

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

May 13, 1997

Mr. William R. Johnson Miramar Cleaners 4448 Hendricks Avenue Jacksonville, Florida 32207

Re: Facility No. 0310393

Dear Mr. Johnson:

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 January 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, Florida 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/jw

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. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|-----|--|
| | WILLIAM R. JOHNSON MIRAMAR CLEANERS |
| 2. | Site Name (For example, plant name or number): |
| | 4448 HENDRICKS AUE JACKSONVILLE FC 32207 |
| 3. | Hazardous Waste Generator Identification Number: FLD 984259556 |
| | Hazardous Waste Generator Identification Number: SMALL QUANTY GENERATOR WYMBEN Facility Location: |
| 4. | |
| | Street Address: 4448 HENDRICKS AUE City: Sackson Line & El County: August Zip Code: 32207 |
| | City: JACKSONVILLE FL County: DUVAL Zip Code: 32207 |
| 5. | Facility Identification Number (DEP Use): |
| | 0310398 |
| | |
| | Responsible Official |
| 6 | Name and Title of Responsible Official: |
| | WILLIAM R. JOHNSON |
| 7. | · · · · · · · · · · · · · · · · · · · |
| | Organization/Firm: MIRAMAR CLEANER |
| | Street Address: 4448 HENDRICKS AUE City: TACKSONDILLE FL. County: DUAL Zip Code: 32207 |
| | City: JACKSONVILLE FL County: DYUAL Zip Code: 32207 |
| 8. | |
| | Telephone: (904) 443 - 6/66 Fax: () |
| | |
| | Facility Contact (If different from Responsible Official) |
| 9. | Name and Title of Facility Contact (For example, plant manager): |
| | |
| 10. | Facility Contact Address: |
| | Street Address: |
| | City: County: Zip Code: |
| | · |
| 11. | Facility Contact Telephone Number: |
| | Telephone: () - Fax: () - |
| | · · · · · · · · · · · · · · · · · · · |

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Bureau of Air Monitoring & Mobile Sources

#03/0392

| | #0310393 |
|------|---|
| | Miramar Cleaners |
| | |
| | Spoke with William Johnson— 10/3/1996—uses approx 425gal/mon =5,100gal/yr.—under limets |
| p./3 | le add title - Owner |
| | |
| | |
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| | <u> </u> |
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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.

| T 014 1 | 15 | Date Machine Initially | Date Control Device | 15 | Date Machine Initially | Date Control Device | 15 | Date Machine Initially | Date Control Device |
|--|--------------------------|---|---------------------------|-------|------------------------------|--|--------|---------------------------------------|---------------------------|
| Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed |
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-9. |
| Dry-to-Dry Unit | | Transpared | racina. | Linji | | ting the second | ·. ·. | · · · · · · · · · · · · · · · · · · · | Programme a |
| (1) w/ ref. condenser | :il 1 | 23 DEC 43 | 23066 | | | | Ė | | |
| (2) w/ carbon adsorber | | | 7.1.00 | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | 7, 7 | | | | # | | 11 1 | | ing all h |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | , | | | |
| Dryer Unit | | | | | | | jer y. | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | _ | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | Application of | ist programa in | -1. | | Application of the control of the co | | | |
| (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 of the c | are re quant gallo | equired to be ity of perchloons ow many? [_ | installed [| perc) | purchased in | | | | |
| 3. What is the facility's so | | | | | | | | | |

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| 4. What control technology is required on machines (Indicate with an "X".) | pursuant to section (5) of Part II of this notification form? |
|--|--|
| Existing large area source Carbon adsorber [] | Refrigerated condenser [] |
| New small area source Refrigerated condenser [X] | |
| New large area source Refrigerated condenser [] | |
| | |
| | |
| | units shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following |
| | have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired. |
| All steam and hot water generating units exempt No such units on-site | |
| * PROPANE GAS | |
| | |
| | |
| Equipment Monitoring a | nd Recordkeeping Information |
| Check all logs which are required to be kept on-site | n accordance with the requirements of this general permit: |
| (a) Purchase receipts and solvent purchases | [X] |
| (b) Leak detection inspection and repair | [<u>X</u>] |
| (c) Refrigerated condenser temperature monitoring | |
| (d) Carbon adsorber exhaust perc concentration mon | itoring [] |
| (e) Instrument calibration | |
| (f) Start-up, shutdown, malfunction plan | [X] |

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Surrender of Existing Air Permit(s)

| | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) |
|------------------------------------|---|
| Ľ | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| | |
| | |
| this notif statemen maintain | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the 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. |

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JUL Revised 10/10/96

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

03/0393

| FACILITY NAME: | Miramar | Cleans | ers. | | DATE: _ | 5/28/2 |
|---|---|------------------|-------------------|----------------------|---------------|---------------|
| FACILITY LOCATION: | 4448 | Hendr | icks Ave. | · | | |
| J. | ackson ville, | , FL. | 32207 | | | |
| | | | | | | |
| Annual Reporting Period: | Seftember | 5 | _19 <u>96</u> то | May | 28_ | 19 <u>97</u> |
| Based on each term or condition 62-213.300, Florida Administ | | | | | | Rule DNO |
| If NO, complete the following | : | | | · | | |
| #1. Term or condition of the | general permit that ha | s not been in co | ntinuous complia | ance during the repo | orting period | stated above: |
| Exact period of non-complian | ce: from | | | _ to | | |
| Action(s) taken to achieve con | nplianœ: | | _ | | | |
| Method used to demonstrate c | ompliance: | | | | _ | · |
| #2. Term or condition of the | general permit that ha | s not been in co | ontinuous complia | ance during the repo | orting period | stated above: |
| Exact period of non-complian | ce: from | | | to | | |
| Action(s) taken to achieve cor | npliance: | | | · | | |
| Method used to demonstrate of | ompliance: | | | | | |
| | | | | | | |
| As the responsible official, I had made in this notification are to upon rolling averages of pure year for transfer or combinate RESPONSIBLE OFFICIAL | rue, accurate and con hase receipts, does no | aplete. Further | , my annual cons | umption of perchlor | roethylene so | olvent, 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.

5(18

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| V | |
|---|--|
| V | |

| TYPE OF INSPECTION: ANNUAL X COM | PLAINT/DISCOVERY RE-INSPECTION | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|
| TIME IN: //00 TIME OUT: //2 | AIRS ID#: 03/0393 | | | | | | | | | |
| TYPE OF FACILITY: Dry Cleaner | | | | | | | | | | |
| FACILITY NAME: Miramar Cleaners DATE: 5/28/97 | | | | | | | | | | |
| FACILITY LOCATION: 4448 Hendricks Avenue | | | | | | | | | | |
| Jacksonville, FL 32207 | | | | | | | | | | |
| RESPONSIBLE OFFICIAL: William R. Johnson | PHONE NUMBER: (904) 443-6166 | | | | | | | | | |
| Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213 300, Florida Administra | | | | | | | | | | |
| Based on the results of the compliance requirements evaluation discrepancies were noted: | ated during this inspection, the following compliance | | | | | | | | | |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED | | | | | | | | | |
| | | | | | | | | | | |
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| COMMENTS: | | | | | | | | | | |
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| | • | | | | | | | | | |
| | | | | | | | | | | |
| The Annual Compliance Certification form has been properly certification | fied and submitted to the inspector. YES NO | | | | | | | | | |
| DATE OF NEXT INSPECTION: May | , 1998 | | | | | | | | | |
| $\langle \hat{n} \rangle$ | proximate) | | | | | | | | | |
| INSPECTION CONDUCTED BY: Jeff V | NINTEY Osca Print) | | | | | | | | | |
| 11/ 1/ 4 | ease Print) PHONE NUMBER (904) (30-3484) | | | | | | | | | |
| INSPECTOR'S SIGNATURE: | PHONE NUMBER: (904)630-3484. | | | | | | | | | |
| Page / | of /. Revised 10/96 | | | | | | | | | |

#03/0393

| | Miramar Cleaners | |
|-----|--|-----------|
| 2 | w 10/3/1996-21ses approx 425gal/mon | JE LEGITA |
| 3. | Haz P.13 le add title - Owner SM | 159556 |
| | Stre City Faci | 107 |
| 6. | Nam | |
| 7. | Resp Orga Stree City: | |
| 8. | Respi Telep | 322°7 |
| | New and Third and the second s | |
| | Name and Title of Facility Contact (For example, plant manager): | |
| 10. | Facility Contact Address: | |
| | Street Address: City: County: Zip Code: | |
| 11. | Facility Contact Telephone Number: Telephone: () - Fax: () - | |

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Best Available Copy

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | Facility Owner/Company Name (Name | of corporation, | agency, or individu | ual owner): |
|---------|--|------------------|---------------------|--|
| | WILLIAM R. JOHN | 150N 1 | MIRAMA | R CLEANERS |
| 2. | Site Name (For example, plant name or i | • | | _ |
| | 4448 HENDRICKS | AUE OT | ACKSON'U, LL | E FC 32207 |
| 3. | Hazardous Waste Generator Identification | on Number: | JF. | LD 984259556 |
| | Hazardous Waste Generator Identification SMALL QUANTY GEN Facility Location: | ERITOR | NUMBER S | DOGRACK' - |
| 4. | | | | |
| | City: JACKSONVILLE FL | County: Name | E A i e e | Zip Code: 3タユの 7 |
| 33±5.00 | | | · /_ | , see par to 1.044. This age on a concess, this suppose below, a grown of g |
| 5. | Facility Identification Number (DEP Use | e): | n e | 21000 |
| | | | \mathcal{U} | 310393 |
| | | Responsible O | fficial | |
| | | - | | |
| 6. | • | owner | 1/1 | 1.1 |
| | WILLIAM R. DOHNS | OU - // | Ull I | w |
| 7. | | | | , |
| | Organization/Firm: MIRAMAR A | | u. | |
| | Street Address: 4443 HELDRIC City: TROCKSONVILLE FL | County: /) | GUAL | Zip Code: 3フスごフ |
| 0 | Responsible Official Telephone Number | | | |
| 8. | Telephone: (&\day) if if \day = \langle - \langle \lan | | Fax: ()_ | |
| | | | | |
| | Facility Contact (| If different fro | m Responsible Of | ficial) |
| 9. | Name and Title of Facility Contact (For | example, plant i | manager): | |
| · | | | 3 | |
| 10 | Facility Contact Address: | | | |
| | Tuomi, Comaci rida ess. | | | |
| | Street Address: | 6 | | 7: 0 1 |
| | City: | County: | | Zip Code: |
| 11. | Facility Contact Telephone Number: | • | | |
| | Telephone: () - | | Fax: () | - |
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Facility Information

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

| | | 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 | :41 / | 23 020 43 | 13 Die 12 | | | | | | |
| (2) w/ carbon adsorber | | | - | | | | | | |
| (3) w/ no controls | | | | | , | | | | |
| Washer Unit | | | | | • | • | | • | |
| (4) w/ ref. condenser | | | | | | | _ | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | 111 | | • | | | | | | |
| (7) w/ ref. condenser | | | | 1 | | | | | |
| (8) w/ carbon adsorber | | | | | | | - | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | -1 | • | | | . : | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | , | | | | | |
| (12) w/ no controls | | | | | | | | | |
| (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [| | | | | | | | | |
| 3. What is the facility's son (Indicate with an "X". SEXISTING SMALL AREA EXISTING LARGE AREA EXISTING LAR | Selec ea so | t one classifi | cation only.) Ne | ew sn | nitions found nall area sour | rce 🔀 | | Part II? | |

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| 4. What control technology is requi (Indicate with an "X".) | ired on machines p | oursuant 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 | X | | |
| New large area source Refrigerated condenser | | | |
| | | | |
| | | | |
| 5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u | that all steam and | _ | |
| All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co | d exclusively by no | ntural gas except for period | ds of natural gas curtailment |
| All steam and hot water generating No such units on-site | units exempt | | |
| * PROPANE GAS | S | | |
| | | | |
| Equipme | ent Monitoring a | nd Recordkeeping Inforn | nation |
| Check all logs which are required to | o be kept on-site i | n accordance with the requ | tirements of this general permit: |
| (a) Purchase receipts and solvent pu | urchases | | [X] |
| (b) Leak detection inspection and re | epair | | [X] ' |
| (c) Refrigerated condenser tempera | ture monitoring | | [X] |
| (d) Carbon adsorber exhaust perc co | oncentration mon | itoring | |
| (e) Instrument calibration | , | | |
| (f) Start-up, shutdown, malfunction | n plan | | X |

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Surrender of Existing Air Permit(s)

| Please indicate | 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) | | | | | | |
| | • | | | | | | |
| X | No air permits currently exist for the operation of the facility indicated in this notification form. | | | | | | |
| · | Responsible Official Certification | | | | | | |
| this notific statement maintain i | ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. | | | | | | |
| I will pro | mptly notify the Department of any changes to the information contained in this notification. | | | | | | |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| | NNUAL E-INSPECTION | COMPLAINT/DISCO | VERY 🗖 | | |
|--|---|---|----------|--|--|
| FACILITY NAME: | amar | N: //00 TIME OUT: _ Cleaners | | | |
| FACILITY LOCATION: | 4448 | Hendricks Ave. | | | |
| | acksoni | Hendricks Ave. ville, FL 32207 | | | |
| PART I: NOTIFICATION | | | | | |
| (check appropriate box) | | | _ | | |
| 1. Existing facility notified DARM by | y 9/1/ 96 | |) | | |
| 2. New facility notified DARM 30 da | ys prior to start | up | • | | |
| 3. Facility failed to notify DARM to t | use general peri | mit | • | | |
| | | | | | |
| PART II: CLASSIFICATION | | | | | |
| Facility indicated on notification for (check appropriate box) | rm that it is: | | | | |
| A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) | ٥ | 2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) | × | | |
| 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td></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></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></x<2,> | | | |
| This is a correct facility classification | n | XXY ON | | | |
| If no, please check the appropriate classification: | | | | | |
| facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit | | | | | |
| B. The total quantity of perchloroeth facility was 125 gallons. | B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 125 gallons. | | | | |

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MANA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? AVI UN UNA 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 AVA UN UNA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 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? DY DN

| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | □У □И |
|--|------------|
| Is the temperature differential equal to or greater than 20° F? | |
| | |
| 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 ONA |
| 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? | מם צם |
| 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 |
| | |
| 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? | AA ON |
| 3. Maintained leak detection inspection and repair reports for the following: | (|
| a. documentation of leaks repaired w/in 24 hrs? or; | XX □N |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | OY ON |
| 4. Maintained calibration data? (for direct reading instruments only) | DY ON XIVA |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | DY DN NA |
| 6. Maintained startup/shutdown/malfunction plan? | XX DN |
| 7. Maintained deviation reports? | N□ YX |
| Problem corrected? | XÍY □N |
| 8. Maintained compliance plan, if applicable? | AWA NO YO |
| | |
| PART VI: LEAK DETECTION AND REPAIRS | |
| 1. Does the responsible official conduct a weekly leak detection and repair inspection? | XIV DN |
| 2. Which method of detection is used by the responsible official? | , |
| Visual examination (condensed solvent on exterior surfaces) | × |
| Physical detection (airflow felt through gaskets) | X X |
| Odor (noticeable perc odor) | × |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | X |

| If using direct-reading instrume | ntation, | , is the equi | pment: | | |
|---|--|---------------|-----------------------------|--------|-----------|
| a. Capable of detecting p | a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | | | | |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | | | | | □и |
| c. Inspected for leaks an | d obviou | is signs of w | ear on a weekly basis? | X(Y | □N |
| d. Kept in a clean and so | ecure are | a when not | in use? | XX | |
| e. Verified for accuracy | by use o | f duplicate s | amples (calorimetric only)? | 'QY | DN N/H |
| 3. Has the facility maintained a leak log? | | | | X | □N |
| 4. The following areas should be checked | for leak | s by the insp | pector: | • | |
| | Leak I | Detected? | | Leak | Detected? |
| Hose connections, fittings, couplings, and valves | ПY | M | Muck cookers | ΟY | MM |
| Door gaskets and scating | ПY | X | Stills | ПY | MN |
| Filter gaskets and scating | ΩY | 1 | Exhaust dampers | ПY | MN |
| Pumps | QY | M | Diverter valves | QY | ×ίν |
| Solvent tanks and containers | ПY | XV | Cartridge filter housings | QY | AN |
| Water separators | | | | | ŕ |
| William R. Johnson Name of Responsible Official Test Winter 5/28/97 | | | | | |
| Inspector's Name (Please Print) | | | Date of Inspe | ection | / / / |

| SITE INFORMAT | TON. | | |
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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE | OF | INSPE | CTION |
|------|----|-------|-------|

| ·. | | | | P | |
|--------------------------|----------------------------------|--------|---------------------|----------------------|---------------|
| PER | CHLOROETHYL | | | RS C | • |
| | TITLE V GENI COMPLIANCE INSPI | | | Sur VIII | , |
| TYPE OF INSPECTION: | ANNUAL | × | COMPLAINT/D | ISCOVERY DO | To the second |
| | RE-INSPECTION | | | The South Online | , O |
| AIRS ID#: <u>03/0393</u> | | | | пме оит: <u>1050</u> | |
| FACILITY NAME: | iramar cla | aner | <u>ح</u> | | _ |
| FACILITY LOCATION: | _ | | | | _ |
| | Jackson VII | le, Fr | LA 322 | 07 | _ |
| RESPONSIBLE OFFICIAL | William R. Jo | huson | _ phone: <u>904</u> | -443-6166 | _ |
| CONTACT NAME: | mad Herfy | | _ phone: | 4-443-6166 | _ |
| | | | | | |

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

| PART II: CLASSIFICATION | | | |
|---|---|--|--|
| Facility indicated on notification form that it is: | ☐ No notification form | | |
| (check appropriate box) | ☐ Drop store/out of business/petroleum | | |
| A. | · · · · · · · · · · · · · · · · · · · | | |
| 1. Existing small area source | 2. New small area source | | |
| dry-to-dry only, x < 140 gal/yr | dry-to-dry only, x < 140 gal/yr | | |
| transfer only, x < 200 gal/yr | transfer only, x < 200 gal/yr | | |
| both types, $x < 140$ gal/yr | both types, x < 140 gal/yr | | |
| (constructed before 12/9/91) | (constructed on or after 12/9/91) | | |
| _ | | | |
| 3. Existing large area source □ | 4. New large area source | | |
| dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ | dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ | | |
| transfer only, $200 \le x \le 1,800$ gal/yr | transfer only, $200 \le x \le 1,800$ gal/yr | | |
| both types, $140 \le x \le 1,800$ gal/yr | both types, $140 \le x \le 1,800$ gal/yr | | |
| (constructed before 12/9/91) | (constructed on or after 12/9/91) | | |
| | | | |
| 5. This is a correct facility classification | YY DN DCan not determine | | |
| | | | |
| If no, please check the appropriate classific | | | |
| ☐ facility qualified for a ger | neral permit as number above | | |
| ☐ facility exceeds above lim | nits and is not eligible for a general permit | | |
| | | | |
| | rchased within the preceding 12 months by this dry cleaning | | |
| facility was <u>190</u> gallons. | | | |
| r | | | |

Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? □N □N/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? □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? □N □N/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the / 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 □N □N/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, TAY ON ON/A Muck cookers MAY ON ON/A couplings, and valves TAY ON ON/A Stills YAY □N □N/A Door gaskets and seating THY ON ON/A TAY ON ON/A Filter gaskets and seating Exhaust dampers MAY ON ON/A SEY ON ON/A Diverter valves **Pumps** THY ON ON/A Cartridge filter housings Y UN UN/A Solvent tanks and containers SY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector MN/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? \Box Y \Box N OY ON d. Kept in a clean and secure area when not in use?

Inspector's Name (Please Print)

Date of Inspection

July 1998

Approximate Date of Next Inspection

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

 \Box Y \Box N

| ADDITIONAL SITE INFORM | IATION: | |
|------------------------|---------|------|
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL X COM | PLAINT/DISCOVERY RE-INSPECTION |
|---|----------------------------------|
| TIME IN: 1030 TIME OUT: 10 | 50airs id#:03/0393 |
| TYPE OF FACILITY: Dry Chaner FACILITY NAME: Mira mar Cleane FACILITY LOCATION: \$ 4448 Hendri Tackson ville, Fla | DATE: 6/29/78 CAS AUE. 1 32207 |
| RESPONSIBLE OFFICIAL: William R. Johnso | |
| Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evalu discrepancies were noted: | rative Code (F.A.C.). |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| | <i>A</i> |
| | |
| | * Nobie At 2 Suga FO |
| | Sources dring |
| | |
| | |
| COMMENTS: | |
| | |
| The Annual Compliance Certification form has been properly certification form has been properly certification. | Y, 1999 |
| INSPECTION CONDUCTED BY: Jeff | proximate) Winter ease Print) |
| INSPECTOR'S SIGNATURE: | PHONE NUMBER: 904-630-2800 |

RECEIVED FEB 3 1998 Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0310393
WILLIAM R JOHNSON
WILLIAM R JOHNSON
4448 HENDRICKS AVE
JACKSONVILLE FL 32207

| 4448 HENDRICKS AVE JACKSONVILLE FL 32207 |
|--|
| Do NOT Remove Label |
| Annual Reporting Period: 1-97 19_ 19_ TO 1-98 19_ |
| Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Bules. 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 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. |
| RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date |

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

CONSOLIDATED CITY OF JACKSONVILLE, FLORIDA

OFFICE MEMO

DATE 5-18-99

- то DEP
- · FROM JEST Winter
- · SUBJECT Miramar Cleaners

The original R.O., William Johnson, Sold the Miramar Plant to Irmad and Christina Herfy. They will be closing this Plant at 4448 Hendricks Ave. Next Month (June). They are going to open a new Plant in town in the beginning of June. I gave them a Notification form for the New Plant.

Thatee Jeff

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

| | TITLE V GENERA COMPLIANCE INSPECT | | P |
|---|--|--|--|
| TYPE OF INSPECTION: | ANNUAL | COMPLAIN | Tapigcovery Ou |
| Tipe of inspection: | RE-INSPECTION | | |
| | RE-INSPECTION | | Mobile Mobile |
| airs id#: <u>03/0393</u> 1 | DATE: 5/18/99 1 | TIME IN: //20 | TIME OUT ///5 |
| FACILITY NAME: | | | ring |
| FACILITY LOCATION: | | | |
| | Jackson ville, | FL 322 | 07 |
| RESPONSIBLE OFFICIAL : | Christina Hert | PHONE: | 904-443-6166 |
| CONTACT NAME: | Some | , P H ONE: | Some |
| | | | |
| PART I: NOTIFICATION | | | |
| (check appropriate box) | | | |
| | 20 days prior to startup | | × |
| New facility notified DARM : Facility foiled to notify DARM | | | / s |
| 2. Facility failed to notify DARN | A to use general permit | | _ |
| | | | |
| | | | |
| PART II: CLASSIFICATION | | | |
| PART II: CLASSIFICATION Facility indicated on notificatio | | ☐ No notific | |
| PART II: CLASSIFICATION | | | e/out of business/petroleum |
| PART II: CLASSIFICATION Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source | on form that it is: | ☐ Drop store | |
| PART II: CLASSIFICATION Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y | on form that it is: te | Drop store small area source $x < 140 \text{ gal/yr}$ | e/out of business/petroleum |
| PART II: CLASSIFICATION Facility indicated on notificatio (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: te 2. New s t dry-to-dry transfer o | Drop store small area source y only, $x < 140$ gal/yr only, $x < 200$ gal/yr | e/out of business/petroleum |
| PART II: CLASSIFICATION Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y | on form that it is: 2. New s dry-to-dry transfer o both types | Drop store small area source $x < 140 \text{ gal/yr}$ | e/out of business/petroleum |
| PART II: CLASSIFICATION 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) | ee 2. New s t dry-to-dry transfer o both types (construct | Drop store small area source y only, $x < 140$ gal/yr only, $x < 200$ gal/yr s, $x < 140$ gal/yr | e/out of business/petroleum |
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| PART II: CLASSIFICATION 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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr = | on form that it is: 2. New s r dry-to-dry transfer o both type: (construct e 4. New i: 00 gal/yr dry-to-dry transfer o al/yr both types | Drop store small area source y only, $x < 140$ gal/yr only, $x < 200$ gal/yr ss, $x < 140$ gal/yr ted on or after $12/9/9$ arge area source y only, $140 \le x \le 2,10$ only, $200 \le x \le 1,800$ ss, $140 \le x \le 1,800$ gal | e/out of business/petroleum |
| PART II: CLASSIFICATION Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 | on form that it is: 2. New s r dry-to-dry transfer o both type: (construct e 4. New i: 00 gal/yr dry-to-dry transfer o al/yr both types | Drop store small area source y only, $x < 140$ gal/yr only, $x < 200$ gal/yr s, $x < 140$ gal/yr ted on or after $12/9/9$ arge area source y only, $140 \le x \le 2,10$ only, $200 \le x \le 1,800$ | e/out of business/petroleum |
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| PART II: CLASSIFICATION 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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility classification, please check the approximation. | on form that it is: 2. New s r dry-to-dry transfer o both type: (construct e 4. New i 00 gal/yr dry-to-dry transfer o al/yr both type: (construct ssification | Drop store small area source y only, $x < 140$ gal/yr only, $x < 200$ gal/yr ted on or after $12/9/9$ arge area source y only, $140 \le x \le 2,10$ only, $200 \le x \le 1,800$ s, $140 \le x \le 1,800$ gal ted on or after $12/9/9$ Can not de | out of business/petroleum |
| PART II: CLASSIFICATION 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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility classification, please check the appropriate to the property of the prope | on form that it is: 2. New so dry-to-dry transfer of both types (construct transfer of dry-to-dry transfer of dry-to-dry transfer of dry-to-dry transfer of both types (construct transfer of dry-to-dry transfer of dry-to-dry-transfer of dry-to-dry-tran | Drop store small area source y only, $x < 140$ gal/yr only, $x < 200$ gal/yr s, $x < 140$ gal/yr ted on or after $12/9/9$ arge area source y only, $140 \le x \le 2,10$ only, $200 \le x \le 1,800$ gal ted on or after $12/9/9$ DN \square Can not de t as number | out of business/petroleum (a) (b) (c) (c) (d) (d) (e) (d) (e) (e) (e) (e |
| PART II: CLASSIFICATION 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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility classification, please check the appropriate to the property of the prope | on form that it is: 2. New s r dry-to-dry transfer o both type: (construct e 4. New i 00 gal/yr dry-to-dry transfer o al/yr both type: (construct ssification | Drop store small area source y only, $x < 140$ gal/yr only, $x < 200$ gal/yr s, $x < 140$ gal/yr ted on or after $12/9/9$ arge area source y only, $140 \le x \le 2,10$ only, $200 \le x \le 1,800$ gal ted on or after $12/9/9$ DN \square Can not de t as number | out of business/petroleum (a) (b) (c) (c) (d) (d) (e) (d) (e) (e) (e) (e |
| PART II: CLASSIFICATION 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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility classification, please check the appropriate to the property of the prope | e 2. New some dry-to-dry transfer of both types (construct dry-to-dry transfer of both types) (construct dry-to-dry transfer of both types) (construct dry-to-dry transfer of both types) (construct dry-to-dry-transfer of both types) (construct dry-to-dry-transfer of both types) (construct dry-to-dry-transfer of construct dry-to-dry-transfer of both types (construct dry-to-dry-transfer of both types) (construct dry-to-dry-to-dry-to-dry-transfer of both types) (construct dry-to-dry-transfer of both types) (const | Drop store small area source y only, $x < 140$ gal/yr only, $x < 200$ gal/yr s, $x < 140$ gal/yr ted on or after $12/9/9$ arge area source y only, $140 \le x \le 2,10$ only, $200 \le x \le 1,800$ gal ted on or after $12/9/9$ DCan not de t as number not eligible for a general | out of business/petroleum O gal/yr gal/yr /yr I) termine above al permit |

| 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? | XY ON ON/A | |
| 2. Examining the containers for leakage? | AND NO YA | |
| 3. Closing and securing machine doors except during loading/unloading? | AY ON | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | Y UN UN/A | |
| Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | OY ON MANA | |
| | | |
| 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 refri (complete A below). | gerated condenser | |
| 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 refri (complete A and B below). | gerated condenser | |
| 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? | X DN | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | AND ND YES | |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | OY ON JEWN/A | |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | Mar da | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | אועם עם צאל | |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | Xex □N | |

| В. | . Has the responsible official of an existing large or new large area source also: | | | |
|----|---|----|----|------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ПY | □и | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ПY | □N | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | ПY | □N | □N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ПY | □N | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ПY | □и | □N/A |
| | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | □Y | □и | □N/A |
| | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΠY | □N | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | ⊓מ | □N/A |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|---------------------|
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | Xex □N |
| 2. Maintained rolling monthly total of perc consumption? | Ø □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? | ' □Y □N YÊN/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | ANAK NO YO |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | DY DN XIN/A |
| 6. Maintained startup/shutdown/malfunction plan? | Xenta □N . |
| 7. Maintained deviation reports? | □Y □N ⊠ N/A |
| Problem corrected? | DY DN ZS N/A |
| 8. Maintained compliance plan, if applicable? | DY DN X N/A |

| P | PART VI: LEAK DETECTION AND REPAIRS | |
|----|--|----------------------|
| 1. | 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak | detection and repair |
| | inspection? | ya√y □n |
| 2. | 2. Has the facility maintained a leak log? | y dy □n |
| 3. | 3. Does the responsible official check the following areas for leaks? | , |
| | Hose connections, fittings, couplings, and valves | AVO NO VA |
| | Door gaskets and seating Tay \(\text{DN} \) \(\text{DN} \) \(\text{DN} \) \(\text{N/A} \) Stills | AV ON ON/A |
| | Filter gaskets and seating N/A Exhaust dampe | ers OY ON MIN/A |
| | Pumps Diverter valves | S OY ON MIN/A |
| | Solvent tanks and containers DN DN/A Cartridge filter | housings N ON ON/A |
| | Water separators | |
| 4. | 4. Which method of detection is used by the responsible official? | |
| | Visual examination (condensed solvent on exterior surfaces) | × |
| | Physical detection (airflow felt through gaskets) | * |
| | Odor (noticeable perc odor) | PA PA PA |
| | Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | |
| | Halogen leak detector | × |
| | If using direct-reading instrumentation, is the equipment: | ≱ N/A |
| | a. Capable of detecting perc vapor concentrations in a range of 0-50 | 0 ppm? □Y □N |
| | b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | □У □И |
| | c. Inspected for leaks and obvious signs of wear on a weekly basis? | □Y □N |
| | d. Kept in a clean and secure area when not in use? | □Y □N |
| | e. Verified for accuracy by use of duplicate samples (calorimetric on | ly)? □Y □N |
| | | |
| | | = |
| | · | |

Inspector's Name (Please Print)

My Linguistic Signature

Approximate Date of Next Inspection

May 18, 1999 Date of Inspection

| ADDITIONAL SITE INFOR | MATION: | |
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL X | OMPLAINT/DISCOVERY RE-INSPECTION |
|---|---|
| TIME IN: //20TIME OUT: | 1145 AIRS ID#: 0310393 |
| TYPE OF FACILITY: Yere. Dry Ckan | el |
| FACILITY NAME: Miramar Class | 2 DATE: 5/18/99 |
| FACILITY LOCATION: 444 8 Hendric | |
| Sack Son ville, | FL 32207 |
| RESPONSIBLE OFFICIAL: (h(isting the | PHONE NUMBER: 404- 443-6/166 |
| Based on the results of the compliance requirements ev compliance with DEP Rule 62-213.300, Florida Admir | raluated during this inspection, the facility is found to be in histrative Code (F.A.C.). |
| Based on the results of the compliance requirements ev discrepancies were noted: | raluated during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| | |
| Loaking Post on Order - Strong SME | ll indicated |
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| COMMENTS: | |
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| | |
| The Annual Compliance Certification form has been properly of | ertified and submitted to the inspector. YES NO |
| DATE OF NEXT INSPECTION: | (Approximate) |
| INSPECTION CONDUCTED BY: | & Winter |
| 111 11 | (Please Print) |
| INSPECTOR'S SIGNATURE: | phone number: 904-630-3484 |
| Page_ | of Revised 10/96 |

AIRS ID#: 03/0393

Ace

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: Misamar Cleaners DATE: 5/12 | 8/99 |
|---|-----------------|
| FACILITY LOCATION: 4448 Hendricks Ave. | |
| Jacksonville, FC 32207 | |
| | |
| Annual Reporting Period: May 18 1998 TO May 18 | _19 <u>_</u> 99 |
| 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 | i 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 | l above: |
| Exact period of non-compliance: fromto | |
| 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 state made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallong year for transfer or combination facilities. RESPONSIBLE OFFICIAL: PHRISTINA HEREY Name (Please Print) Signature Signature | 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.

INTEROFFICE MEMORANDUM

Date:

28-Mar-2000 01:41pm

From:

Jeff Winter winter@coj.net

Dept: Tel No:

To:

rick.butler

(rick.butler@dep.state.fl.us)

Subject: Closed dry cleaner

Hey Rick, Please be advised that Miramar Cleaners (ARMS # 0310393) is no longer a dry cleaner plant, just a drop store only. The dry cleaning machine has been removed from the premises. Site address is

4448 Hendricks Ave. Thanks.

| #0310393 Miramar Cleaners - Spoke with William Johnson- 10/3/1996—uses approx. 425galm = ~5,100gal/yr. PM= 2.04/b./yr. NOX=71,4/b./yr. | | |
|--|--|---|
| - Spoke with William Johnson- 10/3/1996-uses approx. 425galm = ~5,100gal/yr. PM= 2.04/b./yr. NOx=71.4/b./yr. | #0310393 | |
| 10/3/1996—Uses approx. 425gal/m = ~5,100gal/yr. PM= 2.04/b./yr. NOx=71.4/b./yr. | ar Cleaners | |
| PM=2.04/b./yr. NOx=71.4/b./yr. | vith William Johnson— -uses approx. 425galmon | |
| 110x-71,4 16.14r. | 04/b.lyr | |
| Co = 9.69 lb./yr. TOC = 2.55 lb./yr. | 55 lb.lyr. | , |
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| Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. | e can return this te does not te number. | 2. Restricted Delivery | eipt Service. |
|---|--|--|--|
| 3. Article Addressed to: | 4a Article N | 302451 | rn Rec |
| AIRS ID#: 0310393 WILLIAM R JOHNSON WILLIAM R JOHNSON 4448 HENDRICKS AVE JACKSONVILLE FL 32207 | ☐ Registere ☐ Express I ☐ Return Rec | ed | you for using Retur |
| 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X | | · | Thank |
| | SENDER Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: AIRS ID#: 0310393 WILLIAM R JOHNSON WILLIAM R JOHNSON 4448 HENDRICKS AVE JACKSONVILLE FL 32207 | SENDER Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID#: 0310393 WILLIAM R JOHNSON WILLIAM R JOHNSON WILLIAM R JOHNSON 4448 HENDRICKS AVE JACKSONVILLE FL 32207 Date of D 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X | SENDER O) adojanua jo doj jano auji je plod Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write *Return Receipt Requested** on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. AIRS ID#: 0310393 WILLIAM R JOHNSON G Registered G Certified Express Mail Insured Return Receipt for Merchandise COD 7. Date of Delivery To Delivery Consult postmaster for fee. 8. Addressee's Address (Only if requested and fee is paid) 8. Addressee's Address (Only if requested and fee is paid) |

| | ° 5 5 305 427 |
|----------------------------------|---|
| | S Postal Service Receipt for Certified Mail o Insurance Coverage Provided. o not use for International Mail (See reverse) sent to |
| WII 444 | AIRS ID#: 0310393 IAM R JOHNSON IAM R JOHNSON HENDRICKS AVE (SONVILLE FL 32207 |
| | Special Delivery Fee |
| 11995 | Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered |
| PS Form 3800 , April 1995 | Return Receipt Showing to Whom, late, & Addressee's Address FOTAL Postage & Fees S Postmark or Date |
| PS Form | 2/17/98 |

| _ | (Domestic Mail (| D MAIL REC | Coverage Provide |
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| 2584 | <u> </u> | | |
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| 급 | Return Receipt Fee (Endorsement Required) | | Here _ |
| | Restricted Delivery Fee (Endorsement Required) | | |
| 0600 | 10 | A IDS ID # 00 L0000 | 2011.0 |
| 10 | WILLIAM R JO | AIRS ID # 0310393(HNSON | 001AG |
| | MIRAMAR CLE | EANERS | |
| 7000 | 4448 HENDRIC JACKSONVILL | | |

| 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 # 0310393001AG WILLIAM R JOHNSON MIRAMAR CLEANERS 4448 HENDRICKS AVE JACKSONVILLE FL 32207 | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature C. Signature Agent Address D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Registered Return Receipt for Merchand Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) |
|---|--|
| 2. Article Number (Copy from service label) 7,000, 060,000,0026,4130,258 | 9 |

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

RECEIVED

MAIL ROOM

MAR -6 97 TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0310393

MIRAMAR CLEANERS WILLIAM R JOHNSON 4448 HENDRICKS AVE

JACKSONVILLE FL 32207

FOR GOVERNMENT USE ONLY

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

Оы.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED MAIL ROOM

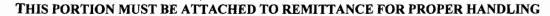
Do NOT Remove Label

AIRS ID#0310393

WILLIAM R JOHNSON WILLIAM R JOHNSON 4448 HENDRICKS AVE JACKSONVILLE FL 32207 FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0310393

MIRAMAR CLEANERS WILLIAM R JOHNSON 4448 HENDRICKS AVE JACKSONVILLE FL 32207 FOR GOVERNMENT USE ONLY TO Org.: 37550101000 EO: BY Fund: 20-2-035001 Obj.: 002273