

Department of Environmental Protection

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

November 25, 1996

Virginia B. Wetherell Secretary

Mr. Gene Paolucci President Gino's Quality Dry Cleaners 9875 Beach Boulevard Jacksonville, Florida 32246

Re: Facility I.D. No. 0310402

Dear Mr. Paolucci:

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

"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):					
	GLS Cleaners Inc.					
2.						
	Gino's Quality Drey Weeners Hazardous Waste Generator Identification Number: SAFETY					
3.	Hazardous Waste Generator Identification Number: SAFETY					
	3(1) 032 37(13) Kleen					
4.	Facility Location: 9875 Beach Blud Street Address:					
	City: JAX County: DUVAL Zip Code: 32246					
5.	Facility Identification Number (DEP Use):					
	9502089 0310402					
	Responsible Official					
6.	Name and Title of Responsible Official:					
0.	Genetholuca President					
7.	Responsible Official Mailing Address: Organization/Firm: 9875 Beach Bluck					
	Street Address: City: TACKSONVILLE County: DUVAL Zip Code: 32246					
بر ا	City: JACKSONVIILE County: DUVAL Zip Code: 32246					
8.	Responsible Official Telephone Number: Telephone: (904) 641-4744 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: Zip Code:					

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Telephone:

11. Facility Contact Telephone Number:

(

Fax: (

)

#0310402

Paolucci, she is a owner + with has only purchased 25 gal/per in the previous 12 months

P.14 1.(a) add date control device installed

2.(a) write 25

3. new small are a source should be marked

P.15 4. new Small r.c. should be marked (f) should be marked

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91	Instance	#3	02-MAR-92	
Dry-to-Dry Unit				<u>.</u>					
(1) w/ ref. condenser	妇	12-96	Same	<u> </u>	1	<u> </u>	l	1	
(2) w/ carbon adsorber		12 19	31371						
(3) w/ no controls									
Washer Unit		i ita			<u> </u>			44, 44, 45,44	
(4) w/ ref. condenser		1		<u> </u>	1			1	
(5) w/ carbon adsorber									
(6) w/ no controls		-							
Dryer Unit	. 10.5			et 1 i i	. Takara ji ji				
(7) w/ ref. condenser		<u> </u>				1		<u> </u>	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	rāg s.			. 112	i Tagʻir olar Tariyy		٠		gg ji Awataw
(10) w/ ref. condenser			I	<u> </u>	1	<u></u>			. "
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices a					•				
2.(a) What was the total q [] (b) If less than 12 month Check why it is less	gallo hs, h	ons ow many? [_	oroethylene (perc)	purchased in	n the latest 12			

DEP Form No. 62-213.900(2)

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4. What control technology is require (Indicate with an "X".)	ed on machines	pursuant to section (5) of Par	rt II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser	J	•	
5. A facility which contains non-exer to Rule 62-213.300, F.A.C. Verify th exemption criteria or that no such uni	nat all steam and		
All steam and hot water generating unboiler HP or less), and (2) are fired eduring which propane or fuel oil cont	exclusively by no	ntural gas except for periods	of natural gas curtailment
All steam and hot water generating un No such units on-site	nits exempt		
	•		
Equipment	t Monitoring a	nd Recordkeeping Informa	ntion
Check all logs which are required to b	oe kept on-site i	n accordance with the requir	ements of this general permit:
(a) Purchase receipts and solvent purc	chases	!	
(b) Leak detection inspection and repa	air	i	
(c) Refrigerated condenser temperature	re monitoring	[· <u>V</u>]
(d) Carbon adsorber exhaust perc con	centration mon	itoring	
(e) Instrument calibration		1	
(f) Start-up, shutdown, malfunction p	olan	I	

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Surrender of Existing Air Permit(s)

Responsible Official Certification Responsible Official Certification I, the undersigned, am the responsible official, as defined in Part II of this form this notification. I hereby certify, based on information and belief formed after statements made in this notification are true, accurate and complete. Further, a maintain the air pollutant emissions units and air pollution control equipment of the statements.		I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
I, the undersigned, am the responsible official, as defined in Part II of this form this notification. I hereby certify, based on information and belief formed after statements made in this notification are true, accurate and complete. Further, a maintain the air pollutant emissions units and air pollution control equipment o	<u> </u>	No air permits currently exist for the operation of the facility indicated in this notification form.
this notification. I hereby certify, based on information and belief formed after statements made in this notification are true, accurate and complete. Further, a maintain the air pollutant emissions units and air pollution control equipment of		Responsible Official Certification
	is notifica atements n aintain the	signed, am the responsible official, as defined in Part II of this form, of the facility addressed in ation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and e air pollutant emissions units and air pollution control equipment described above so as to hall 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 contain	vill promp	otly notify the Department of any changes to the information contained in this notification.

Date

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

Revised 10/10/96

AIRS ID#: 03/0402

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Gino's Quality Dry Cleaners DATE: 2/7/97
FACILITY LOCATION: 9875 Beach Blvd.
Jacksonville, FL 32246
Annual Reporting Period: Seffember 5 19 96 TO 2/7 19 97
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
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:
Needs to maintain weekly leak 109 + Temp. 109.
Exact period of non-compliance: from Sef. 5, 96 to 2/7/97
Action(s) taken to achieve compliance: Owner will Start Leeping log.
Method used to demonstrate compliance: ReinsPection in 1998.
#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: 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 statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

^{*}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):							
2. Site Name (For example, plant name or number):							
2. Site Name (For example, plant name or number):							
Gino's Quality Dry Cleaners							
3 Hazardous Waste Generator Identification Number:							
SLD 032 599151 Safety Kleen							
4. Facility Location: 9875 Beach B/W. Street Address:							
City: TAX County: DUVAl Zip Code: 32246							
5. Facility Identification Number (DEP Use):							
Responsible Official							
6. Name and Title of Responsible Official: Gene Paolucci - President							
Organization/Firm: 9875 Beach Blvd.							
City: Jackson ville County: Duvol Zip Code: 32246							
8. Responsible Official Telephone Number:							
Telephone: $(904)641 - 4744$ Fax: () -							
Facility Contact (If different from Responsible Official)							
9. Name and Title of Facility Contact (For example, plant manager):							
Same							
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

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	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit				.//					
(1) w/ ref. condenser	#1	12-96	12-96	///K					
(2) w/ carbon adsorber	,,,	12 14	12 14	70					
(3) w/ no controls					-			1	
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls				_					
Dryer Unit		1						·	
(7) w/ ref. condenser									
(8) w/ carbon adsorber			i						
(9) w/ no controls									
Reclaimer Unit					<u> </u>	•			
(10) w/ ref. condenser									
(11) w/carbon adsorber	_								
(I2) 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? [
Check why it is less than 12 months: New owner: New store: Did not keep records: 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) Existing small area source New small area source New large area source									
Existing large area source New large area source									

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(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 [1]	
New large area source	
Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment te than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mo	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	W ROK.

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Effective: 6-25-96

Surrender of Existing Air Permit(s)

lease indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
X	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.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
Signature	annettalucce 8-21-96 Date
Se	u Paslucci 2/11/97

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
2. Site Name (For example, plant name or number):						
• • •						
Gino's Quality Dry Cleaners 3. Hazardous Waste Generator Identification Number:						
•						
SLD 032 599151 Safety Kleen						
4. Facility Location: $Q(x) = \{Q(x) \mid D(x)\}$						
Street Address: City: County: Doval Zip Code: 32246 5. Facility Identification Number (DEP Use):						
5. Facility Identification Number (DEP Use):						
D 31 055 1						
Responsible Official						
6. Name and Title of Responsible Official:						
Gene Paolucci - President						
/. Responsible Official Mailing Address:						
Organization/Firm: 9875 Beach Blvd. Street Address:						
City: Jackson ville County: Duval Zip Code: 32246						
8. Responsible Official Telephone Number:						
Telephone: $(904)641-4744$ Fax: ()						
Facility Contact (If different from Responsible Official)						
9. Name and Title of Facility Contact (For example, plant manager):						
Same						
10. Facility Contact Address:						
Street Address:						
City: County: Zip Code:						
I1. Facility Contact Telephone Number:						
Telephone: () - Fax: () -						

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Initially Device Initially Device Initially Device			Date	Date		Date	Date		Date	Date
Type of Machine ID Purchased Installed ID Purchased ID ID ID ID ID ID ID I			Machine	Control		Machine	Control		Machine	Control
Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MA Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ ne controls Reclaimer Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed			Initially	Device		Initially	Device		Initially	Device
Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (6) w/ no controls (7) w/ ref. condenser (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (7) w/ ref. condenser (10) w/ ref. condenser (11) w/ arbon adsorber (12) w/ no controls (13) w/ arbon adsorber (11) w/ arbon adsorber (12) w/ no controls (13) w/ arbon adsorber (14) w/ arbon adsorber (15) w/ arbon adsorber (16) w/ arbon adsorber (17) w/ arbon adsorber (18) w/ arbon adsorber (19) w/ arbon adsorber (10) w/ arb	Type of Machine	ID	Purchased .	Installed	ID	Purchased	Installed	ID	Purchased	Installed
(1) w/ ref. condenser (2) w/ carbon adsorber (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (10) w/ no controls (c) No control devices are required to be installed (10) w/ no controls (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
(2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (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? (b) If less than 12 months, how many? months Check why it is less than 12 months: New owner: New store: Did not keep records: 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	Dry-to-Dry Unit			<u>-</u>	1//)				
(a) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (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 (c) No control devices are required to be installed (b) If less than 12 months, how many? [] months Check why it is less than 12 months. New owner: New store: Did not keep records: 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	(1) w/ ref. condenser	#1	12-96	12-96	//K					
Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (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? (b) If less than 12 months, how many? months	(2) w/ carbon adsorber			7.7	1					
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/ carbon adsorber (15) w/ no controls (16) w/ ref. condenser (17) w/ ref. condenser (18) w/ ref. condenser (19) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ no controls (14) w/ ref. condenser (12) w/ no controls (13) w/ no controls (14) w/ ref. condenser (12) w/ no controls (13) w/ no controls (14) w/ ref. condenser (15) w/ ref. condenser (10) w/ ref. cond	(3) w/ no controls									
(5) w/ carbon adsorber (6) w/ no controls	Washer Unit		•	•					•	
Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?	(4) w/ ref. condenser									
Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (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? [b) If less than 12 months, how many? months Check why it is less than 12 months: New owner: Did not keep records: 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	(5) w/ carbon adsorber									
(c) No control devices are required, but not yet installed	(6) w/ no controls									
(8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (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? (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	Dryer Unit			1		•	•		•	
(9) w/ no controls	(7) w/ ref. condenser									
Reclaimer Unit (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? [2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [3. What is then 12 months, how many? months [4.6] Check why it is less than 12 months: New owner: New store: Did not keep records: 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	(8) w/ carbon adsorber									
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(b) Control devices are required, but not yet installed	Reclaimer Unit	i	•		•					
(b) Control devices are required, but not yet installed	(10) w/ ref. condenser									
(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? [(11) w/carbon adsorber	,								
(c) No control devices are required to be installed	(12) w/ no controls									
(Indicate with an "X". Select one classification only.)	(c) No control devices 2.(a) What was the total of the second of the se	are requant	equired to be ity of perchlons / S.C. ow many? [_	oroethylene ((perc)	purchased i				: []
Existing large area source [] New large area source []	(Indicate with an "X". Existing small ar	Selec	et one classif	ication only.) ew sn	nali area sou	irce [$ u$	(3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	pursuant to section (3) of rait if of this notification form:
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions	units shall not be eligible to use the general permit pursuant
to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site	nd hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment te than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration more	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	W/OK.

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

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:						
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
X	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notifi statement maintain comply w	dersigned, 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 is 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. Importly notify the Department of any changes to the information contained in this notification. Date						
Je.	e Paslucci 2/11/97						

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COM	PLAINT/	DISCOVERY		RE-INSP	ECTION
TIME IN: /000	TIME OUT:	10.3	30	AIRS	ID#:	03/040	12
TYPE OF FACILITY:	by Cleaner						
FACILITY NAME: G	ino's Quali	ty Dr	y Cl	eaners		DATE: 2	17/97
FACILITY LOCATION:	9875 Bea	ch B	Nd.				
1	suville, FL	_	322	46		<i>y</i> **	
RESPONSIBLE OFFICIAL:	Gene faol	ucci		PHONE N	IUMBER	(904)641-	4744
	the compliance requirementale 62-213 300, Florida				on, the f	facility is found to	be in
Based on the results of t discrepancies were note	he compliance requirem	ents evalua	ited during	g this inspecti	on, the f	following complia	ince
COMPLIANCE REQU	JIREMENT/PROB	LEM	F	OLLOW-U	P ACT	TION REQUI	RED
Needs to Start K	seefing weekly	+ Live	kly /c	95	Will	reins Pect	in 1998
Needs to Start K	ion + Temp.				•		
							•
	- ~		-				
	,						
						-	
COMMENTS:		4					
							•
· · · · · · · · · · · · · · · · · · ·					•		
The Annual Compliance Certific	ation form has been proj	perly certifi	ed and su	bmitted to the	inspect	or. YES	NO
DATE OF NEXT INSPECTIO	N:	ô	2/7/	98			
INSPECTION CONDUCTED	BY:	Teffre	roximate Y W	nter			
	11	(P)E	ase Print			6 110	- 1-1
INSPECTOR'S SIGNATURE:	ffeffen	y Wis	nla	_PHONE N	UMBEI	r: <u>(904)63</u> 2)-348 <u>4</u>
		Dog / -	. /				Daviced 10/06

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISC	COVERY
FACILITY NAME: Gir	no's Qu 9875	IN: <u>1000</u> TIME OUT: Whity Dry Cleaners Beach Blud. Ville, FL 32246	:_/0:30
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DARN	1 by 9/1/96		D
2. New facility notified DARM 30	days prior to sta	ırtup	
3. Facility failed to notify DARM	to use general pe	ermit	
PART II: CLASSIFICATION Facility indicated on notification (check appropriate box)	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)		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>gal/yr /yr</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,>	gal/yr /yr	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 classificat	tion	OY ON	
If no, please check the appropriate	classification:		
		mit as number above s not eligible for a general permit	
B. The total quantity of perchlorod facility was 25 gallons.	ethylene (perc) p	urchased within the preceding 12 month	s by this dry cleaning

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 CHYA 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? DY DN DN/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 DN DN/A 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: 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 ON

PART III: GENERAL CONTROL REQUIREMENTS

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	
Is the temperature differential equal to or greater than 20° F?	
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	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?	CEY DN
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	מם צים
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מם עם
4. Maintained calibration data? (for direct reading instruments only)	DY DN EN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY CON
6. Maintained startup/shutdown/malfunction plan?	CAY ON
7. Maintained deviation reports?	DY DAY
Problem corrected?	DY DN MA
8. Maintained compliance plan, if applicable?	DY DN CON/A
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	OMÝ □N
2. 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)	

If using direct-reading instrumentation, is the equipment:							
a. Capable of detecting p	ΠY	□N					
b. Calibrated against a st (PID/FID only)?	ΩY	□N					
c. Inspected for leaks and	d obvious	signs of wear on	a weekly basis?	ΠY	□N		
d. Kept in a clean and se	cure area	when not in use?		ΠY	□N		
e. Verified for accuracy t	y use of	duplicate samples	(calorimetric only)?	ΠY	□N /		
3. Has the facility maintained a leak log?				ΠY	CAN I		
4. The following areas should be checked in	for leaks	by the inspector:					
	Leak Do	etected?		Leak Detected?			
Hose connections, fittings, couplings, and valves	ПY	DN	Muck cookers	ΩY	en		
Door gaskets and seating	ΠY	IZ N	Stills	ПY	₽ M		
Filter gaskets and scating	ΠY	ta ri	Exhaust dampers	ПY	<u>ON</u>		
Pumps Diverter valves					2010		
Solvent tanks and containers	ПY	<u>ON</u>					
Water separators	ΠY	<u>th</u>					

Name of Responsible Official

Inspector's Name (Please Print)

Jeffery Lout

Date of Inspection,

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FOR ECEIVED AIRS ID#0310402 GLS CLEANERS INC GENE PAOLUCCI Bureau of Air Monitoring & Mobile Sources 9875 BEACH BLVD JACKSONVILLE FL 32246 Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule ∐NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL:

^{*}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.

Wrong R.O. Wrong date Daral

Dates SD

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/	DISCOVERY	RE-INSPECTI	ON
TIME IN: 1030	TIME OUT:	1050	AIRS ID#:	0310402	2
TYPE OF FACILITY:	Dry Cleaner		,		- 60
FACILITY NAME: 6	ino's Qualit	1 Dry C	Jeaners	DATE:_ <i>5///</i>	5/78
FACILITY LOCATION:	98/5 150ac	CL <u>13/Vd.</u> Fl 327			
	acksonville, Bene Paoluc	1 - 70-	7 Ψ	R: 904-641-4	17111
RESPONSIBLE OFFICIAL:	Gera Paoroc	<u> </u>	PHONE NUMBER	R: 701-641-4	197
	the compliance requirement Rule 62-213.300, Florida Ad			facility is found to be i	n
Based on the results of discrepancies were note	the compliance requiremented:	ts evaluated during	g this inspection, the	following compliance	
COMPLIANCE REQ	UIREMENT/PROBLI	EM FO	DLLOW-UP AC	TION REQUIRE	
				PA	
				,,	^
		·		Sure JUN	1/2
				the strong of	· A
· · · · · · · · · · · · · · · · · · ·				Object Mr.	
				Ok Contact Only	
· .					%
				·	•
COMMENTS:		•			
	•				
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m					
The Annual Compliance Certific		rly certified and su	ibmitted to the inspec	tor. YESIXI	NO[]
DATE OF NEXT INSPECTIO	DN:	Approximate	<u>(</u>		
INSPECTION CONDUCTED	ву:	A Win	iter		
	111	Please Print		0.1.10	000
INSPECTOR'S SIGNATURE	: Jeffry !	Jula	PHONE NUMBE	r: <u>904-630</u> .	2800
	/ 10 / -	1.1			

PERCHLOROETHYLENE DRY CLEANERS IN 2 1998 TITLE V GENERAL PERMIT RUNGE INSPECTION CHECKLIST ROOF AIR MODIFIC OF AIR MODIFICATION OF AIR MODIFIC OF AIR MODIFICATION OF AIR MODIFICA

TYPE	OF	INSPE	CTI)N:

RECEIVED Y CLEAN BUT BUT 2 1998
ECKLIST & Mod Air
COMPLAINT/DISCOVER YOUTCES IN COURCES IN COURCE IN COURCE

RE-INSPECTION

	ATE: 5/15/98 TIME IN: 1030 TIME OUT: 1050
	o's Quality Dry Cleaners
FACILITY LOCATION:	9875 Beach Blvd.
	Jackson Ville, FL 32246
RESPONSIBLE OFFICIAL:	Gene Paolucci PHONE: 904-641-4744
CONTACT NAME:	Same PHONE: Same

PART I: NOTIFICATION

(check appropriate box)

A.

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: (check appropriate box)

- ☐ No notification form
 - ☐ Drop store/out of business/petroleum

- 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)
- 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
- 3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ 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)
- 4. New large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
- 5. This is a correct facility classification
- $\Box Y$
- □Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was / Ogallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) X(Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN MANA 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY 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 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) MD ŶK 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? XY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the XXY 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? XY □N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:	The second secon		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y I	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y (ו אם	⊐N/A
	Is the temperature differential equal to or greater than 20°F?	□Y (ו אם	⊃N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
:	if machines are equipped with a carbon adsorber?	□Y (ו אם	⊐N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y (ו אב	⊐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?	□Y (ו אב	⊃N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□ Y (ו אב	⊒N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y (ם אב	IN/A

PART V: RECORDKEEPING REQUIREMENTS	PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)								
1. Maintained receipts for perc purchased?	XXY □N							
2. Maintained rolling monthly total of perc consumption?	XX □N							
3. Maintained leak detection inspection and repair reports for the following:	·							
 a. documentation of leaks repaired w/in 24 hrs? or; 	XXY □N □N/A							
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	□Y □N □N/A							
4. Maintained calibration data? (for applicable direct reading instruments)	A/V)EK NO YO							
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N ÞÁN/A							
6. Maintained startup/shutdown/malfunction plan?	XX □N							
7. Maintained deviation reports?	OY ON ŒN/A							
Problem corrected?	on ∫ ≥ €n/a							
8. Maintained compliance plan, if applicable?	OY ON XXVA							

PART VI: LEAK DETECTION AND REPAIRS								
1. Does the responsible official conduct a	a weekl	y (for	small sources,	bi-weekly) leak detection a	nd rep	pair		
inspection?					XY	□N		
2. Has the facility maintained a leak log	?				XY	N		
3. Does the responsible official check the	e follow	ing a	reas for leaks?	/				
Hose connections, fittings, couplings, and valves	AX	ПN	□N/A	Muck cookers	z	□N □N/A		
Door gaskets and seating	Y Y	□N	□N/A	Stills	XY	ON ON/A		
Filter gaskets and seating	\$X	ΠN	□N/A	Exhaust dampers	MY	□N □N/A		
Pumps	Y	ΠN	□N/A	Diverter valves	XX	ON ON/A		
Solvent tanks and containers	Y	ПN	□N/A	Cartridge filter housings	Y	□N □N/A		
Water separators	Z Y	ПN	□N/A					
4. Which method of detection is used by	the resp	onsib	ole official?					
Visual examination (condensed s	solvent	on ex	terior surfaces)		×			
Physical detection (airflow felt the	hrough	gaske	ts)		XXX			
Odor (noticeable perc odor)					X			
Use of direct-reading instrument	tation (I	ID/P	ID/calorimetric	tubes)				
Halogen leak detector								
If using direct-reading inst	rument	ation	, is the equipm	ent:	MN	'A		
a. Capable of detecting	perc va	por c	oncentrations is	n a range of 0-500 ppm?	□Y	□N		
b. Calibrated against a (PID/FID only)?	standar	d gas	prior to and af	ter each use	□Y	□N		
c. Inspected for leaks a	nd obvi	ous si	gns of wear on	a weekly basis?	ΠY	□N		
d. Kept in a clean and s	secure a	irea w	hen not in use?	•	ΩY	□N		
e. Verified for accuracy	y by use	of du	plicate samples	(calorimetric only)?	ПY	□N		
Jeff Winter				5//	5/9	<u> </u>		
Inspector's Name (Please Pri	int)			Date of Inspe	ction			
alpus Winte	<u></u>			May	19	99		
Inspector's Signature				Approximate Date of I	Next I	nspection		

ADDITIONAL SITE INFORMATION	1:			
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AIRS ID#: 03/0402 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			·	
FACILITY NAME: Gine	's Quality	Dry cleaners	DAT	E: 5/15/98
FACILITY LOCATION:98	75 Beach	BIVd.	· · ·	
_ Jack	Sonville, Fo	2 32246		<u> </u>
Annual Reporting Period:	Feb. 9	_19 <u>97</u> то	May	/5 19 <u>98</u>
Based on each term or condition of the 62-213.300, Florida Administrative Co			} /	DEP Rule
If NO, complete the following:	ac (r. 120.), daing ac por	55 55 55 55 55 55 55 55 55 55 55 55	7-125	
,		·		
#1. Term or condition of the general p	ermit that has not been in o	continuous compliance durin	g the reporting po	eriod stated above:
Exact period of non-compliance: from	<u> </u>	to	- JUN	VED
Action(s) taken to achieve compliance:			Sureau.	~ 100 ·
Method used to demonstrate compliance			& Mobile	1 Nontoring
#2. Term or condition of the general p	permit that has not been in o	continuous compliance durin		
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance	·			
Method used to demonstrate compliance	ce:			
As the responsible official, I hereby ce made in this notification are true, accupon rolling averages of purchase recyear for transfer or combination facili RESPONSIBLE OFFICIAL:	urate and complete. Furthe eipts, does not exceed 2,10	er, my annual consumption o	f perchloroethyle	ne solvent, based

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

HLOROETHYLENE DRY & L.C., TITLE V GENERAL PERMITS COMPLIANCE INSPECTION CHECKLEST & COMPLIANCE COMP PERCHLOROETHYLENE DRY LEANERS

TVDE	OF	INSPE	CTIO	N
IIFL	UF	HISTE	cm	

AIRS ID#: <u>03/040</u> 2 DATE: <u>4-12</u> -	99 TIME IN: 9.40 TIME OUT: 1000
FACILITY NAME: FINO'S QUO	Vity Dry Cleaners
FACILITY LOCATION: 9875	Beach Blud.
<u>Jackso</u>	mville, FL 32246
	Paolucci PHONE: 904-641-4744
٠	Me phone: Same
PART I: NOTIFICATION	
(check appropriate box)	
(check appropriate box) New facility notified DARM 30 days prior to state	~~···
 New facility notified DARM 30 days prior to size Facility failed to notify DARM to use general personance. 	· · · · · · · · · · · · · · · · · · ·
2. Facility falled to floury Darrier to use general po	ermit
of Loomed Lines.	
PART II: CLASSIFICATION	
	Tay
Facility indicated on notification form that it is: (check appropriate box)	☐ No nourication form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box)	☐ 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)	☐ Drop store/out of business/petroleum
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	☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gai/yr transfer only, x < 200 gai/yr both types, x < 140 gai/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	2. New small area source dry-to-dry only. x < 140 gai/yr transfer only. x < 200 gai/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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only. $x < 140$ gai/yr transfer only. $x < 200$ gai/yr both types. $x < 140$ gai/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	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
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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gai/yr transfer only, x < 200 gai/yr both types, x < 140 gai/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gai/yr transfer only, 200 ≤ x ≤ 1,300 gai/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	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
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 gai/yr transfer only, x ≤ 200 gai/yr both types, x ≤ 140 gai/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gai/yr transfer only, 200 ≤ x ≤ 1,300 gai/yr both types, 140 ≤ x ≤ 1,300 gai/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 (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 gai/yr transfer only, x < 200 gai/yr both types, x < 140 gai/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gai/yr transfer only, 200 ≤ x ≤ 1,300 gai/yr both types, 140 ≤ x ≤ 1,800 gai/yr (constructed on or after 12/9/91) YY □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 classific facility qualified for a ger	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 cation: meral permit as number above
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 classific facility qualified for a ger facility exceeds above lim	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) YY □N □Can not determine

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

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

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: ANN UE Y a. documentation of leaks repaired w/in 24 hrs? or: b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN XVA and parts installed w/in 5 days of receipt? □Y □N ¥N/A 4. Maintained calibration data? ifor applicable direct reading instruments) DY DN XVA 5. Maintained exhaust duct monitoring data on perc concentrations? N⊏ Y**X** 6. Maintained startup/shutdown/malfunction plan? DY DN XNA 7. Maintained deviation reports? □Y □N \$\\A\ Problem corrected? AVA Y NE YE 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ΠL 2. Has the facility maintained a leak log? ΠN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, Y UN UN/A XY ON ON/A Muck cookers couplings, and vaives XXY ON ON/A Y UN UN/A Stills Door gaskets and seating YY ON ON/A □Y □N **X**N/A Exhaust dampers Filter gaskets and seating AND UN UN/A MY ON ON/A Diverter valves **Pumps** Y UN UN/A Solvent tanks and containers XX 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 N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N b. Calibrated against a standard gas prior to and after each use $\square Y \square N$ (PID/FID eniv)? c. Inspected for leaks and obvious signs of wear on a weekly basis? $\Box Y \Box N$ \square Y \square N d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? $\square Y \square N$

Jeff Winter
Inspector's Name (Please Print)

9-12-99
Date of Inspection

Approximate Date of Next Inspection



AIRS ID#: 03/0402

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Gino'S	Quality Dr	1 Ckaness	DATE	: 4-12-99
FACILITY LOCATION: 98	75 Beach	Blud.		
	Son Ville, FC	32246		
Annual Reporting Period:	y /5 ,	.19 <u>98</u> то <u>—</u>	April 1.	1999
Based on each term or condition of the Title	V general air permit, m	y facility has remained	l in compliance with D	EP Rule
62-213.300, Florida Administrative Code (F	A.C.), during the period	i covered by this states	nent XYES	\square_{NO}
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in con	tinuous compliance du	uring the reporting peri	iod 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 con	tinuous compliance du	uring the reporting peri	od stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, indicate the does not exceed 2,100 go	ny annual consumption	n of perchloroethylene	solvent, based
Nau	me (Please Print)	Sig	nature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 940	TIME OUT:	/000 AIRS ID#:	03/0402
TYPE OF FACILITY:	erc. Dry Clean	her	
FACILITY NAME: G	ino's Quality	Dry Cleaners	DATE: 4/12/99
FACILITY LOCATION:	98/5 Beach	13/14.	
	Jackson ville	FL 32246	011 111 512/11
RESPONSIBLE OFFICIAL:	fene faolucci	PHONE NUMB	ER: <u>904-641-4744</u>
	he compliance requirements and 62-213.300, Florida Adm	evaluated during this inspection, the inistrative Code (F.A.C.).	e facility is found to be in
Based on the results of t discrepancies were note		evaluated during this inspection, th	e following compliance
COMPLIANCE REQU	UREMENT/PROBLEM	I FOLLOW-UP AC	CTION REQUIRED
	-		
	-		
COMMENTS:	·		
The Annual Compliance Certific	cation form has been properly	certified and submitted to the inspec	ector. YES NO NO
DATE OF NEXT INSPECTIO	N: HY	(Approximate)	
INSPECTION CONDUCTED	BY: Jeff	Winter	
LIGITORIOR COMPOCITIO	111	(Please Print)	0.41 = ==:0:1
INSPECTOR'S SIGNATURE:	Jeffing L	PHONE NUMB	ER: 904-630-3484
	/// Page	/of /	Revised 10/06

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/DISCOVE	RY JAN
	RE-INSPECTION			67
AIRS ID#: 0310402 D	DATE: 2/28/200	M TIME	in: <u>/000</u> time ou	JT: 1015
FACILITY NAME:	no's Quali	ty D	ry Cleaners	
FACILITY LOCATION:	9875 B	each	Blud.	
	Jack Sonv	ille, 7	L 32246	
RESPONSIBLE OFFICIAL:	<i>^</i> .	_		-4744
CONTACT NAME:	Same		_phone:Sam	
			··· -	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	0 days prior to startup			×
2. Facility failed to notify DARM	f to use general permit			<u> </u>
PART II: CLASSIFICATION				
	C Ale . A da da .		FDN:	
Facility indicated on notification (check appropriate box)	i form that it is:		☐ No notification form ☐ Drop store/out of busine	·
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 trai bot (co	nsfer only, x h types, x < nstructed on	x < 140 gal/yr	RECEIV
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$)	00 gal/yr dry gal/yr trai l/yr bot	nsfer only, 2 h types, 140	Trea source $3, 140 \le x \le 2,100 \text{ gal/yr}$ $3, 140 \le x \le 1,800 \text{ gal/yr}$ $3, 20 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	
5. This is a correct facility class	sification M	X XV	□Can not determine	
	qualified for a general	permit as nu	umber <u>2</u> above gible for a general permit	
B. The total quantity of perchloro		1 54.5 4		

Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □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 □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) \Box Y \Box N 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? OY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated □Y □N 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? □Y □N □N/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after QY QN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS

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

PA	PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?			XX DN				
2.	Has the facility maintained a leak log	•		XY □N				
3.	Does the responsible official check the	e following areas for leaks	?	•				
	Hose connections, fittings, couplings, and valves	YY ON ON/A	Muck cookers	YAY ON ON/A				
	Door gaskets and seating	Y ON ON/A	Stills	YY ON ON/A				
	Filter gaskets and seating	YY ON ON/A	Exhaust dampers	OY ON XN/A				
	Pumps	TY ON ON/A	Diverter valves	□Y □N XMN/A				
I	Solvent tanks and containers	AND NO PA	Cartridge filter housings	X ON ON/A				
	Water separators	YY ON ON/A						
4.	Which method of detection is used by	the responsible official?						
	Visual examination (condensed	solvent on exterior surface	s)	A				
	Physical detection (airflow felt t	hrough gaskets)		A -				
	Odor (noticeable perc odor)			\$\lambda{\tau}				
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ic tubes)					
	Halogen leak detector							
	If using direct-reading inst	rumentation, is the equip	ment:	XN/A				
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON				
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	after each use	□Y □N				
	c. Inspected for leaks a	nd obvious signs of wear of	on a weekly basis?	OY ON				
	d. Kept in a clean and s	secure area when not in use	e?	OY ON				
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON				
_	Inspector's Name (Please Pri	er nt)	Date of Inspection Feb., Approximate Date of N	2000 2001 Next Inspection				

ADDITIONAL SITE INFORMATION:
New Machine installed.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLAINT/	DISCOVERY	RE-INSPECTION	
TIME IN: /000	TIME OUT:	1015	AIRS ID#:	03/0402	
TYPE OF FACILITY: Y	Lerc. Dry Cl	eaner			_
FACILITY NAME:	Gino's Qu	vality Dry	Cleaners	date: 2/28/2	(000
FACILITY LOCATION:	9875 1	Beach Blu	d		
	Jacksonu	ille, FL	32246		
RESPONSIBLE OFFICIAL:	Gene Pac	lúcci	PHONE NUMBE	r: <u>904-641-4</u>	744
Based on the results of the compliance with DEP R				facility is found to be in	
Based on the results of t discrepancies were note		nents evaluated during	g this inspection, the	following compliance	
COMPLIANCE REQU	JIREMENT/PROB	SLEM FO	OLLOW-UP AC	TION REQUIRED	
					_
				•	
		-			
			,		·····
_			,		
			*0.*1		
COMMENTS:					
The Annual Compliance Certific	cation form has been pro	merly certified and su	hmitted to the inspec	tor. YESX NO	$\overline{}$
· .	_	Fol 200	of I	ioi. TESIA NOL	
DATE OF NEXT INSPECTIO	ON:	(Approximate))		
INSPECTION CONDUCTED	BY:	leff Win-	ter		
	2 4	(Please Print)			. 11
INSPECTOR'S SIGNATURE	Geffson,	Mints	_PHONE NUMBE	r: <u>904-630-34</u>	84
		Pageof		Revise	d 10/96

AIRS ID#: 03/0402

Bac

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Gino's Quality Dry C FACILITY LOCATION: 9875 Beach Blud. Jack son ville, FL 32	2/2012 DATE: 2/28/2000
FACILITY LOCATION: 9875 Beach Blud	
Tanks will II 37	
Jack son United FC 10	
Annual Reporting Period: April 12, 199	99 то <u>Feb. 28</u> да 200
Based on each term or condition of the Title V general air permit, my facil 62-213.300, Florida Administrative Code (F.A.C.), during the period cover	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous	us compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	· <u>-</u>
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous	us compliance during the reporting period stated above:
Exact period of non-compliance: from	0 ////V = 2
Action(s) taken to achieve compliance:	6 T Total Red (\$ 1) C TOTAL TO
Method used to demonstrate compliance:	Contraction of the second of t
As the responsible official, I hereby certify, based on information and believed in this notification are true, accurate and complete. Further, my and upon rolling averages of purchase receipts, does not exceed 2,100 gallons year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	nual consumption of perchloroethylene solvent, based
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.

9875 BOACH Blud JAXF1 32246



Tallantitudhaattihallad hadhdadhdhaladhadhadhadhadh

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

B2815+3070

BEST AVAILABLE COPY

on the reverse side?	SENDER: Ot adoparua to dot target terms 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 an delivered.	e can return this e does not e number. d the date	also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Return Receipt Service.
IN ADDRESS completed	AIRS ID#: 0310402 GLS.CLEANERS INC GENE PAOLUCCI 9875 BEACH BLVD JACKSONVILLE FL 32246	4b. Service 1 ☐ Registere ☐ Express I	7 30 2 / 2 4 Type ed	for using
Is your RETUR	5. Received By: (Print Name) 6. Signature (Addressee or Agent) X PS Form 3811, December 1994	8. Addressee and fee is	Domestic-Return Receipt	Thank you

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7	JACKSONVILLE	EFL 32246		W
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261600

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 26 97

Do NOT Remove Label

AIRS ID# 0310402

GLS CLEANERS INC GENE PAOLUCCI 9875 BEACH BLVD JACKSONVILLE FL 32246 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

GLS	CLEANERS, INC. Dept. of Enviro	nmental Protection AIR	2/13/97	9934
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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

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GLS CLEANERS INC GENE PAOLUCCI 9875 BEACH BLVD JACKSONVILLE FL 32246 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

GLS CLEANERS, INC.
FLORIDA DEPT. OF ENVIRONMENTAL

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GLS CLEANERS, INC.

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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TOTAL AMOUNT DUE: \$50.00

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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

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GINO'S QUALITY DRY CLEANERS GENE PAOLUCCI 9875 BEACH BLVD JACKSONVILLE FL 32246 Bureau of Air White State of Air Cores: 37 \$101000 No: B1

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