

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 25, 1996

Mr. James Johnston President Swift Cleaners, Inc 10601-101 San Jose Boulevard Jacksonville, Florida 32257

Re: Facility I.D. No. 0310397

Dear Mr. Johnston:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 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/jw

cc: Ms. Lori Tilley, Duval County

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



Department of Environmental Protection

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

David B. Struhs Secretary

February 15, 2002

Mr. Jamie Johnston Swift Custom Cleaners 4114 Herschel Street #111 Jacksonville, Florida 32210

Dear Mr. Johnston:

Thank you for your February 12 letters informing the Division of Air Resource Management of the sale of your four facilities. The status for each has been changed to inactive in our database.

The invoices you received were for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the **preceding** year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that four facilities for Swift Custom Cleaners (AIRS ID #0310397, #0310398, #0310400, and #0310401) were in operation in 2001, the fee for each is now due.

Please call me at 850/921-9583, if you have any questions pertaining to your facility and the Title V General Permit program.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

RECEIVED FEB 1 4 2002 Bureau of Air Monitoring

a Mobile Sources

S₩Ⅎℱ℥ "Whene Day Cleaning Is An Ant"
#114 HERSCHELST. #111 JACKSONVILLE, FLORIDA 32211

February 12, 2002

Department of Environmental Protection Ms. Dotty Diltz, Chief Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Dear Ms. Diltz:

Re: AIRS ID #0310397

In reference to the above, this business was sold on August 30, 2001. It was sold to M. Poya, Inc. Shahpar Masoudipoya from now on will be responsible for the Title V Air General Permit. Please change your records accordingly.

Sincerely,

Jamie Johnston

RECEIVED

FEB 1 4 2002

Bureau of Air Monitoring & Mobile Sources *\$₩≢≢*

CUSTOM CLEANERS

"Whene Dry Cleaning Os An Art"

4114 HERSCHEL ST. #111

1720 UNIVERSITY BLVD., N.

JACKSONVILLE, FLORIDA 22211

3721C

February 12, 2002



Department of Environmental Protection Ms. Dotty Diltz, Chief Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Dear Ms. Diltz:

Re: AIRS ID #0310400

In reference to the above, this business was sold on June 30, 2001. It was sold to First Coast Cleaners, Inc. Jim Burton from now on will be responsible for the Title V Air General Permit. Please change your records accordingly.

Sincerely,

Jamie Johnston

SHIRT Specialists

\$₩≢≢

CUSTOM CLEANERS

RECEIVED "

FEB 1 4 2002

Bureau of Air Monitoring & Mobile Sources

"Whene Dry Cleaning Is An Ant"
4114 HERSCHEL ST. #111
1720 UNIVERSITY BLVD., N.
JACKSONVILLE, FLORIDA 32211
32210

February 12, 2002

Department of Environmental Protection Ms. Dotty Diltz, Chief Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Dear Ms. Diltz:

Re: AIRS ID #0310401

In reference to the above, this property was sold on October 1, 2001 to a church for use as a parking lot. Please delete Art Craft Cleaners/James Johnston from your system.

Sincerely,

Jamie Johnston

RECEIVED
FEB 1 4 2002
Bureau of Air Monitoring
8 Mobile Sources

CUSTOM CLEANERS

"Where Dry Cleaning Is An Ant"

41/4 HERSCHEL 57, #///

1720 UNIVERSITY BLVD., N.

JACKSONVILLE, FLORIDA 32211

323/0

February 12, 2002

Department of Environmental Protection Ms. Dotty Diltz, Chief Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Dear Ms. Diltz:

Re: AIRS ID #0310398

In reference to the above, this business was sold on May 31, 2001. It was sold to John Birdwell, Inc. John Birdwell from now on will be responsible for the Title V Air General Permit. Please change your records accordingly.

Sincerely

Jamie Johnston

I Mir

AIRS ID#: 03/0397

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| | <u> </u> | |
|---|---------------------------------|------------------------------|
| FACILITY NAME: Art Craft Cleaners | | |
| FACILITY LOCATION: 1630 University | Blud. S. | |
| Jack Son ville, FL | | |
| Annual Reporting Period: Seftember 5 1 | 996 то <u>Feb</u> . | 26 1997 |
| Based on each term or condition of the Title V general air permit, my 62-213.300, Florida Administrative Code (F.A.C.), during the period | → | _ |
| If NO, complete the following: | | • |
| #1. Term or condition of the general permit that has not been in conti | nuous compliance during the rep | oorting period stated above: |
| Exact period of non-compliance: from | to | |
| Action(s) taken to achieve compliance: | | |
| Method used to demonstrate compliance: | | |
| #2. Term or condition of the general permit that has not been in conti | nuous compliance during the rep | oorting period stated above: |
| Exact period of non-compliance: from | to | |
| Action(s) taken to achieve compliance: | | |
| Method used to demonstrate compliance: | | |
| As the responsible official, I hereby certify, based on information and made in this notification are true, accurate and complete. Further, my upon rolling averages of purchase receipts, does not exceed 2,100 gain year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Total E. Bircowell Name (Please Print) | v annual consumption of perchlo | roethylene solvent, based |
| Offiles July 1000 | XIII | · |

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| · |
|---|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
| SWIFT CLEANERS INC. |
| 2. Site Name (For example, plant name or number): |
| ART CRAFT CLEANERS |
| ART CRAFT CLEANERS 3. Hazardous Waste Generator Identification Number: |
| FIN 981 749759 |
| 4. Facility Location: |
| 4. Facility Location: Street Address: 1630 UNIVERS, Fy BIND SOUTH City: JACKSONN. 116, FC County: DUNAC Zip Code: 32216 |
| City: JACKSONG, 11C, FC County: Dy MAC Zip Code: 32216 |
| 5. Facility Identification Number (DEP Use): |
| 9502405 0310397 |
| |
| Responsible Official |
| 6. Name and Title of Responsible Official: |
| JAMES JOHNSTON PRESIDENT |
| 7. Responsible Official Mailing Address: |
| 7. Responsible Official Mailing Address: Organization/Firm: Swilet Cleaners Inc Street Address: 10601-101 SAN JUSE BILL |
| City: JACKSONCITE County: DUNA Zip Code: 32357 |
| 8. Responsible Official Telephone Number: |
| Telephone: $(904)262 - 4276$ Fax: $(900)262 - 3379$ |
| |
| Facility Contact (If different from Responsible Official) |
| O Name and Title of Facility Contest (For example, plant manager). |
| 9. Name and Title of Facility Contact (For example, plant manager): |
| DARBARA COOPER - CLEANER |
| 10. Facility Contact Address: |
| Street Address: 1630 VAIVERSITY BIVD SOUTH |
| City: JAcksonville County: DYVAL Zip Code: 32216 |
| 11. Facility Contact Telephone Number: |
| Telephone: $(904)721 - 3588$ Fax: () - |
| <u> </u> |
| RECEIVED |

SEP 5 1996

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

| Type of Maskins | ID. | Date Machine Initially | Date Control Device | ID | Date Machine Initially | Date Control Device | ID | 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 | 5.5 | | | | | et a | · · · · · | San | |
| | #1 | 6-5-85 | 6-5-85 | | | | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | - 151 | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | 4 | in . Prima api | t agglerg | | | Printletter (|
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | 400 | per Service | | 11.40 | | and the state | in in | las jaka jak | galar Alac |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |
| (b) Control devices are required, but not yet installed | | | | | | | | | |
| 3. What is the facility's so (Indicate with an "X". Existing small ar | Selec | t one classifi | cation only.) | | nitions found | · · | 3) of | Part II? | |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

| 4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".) | | | | |
|---|------------------------------|-------------------------------|--|--|
| Existing large area source Carbon adsorber [] | Refrigerated condenser | (<u>)</u> | | |
| New small area source Refrigerated condenser [] | | | | |
| New large area source Refrigerated condenser [] | | | | |
| | | | | |
| | | | | |
| 5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site | d hot water generating units | | | |
| All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by n during which propane or fuel oil containing no more | atural gas except for period | ls of natural gas curtailment | | |
| All steam and hot water generating units exempt No such units on-site | | | | |
| | | | | |
| | | | | |
| Equipment Manitaning | and Dassadhaaning Inform | | | |
| | ind Recordkeeping Inform | | | |
| Check all logs which are required to be kept on-site | in accordance with the requ | r X1 | | |
| (a) Purchase receipts and solvent purchases | | | | |
| (b) Leak detection inspection and repair | | | | |
| (c) Refrigerated condenser temperature monitoring | | \succeq | | |
| (d) Carbon adsorber exhaust perc concentration mor | itoring | | | |
| (e) Instrument calibration | | | | |
| (f) Start-up, shutdown, malfunction plan | | <u> </u> | | |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

| Please indicate with an "X" the appropriate selection: | | | | | |
|---|---|--|--|--|--|
| | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) | | | | |
| X | 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 | <u>8.30-96</u> Date | | | | |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | y | COMPLAINT/DISC | COVERY |
|---|---|----------------------------------|---|-------------------------|
| airs id#: <u>03/0397</u> d facility name: <u>Av</u> | + Craft | Cleane | / S | |
| FACILITY LOCATION: | | | | |
| | Jacksonu | ille, FC | 2 32216 | |
| PART I: NOTIFICATION | 1.87 | | | |
| (check appropriate box) | | | | |
| Existing facility notified DAR | M by 9/1/96 | | | T |
| 2. New facility notified DARM 3 | 0 days prior to star | tup | | Q |
| 3. Facility failed to notify DARM | to use general per | mit | | . 0 |
| | | | | |
| PART II: CLASSIFICATION | | | _ | |
| Facility indicated on notification (check appropriate box) | n form 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) | | transfer only, both types, x< | y, x<140 gal/yr x<200 gal/yr | |
| 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="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr l/yr</td><td>transfer only, both types, 14</td><td>area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,> | ga l/yr l/yr | transfer only, both types, 14 | area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,> | |
| This is a correct facility classifica | ntion | MY ON | | |
| If no, please check the appropriate | e classification: | | | |
| ☐ facility exceeds | l for a general pern above limits and is | not eligible fo | - | |
| B. The total quantity of perchloro facility was ## 2 gallons. | oethylene (perc) pu | rchased within | the preceding 12 month | ns by this dry cleaning |

1 of 4

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 beds according to the manufacturer's specifications? DY DN DON/A 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 prior to September 22, 1993 installed If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

| B. Has the responsible official of an existing large or new large area source also: | , |
|---|---|
| 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? | MY ON |
| 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? | אול, אם צם און און אם צם און |
| 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? Is the perc concentration equal to or less than 100 ppm? | OY ON DAVA |
| 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? | Aly NO YO |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON DANIA |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | OY ON CON/A |
| | |
| | |
| PART V: RECORDKEEPING REQUIREMENTS | |
| Has the responsible official: | |
| Has the responsible official: (check appropriate boxes) | tdy, □N |
| Has the responsible official: | DAY ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? | DY ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? | DY ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: | DY ON OY ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) | DY DN DN/A |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? | DY DN DAN/A |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? | DY DN DENIA DY DN PART |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? | OY ON DANIA OY ON OY ON OY ON OY ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? | DY DN DENIA DY DN DY DN DY DN DY DN DY DN DY DN |

1. Does the responsible official conduct a weekly leak detection and repair inspection?

WY ON

| 2. | 2. Which method of detection is used by the responsible official? | | | | | | |
|---|---|--------------|---------------------|---------------------------|-------------|----|--|
| | Visual examination (condensed so | lvent on | exterior surfaces) | | ď | | |
| | Physical detection (airflow felt thr | ough gas | kets) | • | te / | | |
| | Odor (noticeable perc odor) | | | | | | |
| | Use of direct-reading instrumentat | ion (FID | /PID/calorimetric | tubes) | 1 | , | |
| | If using direct-reading instrument | ntation, | is the equipment: | • | | | |
| | a. Capable of detecting p | erc vapo | r concentrations in | n a range of 0-500 ppm? | CYY D | N | |
| | b. Calibrated against a st (PID/FID only)? | andard g | as prior to and aft | er each use | □Y ⊈ | N | |
| | c. Inspected for leaks and | l obvious | signs of wear on | a weekly basis? | EY, D | N | |
| | d. Kept in a clean and se | cure area | when not in use? | | dry, o | N | |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | | | | | | N | |
| 3. | 3. Has the facility maintained a leak log? | | | | | | |
| 4. | 4. Does the responsible official check the following areas for leaks? | | | | | | |
| | Hose connections, fittings, couplings, and valves | OY | ПИ | Muck cookers | 4 | ПN | |
| | Door gaskets and seating | ďΥ | □N | Stills | G Y | □N | |
| | Filter gaskets and seating | EY | □и | Exhaust dampers | 47 | □и | |
| | Pumps | TOX | □и | Diverter valves | EY | □и | |
| | Solvent tanks and containers | te Y | N□ | Cartridge filter housings | CY | ПN | |
| | Water separators | d e√{ | N | | | | |
| ÷ | James Johnston | | | | | | |

Approximate Date of Next Inspection

| ADDITIONAL SITE INFORM | | | <u> </u> |
|------------------------|--|---|----------|
| | | | |
| | | - | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | , |
| | | | |
| | | | |
| | | | |
| | | | |
| : | | | |
| | | | |
| · | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

-

.

.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | ANNUAL [4] | COMPLAIN | T/DISCOVERY | RE-INSP | ECTION . |
|---|---|------------------|-------------------------|-------------------------|---------------|
| TIME IN: /220 | TIME OUT: | 1230 | AIRS ID#: | 03/039 | 77 |
| TYPE OF FACILITY: | ry Cleaner | | | | . , , , |
| FACILITY NAME: | rt Craft Cle | eaners | | DATE:2 | 126/97 |
| FACILITY LOCATION: | 1630 Univer | sity Bi | Nd. S. | | |
| | Tackson ville, 1 | TL 3 | 2216 | | |
| RESPONSIBLE OFFICIAL: | James Johns | ton | PHONE NUM | BER:(964) | 262-427 |
| | the compliance requirement Rule 62-213.300, Florida Ac | | | he facility is found to | o be in |
| Based on the results of discrepancies were note | the compliance requirement ed: | ts evaluated du | ring this inspection, t | he following compli | ance |
| COMPLIANCE REQU | UIREMENT/PROBLI | EM_ | FOLLOW-UP A | CTION REQUI | RED |
| , | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | • . | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| • | | | | | |
| | | | | | |
| | | | | | |
| | | | | • | |
| | | | | | |
| COMMENTS: | | | | | • |
| · · | | | | | |
| | • | | | | |
| | | | | | |
| The Annual Compliance Certific | cation form has been proper | ly certified and | submitted to the insp | pector. YES | NO |
| DATE OF NEXT INSPECTIO | ON: | Feb. | 1998 | | |
| | ~ ~ | (Approxim | ate) | | |
| INSPECTION CONDUCTED | BY: Defti. | ey Wir | Ter | | |
| INSPECTOR'S SIGNATURE | : Jeffrey Wa | (Please Pr | int)PHONE NUM | BER:(904)630 | 0-3484 |
| | / W/ P2 | ige / of / | | | Revised 10/96 |

par V

| AIRS ID#: | 03/0397 |
|-----------|---------|
| | |

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: Art Craft Clea | nes DATE: 7/23/78 |
|--|---|
| FACILITY LOCATION: 1630 Universi | ty Bhy. S. |
| Jacksonville, F | • |
| | |
| Annual Reporting Period: February 26 | 19 <u>97</u> to July 19 <u>98</u> |
| Based on each term or condition of the Title V general air perm 62-213.300, Florida Administrative Code (F.A.C.), during the p | \ <u>-</u> |
| 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 | to |
| Action(s) taken to achieve compliance: | · |
| Method used to demonstrate compliance: | · |
| #2. Term or condition of the general permit that has not been in | continuous compliance during the reporting period stated above: |
| | RECEIVED |
| Exact period of non-compliance: from | to |
| Action(s) taken to achieve compliance: | AUG 1 0 1998 |
| Method used to demonstrate compliance: | Bureau of Air Monitoring & Mobile Sources |
| made in this notification are true, accurate and complete. Furt | on and belief formed after reasonable inquiry, that the statements ther, my annual consumption of perchloroethylene solvent, based 00 gallons per year for dry-to dry facilities or 1,800 gallons per |
| | |

^{*}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 COM | PLAINT/DISCOVERY RE-INSPECTION |
|--|--|
| TIME IN: 1/30 TIME OUT: 1/4 | 5 AIRS ID#: 03/0397 |
| TYPE OF FACILITY: Dry Cleaner | |
| FACILITY NAME: Art Craft Cleans | DATE: 723/98 |
| FACILITY LOCATION: 1630 University | Blud. S. |
| Jacksonville, FC 3 | 2216 |
| RESPONSIBLE OFFICIAL: Joines Johnsto | PHONE NUMBER: 904-762-4276 |
| Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra | |
| Based on the results of the compliance requirements evaluation discrepancies were noted: | ted during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| - | |
| | |
| <u></u> | |
| | |
| | |
| COMMENTS: | |
| | |
| | |
| | |
| The Annual Compliance Certification form has been properly certifi | ed and submitted to the inspector. YES NO |
| DATE OF NEXT INSPECTION: | Jy, 1999 |
| (Арр | roximate) |
| INSPECTION CONDUCTED BY: | Jinter |
| INSPECTOR'S SIGNATURE: Jeffyy Vinte | ase Print) PHONE NUMBER: 404-630-2800 |
| Pageo | f Revised 10/96 |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: ANNUAL | COMPLAINT/DISCOVERY | | | |
|---|---|--|--|--|
| RE-INSPEC | | | | |
| | | | | |
| | -aba 1/20: 11/1 | | | |
| | 2 3/ 98 time in: <u>//30</u> time out: <u>//45</u> | | | |
| FACILITY NAME: Art Cra | ft Cleaners | | | |
| FACILITY LOCATION: | University Blvd. S. | | | |
| | nville, FC 32257 | | | |
| | Johnston PHONE: 904-162-4276 | | | |
| | | | | |
| CONTACT NAME: EUNICE CO. | VIN PHONE: 904-721-3588 | | | |
| | | | | |
| 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 \square | | | |
| | | | | |
| | | | | |
| PART II: CLASSIFICATION | | | | |
| | is: | | | |
| Facility indicated on notification form that it is (check appropriate box) | s: | | | |
| Facility indicated on notification form that it is (check appropriate box) A. | ☐ Drop store/out of business/petroleum | | | |
| Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source | ☐ Drop store/out of business/petroleum 2. New small area source ☐ | | | |
| Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr | ☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr | | | |
| Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr | | | |
| Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr | ☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr | | | |
| Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr | | | |
| Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) | | | |
| Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source | | | |
| Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr | | | |
| Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr | | | |
| Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr | | | |
| Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) AY □N □Can not determine | | | |
| Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate class | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) AY □N □Can not determine | | | |
| Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate class facility qualified for a | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) AY □N □Can not determine ification: | | | |
| Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate class facility qualified for a facility exceeds above | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine iffication: general permit as number above limits and is not eligible for a general permit | | | |
| Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate class facility qualified for a facility exceeds above | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) AY □N □Can not determine ification: general permit as number above | | | |

Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at XY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/A beds according to the manufacturer's specifications? **PART IV: PROCESS VENT CONTROLS** In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the XY 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?

PART III: GENERAL CONTROL REQUIREMENTS

| В | . Has the responsible official of an existing large or new large area source also: | | |
|----|---|----|------------------------------------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | XY | □N |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ПY | on Maya |
| | Is the temperature differential equal to or greater than 20° F? | ПY | □n X N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ΠY | □n Z N/A □n X N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ПY | □N XN/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? | □Y | ON TAN/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ПY | UN ÞÆN/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | □N XXV/A |

| PART V: RECORDKEEPING REQUIREMENTS | | | |
|---|------------------------|--|--|
| Has the responsible official: (check appropriate boxes) | | | |
| 1. Maintained receipts for perc purchased? | XX □N | | |
| 2. Maintained rolling monthly total of perc consumption? | XY □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? | □Y □N XN/A | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | DY DN MYA | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | OY ON MANA | | |
| 6. Maintained startup/shutdown/malfunction plan? | XX DN | | |
| 7. Maintained deviation reports? | □Y □N X\(\mathbf{X}\)A | | |
| Problem corrected? | DY DN XXVA | | |
| 8. Maintained compliance plan, if applicable? | DY DN XXVA | | |

| PART VI: LEAK DETECTION AND | REPAIRS | | 10.50 | |
|---|-----------------------------|---------------------------------|---------------|---------|
| 1. Does the responsible official conduct | a weekly (for small source | es, bi-weekly) leak detection a | nd repair | |
| inspection? | | | XY | □и |
| 2. Has the facility maintained a leak log | ? | | XX | □и |
| 3. Does the responsible official check the | e following areas for leaks | s? | | |
| Hose connections, fittings, couplings, and valves | Y ON ON/A | Muck cookers | X Y 🗆 | IN □N/A |
| Door gaskets and seating | YY ON ON/A | Stills | ≱ (x □ | IN □N/A |
| Filter gaskets and seating | MY ON ON/A | Exhaust dampers | ∑ (Y □ | N □N/A |
| Pumps | AND NO TA | Diverter valves | XX □ | N □N/A |
| Solvent tanks and containers | YAY ON ON/A | Cartridge filter housings | X YY 0 | N □N/A |
| Water separators | AND NO YA | | | |
| 4. Which method of detection is used by | the responsible official? | | _ | |
| Visual examination (condensed | solvent on exterior surface | es) | × | • |
| Physical detection (airflow felt the | hrough gaskets) | | N N | |
| Odor (noticeable perc odor) | | | × | |
| Use of direct-reading instrument | ation (FID/PID/calorimet | ric tubes) | | |
| Halogen leak detector | | | XI XIN/A | |
| If using direct-reading inst | rumentation, is the equip | oment: | N/A | |
| a. Capable of detecting | perc vapor concentration | s in a range of 0-500 ppm? | 'OY O | N |
| b. Calibrated against a (PID/FID only)? | standard gas prior to and | after each use | OY O | N |
| c. Inspected for leaks a | nd obvious signs of wear | on a weekly basis? | | N |
| d. Kept in a clean and | secure area when not in us | se? | □Y □ | N |
| e. Verified for accuracy | by use of duplicate samp | les (calorimetric only)? | | N |

| Jeff Winter | 7/23/98 |
|---------------------------------|-------------------------------------|
| Inspector's Name (Please Print) | Date of Inspection |
| Deffres Lint | July, 1999 |
| Inspector's Signature | Approximate Date of Next Inspection |

| ADDITIONAL SITE INFORMATION: | |
|------------------------------|----------|
| | <u>-</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| · | |
| | |
| | |
| , | |
| | |
| | |
| | |
| | |
| | |
| | 1 |
| | |
| · | |
| | |

DRY CLEANER AIR QUALITY GENERAL PERMIN

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0310397

SWIFT CLEANERS INC JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257 reau of Air Monitoring & Mobile Sources

FOR VE

70

Do NOT Remove Label

| Annual Reporting Period: /-/ | , ; | 19 <u>97</u> то | 12.31 | 19 97 |
|--|------------------------------|-----------------------|-------------------------------|-------------------------|
| . Based on each term or condition of the Tit 62-213.300, Florida Administrative Code | | • | <u> </u> | Rule NO |
| If NO, complete the following: | | | | |
| #1. Term or condition of the general perm | it that has not been in cont | inuous compliance | during the reporting period | stated above: |
| Exact period of non-compliance: from | | to_ | | |
| Action(s) taken to achieve compliance: | | · | | |
| Method used to demonstrate compliance: | •. | | | |
| #2. Term or condition of the general perm | it that has not been in cont | inuous compliance o | during the reporting period | stated above: |
| Exact period of non-compliance: from | | to | | |
| Action(s) taken to achieve compliance: | | | | |
| Method used to demonstrate compliance: | · | | <u>.</u> | |
| As the responsible official, I hereby certify, be notification are true, accurate and complete, does not exceed 2,100 gallons per year for dry | Further, my annual consum | ption of perchloroeth | ylene solvent, based upon pui | rchase receipts, |
| RESPONSIBLE OFFICIAL: No. | ame (Please Print) | - Ales | ignature | <i>J-J</i> J-9€ Date |

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | COMPLA: | INT/DISCOVERY | |
|---|--|--|---|-------|
| | rt Croft C | TIME IN: 092 | D TIME OUT: | 0945 |
| FACILITY LOCATION: RESPONSIBLE OFFICIAL : | Jacksonville Jacksonville James John | 1/e, FL 32 | 296 5 5 904 262-42 | 0 76 |
| CONTACT NAME: EULI | ce Colvin | PHONE: | 904-721-3 | 588 |
| PART I: NOTIFICATION | | | | |
| (check appropriate box) 1. New facility notified DARM 30 2. Facility failed to notify DARM to | - | | | * |
| PART II: CLASSIFICATION | | | | |
| Facility indicated on notification (check appropriate box) A. | form that it is: | ☐ No notifi☐ Drop sto | cation form re/out of business/petro | oleum |
| 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) | dry-to trans both | ew small area source o-dry only, x < 140 gal/y fer only, x < 200 gal/yr types, x < 140 gal/yr structed on or after 12/9/9 | | |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ gaboth types, $140 \le x \le 1,800$ gai/y (constructed before $12/9/91$) | gal/yr dry-to al/yr transi yr both | ew large area source o-dry only, $140 \le x \le 2,1$ fer only, $200 \le x \le 1,800$ types, $140 \le x \le 1,800$ gatructed on or after $12/9/9$ | gal/yr al/yr | |
| 5. This is a correct facility classi | fication XY | □N □Can not d | etermine | |
| | ualified for a general pe | ermit as numberlis not eligible for a gene | | |
| B. The total quantity of perchloroet | | | | () |

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

| В. | Has the responsible official of an existing large or new large area source also: | |
|----|---|-------------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ATY DN |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | OY ON MAYA |
| | Is the temperature differential equal to or greater than 20° F? | DY DN MINA |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber. | |
| | if machines are equipped with a carbon adsorber? | LIY UN WINA |
| | Is the perc concentration equal to or less than 100 ppm? | DY DN YN/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? | OY ON ANIA |
| | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON YONA |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | □Y □N XN/A |

| PART V: RECORDKEEPING REQUIREMENTS | · |
|---|---------------------------------------|
| Has the responsible official: (check appropriate boxes) | · · · · · · · · · · · · · · · · · · · |
| 1. Maintained receipts for perc purchased? | AY DH |
| 2. Maintained rolling monthly total of perc consumption? | X DA |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | YY 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 YOVA |
| 4. Maintained calibration data? (for applicable direct reading instruments) | DY DN X (N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | ANA KU YO |
| 6. Maintained startup/shutdown/malfunction plan? | AY DN |
| 7. Maintained deviation reports? | AVA X NO YO |
| Problem corrected? | DY DN XXVA |
| Maintained compliance plan, if applicable? | □Y □N Y N/A |

| PART VI: LEAK DETECTION AND REPAIRS | | | | |
|--|---|-----------------------------|-----------------------------------|-------------|
| 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | |
| ins | pection? | | | MD AM |
| 2. Has | s the facility maintained a leak log | ; ? | | ATA □N |
| 3. Do | es the responsible official check th | e following areas for leaks | s ? | • |
| | Hose connections, fittings, couplings, and valves | AY ON ON/A | Muck cookers | X ON ON/A |
| | Door gaskets and seating | AV ON ONA | Stills | YAY ON ON/A |
| | Filter gaskets and seating | AND NO YA | Exhaust dampers | OY ON MAN/A |
| | Pumps | AND NO Y | Diverter valves | OY ON MINA |
| | Solvent tanks and containers | √ Y □N □N/A | Cartridge filter housings | YY ON ON/A |
| | Water separators | AND NO YES | | |
| 4. Wh | ich method of detection is used by | the responsible official? | | |
| | Visual examination (condensed | solvent on exterior surface | es) | X |
| Physical detection (airflow felt through gaskets) | | | | ¥ |
| | X A A | | | |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | | | | |
| Halogen leak detector | | | | |
| If using direct-reading instrumentation, is the equipment: | | | | MN/A |
| | a. Capable of detecting | perc vapor concentrations | s in a range of 0-500 ppm? | □Y □N |
| | b. Calibrated against a (PID/FID only)? | standard gas prior to and | after each use | □Y □N |
| | c. Inspected for leaks a | nd obvious signs of wear o | on a weekly basis? | □Y □N |
| | d. Kept in a clean and | secure area when not in us | e? . | □Y □N |
| | e. Verified for accuracy | by use of duplicate sample | es (calorimetric only)? | □Y □N |
| | | | | |
| | | | | |
| | | | | |
| | C C 1 1 | | a1 | ha |
| | | 1+er | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | ,/77 |
| | Inspector's Name (Please Pri | nt) | Date of Inspec | tion |

My Wita
Inspector's Signature

August, 2000
Approximate Date of Next Inspection

| ADDITIONAL SITE INFORMATIO | N: | | |
|----------------------------|----|---|---|
| - | | | - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | • | |
| | | | |
| | | | |
| | • | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | , | j |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL COMP | LAINT/DISCOVERY RE-INSPECTION | | | |
|---|---|--|--|--|
| TIME IN: 0930 TIME OUT: 09 | 45 AIRS ID#: 03/0397 | | | |
| TYPE OF FACILITY: Yerc. Dry Ckanes | | | | |
| FACILITY NAME: Art Craft Cleaners | DATE: \$/5/99 | | | |
| FACILITY LOCATION: 1630 University | 18/14. S. | | | |
|) acksonville, Fo | 232216 | | | |
| RESPONSIBLE OFFICIAL: James Johnston | PHONE NUMBER: 904-262-4276 | | | |
| Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrat | | | | |
| Based on the results of the compliance requirements evaluate discrepancies were noted: | ed during this inspection, the following compliance | | | |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| - | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| COMMENTS: | | | | |
| | | | | |
| | | | | |
| The Annual Compliance Certification form has been properly certifie | ed and submitted to the inspector. YES NO | | | |
| DATE OF NEXT INSPECTION: August, 2000 | | | | |
| | roximate) | | | |
| INSPECTION CONDUCTED BY: | Pinter | | | |
| INSPECTOR'S SIGNATURE: | se Print) PHONE NUMBER: 904-630-3489 | | | |
| Page of | Revised 10/96 | | | |

ر *آ*ر

| | Q.C. | |
|---|---|---------------------|
| AIRS 10#11 103/0397 | 1, | Revised 10/10/96 |
| BRY CLEANER AIR QUALITANNUAL COMPLIANCE CE | | , . |
| CACHETYONAMER LAVY Craft Cleaners | DAT | TE: 8/5/99 |
| FACTORY LOCATION 1630 University | BIH. S. | _ |
| Jacksonville, Fo | _ 32216 | |
| Annual Reporting Period: 50/9 23 19 | 98 to August | 19_99 |
| Based on each term or condition of the Title V general air permit, my fa 62-213.300, Florida Administrative Code (F.A.C.), during the period co | | DEP Rule |
| If NO, complete the following: | | |
| #1. Term or condition of the general permit that has not been in contin | uous compliance during the reporting po | eriod stated above: |
| Exact period of non-compliance: from | to | |
| Action(s) taken to achieve compliance: | | |
| Method used to demonstrate compliance: | | |
| #2. Term or condition of the general permit that has not been in contin | uous compliance during the reporting po | 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, based on information and be made in this notification are true, accurate and complete. Further, my upon rolling averages of purchase receipts, does not exceed 2,100 galloyear for transfer or combination facilities. | annual consumption of perchloroethyles | ne solvent, based |
| RESPONSIBLE OFFICIAL: J.G. JOHNSTON | XJ_Agrandis | - 08/06/99 Data |
| 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.

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST YPE OF INSPECTION: **ANNUAL RE-INSPECTION** AIRS ID#: 03/0397 DATE: 7/ /1//2000 TIME IN: **FACILITY NAME: FACILITY LOCATION:** RESPONSIBLE OFFICIAL **CONTACT NAME: 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 ☐ Drop store/out of business/petroleum (check appropriate box) Α. 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/yrtransfer only, x < 200 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/vrboth types, x < 140 gal/vr(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 < x < 2.100 gal/yr dry-to-dry only, 140 < x < 2,100 gal/yrtransfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1.800$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) $\square N$

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 440 gallons.

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

□Can not determine

5. This is a correct facility classification

If no, please check the appropriate classification:

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

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? | X ON |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | OY ON MIN/A |
| | Is the temperature differential equal to or greater than 20° F? | DY DN MN/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? | DY DN MIN/A |
| | Is the perc concentration equal to or less than 100 ppm? | DY DN MN/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, | 1 |
| | or expansion; and downstream from no other inlet? | DY DN TAN/A |
| | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON MIN/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | DY DN MN/A |

PART V: RECORDKEEPING REQUIREMENTS

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

| PART VI: LEAK DETECTION AND REPAIRS | | | | | | | |
|--|---------------------------------------|---------|--------|------------------|---------------------------|------------|-----------------|
| 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | | | |
| ins | pection? | | | | | X Y | □N |
| 2. Has | s the facility maintained a leak log? | | | | | Y | □N |
| 3. Do | es the responsible official check the | follow | ing aı | eas for leaks? | | • | |
| | Hose connections, fittings, | J | _ | | | _ | |
| | couplings, and valves | HY | ШN | □N/A | Muck cookers | ЦY | □N A N/A |
| | Door gaskets and seating | Y | □N | □N/A | Stills | ΠY | □N X N/A |
| | Filter gaskets and seating | A | □N | □N/A | Exhaust dampers | ΠY | ON SAN/A |
| | Pumps | YY | □N | □N/A | Diverter valves | ΠY | ON XN/A |
| | Solvent tanks and containers | AY | □N | □N/A | Cartridge filter housings | Y | □N □N/A |
| | Water separators | AY | □N. | □N/A | | | |
| 4. Wh | ich method of detection is used by th | ie resp | onsib | le official? | | | |
| | Visual examination (condensed so | lvent | on ext | terior surfaces) | | A | |
| | Physical detection (airflow felt thr | ough g | gaske | ts) | | X | |
| Odor (noticeable perc odor) | | | | D N N N | | | |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | | | | | | | |
| Halogen leak detector | | | | | | | |
| If using direct-reading instrumentation, is the equipment: | | | | X/N/ | A | | |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | | | | ΟY | □N | | |
| b. Calibrated against a standard gas prior to and after each use | | | | | | | |
| | (PID/FID only)? | | | | | ПY | □N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | | | | | ПY | □N | |
| d. Kept in a clean and secure area when not in use? | | | | | ΠY | □N | |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | | | | ПY | □N | | |
| | • | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Toff Winte | 25 | | | 7-1/- | -21 | 220 |
| | Inspector's Name (Please Print | t) | | | Date of Inspection | <u> </u> | <u> </u> |
| | 11. 11. | | | | | _ | |
| | Chiffing Write | 3 | | | June | <i>V</i> | 20/ |
| | hspector's Signature | | | | Approximate Date of 1 | Next Ir | ispection |

| ADDITIONAL SITE INFORMATION: | |
|------------------------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL COMP | PLAINT/DISCOVERY RE-INSPECTION |
|--|---|
| TIME IN: 1/20 TIME OUT: 1/3 | 5 AIRS ID#: 03/0397 |
| TYPE OF FACILITY: Perc. Dry Cleaner | |
| FACILITY NAME: ATT Craft Chance | DATE: 7-11-2000 |
| FACILITY LOCATION: 1630 University | 13/14. 5. |
| Sack Sonville, To | <u> </u> |
| RESPONSIBLE OFFICIAL: JOHNSTON | PHONE NUMBER: 904/262-4276 |
| Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administration | |
| Based on the results of the compliance requirements evaluate discrepancies were noted: | ed during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| COMMENTS: | |
| | |
| .• | |
| | |
| The Annual Compliance Certification form has been properly certified | ed and submitted to the inspector. YES NO |
| DATE OF NEXT INSPECTION: (App. | roximate) |
| INSPECTION CONDUCTED BY: | Winter |
| INSPECTOR'S SIGNATURE: (Please of the control of th | ese Print) PHONE NUMBER: 904/630-/2/2 |
| Page / of | EXT. 3/69 Revised 10/96 |

AIRS ID#: 03/0397



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: AFT Croft Cleaners | DATE: 7-11-2000 |
|---|--|
| FACILITY LOCATION: 1630 University Blud. S. | |
| Jacksonville, FL 32216 | |
| | |
| Annual Reporting Period: August 5, 1999 TO 90 | Sylve July 11, , 200 |
| Based on each term or condition of the Title V general air permit, my facility has remained in 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 dur | ing 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 dur | ing the reporting period stated 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 recommed in this notification are true, accurate and complete. Further, my annual consumption upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-tyear for transfer or combination facilities. RESPONSIBLE OFFICIAL: JAMIF JOHNSTON Significant processing to the process of the | of perchloroethylene solvent, based |
| | |

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

| Graph. | | |
|---|--|---|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Da | Date of Delivery |
| 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. | C. Signature | ☐ Agent |
| 1. Article Addressed to: | D. is delivery address different from itegration itegrations. If YES, enter delivery address below: | \$ 2 |
| SHAMROCK CLEANERS JAMES JOHNSTON | | |
| 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257 | Service Type ACcertified Mail | Merchandise |
| \$ | 4. Restricted Delivery? (Extra Fee) | ☐ Yes |
| 2 Article Number (Copy from service label) | | |
| PS Form 3811, July 1999 Domestic | Domestic Return Receipt 102: | 102595-99-M-1789 |
| | | |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
| ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery | f Delivery |
| Frint 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. | C. Signature | A defending |
| 1. Article Addressed to: | idress different from item 1? delivery address below: | Se |
| AIRS ID # 0310397 | | |
| (RT CRAFT CLEANERS AMES JOHNSTON | | |
| ACKSONVILLE FL 32257 | 3. Service Type | |
| | ☐ Registered ☐ Express Mail ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. | chandise |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes | Se |
| 2. Aricle Number (Copy from service label) | | |
| PS Form 3811, July 1999 Domestic Return Receipt | | 102595-99-M-1789 |
| | | _ |

Z 333 667 331 US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse) AIRS ID # 0310397 ART CRAFT CLEANERS JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address Form **3800**, TOTAL Postage & Fees \$ Postmark or Date S

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | |
|--|--|--|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0310397 ART CRAFT CLEANERS JAMES JOHNSTON 10601-101 SAN JOSE BLVD | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Alacara Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No | | |
| JACKSONVILLE FL 32257 | 3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D. 4. Restricted Delivery? (Extra Fee) Yes | | |
| 2. Article Number (Copy from service label) | i 1111 1111 1111 | | |
| PS Form 3811, July 1999 Domestic Ret | urn Receipt 102595-99-M-1789 | | |

Z 094 212 780 US Postal Service
Receipt for Certified Mail No Insurance Coverage Provided.

Do not use for International Mail (See reverse) AIRS 1D # 0310397 ART CRAFT CLEANERS JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date

| 2 | oi adolavia jo dolaja | vo anıl İs b | 0.1 | 1 |
|---------------------|---|---|---|---|
| | Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. | | I also wish to receive the following services (for an extra fee): | |
| reverse | Attach this form to the front of the mailpiece, or on the back if space permit. | e does not | 1. Addressee's Address 2. Restricted Delivery | Ì |
| the | Write "Return Receipt Requested" on the mailpiece below the articl The Return Receipt will show to whom the article was delivered an | | 2. Restricted Delivery | 1 |
| 9 | delivered. | | Consult postmaster for fee. | Ì |
| N ADDRESS completed | 3. Article Addressed to: AIRS ID # 0310397 ART CRAFT CLEANERS JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257 | 4b. Service Registere Express Return Re 7. Date of Do | Type ed Certified Insured ceipt for Merchandise COD elivery | المراجعة والمتاريقية رماض والعراقين فتعرفهم فتعد للتاء المر |
| RETUR | 5. Received By: (Print Name) | 8. Addressee and fee is | e's Address (Only if requested 🗧 | |
| s your | 6. Signature (Addressee or Agent) X Habilian Hills City | | | |
| 1 | PS Form 3811 , December 1994 | | Domestic Return Receipt | 1 |

P 174 052 065 US Postal Service
Receipt for Certified Mail AIRS ID # 0310397 ART CRAFT CLEANERS ... JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE EL 32257 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date

Z 333 612 947

US Postal Service Receipt for Certified Mail

AIRS ID 0310397

SWIFT CLEANERS INC JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257

| | Postage | \$ |
|--------------------------|--|----|
| | Certified Fee | |
| | Special Delivery Fee | |
| | Restricted Delivery Fee | |
| 1995 | Return Receipt Showing to Whom & Date Delivered | |
| April | Return Receipt Showing to Whom, Date, & Addressee's Address | |
| 800 | TOTAL Postage & Fees | \$ |
| PS Form 3800, April 1995 | Postmark or Date | |

| | ENDER: "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 was delivered and delivered. | e does not e number. | I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. | |
|--|---|-----------------------------------|---|---|
| - The state of the | 3. Article Addressed to: AIRS ID 0310397 SWIFT CLEANERS INC JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257 | 4b. Service 1 Registere Express I | Type ad | , |
| S your- | 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Mally Ma | 8. Addressee and fee is | e's Address (Only if requested | |
| =4 | PS Form 3811 , December 1994 | 2595-97-B-0179 | Domestic Return Receipt | |

| on the reverse side? | Ol adolanua to dol Jano auti is 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 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. | e does not e number. | I also wish to receive the following services (for an extra fee): 1. | |
|----------------------|--|--|---|----------------------|
| ADDRESS completed | 3. Article Addressed to: AIRS ID # 0310397 ART CRAFT CLEANERS JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257 | 4b. Service Registere Express Return Rec | Type ed Certified Mail Insured ceipt for Merchandise COD | or manual neuron per |
| Is your RETURN | 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811 , December 1994 | 8. Addressee and fee is | a's Address (Only if requested paid) Domestic Return Receipt | |

| | _Z 333 ⊾ | 60 | 421 | 1999 |
|----------------------------------|--|-----------------|-------------|---------------------|
| | US Postal Service Receipt for Ce No Insurance Coverage | rtifie Provi | ed Mail | (0 |
| | Do not use for Internation | onal M | ail (See re | verse) # 0310397 |
| | ART CRAFT CLEANE AMES JOHNSTON | RS | AIRS ID | # 0310397 |
| 1 | 0601-101 SAN JOSE I ACKSONVILLE FL 3 | | | |
| | ooranog , jo | 1 | | , |
| | Special Delivery Fee | | | |
| 10 | Restricted Delivery Fee | | | |
| PS Form 3800 , April 1995 | Return Receipt Showing to Whom & Date Delivered | | | |
| , Apr | Return Receipt Showing to Whom, Date, & Addressee's Address | | _ | |
| 3800 | TOTAL Postage & Fees | \$ | | |
| E | Postmark or Date | | | |
| PSF | | | | ' |

| SENDES: CC SHIDAW ADDRESS, SHI | IR BHT OT | | | |
|--|---|--|--|--|
| 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 # 0310397 ART CRAFT CLEANERS JAMES JOHNSTON | A. Received by (Please Print Clearly) B. Date of Delivery 9-0 C. Signature Agent Addressee D. Is delivery address different from item Yes If YES, enter delivery address below: | | | |
| 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257 | 3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D. | | | |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes | | | |
| 2. Article Number (Copy from service label) 2000 0600 0026 4/26 6077 | | | | |
| PS Form 3811, July 1999 Domestic Ret | | | | |

| 1077 | U.S. Postal S CERTIFIED (Pomestic Mallion | ervice MAIL RECE ily, No Insurance C | EIPT overage Provided) |
|-------|---|---|------------------------------|
| ه_ ا | Postage | \$ | |
| 47.7 | Certified Fee | | Postmark |
| } _ | Return Receipt Fee (Endorsement Required) | | Here . |
| 9200 | Restricted Delivery Fee (Endorsement Required) | | |
| ſ | | AIRS ID# | 0310397 |
| 0100 | ART CRAFT CLE | ANERS | |
| 1 | JAMES JOHNSTO |)N | Į. |
| | | SE BLVD | |
| . } | | FL 32257 | |
| ₹ 2 | JACKS . | | |
| | 2 | | |
| - { ` | PS Form 3800, February | A2000 | See Reverse for Instructions |
| 1 | Shall | L. C. Control of the | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. As delivery address different from item 1? Yes |
| Article Addressed to: | If yES enter delivery address below: · □ No |
| ART CRAFT CLEANERS JAMES JOHNSTON | |
| 4114 HERSCHEL STREET STE 111 JACKSONVILLE FL 32257 | 3. Service Type Certified Mail |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Copy from service label) | 26 4128 8093 |
| PS Form 3811, July 1999 Domestic Ret | urn Receipt 102595-99-M-1789 |

| 8043 | U.S. Posicils Cerinaled (Domestic Metallo) | ervice MAIL REC | EIPT Coverage Provid | ed) |
|------------------------------|--|--------------------|-------------------------|--------------|
| 13 13 13 | Postage | \$ | i | |
| 7 | Certified Fee | | Postmark | |
| 17. | Return Receipt Fee (Endorsement Required) | | Here | |
| 9200 | Restricted Delivery Fee (Endorsement Required) | | | |
| 8 | Total Postage & Fees | \$ | | |
| 0600 | Recipi | AIRS ID # 03 | 10397 | |
| { | | CLEANERS | | |
| 4114 HERSCHEL STREET STE 111 | | | | |
| 7 | JACKSONV 32257 | TLLE FL | | instructions |

| on the reverse side? | ■ Print your game 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 ■ Restricted Delivery | | | ceipt service. |
|----------------------|--|---|------------------------------|------------------------|
| IN ADDRESS completed | AIRS ID#: 0310397 SWIFT CLEANERS INC JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257 | 4a. Article Number D 2 6 5 302 13 2 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery | | you lot using neturing |
| Is your RETUR | 5. Received By: (Print Name) Aucht MCHALE 6. Signature: (Addressee or Agent) X () (CA) PS Form 3811, December 1994 | 8. Addresse and fee is | s Address (Only if requested | TIBILI I |

| P | 5 F | 5 | 30 | 2 | ŀ | 3 | 2 |
|---|-----|---|----|---|---|---|---|
| | | | | | | | |

US Postal Service

Pagaint for Certified Mail

AIRS ID#: 0310397 SWIFT CLEANERS INC JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257

| ı | | |
|------------|--|----|
| t | Postage | \$ |
| 1 | Certified Fee | |
| 1 | Special Delivery Fee | |
| | Restricted Delivery Fee | |
| April 1995 | Return Receipt Showing to Whom & Date Delivered | |
| April | Return Receipt Showing to Whom, Date, & Addressee's Address | |
| 3800, | TOTAL Postage & Fees | \$ |
| ñ | Postmark or Date | |
| E | 7/12/9 | 7 |

| | | Service MAIL REC | |
|-----------|---|-------------------|------------------------------|
| 21,33 | | eg it | |
| 43.30 | Postage Certified Fee | \$ | Postmark |
| 0026 | Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) | | Here \mathcal{H} |
| 2000 0000 | 10 AII JAMES JOHNSTO ART CRAFT CLE. 10601-101 SAN JO JACKSONVILLE | ANERS SE BLVD | IAG , |
| { | PS Form 3800; February 2 | 2000 | See Heverse for Instructions |



/

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#: 0310397 SWIFT CLEANERS INC JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257 FOR GOVERNMENT USE ONLY

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

Оы.: 002273

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 # 0310397

ART CRAFT CLEANERS JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273



-(cut nere)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

MAIL ROOM
MAR -8 99

Do NOT Remove Label

AIRS ID # 0310397

ART CRAFT CLEANERS JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0310397

SWIFT CLEANERS INC JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONLY

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

Obj.: 002273





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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0310397

ART CRAFT CLEANERS JAMES JOHNSTON 4114 HERSCHEL STREET STE 111 JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

406163 FEBX

[I I

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 # 0310397

ART CRAFT CLEANERS JAMES JOHNSTON 10601-101 SAN JOSE BLVD JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273