

## 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. Jagdish C. Patel Jay's Professional Dry Cleaners 10025 San Jose Boulevard Jacksonville, Florida 32257

Re: Facility I.D. No. 0310405

Dear Mr. Patel:

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"

### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
JAGDISHI. C. PATEL/JAY'S DRYCLEANERS, INC
2. Site Name (For example, plant name or number):
JAY'S PROFESSINAL DRY CLEANERS.
3. Hazardous Waste Generator Identification Number:
7 7 602 1 D039 4 Facility Location:
/ Street Address: 1002 ( SAN JOSE 13LUD.
City: JACKSONVILLE County: DUVAL Zip Code: FL.32257
5. Facility Identification Number (DEP Use):
7 9870086 FLD CESOG 0310405
Responsible Official
6. Name and Title of Responsible Official:
JAGDISHI. C. PATEL - OWNER.
7. Responsible Official Mailing Address:
Organization/Firm: Street Address:  SAME AS ABOUT
City: Zip Code:
8. Responsible Official Telephone Number: Telephone: 904268-8250 Fax: ( -)
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
$ \nu $ A
10. Facility Contact Address:
Street Address: SAME AS ABOVE
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: (904) 288- 8280 Fax: ( )

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SEP 5 1996

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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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		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	fa.				w li lerisi:				
(1) w/ ref. condenser	1	01-MAY-8	3 01-1MA-8	3				-	
(2) w/ carbon adsorber									
(3) w/ no controls					-		_		
Washer Unit	1.5 1.5		Berselen v				1		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1799	İ. Hiyiyet		11.1	in the first of		100		-J. Hagira
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		Bakhar w		0,	= = = = = = = = = = = = = = = = = = = =			HA Zares	ir. Hyga,
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchlons ow many? [_	installed [	perc)	purchased in	the latest 12			[]
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	urce	ication only.) Ne	ew sn	nall area sour	ce [	3) of	Part II?	
Existing large are	ea so	urce []	Ne	ew la	rge area sour	ce	] .		

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

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#### Surrender of Existing Air Permit(s)

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

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## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 💢	COMPLA	AINT/DISC	COVERY _	RE-	INSPECTIO	и 🔲
TIME IN: ///5	TIME OUT:	113		AIRS ID#:	0310	405	
TYPE OF FACILITY:	bry Cleaner		•				
FACILITY NAME: JOY.	s Professional	Dry	Clear	ners	DATE:	6/26	197
FACILITY LOCATION:	10025 Son	Tose	Bli	H			· 
Ja	ckson ville, FL	- 32	25	7	<del>-</del> 21		<del></del>
RESPONSIBLE OFFICIAL:	Jagdish C. Yo	ite/	F	PHONE NUMB	er: <u>(904) 2</u>	<u> 268 - 82</u>	280
	he compliance requirements ule 62-213.300, Florida Adı				e facility is for	ınd to be in	
Based on the results of t discrepancies were noted	he compliance requirements d:	evaluated	during thi	s inspection, th	e following co	mpliance	
COMPLIANCE REQU	JIREMENT/PROBLE	M	FOLI	LOW-UP AC	CTION RE	QUIRED	
•		•					
	•						
·							
	• .						
							·
						1	
•					•		
COMMENTS:		<u></u>		<u> </u>			
· · ·	· · · · · · · · · · · · · · · · · · ·						
The Annual Compliance Certific	ation form has been properly	y certified	and submi	tted to the inspe	ector. YE	$s \times N$	
DATE OF NEXT INSPECTIO	N:	ne, 1	998			•	
	- 00	(Approx	kimate)				
INSPECTION CONDUCTED	BY: Deft	Wint					
INSPECTOR'S SIGNATURE:	Sellower 1	Please		HONE NUMB	ED. (904)	620-2	484
INSTECTOR'S SIGNATURE:	- Alland L	1	·P.	TOUE MOMB	ER. (/V/)	<u> </u>	, 0/
	Pag	ge <u></u> of		-		Rev	ised 10/96

AIRS 1D#: 03/0405

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JUL Revised 10/10/96

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

FACILITY NAME: Jay's Professional Dry Cleaners DATE: 6/26/97
FACILITY LOCATION: 10025 San Jose BIH.
Jackson ville, FL 32257
Annual Reporting Period: September 5 1996 TO 6/26 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
52-213.300, 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: fromtoto
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: fromtoto
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)  Date

<sup>\*</sup>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.

## V

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCO	VERY 🖸
RE-INSPECTIO	N 6/26/97	
AIRS ID#: <u>03/0405</u> TIME I	IN: _/// TIME OUT: _	1135
FACILITY NAME: <u>Jays Profess</u>	ional Dry Cleaners	
FACILITY LOCATION: 10025	San Jose BIW.	
Jacksonvi	11e, FL 32257	
PART I: NOTIFICATION		· · · · · · · · · · · · · · · · · · ·
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		×
2. New facility notified DARM 30 days prior to star	rtup	۵
3. Facility failed to notify DARM to use general per	rmit	a
PART II: CLASSIFICATION		
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	2. New small area source dry-to-dry only, x<140 gal/yr	
transfer only, x<200 gal/yr	transfer only, x<200 gal/yr	
both types, x<140 gal/yr	both types, x<140 gal/yr	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
3. Existing large area source	4. New large area source	
dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td>dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""><td></td></x<2,></td></x<2,>	dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td></td></x<2,>	
transfer only, 200 <x<1,800 gal="" yr<br="">both types, 140<x<1,800 gal="" td="" yr<=""><td>transfer only, 200<x<1,800 gal="" yr<br="">both types, 140<x<1,800 gal="" td="" yr<=""><td></td></x<1,800></x<1,800></td></x<1,800></x<1,800>	transfer only, 200 <x<1,800 gal="" yr<br="">both types, 140<x<1,800 gal="" td="" yr<=""><td></td></x<1,800></x<1,800>	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
This is a correct facility classification	<b>X</b> Y □N	
If no, please check the appropriate classification:		
facility qualified for a general per	rmit as number above	
· · · · · · · · · · · · · · · · · · ·	is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) p	ourchased within the preceding 12 months	by this dry cleaning
facility was 60 gallons.		

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	AN □N
2. Examining the containers for leakage?	NO SE
3. Closing and securing machine doors except during loading/unloading?	N□ YE
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AY □N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON YOUA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	<del>-</del>
IR 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 refu (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref. (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/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
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	מם צם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	

 $\Box Y \Box N$ 

DY DN

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located

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

verifying that the coolant had been completely charged?

on dry-to-dry, reclaimer, and dryer machines on a weekly basis?

100			
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		אב
	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?	<b>Q</b> Y (	⊐n □n/a
	Is the perc concentration equal to or less than 100 ppm?	QY (	וא⊏
	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 (	□N
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ON ON/A
P/	ART V: RECORDKEEPING REQUIREMENTS		
H	as the responsible official: neck appropriate boxes)		
1.	Maintained receipts for perc purchased?	χΥ	□и
2.	Maintained rolling monthly averages of perc consumption?	XX	⊔א
3.	Maintained leak detection inspection and repair reports for the following:	,	
	a. documentation of leaks repaired w/in 24 hrs? or;	AA	□и
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	, GY	□N
4.	Maintained calibration data? (for direct reading instruments only)	ΠY	AVER NO
5.	Maintained exhaust duct monitoring data on perc concentrations? - No exhaust duct		DN NA
6.	Maintained startup/shutdown/malfunction plan?	XX	ΩΝ
7.	Maintained deviation reports?	XX	□и
	Problem corrected?	AN	□N
8.	Maintained compliance plan, if applicable?	ΩY	AND AND
			•
P	ART VI: LEAK DETECTION AND REPAIRS		
1.	Does the responsible official conduct a weekly leak detection and repair inspection?	AA	
2.	Which method of detection is used by the responsible official?	,	
	Visual examination (condensed solvent on exterior surfaces)	A	
	Physical detection (airflow felt through gaskets)	女女女	
	Odor (noticeable perc odor)	A	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	'n	

If using direct-reading instrume	ntation,	is the equ	ipment:		
a. Capable of detecting p	ДY	ND			
b. Calibrated against a st (PID/FID only)?	ΩY	מם			
c. Inspected for leaks and	d obviou	is signs of v	vear on a weekly basis?	QY	□N
d. Kept in a clean and se	cure are	a when not	in use?	ПY	ПN
e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	ΠY	ПN
3. Has the facility maintained a leak log?				XY	□и
4. The following areas should be checked for leaks by the inspector:					
Leak Detected?					Detected?
Hose connections, fittings, couplings, and valves	ПY	AN	Muck cookers	ΟY	MN
Door gaskets and scating	ΠY	MAN	Stills	ΩY	MX
Filter gaskets and scating	ΠY	AM	Exhaust dampers	ΩY	) MM
Pumps	ΠY	ATH	Diverter valves	ΩY	MM
Solvent tanks and containers	ΠY	AN	Cartridge filter housings	ΠY	XZN
Water scparators	' QY	Xm Xm			
·			<del></del>		

Jagdish C. Patel
Name of Responsible Official

Inspector's Name (Please Print)

Spector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

· · · · · · · · · · · · · · · · · · ·				
J. 10	AGDICH C PATEL AGDISH C PATEL 0025 SAN JOSE BLVD ACKSONVILLE FL 322: Do NOT	AIRS ID#03104		
Annual Reporting Period	1-1-	19 <u>97</u> TO _		12-31-1997
Based on each term or condition of the Title V g	eneral air permit, m	y facility has rem	ained in compliance	with DEP Rule
62-213.300, Florida Administrative Code (F.A.C	.), during the period	covered by this	statement.  YES	$\square$ NO
If NO, complete the following: #1. Term or condition of the general permit that	t has not been in con	tinuous complian	ce during the reporti	ng period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	<u>.                                    </u>			·
#2. Term or condition of the general permit that	has not been in con	tinuous complian	ce during the reportir	ng period stated above:
Exact period of non-compliance: from		to	0	
Action(s) taken to achieve compliance:	•	•		
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based or notification are true, accurate and complete. Furth does not exceed 2,100 gallons per year for dry-to dry	er, my annual consun v facilities or 1,800 ga KUMMA C	ption of perchloro	pethylene solvent, based transfer or combination	d upon purchase receipts, n facilities.
Name (1	Please Print)		<b>/</b> Signature	Date

<sup>\*</sup>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 INSI	ECTION	CHECKLIST	Tes W		
TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT	φ°ζ ⁄DIS <b>&amp;ΩV</b> ERY	٠	
	RE-INSPECTION			Bill In	195 X	
	RE-INSPECTION	<u> </u>		College	2/2	
00101/05	1 lalas	>	/0 a O	8	1300	
AIRS 10#: <u>03/0405</u>	,	A		•	10,50	
FACILITY NAME:	y's Profession	nal I	ry Cleans	ers		
FACILITY LOCATION:	10025 Sa	n Jo	se BIH.			
·	Jacksonville			57		
RESPONSIBLE OFFICIAL :	Trailed C	Q+a1	740	14-218-	8280	
RESPONSIBLE OFFICIAL:	Signific C.	DAR	PHONE:	C 200	0200	
CONTACT NAME:	Day fate	<u> </u>	PHONE:	Jon	<u> </u>	
			·			
PART I: NOTIFICATION						
(check appropriate box)	10 111 10 - 10			and a second		
1. New facility notified DARM	30 days prior to startup				×	
2. Facility failed to notify DARM	-			,		
				.,		
DADEN OF ACCOUNCY WON						
PART II: CLASSIFICATION						
The second secon			☐ No notificati	ion form		
Facility indicated on notification (check appropriate box)				ion form ut of business/po	etroleum	
Facility indicated on notification (check appropriate box)  A.	on form that it is:	New small	☐ Drop store/o		etroleum	
Facility indicated on notification (check appropriate box)	on form that it is:			out of business/po	etroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	on form that it is:	to-dry only sfer only, a	☐ Drop store/o  area source  7, x < 140 gal/yr  x < 200 gal/yr	out of business/po	etroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ce 2. dry trar	to-dry only sfer only, x n types, x <	☐ Drop store/o  area source  y, x < 140 gal/yr  x < 200 gal/yr  140 gal/yr	out of business/po	etroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	ce 2. dry trar	to-dry only sfer only, x n types, x <	☐ Drop store/o  area source  7, x < 140 gal/yr  x < 200 gal/yr	out of business/po	etroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	on form that it is:  2. If dry.  tran both (con	to-dry only sfer only, a types, x < nstructed or	Drop store/of area source  7, x < 140 gal/yr  8 < 200 gal/yr  140 gal/yr  1 or after 12/9/91)	out of business/po	etroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source	on form that it is:  te	to-dry only isfer only, a types, x < nstructed or New large.	Drop store/of area source  7, x < 140 gal/yr  8 < 200 gal/yr  140 gal/yr  1 or after 12/9/91)  area source	ut of business/po	etroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	on form that it is:  te	to-dry only asfer only, a types, x < a structed or New large at odd or other order only	Drop store/of area source  7, x < 140 gal/yr  8 < 200 gal/yr  140 gal/yr  1 or after 12/9/91)	ut of business/po	etroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1	on form that it is:  2. If dry tran both (con te	to-dry only asfer only, a types, x < a structed or New large ato-dry only sfer only, 2	Drop store/of area source  y, x < 140 gal/yr  x < 200 gal/yr  140 gal/yr  n or after 12/9/91)  area source  y, 140 ≤ x ≤ 2,100	ut of business/po	etroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800	on form that it is:  te	to-dry only asfer only, an types, x < a structed or New large ato-dry only asfer only, 2 a types, 140	Drop store/of area source  7, $x < 140 \text{ gal/yr}$ 7, $x < 200 \text{ gal/yr}$ 140 gal/yr  140 gal/yr  140 or after 12/9/91)  140 $\leq x \leq 2,100$ 150 $\leq x \leq 1,800 \text{ gal}$	ut of business/po	etroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr types, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 200 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 200 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry-	on form that it is:  te	to-dry only, and types, x < nstructed or New large sto-dry only sfer only, 2 types, 140 astructed or structed or s	Drop store/of area source  7, $x < 140 \text{ gal/yr}$ 7, $x < 200 \text{ gal/yr}$ 140 gal/yr  140 gal/yr  140 $x < 200 \text{ gal/yr}$ 160 $x < 200 \text{ gal/yr}$ 17, $x < 200 \text{ gal/yr}$ 18, $x < 200 \text{ gal/yr}$ 19, $x < 200 \text{ gal/yr}$ 19, $x < 200 \text{ gal/yr}$	gal/yr	etroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gr (constructed before 12/9/91)  5. This is a correct facility classical description.	on form that it is:  te 2. If dry transboth (consection described	to-dry only asfer only, an types, x < nstructed or New large ato-dry only asfer only, 2 types, 140 astructed or	Drop store/of area source  7, $x < 140 \text{ gal/yr}$ 7, $x < 200 \text{ gal/yr}$ 140 gal/yr  1 or after 12/9/91)  1 area source  1, $140 \le x \le 2,100$ 1, $140 \le x \le 1,800 \text{ gal/yr}$ 2, $140 \le x \le 1,800 \text{ gal/yr}$ 3, $140 \le x \le 1,800 \text{ gal/yr}$ 4, $140 \le x \le 1,800 \text{ gal/yr}$ 5, $140 \le x \le 1,800 \text{ gal/yr}$ 6, $140 \le x \le 1,800 \text{ gal/yr}$ 6, $140 \le x \le 1,800 \text{ gal/yr}$ 7, $140 \le x \le 1,800 \text{ gal/yr}$ 8, $140 \le x \le 1,800 \text{ gal/yr}$	gal/yr	etroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gr (constructed before 12/9/91)  5. This is a correct facility class of the constructed before 12/9/91)	on form that it is:  te 2. If dry transboth (consection described	to-dry only asfer only, an types, x < nstructed or New large ato-dry only after only, 2 atypes, 140 astructed or	Drop store/of area source  7, $x < 140 \text{ gal/yr}$ 140 gal/yr  140 gal/yr  1 or after $12/9/91$ )  area source  7, $140 \le x \le 2,100$ 100 $\le x \le 1,800 \text{ gal/yr}$ 1 or after $12/9/91$ )  Can not determine the source of the so	gal/yr	etroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classified in the constructed before 12/9/91.	on form that it is:  te 2. If dry tran both (con te 4. If 100 gal/yr dry al/yr both (con testification  Ty	to-dry only asfer only, an types, x < structed or New large ato-dry only asfer only, 2 a types, 140 astructed or IN	Drop store/of area source  y, $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$	gal/yr I/yr r mine above	etroleum	

# 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?

#### PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

#### In Part II-A:

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

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

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

DY DN SANA

B.	Has the responsible official of an existing large or new large area source also:	_		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ПY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	<b></b>	<b></b>	
	if machines are equipped with a carbon adsorber?	ЦY	N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠИ	□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?	ПY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□N	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	SEX □N				
2. Maintained rolling monthly total of perc consumption?	- Ви □ и				
3. Maintained leak detection inspection and repair reports for the following:	•				
a. documentation of leaks repaired w/in 24 hrs? or;	YAY ON ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	( OY ON ON/A				
4. Maintained calibration data? for applicable direct reading instruments)	OY ON YOU				
5. Maintained exhaust duct monitoring data on perc concentrations?	ANDE NO YO				
6. Maintained startup/shutdown/malfunction plan?	ATY ON				
7. Maintained deviation reports?	DY ON - SON/A				
Problem corrected?	DY ON TONA				
8. Maintained compliance plan, if applicable?	A/Met NO YO				

P.	PART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official conduct	a weekly	(for	small so	rces, bi-weekly) leak detection a	nd rep	аіг	
	inspection?					AY	(	<b>J</b> N
2.	Has the facility maintained a leak log	<b>g</b> ?				AX	C	NC
3.	Does the responsible official check the	ne followi	ing a	reas for le	aks?	·		
	Hose connections, fittings, couplings, and valves	Àα	ПN	□N/A	Muck cookers	<b>X</b> Y	ПN	□N/A
	Door gaskets and seating	AX	ПN	□N/A	Stills	<b>X</b> Y	ПN	□N/A
	Filter gaskets and seating	X	ΠN	□N/A	Exhaust dampers	XY	ΠN	□N/A
	Pumps	XY	ΠN	□N/A	Diverter valves	XY	□N	□N/A
	Solvent tanks and containers	XY	ΠN	□N/A	Cartridge filter housings	ХY	□N	□N/A
	Water separators	X	ПN	□N/A				
4.	Which method of detection is used by	the resp	onsib	le officia	?			
	Visual examination (condensed	solvent o	on ex	terior sur	faces)	#		
	Physical detection (airflow felt	through g	gaske	ts)		4		
	Odor (noticeable perc odor)					中中中		
	Use of direct-reading instrumer	itation (F	ID/P	D/calorii	netric tubes)	4		
	Halogen leak detector							
	If using direct-reading ins	trument	ation	, is the e	quipment:	AN/	Ά	
	a. Capable of detecting	g perc va	рог с	oncentrat	ions in a range of 0-500 ppm?	ŪΥ	ΠN	
	b. Calibrated against a	standaro	d gas	prior to a	nd after each use			
	(PID/FID only)?					ПY	ΠN	
	c. Inspected for leaks	and obvio	ous si	gns of we	ar on a weekly basis?	ПY	ΠN	
	d. Kept in a clean and	secure a	rea w	hen not i	n use?	ПY	ПN	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						ПY	ΠN	
		_					_	
		,			, 10	20	1	
_	Jeff Win	•			6/9/	70		
	Inspector's Name (Please Print)  Date of Insp					ction		

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLAINT/I	DISCOVERY	RE-INSPECTION	
TIME IN: /000	TIME OUT:	1030	AIRS ID#:	0310405	
TYPE OF FACILITY:	-y Cleaner			, /	_
FACILITY NAME: Ja	y's Profession	nal Dry	Cleaners	DATE: 6/9/9	8
FACILITY LOCATION:	10025 San :	Jose Blu	d.		
Ja	cksonville, F	L 3225	7		
RESPONSIBLE OFFICIAL:	Jagdish C. Fo	itel	PHONE NUMBER:	904-268-82	80
<del></del>					
	the compliance requirement tale 62-213.300, Florida Ad			cility is found to be in	
Based on the results of t discrepancies were noted	he compliance requirement d:	s evaluated during	this inspection, the fol	lowing compliance	
COMPLIANCE REQU	JIREMENT/PROBLE	M FO	DLLOW-UP ACTI	ON REQUIRED	
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			Mobile South		
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COMMENTS:		\$			
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	•				
The Annual Compliance Certific	ation form has been proper	ly certified and su	bmitted to the inspector	YES NO	$\mathbf{X}$
DATE OF NEXT INSPECTIO	N:	Dune,	1999		
	1	(Approximate	)		
INSPECTION CONDUCTED	ву: <i>Уен</i>	Winter			ı
	1.11 11	(Please Print)		And 120.00	a °
INSPECTOR'S SIGNATURE:	_GGMy Wr	no	_PHONE NUMBER:	904-630-280	0
	Pa	ge_/ of /		Revis	ed 10/96

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	×	COMPEAINTED	ISCOVERY			
	RE-INSPECTION	۵	Mobile Of Pix	10 1			
AIRS ID#: <u>03/0405</u> D	ATE: 5/4/99	TIME IN:	940	TIME OUT: _	1000		
FACILITY NAME:	Tay's Profe	ssi onol	Dry C	Maness			
FACILITY LOCATION:	10025		ose Blud.		<del></del>		
	_ Dackson	ville, F	<del></del> -				
RESPONSIBLE OFFICIAL:	Jagdish Pa	tel_1	PHONE: <u>909</u>	1/268-82	280		
CONTACT NAME:	Join	<u>e</u> i	PHONE:	Some			
PART I: NOTIFICATION							
(check appropriate box)		<u> </u>					
1. New facility notified DARM 30	0 days prior to startup				<b>x</b>		
2. Facility failed to notify DARM	,		•				
PART II: CLASSIFICATION							
PART II: CLASSIFICATION							
Facility indicated on notification (check appropriate box)	form that it is:		No notification Drop store/out		oleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source	2. 1	New small area	Drop store/out		Dieum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. I	New small area to-dry only, x	Drop store/out a source < 140 gal/yr	of business/petro	bleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. I dry- tran	New small area to-dry only, x < sfer only, x < 2	a source < 140 gal/yr 200 gal/yr	of business/petro	oleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. I dry-tran	New small area to-dry only, x	a source < 140 gal/yr 200 gal/yr 0 gal/yr	of business/petro	oleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	2. I dry-tran both (con gal/yr tran both yr both yr both yr both yr both	New small area to-dry only, x < 2 a types, x < 140 astructed on or serviced with the structed only, 14 area to-dry only, 14 after only, 200 <	Drop store/out  a source  < 140 gal/yr  200 gal/yr  gal/yr  after 12/9/91)  a source $0 \le x \le 2,100$ gal/yr $x \le 1,800$ gal/yr $x \le 1,800$ gal/yr	of business/petro	oleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal	2. I dry-tran both (con gal/yr tran both (con con con con con con con con con con	New small area to-dry only, $x < 2$ types, $x < 140$ istructed on or New large area to-dry only, $14$ sfer only, $200 \le 1$ types, $140 \le x$ istructed on or a	Drop store/out  a source  < 140 gal/yr  200 gal/yr  gal/yr  after 12/9/91)  a source $0 \le x \le 2,100$ gal/yr $x \le 1,800$ gal/yr $x \le 1,800$ gal/yr	of business/petro	oleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91)  5. This is a correct facility class of the second of t	2. I dry- tran both (con gal/yr dry- gal/yr tran (con gal/yr tran (con gal/yr tran (con gal/yr tran (con gal/gr)) (con gal/gr) sification	New small area to-dry only, x < sfer only, x < 2 types, x < 140 istructed on or shew large area to-dry only, 14 sfer only, 200 < i types, 140 < x istructed on or shew large area to-dry only, 100 < i types, 140 < x istructed on or shew large area to-dry only, 200 < i types, 140 < x istructed on or shew large area to-dry only, 200 < i types, 140 < x istructed on or shew large area to-dry only, 200 < i types, 140 < x istructed on or shew large area to dry only area to dry only only only only only only only onl	Drop store/out  a source $< 140 \text{ gal/yr}$ $= 200 \text{ gal/yr}$ $= 200 \text{ gal/yr}$ after $12/9/91$ )  a source $= 200 \text{ gal/yr}$ $= 300 \text{ gal/yr}$ $= 300 \text{ gal/yr}$ $= 300 \text{ gal/yr}$ $= 300 \text{ gal/yr}$ after $300 \text{ gal/yr}$	of business/petro			

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at XXY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN WNA 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 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 OY ON ON/A condenser upon opening the door? Measured and recorded the temperature of the outlet exhaust stream of a refrigerated $\Box Y \Box N$ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/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?

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

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: check appropriate boxes)						
1. Maintained receipts for perc purchased?	AN DN					
2. Maintained rolling monthly total of perc consumption?	AYY □N					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or:	YAY ON ON/A					
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	, an <b>xa</b> n/a					
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ANA					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ANA					
6. Maintained startup/shutdown/malfunction plan?	An □N .					
7. Maintained deviation reports?	DY DN XXIVA					
Problem corrected?	OY ON ANA					
8. Maintained compliance plan, if applicable?	DY DN ANA					

P	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a	weekly (for small source	ces, bi-weekly) leak detection a	nd repair			
	inspection?			MD YES			
2.	Has the facility maintained a leak log?			MD VE			
3.	Does the responsible official check the	following areas for lead	ks?	•			
	Hose connections, fittings, couplings, and valves	AND NO YA	Muck cookers	Y ON ON/A			
	Door gaskets and seating	AND ND YA	Stills	XY ON ON/A			
	Filter gaskets and seating	AND NO YA	Exhaust dampers	OY ON MANA			
	Pumps	AND NO YA	Diverter valves	OY ON MINA			
	Solvent tanks and containers	AND ND YA	Cartridge filter housings	Y ON ON/A			
	Water separators	XX ON ON/A					
4.	Which method of detection is used by t	he responsible official?					
	Visual examination (condensed s	olvent on exterior surface	ces)	A			
	Physical detection (airflow felt th	rough gaskets)		A.			
	Odor (noticeable perc odor)		•	A			
	Use of direct-reading instrumenta	tion (FID/PID/calorime	etric tubes)				
	Halogen leak detector			×			
	If using direct-reading instr	umentation, is the equi	ipment:	MN/A			
	a. Capable of detecting p	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a s	tandard gas prior to and	i after each use				
	(PID/FID only)?			□Y □N			
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	□Y □N			
	d. Kept in a clean and se	ecure area when not in u	ıse?	□Y □N			
	e. Verified for accuracy	by use of duplicate samp	ples (calorimetric only)?	□Y □N			
	J. P. 11. 1		-lula	7			
_	Inspector's Name (Please Prin	<u>εγ</u>	>/4/4	7			

Revised 9/15/97

Moy 2600
Approximate Date of Next Inspection

A	DDITIONAL	SITE INFORM	IATION:				
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AIRS ID#: 03/0405

Revised 10/10/9

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		<u> </u>				
FACILITY NAME: Jay'S				ecs	DATE: _	5/4/93
	025 San					
	ickson ville,	FL 30	2257			
L	1044 4	1098		Man	4	1999
Annual Reporting Period:	<del>(3)</del>	19 <u>70</u>	.0		1	19 <u>//</u>
Based on each term or condition of the To 62-213.300, Florida Administrative Code						Rule NO
If NO, complete the following:						
#1. Term or condition of the general per	mit that has not been in	continuous c	compliance o	during the repo	orting 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 pen	mit that has not been in	continuous c	compliance d	luring the repo	orting 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 certification are true, accurate upon rolling averages of purchase receip year for transfer or combination facilities	te and complete. Furth ts, does not exce <mark>ed 2.</mark> 1	ier, my annua	il consumpti	on of perchlor	oethylene so	lvent, based
RESPONSIBLE OFFICIAL: JAC	DISHKUMAR	PAGET	- H	Red	5	4.99
	Name (Please Print)		18	ignature		Date

<sup>\*</sup>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 COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 940 TIME OUT:	/000 AIRS ID#: 03/0405
TYPE OF FACILITY: Perc. Dry Clean	er
FACILITY NAME: JOY'S Profess, OL	nol Dry Chaners DATE: 5/4/99
FACILITY LOCATION: 10025 San.	Jose Blud.
Jackson ville,	FL 32257
RESPONSIBLE OFFICIAL: Jagdish Potel	PHONE NUMBER: 904/269-8280
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
COMMENTS:	
·	•
The Annual Compliance Certification form has been properly certification for the properly certification for t	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: (An	$\frac{\Delta Y}{\Delta V} = \frac{2000}{V}$
INSPECTION CONDUCTED BY:	Winter
	ease Print)
INSPECTOR'S SIGNATURE:	nte PHONE NUMBER: 904/630-3484
Page /	of / Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Þ	<b>,</b>	COMPLAI	NT/DISC	OVERY	5	Al o	lf
	RE-INSPECTION	v _					10		
AIRS ID#: <u>03/0405</u> DA						E OUT:		18	
FACILITY NAME:	y's frot	e55,0n	ul_	Dry	Clea	ne s			_
FACILITY LOCATION:	10025	San	Do	ise B	/wd.				_
	Jackson	nville,	F	L 3	225	7			_
RESPONSIBLE OFFICIAL :	Jagdish	Pate		PHONE: _	904-	268-	- 82	80	
CONTACT NAME:	- Sa me	١	1	PHONE: _	Sa	ne			.
									_
PART I: NOTIFICATION									
(check appropriate box)									
1. New facility notified DARM 30 of	lays prior to startı	ир		,			•	×	
2. Facility failed to notify DARM to	use general perm	nit							
PART II: CLASSIFICATION									
Facility indicated on notification for	orm that it is:	<del></del>		☐ No notif	ication for	m			
(check appropriate box)				☐ Drop sto	re/out of b	usiness	/petrol	leum	
A	¥	0 N							ı
1. Existing small area source dry-to-dry only, x < 140 gal/yr	<i>-</i>	2. New sm dry-to-dry o			/*				1
transfer only, x < 200 gal/yr		transfer onl			,,				
both types, x < 140 gal/yr		both types,	• .						
(constructed before 12/9/91)		(constructed			91)		В		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$		4. New lar			100 gal/yr	& Mobile Sources	ureau of Air Monitoring	APA	
transfer only, $200 \le x \le 1,800$ ga		transfer onl				bile	₽	1	7
both types, $140 \le x \le 1,800$ gal/y		both types,				လ	7	5	
(constructed before 12/9/91)	(	(constructed	d on or	after 12/9/	91)	ourc	/oni	- 5 20M	<b>4</b>
5. This is a correct facility classif	ication	<b>X</b> (Y 🗀	N	□Can not d	letermine	80	toring		
If no, please check the appr									
	ualified for a gene	_			above .				
☐ facility ex	ceeds above limit	ts and is not	eligib	ole for a gen	eral permi	t			
B. The total quantity of perchloroeth facility was gallons.	nylene (perc) purc	hased with	in the p	preceding 1	2 months b	y this d	lry cle	aning	

## Is the responsible official of the dry cleaning facility: (check appropriate boxes) MAY 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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? $\Box$ Y $\Box$ N 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 DY 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/bi-weekly basis? $\Box$ Y $\Box$ N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? $\Box$ Y $\Box$ N

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

## PART V: RECORDKEEPING REQUIREMENTS

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

PA	ART VI: LEAK DETECTION AN	D REPAIRS				
1.	Does the responsible official conduc	ct a weekly (for small source	ces, bi-weekly) leak detection a	nd repair		
	inspection?			7XY ON		
2.	Has the facility maintained a leak lo	g?		XY ON		
3.	Does the responsible official check	the following areas for leak	cs?	•		
	Hose connections, fittings, couplings, and valves	TAY ON ON/A	Muck cookers	TAY ON ON/A		
	Door gaskets and seating	YY ON ON/A	Stills	YAY ON ON/A		
	Filter gaskets and seating	YY ON ON/A	Exhaust dampers	OY ON MAN/A		
	Pumps	TOLY ON ON/A	Diverter valves	OY ON MIN/A		
	Solvent tanks and containers	TY ON ON/A	Cartridge filter housings	Y ON ON/A		
	Water separators	TAY ON ON/A				
4.	Which method of detection is used b	by the responsible official?				
	Visual examination (condense	d solvent on exterior surfac	ces)	*		
	Physical detection (airflow fel	t through gaskets)		A		
	Odor (noticeable perc odor)			<b>P P P P P P P P P P</b>		
	Use of direct-reading instrume	entation (FID/PID/calorime	tric tubes)			
	Halogen leak detector	•		A		
	If using direct-reading in	strumentation, is the equi	ipment:	MN/A		
	a. Capable of detection	ng perc vapor concentration	ns in a range of 0-500 ppm?	□Y □N		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					
	d. Kept in a clean and secure area when not in use?					
	e. Verified for accura	acy by use of duplicate sam	ples (calorimetric only)?	□Y □N		

Seff Winter 3/16/2000
Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION	N:		
,			
		·	
,			
·			
			,
	•		
,			
·			-

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT/DISC	COVERY	RE-INSPECTION
TIME IN: // 00	TIME OUT:	1/15	AIRS ID#:	0310405
TYPE OF FACILITY:	rc. Dry Clac	aner		
FACILITY NAME:	ay's Profession	nd Dry C	leaner_	DATE: <u>3//6/2000</u> _
FACILITY LOCATION:	0025 Jan	Jose Blu	d.	· ·
	Jack Sonville,	FC 322	-> /	904-268-8280
RESPONSIBLE OFFICIAL:	Jugarsh Pa	<u>CEX</u>	PHONE NUMBER	- 709-268-8280
	e compliance requirements le 62-213.300, Florida Adn			cility is found to be in
Based on the results of th discrepancies were noted	e compliance requirements	evaluated during thi	s inspection, the fo	ollowing compliance
COMPLIANCE REQU	REMENT/PROBLE	M FOLI	LOW-UP ACT	ION REQUIRED
			<u> </u>	-
				•
	<u> </u>			
COMMENTS:				
The Annual Compliance Certifica	tion form has been properly	certified and submit	tted to the inspecto	r. YES NO
DATE OF NEXT INSPECTION	ī: <i>M</i>	arch, 20	0/	
INSPECTION CONDUCTED B	y: Jeff	(Approximate) Winte		
	1.11	(Please Print)		01110.01101
INSPECTOR'S SIGNATURE:_	- Gyffing C	Julio P	HONE NUMBER	: <u>904-630-3484</u>
	Pag	e / of ) .		Revised 10/96

AIRS ID#: 03/0405

Are

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Jay's Professional Dry Cleaners DATE: 3,	1/6/2000
FACILITY LOCATION: 10025 San Jose Blvd.	
Jacksonville, FL 32257	
Annual Reporting Period: May 4, 1999 TO March 16,	<u> <b>*</b>20</u> 00
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period state	ed 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 state	ed above:
Exact period of non-compliance: from to	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
	t, based

<sup>\*</sup>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.

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that 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. d the date	I also wish to red following service extra fee):  1.	ee's Address
s your RETURN ADDRESS completed	AIRS ID 0310405  JAGDICH C PATEL JAGDISH C PATEL 10025 SAN JOSE BLVD ACKSONVILLE FL 32257  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Paulute Cooper	4b. Service Registere Express I Return Registere 7. Date of De	Type ad Mail Selivery Selivery Address (Only	COD COD Sou for using Return Re
-2	PS Form <b>3811</b> , December 1994		Domestic Ret	urn Receipt

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A ADDRESS.	ALACE STICKER AT TOP O TO THE RIGHT OF RETURN TO THE RIGHT OF RETURN TO THE RIGHT OF RETURN TO THE PLACE STICKER  TO THE PLACE STICK
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  C. Signature  C. Agent  Addressee  B. Is delivery address different from item 1?  If YES, enter delivery address below:
10 AIRS ID # 0310405001AG JAGDISH C PATEL JAY'S PROFESSIONAL DRY CLEANERS 10025 SAN JOSE BLVD JACKSONVILLE FL 32257	3. Service Type Certified Mail
000520002093726865	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-00-M-0952

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
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20	Postage	\$		1
9372	Certified Fee		Postmark	17
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	Restricted Delivery Fee (Endorsement Populated)			H
밂	Total Post 10	AIRS ID # 0	310405001AG	1
0.56	JAY'S PROFESSIONAL DRY CLEANERS			19
l	Street, Apr 10025 SAN JOSE BLVD			4
7000	JACKSONVILLE FL 32257			629
	PS Form 3800, February 2000 See Reverse 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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

JAY'S PROFESSIONAL DRY CLEANERS JAGDISH C PATEL 10025 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 Burgau of Air N

#### Do NOT Remove Label

AIRS ID # 0310405 JAY'S PROFESSIONAL DRY CLEANERS JAGDISH C PATEL 10025 SAN JOSE BLVD JACKSONVILLE FL 32257

Olg 537550101000 EO: A1 Funds 20-2-035001 Obj. 002273

0354304

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

RECEIVED MAIL ROOM TOTAL AMOUNT DUE: \$50.00 99

Do NOT Remove Label

AIRS ID # 0310405

JAY'S PROFESSIONAL DRY CLEANERS JAGDISH C PATEL 10025 SAN JOSE BLVD JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONEY

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.

RECEIVED MAIL ROOM

JAN 21 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0310405
JAY'S PROFESSIONAL DRY CLEANERS
JAGDISH C PATEL
10025 SAN JOSE BLVD
JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



302615

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**

FEB 13 98

Do NOT Remove Label

AIRS ID#0310405

JAGDICH C PATEL
JAGDISH C PATEL
10025 SAN JOSE BLVD
JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273