

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 25, 1996

Mr. Vasilis B. Antzaklis President Herman Jackson Cleaners 1981 San Marco Boulevard Jacksonville, Florida 32207

Dear Mr. Antzaklis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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

cc: Ms. Lori Tilley, Duval County

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1 F-illa O	
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
ASA DRY CLEANING CO. JNC-	
2. Site Name (For example, plant name or number):	
HERMAN JACKSON CLEANERS	
3. Hazardous Waste Generator Identification Number:	,
FLD CESQG	
4. Facility Location: Street Address: 1981 SAN MARCO BLVD	
City: JACKSONVILLE County: DUVAL Zip Code:	(2207
5. Facility Identification Number (DEP Use):	
03/038/	
Responsible Official	
6. Name and Title of Responsible Official:	
VASILIS B. ANTZAKLIS PRES.	
7. Responsible Official Mailing Address:	
Organization/Firm	
Street Address: 1981 STAN MARCO BLVD.	
Street Address: 1981 SAN MARCO BLVD, City: TACKSONVILLE County: DUVAL Zip Code	: 32207
8. Responsible Official Telephone Number:	
Telephone: $(904) 396 - 70/0$ Fax: $(904) 398 - 7723$,
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: () -	
	CEIVET
RE	
	CED 3 1996
	DEL .

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

#0310384

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	Herman Jackson Cleaners
	· · · · · · · · · · · · · · · · · · ·
,,	Spoke with Vasilis Antzaklis- 9/30/96
`	9/30/96
P.14	1.(a) add date control device
	installed on line (1), mark
	out all dates on lines (6)
	+(9) and inctial
	1.(c) mark out "X" and initial
	3. Should be new small area
· · · · · · · · · · · · · · · · · · ·	Source
P.15	4. markout "X" under existing large area source Wrefrig.
	large area Source Wretrig.
,	con and initial
	5.(b), 5.(c), +5.(f) required
	` <u>.</u> .
,	

Facility Information

12

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	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
@ <u></u>	Dry-to-Dry Unit	1	Jagan 1944 (1944)			Jang ya Magdara		, i		
4.9	(1) w/ ref. condenser	7	5.18.95							
· y .	(2) w/ carbon adsorber		1,0,7,0							
	(3) w/ no controls			,						
	Washer Unit			i paga pan		· · · · · · · · · · · · · · · · · · ·	1. 1.11.	2.7	jalovi jaros	Ngjaran en
	(4) w/ ref. condenser									
	(5) w/ carbon adsorber									
etrol	(6) w/ no controls	7	2.1.83		1	211.83				
-egrow	Dryer Unit		ua adiawan		10 T		e to be entire	1. The Section 1997		lyak ey
	(7) w/ ref. condenser		1						I	
	(8) w/ carbon adsorber									
	(9) w/ no controls	1	211.83		2	2-1-83				
	Reclaimer Unit	130			a 1 12			11.		ZTW, pięki je
	(10) w/ ref. condenser				İ	Ī	· ·			
	(11) w/carbon adsorber									
	(12) w/ no controls									
	(b) Control devices are No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol Check why it is less	are ro	equired to be ity of perchlo ons ow many? [_	installed [_eoroethylene (perc)					[]
enes Sues	What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)	1	nitions found		3) of	Part II?	

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

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

Surrender of Existing Air Permit(s)



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)
\angle	No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

8.28.96 Date

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 💢	COM	PLAINT/D	ISCOVERY [RE-IN	SPECTION
TIME IN: 930	TIME OUT:	345		AIRS ID#:_	0310	384
TYPE OF FACILITY:	Dry Cleanex				_	
FACILITY NAME:	erman Jack	Son	Clea	ners	DATE:	5/22/97
FACILITY LOCATION:	1981 San	Mo	1100	B/Vd.		
	ackson ville,			207		
RESPONSIBLE OFFICIAL:		_		PHONE NUME	BER: (904)	396-7010
	the compliance requiremer Rule 62-213 300, Florida A				ne facility is four	id to be in
Based on the results of discrepancies were note	the compliance requiremend:	nts evalua	ated during	this inspection, th	ne following com	pliance
COMPLIANCE REQU	UIREMENT/PROBL	EM	FO	LLOW-UP A	CTION REQ	UIRED
					_	
No leak 109 01	a SHE		R.O.	Will Star	t one	
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•			•			
	•					
COMMENTS: Will Veil	isfect in 19	98.				
The Annual Compliance Certific	cation form has been prope	erly certif	ied and sub	mitted to the insp	ector. YES	Х ио
DATE OF NEXT INSPECTIO	N:	Ma	4, 1	998		
**************************************		(Ap)	proximate)			
INSPECTION CONDUCTED	BY:	Je+1		nter		
INSPECTOR'S SIGNATURE	: Sallon	(Ple	ase Print)	– PHONE NUME	BER (904)6	30-3484
	100/	1	- 1		(

per)

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		,		
FACILITY NAME: Hern	ian Jackson	Cleaners	DATE:	5/22/97
FACILITY LOCATION:	1 San Marc	o Blud.		
Jackso	u ville, FL	32207	·	_
•				
Annual Reporting Period: Seyf	ember 3	19 <u><i>96</i></u> то	May 22	19 <u></u> 97
Based on each term or condition of the 2 62-213.300, Florida Administrative Cod				P Rule NO
If NO, complete the following:				
#1. Term or condition of the general pe	n-site			
Exact period of non-compliance: from	Softeniber	- 3,1996 to	May 22,	1997
Action(s) taken to achieve compliance:	L.O.	will Start	in 1998.	
Method used to demonstrate compliance	= will	VeinsRect	14 1998.	
#2. Term or condition of the general pe	rmit that has not been in	continuous compliance	e during the reporting perio	od stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	: :			
As the responsible official, I hereby cer made in this notification are true, accurupon rolling averages of purchase receyear for transfer or combination faciliti	rate and complete. Furth ipts, does not exceed 2,10	er, my annual consump	otion of perchloroethylene	solvent, based

*This form is made available to you as an aid in order to meet your annual compliance partification requirements. It is at the

Page ____ of ____ Bureau of Air Monitoring & Mobile Sources

discretion of the responsible official to use this form.

#0310384

BEST AVAILABLE COPY

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2.	Site 1	P.14	1.(a) add d					N.	
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4.	Facil		4(9) and	initiz	al .		`		
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	City:		3. Should k	De hem	1 small	area	-2207		
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	Org.)		/ 			
	City						3220	クノ	
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9.	Name	and Title of F	acility Contact (For exam	nple, plant m	anager):				
10.	Facili	ty Contact Add	lress:					,	
	Street City:	Address:	Co	ounty:		Zip Code:			`\
	•	C	and and Niverbase						\
11.	Facili Telep		ephone Number:) -		Fax: ()	. -			
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						RE	CEL	h r	J.,

STP = 1996

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Please File Chanks

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P14 1.6) MARKOUT "X" and initial

O.K. Jw

Best Available Copy

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

2. Site Name (For example, plant name or number): HERMAN JACKSON CLEANERS 3. Hazardous Waste Generator Identification Number: FLD CESQG 4. Facility Location: Street Address: 981 SAN MARCO BLYD City: JACKSONVILLE County: DUVAL Zip Code: 32207 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: VASILIS B. ANTZAKLIS PRES. 7. Responsible Official Mailing Address: Organization/Firm: Street Address: 981 SAN MARCO BLVD City: JACKSONVILLE County: DUVAL Zip Code: 32207 8. Responsible Official Telephone Number: Telephone: (904) 396-7010 Fax: (904) 398-7723
#ERMAN JACKSON CLEANERS 3. Hazardous Waste Generator Identification Number: FLD CESQG 4. Facility Location: Street Address: 98 SAN MARCO BLYD City: JACKSONVILLE County: DUVAL Zip Code: 32207 5. Facility Identification: Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: VASILIS B. HNTZAKLIS PRES. 7. Responsible Official Mailing Address: Organization/Firm: Street Address: 98 SAN MARCO BLVD City: JACKSONVILLE County: DUVAL Zip Code: 32207 8. Responsible Official Telephone Number:
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6. Name and Title of Responsible Official: \[\begin{align*} \beg
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8. Responsible Official Telephone Number:
8. Responsible Official Telephone Number:
Telephone: (904) 396 - 7010 Fax: (904) 398 - 7723
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Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
10. I definity Contact Address.
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
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DEP Form No. 62-213.900(2)

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Europu of Air Monitoring & Mobile Sources

Facility Information

12

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	#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	5.18.95	6.+Q.Q	7	<u> </u>	,			
	(2) w/ carbon adsorber									
	(3) w/ no controls				1					
	Washer Unit							h-i		
	(4) w/ ref. condenser								T	
	(5) w/ carbon adsorber		11			A				
01.0	(6) w/ no controls	1_) N 23		21	121123	1		_	
Petrol	Dryer Unit	/-	1			X.I		-		
	(7) w/ ref. condenser		 	<u> </u>					T	
	(8) w/ carbon adsorber		A A			۸۸ ،	-	_		
	(9) w/ no controls	1	11/22		2	M A 22		_	_	
	Reclaimer Unit	100	W V		<u> </u>	Antos	T			
	(10) w/ ref. condenser	<u> </u>		1	<u> </u>		1		T .	
	(11) w/carbon adsorber	ļ								
	(12) w/ no controls		-				+		_	
-	(12) W no controls]			L					<u></u>
×.	(b) Control devices are(c) No control devices	-					_			
	2.(a) What was the total c	juant gallo		oroethylene (perc)	purchased i	n the latest 12	2 mor	iths?	
	(b) If less than 12 mont Check why it is less					_] New store	e: [] Did	not k	eep records:	
	3. What is the facility's so (Indicate with an "X".					nitions foun	d in section (3) of	Part II?	
	Existing small ar		118	\mathcal{M}		nall area sou	7			
	Existing large are	ea sou	irce []	Ne	w lai	ge area sour	ce []		

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber Refrigerated condenser
New small area source Refrigerated condenser [
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

Surrender of Existing Air Permit(s)

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Please indicate with an "X" the appropriate selection:

[] I hereby surrender all existing air permits authorizing

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

 (X_1)

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature A

8-2

Date

5-22-97.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	INUAL -INSPECTION	COMPLAINT/DISCO	OVERY	
FACILITY NAME:	man =	In: <u>930</u> TIME OUT: Jackson Cleaners San Marco Blud. Wilk, FL 3220		
PART I: NOTIFICATION			······································	
(check appropriate box)	(-X			
1. Existing facility notified DARM by	9/1/96			×
2. New facility notified DARM 30 da	ys prior to st	artup		ٔ ت
3. Facility failed to notify DARM to a	ise general p	permit		۵
			·	
PART II: CLASSIFICATION				
Facility indicated on notification for (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)	m that it is:	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)	0	
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>•</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td><td></td></x<2,></td></x<2,>	•	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td><td></td></x<2,>		
This is a correct facility classification	า	DA AN		
If no, please check the appropriate classified for facility exceeds about	r a general p	ermit as number above d is not eligible for a general permit		
B. The total quantity of perchloroeth facility was gallons.	ylene (perc)	purchased within the preceding 12 month	ns by this dr	y cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BANA 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? MY ON 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 MY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

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?

6. Conducted all temperature monitoring after an appropriate cooldown period and after

B. Has the responsible official of an existing large or new large area source also:

verifying that the coolant had been completely charged?

condenser exceeded 45° F?

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?	מצ שא
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?	עאם אם עם אים
Is the perc concentration equal to or less than 100 ppm?	□У □И
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?	ОУ ОИ
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
	a mind-wis Address was promit is not all they co
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	My DN
2. Maintained rolling monthly averages of perc consumption?	AL ON
3. Maintained leak detection inspection and repair reports for the following:	(
a. documentation of leaks repaired w/in 24 hrs? or;	ADT 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?	OY ON
4. Maintained calibration data? (for direct reading instruments only)	AVART NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON NIA
6. Maintained startup/shutdown/malfunction plan?	AY ON
7. Maintained deviation reports?	AN ON
Problem corrected?	ALY DN
8. Maintained compliance plan, if applicable?	AVAN NO YO
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	NO YES
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	A
Physical detection (airflow felt through gaskets)	A A
Odor (noticeable perc odor)	X .
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	

If using direct-reading instrume	ntation	, is the equi	pment:				
a. Capable of detecting p	erc vap	or concentra	tions in a range of 0-500 ppm?	QY (אב		
b. Calibrated against a st							
(PID/FID only)?		מב					
c. Inspected for leaks and	d obviou	is signs of w	ear on a weekly basis?		אב		
d. Kept in a clean and se	cure are	ea when not	in use?	QY (וע⊏		
e. Verified for accuracy t	y use o	f duplicate s	amples (calorimetric only)?	OY (וא⊏		
3. Has the facility maintained a leak log?				(צם	ΣίΛ		
4. The following areas should be checked in	for leak	s by the insp	pector:	•			
	Leak 1	Detected?	·	Leak Detected?			
Hose connections, fittings,	, (1)	M	Mosto analysis		70/1-7		
couplings, and valves	QΥ	MIN	Muck cookers	ΠY	KIN		
Door gaskets and scating	ПY	MA	Stills	ΠY	XV.		
Filter gaskets and scatting	ПY	MN	Exhaust dampers	ΩY	XXIN		
Pumps	ПY	MAN	Diverter valves	ΩY) X (N		
Solvent tanks and containers	ΩY	NEG	Cartridge filter housings	ПY	X N		
Water separators	ΠY	MN					
Vasilis B. Antzaklis							
Name of Responsible Officia	Name of Responsible Official						
Jest Winter			5/22	19	<u> </u>		
Inspector's Name (Please Prin	nt)		Date of Inspe	ection			

Approximate Date of Next Inspection

Aspector's Signature

ADDITIONAL SITE INFORMATION	ON:		
,			
	•		
,			
		,	
·			

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

A & DRY CLEANING CO INC AIRS ID#0310384 VASILIS B ANTZAKLIS 1981 SAN MARCO BLVD ? JACKSONVILLE FL 32207 Do NOT Remove Label anuany 1 x 1997 TO Annual Reporting Period: _ Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

Date

RESPONSIBLE OFFICIAL: VASILIS B ANTZAKLIS

Name (Please Print)

^{*}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

DRY CL	EANER AIR	QUALITY (GENERAL P	ERMIT
ANN	NUAL COMPLIA	ANCE CERTI	FICATION FO	Bu
V	A & A DRY C VASILIS B AN 1981 SAN MA JACKSONVIL	LEANING CO INC NTZAKLIS RCO BLVD	G ID 0310384	FED 26 FAR ureau of Air Monitoring & Mobile Sources
	Do <u>1</u>	NOT Remove Lab	el	oring s
Annual Reporting Period:	n. 114	19 <u>97</u> T0)	Jan /s 1 19 98
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (I If NO, complete the following: #1. Term or condition of the general permi	F.A.C.), during the po	eriod covered by	this statement.	YES □NO
Exact period of non-compliance: from			to	<u> </u>
Action(s) taken to achieve compliance:	•			
Method used to demonstrate compliance:			<u> </u>	
#2. Term or condition of the general permi	t that has not been in	continuous comp	oliance during the re	porting period stated above:
Exact period of non-compliance: from		·	to	
Action(s) taken to achieve compliance:				<u> </u>
Method used to demonstrate compliance:		<u>-</u> 		
As the responsible official, I hereby certify, bas notification are true, accurate and complete. Follows not exceed 2,100 gallons per year for dry-t	Further, my annual con	sumption of perch	iloroethylene solvent,	based upon purchase receipts,
RESPONSIBLE OFFICIAL: National Property of the Control of the Con	me (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.

AIRS ID#: 03/0384

Revised 10/10/96



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			<u>·</u>	
FACILITY NAME: Herman	Jackson C	leaners	DAT	E: <u>6/1/98</u>
FACILITY LOCATION:				<u> </u>
Jackson	ville, FC	32207	_	
				<u> </u>
Annual Reporting Period: May	<i>22</i> ı	.9 <u>97</u> то	June	19 98
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.				DEP Rule
VZ-ZIJ.JOO, I lolida raiministrativo Codo (I.	A.C.,, during the period	covered by this substitute	— — — — — — — — — — — — — — — — — — —	
If NO, complete the following:			r C E I V	e n
#1. Term or condition of the general permit	that has not been in cont	inuous compliance thu	ing the reporting pe	riod stated above:
	·		JUN 1 7 1991	<u> </u>
Exact period of non-compliance: from		to F	Bureau of Air Moni	
Action(s) taken to achieve compliance:			& Mobile Source	es
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in cont	inuous compliance du	ring the reporting pe	eriod stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				·
As the responsible official, I hereby certify, a made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Nat	and complete. Further, n	ny annual consumption	of perchloroethyle	ne solvent, based

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🄀	COMPLAINT/I	DISCOVERY [RE-INSPECTION	
TIME IN: /0/20	TIME OUT:	10:45	AIRS ID#:	0310384	
TYPE OF FACILITY: / DY	y Cleaner			1/0	
FACILITY NAME:	rman Jacks	on Clea	ners	DATE: 6/1/98	
FACILITY LOCATION:	1981 San M	Parco BI	vd.		
	Tacksonville,	FL 32	207		
RESPONSIBLE OFFICIAL:	Losilis B. Al	nttaklis	PHONE NUMBE	r: <u> 904-396-701</u>	0
	he compliance requiremen ule 62-213.300, Florida Ao			facility is found to be in	
Based on the results of t	he compliance requiremen	ts evaluated during	this inspection, the	following compliance	
COMPLIANCE REQU	UREMENT/PROBLI	EM FO	OLLOW-UP AC	TION REQUIRED	
		•			
				P	
•				K	
	· · · · · · · · · · · · · · · · · · ·			y K	
			sureau Moo		
				Sources O	
				,	
			·		
COMMENTS:				•	
	•				
			6		
The Annual Compliance Certific	ation form has been proper	rly certified and sul	bmitted to the inspec	tor. YES NO]
DATE OF NEXT INSPECTIO	N:	June	, 1999	· .	
	_	(Approximate)		
INSPECTION CONDUCTED	BY:	left Win	iter	·	
INSPECTOR'S SIGNATURE:	Rellian L	(Please Print)		r: 904-630-28	800
HIS ECTOR S SIGNATURE:	Je gray	1 1	HONE NUMBE		, - •
	' // ' D	ore of		Revised	10/96

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

	COMPLIANCE INSP.	ECTION CHECKLIST	e de	
TYPE OF INSPECTION:	ANNUAL	COMPLAI	NT/DISCOVERYO TO	
THE OF MICE DELICE.	RE-INSPECTION		0 8 20	
	RE-11101 DC 1101.		OLITON	
AIRS ID#: <u>03/0384</u>	(2/1/98	7 1021	1/45	
FACILITY NAME: He			<u> </u>	
FACILITY LOCATION:	1981 San 1	Marco BINU.		
	Jacksonvill	KFL 322	207	
RESPONSIBLE OFFICIAL :		•		
CONTACT NAME:	11.5 V. MLIC	AKI-S PHONE:	Jone	
PART I: NOTIFICATION				
(check appropriate box)			Manager and the second	
1. New facility notified DARM	30 days prior to startup		×	
2. Facility failed to notify DAR	M to use general permit			
PART II: CLASSIFICATION	T			
Facility indicated on notification		☐ No notific		
Control to the second of the s			cation form re/out of business/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source.	on form that it is:	☐ Drop stor New small area source	re/out of business/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourdry-to-dry only, x < 140 gal/y	on form that it is: ce	☐ Drop stor New small area source to-dry only, x < 140 gal/yr	re/out of business/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source.	on form that it is: ce	☐ Drop stor New small area source	re/out of business/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	on form that it is: ce 2. No yr dry- trans both	☐ Drop stor New small area source to-dry only, x < 140 gal/yr sfer only, x < 200 gal/yr	re/out 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	on form that it is: ce	Drop stor New small area source to-dry only, x < 140 gal/yr sfer only, x < 200 gal/yr types, x < 140 gal/yr	re/out 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,	on form that it is: The Section 100 gal/yr dispersion of the control of the cont	Drop stor New small area source to-dry only, x < 140 gal/yr sfer only, x < 200 gal/yr types, x < 140 gal/yr structed on or after 12/9/9 New large area source to-dry only, 140 \(\leq x \leq 2, 16\)	re/out of business/petroleum r r 91) 00 gal/yr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800	on form that it is: ce	Wew small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after 12/9/9 where the large area source to-dry only, $140 \le x \le 2,10$ sfer only, $200 \le x \le 1,800$	re/out of business/petroleum r 101) 100 gal/yr 10 gal/yr	
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,	on form that it is: ce	Drop stor New small area source to-dry only, x < 140 gal/yr sfer only, x < 200 gal/yr types, x < 140 gal/yr structed on or after 12/9/9 New large area source to-dry only, 140 \(\leq x \leq 2, 16\)	re/out of business/petroleum T T O O gal/yr ol gal/yr al/yr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	on form that it is: ce	New small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after $12/9/9$ New large area source to-dry only, $140 \le x \le 2,10$ sfer only, $200 \le x \le 1,800$ types, $140 \le x \le 1,800$ ga	re/out of business/petroleum r P1) 00 gal/yr gal/yr al/yr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classical desired appropriate to the source of the source	on form that it is: ce	lew small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after $12/9/9$ lew large area source to-dry only, $140 \le x \le 2,10$ sfer only, $200 \le x \le 1,800$ types, $140 \le x \le 1,800$ gastructed on or after $12/9/9$ \square N \square Can not define \square Can not \square Can not define \square Can not	re/out of business/petroleum r P1) 00 gal/yr gal/yr al/yr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 good (constructed before 12/9/91) 5. This is a correct facility classification of the please check the accordance of the constructed before 12/9/91)	on form that it is: ce	lew small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after $12/9/9$ lew large area source to-dry only, $140 \le x \le 2,10$ sfer only, $200 \le x \le 1,800$ types, $140 \le x \le 1,800$ gastructed on or after $12/9/9$ \square N \square Can not define \square Can not \square Can not define \square Can not	re/out of business/petroleum T O1) O0 gal/yr ol gal/yr al/yr O1) etermine	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 go (constructed before 12/9/91) 5. This is a correct facility classification, please check the a facility of the constructed before 12/9/91)	on form that it is: ce	lew small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after $12/9/9$ lew large area source to-dry only, $140 \le x \le 2,10$ sfer only, $200 \le x \le 1,800$ types, $140 \le x \le 1,800$ gastructed on or after $12/9/9$ \square N \square Can not define \square Can not define \square	re/out of business/petroleum r O1) O0 gal/yr ol/yr ol/yr ol/yr etermine above	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MAY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY DN MY 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 ZY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after 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?	ПY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ПY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ПΝ	□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?	ПY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	XX □N
2. Maintained rolling monthly total of perc consumption?	May □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 ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN XXN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON PANA
6. Maintained startup/shutdown/malfunction plan?	XÍY □N
7. Maintained deviation reports?	DY ON MANA
Problem corrected?	OY ON PANA
8. Maintained compliance plan, if applicable?	OY ON MINA

PART	PART VI: LEAK DETECTION AND REPAIRS					
1. Doe	s the responsible official conduct a	weekly (for	small sources,	oi-weekly) leak detection a	nd rep	air
insp	ection?				XY	□N
2. Has	the facility maintained a leak log?				X	ПN
3. Does	s the responsible official check the	following a	reas for leaks?			
	Hose connections, fittings, couplings, and valves	XY ON	□N/A	Muck cookers	XX	□N □N/A
	Door gaskets and seating	ATY ON	□N/A	Stills	XY	□N □N/A
	Filter gaskets and seating	Á(A □N	□N/A	Exhaust dampers	X	□N □N/A
; ;	Pumps	AY □N	□N/A	Diverter valves	Y	□N □N/A
	Solvent tanks and containers	Á Y □N	□N/A	Cartridge filter housings	YY	□N □N/A
	Water separators	X UN	□N/A			
4. Whi	ch method of detection is used by t	he responsib	ole official?			
	Visual examination (condensed s	olvent on ex	terior surfaces)		×	
	Physical detection (airflow felt th	rough gaske	ets)		<u> </u>	
	Odor (noticeable perc odor)				×	
	Use of direct-reading instrumenta	ition (FID/P	ID/calorimetric	tubes)		
	Halogen leak detector					
	If using direct-reading instr	umentation	, is the equipm	ent:	MN/	' A
	a. Capable of detecting	perc vapor c	oncentrations in	a range of 0-500 ppm?	□Y	□N
	b. Calibrated against a s (PID/FID only)?	tandard gas	prior to and aft	er each use	ΠY	□N
	c. Inspected for leaks an	d obvious si	gns of wear on	a weekly basis?	ΠY	□N
	d. Kept in a clean and s		-	ŕ	ΠY	ПN
	e. Verified for accuracy			(calorimetric only)?	ΠY	□N
	·		•	,	,	
	Jeff Winter	-		6/1	1/9	8
	Inspector's Name (Please Prin	ıt)		Date of Inspe	ction	
	affres Winter	-		June	, je	199
	Vaspector's Signature			Approximate Date of 1	Next I	nspection

Į	ADDITIONAL SITE INFORMA	TION:	10 20			
					· = · • • · · ·	
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and the same of						
	·					
						ļ

the reverse side	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that card to you. Attach this form to the front of the mailpiece, or on the back if spermit. Write *Return Receipt Requested* on the mailpiece below the ar The Return Receipt will show to whom the article was delivered delivered.	ticle number and the date	m this	I also wish to rectollowing service extra fee): 1.	see's Address sed Delivery ster for fee.
RETURN ADDRESS completed on	A & A DRY CLEANING CO INC VASILIS B ANTZAKLIS 1981 SAN MARCO BLVD JACKSONVILLE FL 32207 5. Received By: (Print Name)	4b. Se Re Re Re Re Re	ervice T egistere press M etum Rec te of De	ype John Mail Delivery John School Services John School Servic	COD COD consists of the constraint of the constr
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