use of direct-reading instrumenta	tion (FI	D/PI	D/calorimetri	c tubes)	٦	
	Halogen leak detector						
	If using direct-reading instr	umenta	tion,	, is the equipr	nent:	NAM	Ά
	a. Capable of detecting p	erc vap	or co	oncentrations	in a range of 0-500 ppm?	ПY	□N
	b. Calibrated against a s (PID/FID only)?	tandard	gas	prior to and at	fter each use	ПY	□N
	c. Inspected for leaks an	d obviou	15 S i	gns of wear on	a weekly basis?	ПY	□N
	d. Kept in a clean and se			-		ΠY	□N
	e. Verified for accuracy					ПY	
	Jeff Winta				1/27	199	;
	Inspector's Name (Please Prin				Date of Inspe	ction	
	Others Wint	4			Januar	Ψ,	2000
	Inspector's Signature				Approximate Date of	Next I	nspection

ADDITIONAL SITE INFORMA	ATION:			<u> </u>
			4.00	- 10.46
	•			
			,	
		·		
	•			
		•		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual X	COMPLAINT/D	DISCOVERY	RE-INSPECTION
TIME IN: ///5	TIME OUT:	1145	AIRS ID#:	0310378
TYPE OF FACILITY:	ferc. Dry Cla	anec		
FACILITY NAME:	Beach Clean	ers	-	DATE: 1/27/99
FACILITY LOCATION:	12777-1 A	Hantic.	Blud.	
	Jackson ville,	FL 32	2225	
RESPONSIBLE OFFICIAL:	David Bieber		PHONE NUMBE	2: 904-221-9162
	the compliance requirements Rule 62-213.300, Florida Adı			facility is found to be in
Based on the results of discrepancies were note	the compliance requirements	evaluated during	this inspection, the	following compliance
COMPLIANCE REQU	U IREMENT/PROBLE	M FO	LLOW-UP ACT	TION REQUIRED
			-	
COMMENTS:		· ·		
. · ·				
The Annual Compliance Certific	cation form has been properl	y certified and sub	mitted to the inspect	or. YES NO
DATE OF NEXT INSPECTIO	DN:	An. 200 (Approximate)	<u> </u>	
INSPECTION CONDUCTED	BY: Se	~~	Her	·
INSPECTOR'S SIGNATURE	: Jeffry L	Into	_PHONE NUMBE	r: <u>904-630-3484</u>
	/ W/ Pag	geof	•	Revised 10/96

Acc

		00100R	
AIRS	ID# :	0310378	

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Beach Cleaners DATE: 1/27/99
FACILITY LOCATION: 12777-1 Atlantic BIVE.
Jacksonville, FL 32225
Annual Reporting Period: April 4, 1998 to January 27, 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
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

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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLA	MN1/DISCOVERY	u
AIRS ID#: <u>03/0378</u>			TIME OUT:_	1000
FACILITY NAME:	rach Cleaners		<u>.</u> .	,
FACILITY LOCATION:	12777-1 AH	lantic Blue	<u>.</u>	
	Jacksonville	C, FL 32	2225	
RESPONSIBLE OFFICIAL:				162
CONTACT NAME:	Some		Some	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM				×
2. Facility failed to notify DARN	I to use general permit	<u> </u>		<u> </u>
PART II: CLASSIFICATION	<u></u>			
PART II: CLASSIFICATION Facility indicated on notificatio (check appropriate box)	n form that it is:		fication form ore/out of business/pet	roleum
Facility indicated on notificatio	2. New dry-to-c transfer both type (construction)		ore/out of business/pet	roleum
Facility indicated on notificatio (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	2. New dry-to-c transfer both typ (construction of the dry-to-c transfer dry-to-c dry-to-c transfer both typ dry-to-c transfer both typ both typ	or small area source dry only, x < 140 gal/yr only, x < 200 gal/yr oes, x < 140 gal/yr	MAR 1 5 2000 Bureau of Air-Monito O gal/yr ce gal/yr ce	70
Facility indicated on notificatio (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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	2. New dry-to-c transfer both type (construction gall/yr dry-to-c transfer both type dry-to-c transfer both type (construction gall/yr both type (construction	Drop store a small area source dry only, $x < 140 \text{ gal/yr}$ only, $x < 200 \text{ gal/yr}$ only, $x < 140 \text{ gal/yr}$ only, $x < 140 \text{ gal/yr}$ octed on or after $12/9 \text{ gal/yr}$ area source dry only, $140 \le x \le 2$, only, $200 \le x \le 1,80 \text{ gal/yr}$ only, $140 \le x \le 1,80 \text{ gal/yr}$ only, $140 \le x \le 1,80 \text{ gal/yr}$	Bureau of Air-Monitoring o gal/yr es	
Facility indicated on notificatio (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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class of the property of the prop	2. New dry-to-c transfer both typ (constructions) 4. New dry-to-c transfer dry-to-c transfer both typ (constructions) 2. New dry-to-c transfer both typ (constructions)	Drop store in the property of	MAR 1 5 2000 Burgau of Alir Monitoring 0 gal/yr ces determine above	

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? □N □N/A 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? XY IN ONA 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 XWA 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 AY ON ONA 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?	Y	□N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□N ÆN\V
	Is the temperature differential equal to or greater than 20° F?	ПY	UN PANA
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	on thina
	Is the perc concentration equal to or less than 100 ppm?	ПY	ON XNA
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?	□Y	on F ava
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY	ON XVIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□N XN/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: XY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or: b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN XN/A and parts installed wiin 5 days of receipt? DY DN XNA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN ZN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MO YEK 6. Maintained startup/shutdown/malfunction plan? □Y □N X\N/A 7. Maintained deviation reports? UY UN Problem corrected? DY ON XY/A 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AN	D REPAIRS				
1.	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 lo	og?		XX ON		
3.	Does the responsible official check	the following areas for leaks	?	•		
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	XY ON ON/A		
	Door gaskets and seating	Y UN UN/A	Stills	AM ON ONA		
	Filter gaskets and seating	AND NO YA	Exhaust dampers	OY ON MANA		
	Pumps	Y ON ON/A	Diverter valves	DY DN MINA		
	Solvent tanks and containers	AND ND YA	Cartridge filter housings	XY ON ON/A		
	Water separators	AND ND YA				
4.	Which method of detection is used b	y the responsible official?		. /		
	Visual examination (condense	d solvent on exterior surface	s)	×		
	Physical detection (airflow felt	through gaskets)		Þ. Þ.		
	Odor (noticeable perc odor)			X		
	Use of direct-reading instrume	ntation (FID/PID/calorimetr	ic tubes)	a		
	Halogen leak detector					
	If using direct-reading in	strumentation, is the equip	ment:	□N/A		
	UY UN					
	UY UN					
	□Y □N					
d. Kept in a clean and secure area when not in use?				□Y □N		
	e. Verified for accura	cy by use of duplicate sample	es (calorimetric only)?	□Y □N		
_						

Inspector's Name (Please Print)

My Units

Inspector's Signature

2/16/2000 Date of Inspection

JAN., 2001
Approximate Date of Next Inspection

A	DDITIONAL SIT	TE INFORMATION	:		
					,

AIRS 1D#: 03/0378

All

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Beach Cle	lanecs		D	ATE: 2/16/2000
FACILITY LOCATION:	12777-1	Atlantic	_		<u> </u>
	Jackson	ille, FL:	32225		
Annual Reporting Period:	JAN. 6	2719_5	7 9 то	Feb.	16 <u>, a 20</u> 0
Based on each term or condition	_	-	-	¥ - 1	ith DEP Rule
If NO, complete the following	:			•	
#1. Term or condition of the g	general permit that has	s not been in continue	ous compliance du	uring the reporting	g period stated above:
Exact period of non-compliance	ce: from	· .	to		
Action(s) taken to achieve con	npliance:				
Method used to demonstrate co	ompliance:				
#2. Term or condition of the g	general permit that has	s not been in continue	ous compliance du	ring the reporting	g period stated above:
Exact period of non-compliance	ce: from		to		
Action(s) taken to achieve con	npliance:				
Method used to demonstrate co	ompliance:		,		
					·
As the responsible official, I ho made in this notification are to upon rolling averages of purch year for transfer or combination RESPONSIBLE OFFICIAL:	rue, accurate and comp hase receipts, does not on facilities.	plete. Further, my a	nnual consumption	n of perchloroethy	vlene solvent, based
RESPONSIBLE OFFICIAL:	Name (Pleas		Sig	mature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/	DISCOVERY	RE-INSPECTION
TIME IN: 94	TIME OUT:	1000	AIRS ID#:	0310378
TYPE OF FACILITY:	Terc. Dry Clea	aner		
FACILITY NAME:	Beach Clean	ecs		DATE: 2/16/2000
FACILITY LOCATION:	12777-1 X	Hantic	Blw.	
	Jackson ville,	FL 322	25	
RESPONSIBLE OFFICIAL:	David Bieb	er	PHONE NUMBE	R: 904-221-9162
	the compliance requiremen			facility is found to be in
Based on the results of discrepancies were note	the compliance requiremented:	ts evaluated during	g this inspection, the	following compliance
COMPLIANCE REQU	UIREMENT/PROBLI	EM FO	OLLOW-UP AC	ΓΙΟΝ REQUIRED
				· ·
				
CO) 0 (E) EE				
COMMENTS:		•		
				——————————————————————————————————————
The Annual Compliance Certific			bmitted to the inspect	tor. YES NO NO
DATE OF NEXT INSPECTIO)N:	eb. 2001		
	- Kali	(Approximate	-	
INSPECTION CONDUCTED	BY: Jest	(Please Print)	· · · · · · · · · · · · · · · · · · ·
INSPECTOR'S SIGNATURE	: Sellun	Links		r: <u>904-630-3484</u>
		/ /	_ : : : :	•
	/ Pa	ageof		Revised 10/96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303104

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

FEB 20 98

Do NOT Remove Label

AIRS ID#0310378

BEACH INVESTMENTS INC II DAVID BIEBER 12777-1 ATLANTIC BLVD JACKSONVILLE FL 32225

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0310378

BEACH CLEANERS DAVID BIEBER 12777-1 ATLANTIC BLVD JACKSONVILLE FL 32225

FOR COVERNMENT USE ONLY Org.: 97550101000 EO: B1 Fund: 2052-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405920 FEB222889

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0310378

BEACH CLEANERS DAVID BIEBER 12777-1 ATLANTIC BLVD JACKSONVILLE FL 32225 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

260668

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 17 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0310378

BEACH INVESTMENTS INC II DAVID BIEBER 12777-1 ATLANTIC BLVD JACKSONVILLE FL 32225 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0310378

BEACH CLEANERS DAVID BIEBER 12777-1 ATLANTIC BLVD JACKSONVILLE FL 32225

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0310378 BEACH CLEANERS DAVID BIEBER	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
JACKSONVILLE FL 32225	3. Service Type Certified Mail
2. Article Number (Copy from service label) 2333 667 309	v.
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

· · · · ·

	z 333 667 309
1	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)
	AIRS ID # 0310378
	ACH CLEANERS
	VID BIEBER
	777-1 ATLANTIC BLVD
JAC	CKSONVILLE FL 32225
	· .
	Certified Fee
	Special Delivery Fee
	Restricted Delivery Fee
1995	Return Receipt Showing to Whom & Date Delivered
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address
800,	TOTAL Postage & Fees \$
୍ଟ	Postmark or Date
TIC.	
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0310378001AG DAVID BIEBER BEACH CLEANERS 2777-1 ATLANTIC BLVD CKSONVILLE FL 32225 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Registered Insured Mail Received by (Please Print Clearly) B. Date of Delivery Agent Addressee Agent Addressee No
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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6. Signature: (Addressee or Agent) X LIVE MORE TO SERVE TO SER	ADDRESS completed	BEACH INVESTMENTS INC IV DAVID BIEBER 12777-1 ATLANTIC BLVD JACKSONVILLE FL 32225	4b. Service 1 Registere Express I	Type ed \(\sum_{\text{Certified}} \) Mail \(\sum_{\text{Cortified}} \) Cept for Merchandise \(\sum_{\text{COD}} \)	for using Return
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Do not use for International Mail (See reverse)

AIRS ID#: 0310378 BEACH INVESTMENTS INC II DAVID BIEBER 12777-1 ATLANTIC BLVD JACKSONVILLE FL 32225

	Certified Fee	
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	Complete items 1, 2, and item 4 if Restricted Delive Print your name and add so that we can return the Attach this card to the ba or on the front if space p	ery is desired. ress on the reverse card to you. ack of the mailpiece,	A. Received by (Please Print Cle C. Signature X D. Is delivery address different from	Agent Addressee
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permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was d delivered.	ne article number. 2. Restricted Delivery
3. Article Addressed to: AIRS ID 03101 BEACH INVESTMENTS INC II DAVID BIEBER 12777-1 ATLANTIC BLVD JACKSONVILLE FL 32225	4a. Article Number. 2333 @ 19 9
5. Received By: (Print Name) 6. Signatural (Addressee or Agent)	Addressee's Address (Only if requested and fee is paid)

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