

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 28, 1997

Mr. Sureshchandra Patel Village Dry Cleaners 10568 St. Augustine Road Jacksonville, Florida 32257

Re: Facility I.D. No. 0310407

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 January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, 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):
SURESHCHANDRA PATEL / CHIRAG; Inc.
2. Site Name (For example, plant name of number):
VILLAGE DRY CLEANERS.
3. Hazardous Waste Generator Identification Number:
FLD 981 028 806
4. Facility Location: 10568 St. AUGUSTINE RD. Street Address: 10568
City: JACKSONVILLE County: DUVAL Zip Code: FL. 32257
5. Facility Identification Number (DEP Use):
GAD 981269095 0310404
Responsible Official
6. Name and Title of Responsible Official:
SURESHCHANDRA PATEL OWNER-MANAGER
7. Responsible Official Mailing Address: Organization/Firm:
Street Address: SAME AS ABOUE.
City: County: Zip Code:
8. Responsible Official Telephone Number:
Telephone: (904) 262 - 5493 Fax: (-) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
No A.
10. Facility Contact Address: SAME AS ALOUE
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: 904 262-5493 Fax: (_)

RECEIVED

SEP 5 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	1	#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	1451		20-A4 A	4		<u> </u>		Service Charles	
(1) w/ ref. condenser	7	22-SEP-84	30 -1286						
(2) w/ carbon adsorber		===							
(3) w/ no controls									_
Washer Unit	af a S		i ingto i graj	1.11				Transporter	Taka darihi
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1, Amir 1. 4 di Jir			G. State		Harris III.			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				P GAR	Colonger (S)		. : 127 - 1	İşkirile, Lilli	
(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 montrol of the control of the contr	are r quant gallo	equired to be ity of perchlo ons ow many? [_	oroethylene (perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	ication only.)	ı	nitions found		3) of]	Part II?	
wall for Existing large are			Νe	w lai	ge area sour	ce [

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	ired on machines	pursuant to section (3) of h	Part II of this nothication form?				
Existing large area source Carbon adsorber	<u>e</u>	Refrigerated condenser					
New small area source Refrigerated condenser							
New large area source Refrigerated condenser							
5. A facility which contains non-eto Rule 62-213.300, F.A.C. Verifiexemption criteria or that no such	y that all steam an units exist on-site	d hot water generating unit :	ts on-site meet the following				
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 No such units on-site	g units exempt	\succeq					
Equipn	nent Monitoring	and Recordkeeping Infor	mation				
Check all logs which are required	to be kept on-site	in accordance with the req	uirements of this general permit:				
(a) Purchase receipts and solvent p	ourchases		\bowtie				
(b) Leak detection inspection and	repair		\bowtie				
(c) Refrigerated condenser temper	ature monitoring						
(d) Carbon adsorber exhaust perc	concentration mor	nitoring					
(e) Instrument calibration		·					
(f) Start-up, shutdown, malfunction	on plan		\bowtie				

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

Surrender of Existing Air Permit(s)

	Sarrenger of Emissing III Terminals)						
Please indicate	Please indicate with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification						
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pron	nptly notify the Department of any changes to the information contained in this notification.						
	Saturn 8-14-96						

Date

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

Signature /

Revised 10/10/96

AIRS ID#: 03/0407

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Village Dry Cleaners	_date: <u>3-/8-97</u>
FACILITY LOCATION: 10568 St. Augustine Rd	
Jacksonville, FL 32257	
Annual Reporting Period: September 5 1996 TO March	1997
Based on each term or condition of the Title V general air permit, my facility has remained in complian 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 repo	orting period stated above:
Exact period of non-compliance: fromto	
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 repo	orting 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 in made in this notification are true, accurate and complete. Further, my annual consumption of perchlor upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facility year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	roethylene solvent, based

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

|--|

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 3.00 PM TIME, OUT:	3:15 PM AIRS ID#: 03/0407				
TYPE OF FACILITY: Dry Cleaner					
FACILITY NAME: Village Dry	Cleaners DATE: 3-18-97				
FACILITY LOCATION: 10568 ST. F.	fugustine Rd.				
Jacksonville, 7	2 32257				
RESPONSIBLE OFFICIAL: Suresh chandra	Pate Phone NUMBER: (904) 262-5493				
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adn	evaluated during this inspection, the facility is found to be in ninistrative Code (F.A.C.).				
Based on the results of the compliance requirements discrepancies were noted:	evaluated during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLE	M FOLLOW-UP ACTION REQUIRED				
· ·					
· · · · · · · · · · · · · · · · · · ·					
COMMENTS:					
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO					
DATE OF NEXT INSPECTION:	March, 1998				
Dispersivon comprismen av	_(Approximate) + Winter				
INSPECTION CONDUCTED BY:	, (Please Print)				
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (904) 630-3484				
Pag	e of Revised 10/96				



APR 1 1 1997

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCO	OVERY 🗖			
FACILITY NAME: Village J FACILITY LOCATION: 10568	IN: 3:00 TIME OUT: Dry Cleaners ST. Augustine For Ville, FC 322!	042			
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				
3. Facility failed to notify DARM to use general per	rmit				
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 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>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>				
This is a correct facility classification	XY ON				
If no, please check the appropriate classification:					
facility qualified for a general per facility exceeds above limits and i					
B. The total quantity of perchloroethylene (perc) per facility was 55 gallons.	urchased within the preceding 12 months	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 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) DY NO YA 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the 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 DN

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	- РУ - ПИ
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	, DY DN DN/A
Is the perc concentration equal to or less than 100 ppm?	מם צם
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?	NO YO
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
Condenser Cons:	G, GIVA
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?	Ma Am					
2. Maintained rolling monthly averages of perc consumption?	XIY DN					
3. Maintained leak detection inspection and repair reports for the following:	, .					
a. documentation of leaks repaired w/in 24 hrs? or;	MO YM					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אם עם					
4. Maintained calibration data? (for direct reading instruments only)	מעאל מם צם XN/A					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON'NA					
6. Maintained startup/shutdown/malfunction plan?	MA AM					
7. Maintained deviation reports?	'OY ON NA					
Problem corrected?) ⊠ Ύ □N					
8. Maintained compliance plan, if applicable?	DY DN XN/A					

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly leak detection and repair inspection?	MA □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))X (
Odor (noticeable perc odor)	×					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<u> </u>					

If using direct-reading instrume	ntation	, is the equ	ipment:		
 a. Capable of detecting p 	XX (ור⊏			
b. Calibrated against a s (PID/FID only)?	_ Y_)	ДN			
c. Inspected for leaks an	MY DN				
d. Kept in a clean and so	ecure ar	ea when no	t in use?	XY DN	
e. Verified for accuracy	by use o	of duplicate	samples (calorimetric only)?	DY XXN N/4	
3. Has the facility maintained a leak log?					, N
4. The following areas should be checked	for leak	s by the ins	pector:	/ `	
	Leak !	Detected?		Leak !	Detected?
Hose connections, fittings, couplings, and valves	ПY	MA	Muck cookers	ПY	MA
Door gaskets and seating	QY	Жh	Stills	ΠY	Щи
Filter gaskets and scating	ΠY	XN	Exhaust dampers	ΠY	₩.
Pumps	ΩY	MN	Diverter valves	ΟY	Ди
Solvent tanks and containers	ΩY	⊠ N	Cartridge filter housings	ΟY	Жи
Water separators	ΩY	MA			•
Sureshchandra Patel Name of Responsible Official					
Jeff Winter		3/18	19	2	
Inspector's Name (Please Print)			Date of Inspe	ection	
Sephen Lus		March,	1990	9	
hispector's Signature			Approximate Date of	Next In	spection

Revised 10/14/96

A	ADDITIONAL SITE INFORMATION:
	·
	·

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Annual Reporting Period:		ROAD) & C	Bureau of Air Monitoring & Mobile Sources				
								
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	= =		<u> </u>	/ _	Rule INO			
If NO, complete the following:								
#1. Term or condition of the general permit	that has not been in conti	nuous compliance	during the repo	rting period s	tated above:			
Exact period of non-compliance: from		to						
Action(s) taken to achieve compliance:				7	32			
Method used to demonstrate compliance:				-	-			
•				99	26			
#2. Term or condition of the general permit	that has not been in contin	nuous compliance	during the repor		tated above:			
Exact period of non-compliance: from		to_						
Action(s) taken to achieve compliance:								
Method used to demonstrate compliance:								
	·							
As the responsible official, I hereby certify, based on information and 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.								
	ne (Please Print)	PATEL	Signature	<u>vO</u> _0	2/14/98 Date			

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO		COMPLAINT/DIS	COVERY	
AIRS ID#: <u>03/0407</u> FACILITY NAME:V FACILITY LOCATION:	illage Dr	y Chan	es	ME OUT: <u>/</u>	045
RESPONSIBLE OFFICIAL :	Jackson Sureshcha	ville, F indra Patel	L 3225 PHONE: 904-2	262-549	73_
CONTACT NAME:	Jome		_ PHONE:)ame	
PART I: NOTIFICATION				17 mm - 199 ² m - 10 10 1 m (Mr	
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DARI		•			×
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A.	on form that it is:		☐ No notification f☐ Drop store/out o		oleum
1. Existing small area sourdry-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 a dry-to-dry only, transfer only, x both types, x < (constructed on	x < 140 gal/yr < 200 gal/yr	<u> </u>	
3. Existing large area source dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	100 gal/yr O gal/yr	transfer only, 20 both types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	eau of & Mot	RECEI
☐ facilit	appropriate classifica y qualified for a gen y exceeds above lim	ieral permit as nu its and is not elig	rible for a general per	ve 👼 mit	19g < F
B. The total quantity of perchlor facility was gallons.	roeutytene (perc) pu	ichased within u	ie preceding 12 monu	us by this dry c	reaming

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

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y	□и	□N/A
5.	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?	ΠY	□N	□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: XY ON ON/A 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 OY ON ON/A and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MANA DY DN MYA 5. Maintained exhaust duct monitoring data on perc concentrations? **A**ÎY 🗆 N 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN MANA Problem corrected? DY DN SINA 8. Maintained compliance plan, if applicable? DY DN MNA

PART VI: LEAK DETECTION AND REPAIRS

1,	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?	,, ,, ,,	101 01	11 3022 222, 2.		YZÍY		ח⊏
2	•					*		
	Has the facility maintained a leak log?			2 - 1-alan9		94.		אב
3.	Does the responsible official check the	following	g areas i	for leaks:				
	Hose connections, fittings, couplings, and valves	XY C	מם מב	I/A	Muck cookers	XXY	. □N	□N/A
	Door gaskets and seating	Y C	חם חב	ī/A	Stills	X	ПN	□N/A
	Filter gaskets and seating	4x =	אם אב	// A	Exhaust dampers	X	ΠN	□N/A
	Pumps	. dayA. □	מם מב	i/A	Diverter valves	X	□N	□N/A
	Solvent tanks and containers	Y Y	מם מב	i/A	Cartridge filter housings	XY	□N	□N/A
	Water separators	ekx □	מם מב	/ A				
4.	Which method of detection is used by the	he respor	nsible of	ficial?				
	Visual examination (condensed so	olvent on	exterio	r surfaces)		X		
	Physical detection (airflow felt the	rough gas	skets)			×		
	Odor (noticeable perc odor)					A		1
	Use of direct-reading instrumenta	ition (FIE)/PID/ca	alorimetric t	ubes)			
	Halogen leak detector					×		
	If using direct-reading instru	umentati	ion, is t	he equipme	nt:	MN	A	
	a. Capable of detecting p	perc vapo	or conce	ntrations in	a range of 0-500 ppm?	ПY	□N	
	b. Calibrated against a s (PID/FID only)?	tandard g	gas prio	r to and after	r each use	□Y	□N	
	c. Inspected for leaks an	ıd obviou	s signs (of wear on a	weekly basis?	□Y	ΩN	
	d. Kept in a clean and se	ecure are:	a when	not in use?		□Y	□N	
	e. Verified for accuracy	by use of	duplica	ite samples ((calorimetric only)?	ПY	□N	

August 11, 1998

Date of Inspection

August 1999
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
	6 - 11 - BMJ (2011) MIRES I (2011) (2011)	() () () () () () () () () ()	
·			
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/D	SCOVERY	RE-INSPEC	TION
TIME IN: /025	TIME OUT:	1045	AIRS ID#:	03/040	 7
TYPE OF FACILITY: \mathcal{D}	ry Ckaner				,
FACILITY NAME: ν	'illage Dry	Cleaners		DATE:	111/98
FACILITY LOCATION:	10568 St.	Augustin	e Rd.		
	Jackson ville	, FL 32	2257		
RESPONSIBLE OFFICIAL:	Sureshchand	ra fatel	_PHONE NUMBER	R: 904-262-	5493
	he compliance requirement rule 62-213.300, Florida Ad			facility is found to b	e in
Based on the results of t discrepancies were noted	he compliance requirement d:	s evaluated during	this inspection, the	following complian	æ
COMPLIANCE REQU	JIREMENT/PROBLE	M FO	LLOW-UP ACT	TION REQUIR	ED
	-				
COMMENTS:	-				
COMMENTS.					
The Annual Compliance Certific	eation form has been proper	ly certified and sub	mitted to the inspect	tor YES	NO
DATE OF NEXT INSPECTIO		August.	1999	125/	1.0
Pate of heat morecing	A11	(Approximate)			
INSPECTION CONDUCTED	BY:	4 Winter	<u> </u>		
INSPECTOR'S SIGNATURE:	Jeffer !	(Please Print)	_ _PHONE_NUMBE	r: 904-630	-2800
	Pa	ge / of / .			Revised 10/96

AIRS ID#: 03/0407

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Village I	Dry Cle	Paners_		ATE: 8/11/98
FACILITY LOCATION: _	10568	St. 1.	Augustine	Rd.	
	Jacksonu	ille, F	-L 322	57	
Annual Reporting Period:	March	18,	_19 <u>97</u> то	August	19 <u>98</u>
Based on each term or conditi 62-213.300, Florida Administ					rith DEP Rule
If NO, complete the following					
#1. Term or condition of the	general permit that h	nas not been in	continuous compliar	nce during the reportin	g period stated above:
Exact period of non-complian	ce: from			to	
Action(s) taken to achieve con	mpliance:	·		-	
Method used to demonstrate c	ompliance:				
#2. Term or condition of the	general permit that h	nas not been in	continuous compliar	nce during the reportin	g period stated above:
Exact period of non-complian	ce: from	_		RECE	IVED
Action(s) taken to achieve con	npliance:			SEP 2	3 1998
Method used to demonstrate c	ompliance:				ir Monitoring Sources
As the responsible official, I h made in this notification are to upon rolling averages of purc- year for transfer or combinati RESPONSIBLE OFFICIAL	rue, accurate and contains rue, accurate and contains rues rues rues rues rues rues rues rue	emplete. Furth not exceed 2,10	er, my annual consul	mption of perchloroeth	ylene 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	/2 k	COMPLAINTA	DISCOVERY	
	RE-INSPECTION	´ _	•	É1.	
F			Alto	1/2	
AIRS 1D#: <u>03/0407</u> D	DATE: 7/2/99	_ TIME I	N: 945	TIME OUT	1000
FACILITY NAME:V	llage Dry	Clear	MESSIE MOS	· · · · · · · · · · · · · · · · · · ·	
FACILITY LOCATION:	10568 S	t. Augu	1stine Re	Crins	
	Jacksonvi	·1/2, F	- 322	257	
RESPONSIBLE OFFICIAL :	S. Patel	-	PHONE: <u>909</u>	4/262-54	43
CONTACT NAME:	Some		_ PHONE:	Jame	
PART I: NOTIFICATION				W. C. 100-100	
(check appropriate box)			•		•
1. New facility notified DARM 30	0 days prior to startup				×
2. Facility failed to notify DARM	i to use general permit				
			<u> </u>		
PART II: CLASSIFICATION					Motorcom at
Facility indicated on notification	form that it is:		☐ No notification		
Facility indicated on notification (check appropriate box)	ı form that it is:		☐ No notification ☐ Drop store/out		oleum
Facility indicated on notification	. 1	ew small ar	☐ Drop store/out		oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. Ne	o-dry only,	Drop store/out rea source x < 140 gal/yr	of business/petr	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	2. Ne dry-to transf	o-dry only, : fer only, x <	Drop store/out rea source x < 140 gal/yr = 200 gal/yr	of business/petr	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. Ne dry-to transf	o-dry only, : fer only, x < types, x < 1	Drop store/out rea source x < 140 gal/yr 200 gal/yr 40 gal/yr	of business/petr	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	2. Ne dry-to transf	o-dry only, : fer only, x < types, x < 1	Drop store/out rea source x < 140 gal/yr = 200 gal/yr	of business/petr	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	2. Ne dry-to transf both t (const	o-dry only, : fer only, x < types, x < la tructed on c ew large ar	Drop store/out rea source x < 140 gal/yr 200 gal/yr 40 gal/yr or after 12/9/91) rea source	of business/petr	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	2. Ne dry-to transf both t (const	o-dry only, a fer only, x < fer only, x < fer only, x < fer only, x < fer only, a fer only	Drop store/out rea source x < 140 gal/yr 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal	of business/petr	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 g	2. Ne dry-to transf both t (const transf) 90 gal/yr dry-to gal/yr transf	o-dry only, y fer only, x < types, x < 14 tructed on o ew large ar o-dry only, 1 fer only, 200	Drop store/out rea source x < 140 gal/yr x < 200 gal/yr x < 140 gal/yr or after $12/9/91$) rea source $x < 140 \le x \le 2,100 \text{ gal/y}$ x < 1,800 gal/y	of business/petr	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	2. Ne dry-to transf both t (const dry-to gal/yr transf both tyr)	o-dry only, a fer only, x < types, x < 14 tructed on coew large are o-dry only, 1 fer only, 200 types, 140 <	Drop store/out rea source x < 140 gal/yr 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal	of business/petr	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. Ne dry-to transf both t (const dry-to transf) 4. Ne dry-to transf dry-to transf both ty (const dry-to transf)	o-dry only, a fer only, x < types, x < 14 tructed on coew large are o-dry only, 1 fer only, 200 types, 140 <	Drop store/out rea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	of business/petr	oleum
Facility indicated on notification (check appropriate box) 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	2. Ne dry-to transf both t (const both t) 10 gai/yr dry-to gai/yr transf both ty (const const both ty (const const both ty (const const both ty (const both	o-dry only, a fer only, x < types, x < 14 tructed on one wharge ar o-dry only, 1 fer only, 200 types, 140 < tructed on one what is the control of the control on one who is the control on one of the control one of	Drop store/out rea source $x < 140 \text{ gal/yr}$ (200 gal/yr) (40 gal/yr) or after $12/9/91$) rea source $(40 \le x \le 2,100 \text{ gal/y})$ $(40 \le x \le 1,800 \text{ gal/yr})$ reafter $(12/9/91)$	of business/petr	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 If no, please check the appropriate to the superior of the constructed before 12/9/91)	2. Ne dry-to transf both t (const both t) 100 gal/yr dry-to gal/yr transf (const const co	o-dry only, a fer only, x < types, x < 14 tructed on one wharge are o-dry only, 1 fer only, 200 types, 140 < tructed on one which is the contracted on one who did not be the contracted on the contracted o	Drop store/out rea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$ rafter $x < 12/9/91$ rea source $x < 10.0 \text{ gal/yr}$ $x < 1.00 \text{ gal/yr}$ rafter $x < 1.00 \text{ gal/yr}$	of business/petr	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 If no, please check the appropriate facility of the constructed before 12/9/91.	2. Ne dry-to transf both t (const both t) 10 gai/yr dry-to gai/yr transf both ty (const const both ty (const const both ty (const const both ty (const both	o-dry only, a fer only, x < types, x < 14 tructed on one dry only, 1 fer only, 200 types, 140 < tructed on one dry only. In the only only only only only only only, 200 types, 140 < tructed on one dry only only only only only only only onl	Drop store/out rea source $x < 140 \text{ gal/yr}$ (200 gal/yr) (40 gal/yr) rea fter $(12/9/91)$ rea source $(40 \le x \le 2,100 \text{ gal/yr})$ $(40 \le x \le 1,800 \text{ gal/yr})$ reafter $(12/9/91)$ Can not determinate about the source and the source are source as a source and the source are source as a source and the source are source as a source are source as a source are source as a source and the source are source as a source are source are source are source as a source are source are source as a source are	of business/petr	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 If no, please check the appropriate facility of the constructed before 12/9/91.	2. No dry-to transf both to (const b	co-dry only, a fer only, x < fer only, x < fer only, x < fer only, x < fer only, and a fer only, 200 cypes, 140 < fer only only. In the contract of the contract of the cypes only, 200 cypes, 140 < fer only only. The contract on only only only only only only only o	Drop store/out rea source $x < 140 \text{ gal/yr}$ (200 gal/yr) (40 gal/yr) or after $12/9/91$) rea source $(40 \le x \le 2,100 \text{ gal/yr})$ $(40 \le x \le 1,800 \text{ gal/yr})$ reafter $12/9/91$) Can not determine the color of a general point of the color of the	of business/petr	

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?	DY DN XN/A				
2. Examining the containers for leakage?	DY DN XIN/A				
3. Closing and securing machine doors except during loading/unloading?	XX □N				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposai?	✓Y □N □N/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON XINA				
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 refr (complete A below).	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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber minimatalled prior to September 22, 1993	0				
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated 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?	□Y □N				
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?	מאם אם צם				
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	□Y □N □N/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□Y □N				

В	. Has the responsible official of an existing large or new large area source also:			-
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ПY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	חע	□N/A
	* **			□N/A
	Is the perc concentration equal to or less than 100 ppm?	_ 1		UNA
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	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПΝ	□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: AVI ON ON/A 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 MYA and parts installed w/in 5 days of receipt? DY DN XXVA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XXIA 5. Maintained exhaust duct monitoring data on perc concentrations? XXY ON 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? □Y □N X\\/A OY ON' Problem corrected? □Y □N XXN/A 8. Maintained compliance plan, if applicable?

r-						
PA	ART VI: LEAK DETECTION AND	REPAIRS	<u> </u>			
1.	Does the responsible official conduct a	weekly (f	or small sour	ces, bi-weekly) leak detection	and rep	air
	inspection?				XX	□N
2.	Has the facility maintained a leak log?				XY.	□N
3.	Does the responsible official check the	following	areas for leal	ks?	,	
	Hose connections, fittings, couplings, and valves	A Y 0:	N □N/A	Muck cookers	X	□N □ N /A
	Door gaskets and seating	Ax =	N □N/A	Stills	X	□N □N/A
	Filter gaskets and seating	Ax 🗆	N □N/A	Exhaust dampers	ПY	□N XN/A
	Pumps	y o	N □N/A	Diverter valves	ΠY	□N Y N/A
	Solvent tanks and containers	XY D	N □N/A	Cartridge filter housings	XY	□N □N/A
	Water separators	XY D	N □N/A		•	
4.	Which method of detection is used by the	ne respons	ible official?			
	Visual examination (condensed so	lvent on e	exterior surfac	ces)	A	
	Physical detection (airflow felt thr	ough gask	(ets)		A A A	
	Odor (noticeable perc odor)				X	
	Use of direct-reading instrumentat	ion (FID/	PID/calorime	tric tubes)	ά	
	Halogen leak detector				X	
	If using direct-reading instru	mentatio	n, is the equi	pment:	MN/A	
	a. Capable of detecting p	erc vapor	concentration	is in a range of 0-500 ppm?	_Y (□И
	b. Calibrated against a str (PID/FID only)?	andard ga	s prior to and	after each use		⊐n
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				□Y	ות⊏
	d. Kept in a clean and sec	cure area v	when not in u	se?		א⊑
	e. Verified for accuracy b	y use of d	uplicate samp	oles (calorimetric only)?		אב

nspector's Name (Please Print)

Date of Inspection

Jy, 2000

Approximate Date of Next Inspection

4 of 5

ADDITIONAL S	ITE INFORM	ATION:	,	The second second	
			•		
					•

AIRS 1D#: 03/0407

ACIL

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Village Dry Cleaners DATE: 7/2/99
FACILITY LOCATION: 10568 St. Augustine Rd.
Jack Sonville, FL 32257
Annual Reporting Period: 50/y 2, 1998 to 50/y 2, 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/D	DISCOVERY [RE-INSPECTION
TIME IN: 945	TIME OUT:	1000	AIRS ID#:	03/0407
TYPE OF FACILITY:	erc. Dry Cle	aner		
FACILITY NAME:	Village Dry	Cleaners		_date: 7/2/99
FACILITY LOCATION:	10568 5	t. August	time Rd.	· · · · · · · · · · · · · · · · · · ·
	Jacksonville	FL	3225 /_	autora area
RESPONSIBLE OFFICIAL:	reshchondra	ratel	PHONE NUMBER:	904/262-5493
	e compliance requirement le 62-213.300, Florida Ad			cility is found to be in
Based on the results of the discrepancies were noted:	e compliance requirement	s evaluated during	this inspection, the fo	llowing compliance
COMPLIANCE REQUI	REMENT/PROBLE	M FO	LLOW-UP ACT	ION REQUIRED
			,	
				· .
COMMENTS:	-	*		
				X
The Annual Compliance Certifica	tion form has been properly	ly certified and sub	omitted to the inspector	r. YES NO NO
DATE OF NEXT INSPECTION	:,	(Approximate)	<u>×000</u>	
INSPECTION CONDUCTED B	v: Ja	AF Win	ter	
Hol Ecitor Compected i	A. 1	(Please Print)		and a more
INSPECTOR'S SIGNATURE:_	- Gffmy l	Truto	_PHONE NUMBER	<u>: 904/630-3484</u>
		geof		Revised 10/96

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL RE-INSPECTION	× □	COMPLAIN	T/DISCOVE	ERY	
•			TIME O	UT: /b	20
illage Dr.	1 Clean	ie(S			
Jackso	nville,	FL 3:	2257	7	
Sureshchai	ndra Pate	<u> </u>	104/262	-549	33
		_ PHONE:	Sar	he	
				,	
30 days prior to start	up			•	ØĹ.
• -	•			,	
					Į
on form that it is:				ess/petrole	eum
re 100 gal/yr 0 gal/yr al/yr	dry-to-dry only transfer only, x both types, x < (constructed on the dry-to-dry only transfer only, 2 both types, 140	x, x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91 area source x , 140 \leq x \leq 2,10 00 \leq x \leq 1,800 gal	/ 10k 9	Q 🚟	RECEIVED
	DATE: 5/25/3 illage Dra 10568 Sackso Sureshchae Same 30 days prior to start M to use general perr on form that it is: ce yr 100 gal/yr gal/yr gal/yr	DATE: 5/25/2000 FIME illage Dry Clean 10568 St. Ac Sackson ville, Suresh chandra fate Same 30 days prior to startup M to use general permit on form that it is: ce 2. New small: dry-to-dry only transfer only, x both types, x < (constructed on the constructed on the cons	DATE: \$\sigma_{\	DATE: \$\frac{3\25\2000\text{TIME IN:}}{\text{INSPECTION}} IME OF STIME OF STIME OF STIME OF STATE SUPPLY Cleaners 10568	RE-INSPECTION DATE: $\frac{3}{2} \frac{5}{2000}$ TIME IN: $\frac{1005}{1000}$ TIME OUT: $\frac{100}{1000}$ TI

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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? $\square Y \square N$ □Y □N □N/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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? DY DN 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 verifying that the coolant had been completely charged? \square Y \square N

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	□N	
	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	□N/A
	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	□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?	ΠY	ПN	□N/A
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□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: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN MAN/A MO VA 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? □Y □N XN/A 8. Maintained compliance plan, if applicable?

_								
_	ART VI: LEAK DETECTION AND							
1.	Does the responsible official conduct a	weekly	y (for	small soui	rces, bi-	weekly) leak detection a	nd rep	air
	inspection?						Y	ПN
2.	Has the facility maintained a leak log?						7	N□
3.	Does the responsible official check the	follow	ing a	reas for lea	ıks?			
	Hose connections, fittings, couplings, and valves	TEX (□N	□N/A	N	Auck cookers	A	□N □N/A
	Door gaskets and seating	Y	□N	□N/A	S	itills	Y	□N □N/A
	Filter gaskets and seating	Y	ΠN	□N/A	E	Exhaust dampers	ПY	ON XN/A
	Pumps	XY.	ΠN	□N/A	ľ	Diverter valves	ΠY	ON XW/A
	Solvent tanks and containers	A	□N	□N/A		Cartridge filter housings	YY	□N □N/A
	Water separators	Y	□N	□N/A				
4.	Which method of detection is used by	the resp	onsit	ole official	?			
	Visual examination (condensed s	olvent	on ex	terior surfa	aces)		A	
	Physical detection (airflow felt th	rough	gaske	ts)			¥	
	Odor (noticeable perc odor)						440	
	Use of direct-reading instrumenta	ation (F	ID/P	ID/calorim	etric tub	es)	ά	
	Halogen leak detector						A	
	If using direct-reading instr	ument	ation	, is the equ	uipment	:	ZN/	'A
	a. Capable of detecting	perc va	por c	oncentratio	ons in a	range of 0-500 ppm?	ŪΥ	□N
	b. Calibrated against a s (PID/FID only)?	tandaro	l gas	prior to an	d after e	ach use	□Y	□N
	c. Inspected for leaks ar	ıd obvi	ous si	igns of wea	ar on a v	veekly basis?	ΩY	□N
	d. Kept in a clean and s			_			ΩY	□N
	e. Verified for accuracy					alorimetric only)?		□N
	c. Formor for avodition	J 450	J. 41			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Seff Winter
Inspector's Name (Please Print)

Date of Inspection

May 2001
Approximate Date of Next Inspection

ADDITIONAL	SITE INFORMATIO	'N:		
				•
1				
	•			

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT/D	ISCOVERY	RE-INSPE	CTION
TIME IN: 100	TIME OUT:	1020	AIRS ID#:	03/040	7
TYPE OF FACILITY:	erc. Dry Cleo	ner			
FACILITY NAME:	Village Dry	Ckaners		date:_ <i>5/2</i>	25/2000
FACILITY LOCATION:	<u> 10568 ST.</u>	Hugustin	e Koad		· <i>'</i>
	Jacksonville		5225 1	and 01:	- 0/02
RESPONSIBLE OFFICIAL:	ovresh chandra	fate/	PHONE NUMBE	R: 904-26	2-3493
	the compliance requirements tule 62-213.300, Florida Adr			facility is found to	be in
Based on the results of t discrepancies were note	the compliance requirements d:	evaluated during	this inspection, the	following complian	ıce
COMPLIANCE REQU	JIREMENT/PROBLE	M FO	LLOW-UP AC	TION REQUIF	ED
				•	
					•
				•	
				·	
COMMENTS:					
			****	, , , , , , , , , , , , , , , , , , ,	
The Annual Compliance Certific	11	y certified and sub	mitted to the inspec	tor. YES	NOL
DATE OF NEXT INSPECTIO	N:	(Approximate)	, 		
INSPECTION CONDUCTED	BY: Jeff	Winte			
INSPECTOR'S SIGNATURE:	geffery W	(Please Print)	_PHONE NUMBE	r: <u>904-630-</u>	-1212
	Pag	geof		EXT.	3/69 Revised 10/96

ACC

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Village Dry Cleaners DATE: 5/25/2000
FACILITY LOCATION: 10568 St. Augustine Road
Jacksonville, FL 32257
JACKONVIK, FC SOOS I
Annual Reporting Period: 50/y 2, 1999 to May 25, \$200
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: DESH. DATE Signature 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.

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570	Restricted Delivery Fee (Endorsement Required)		
ru	Total Postage & VI	RS ID# 310407 1 LLAGE DRY CL	EANERS
7004	•	568 St Augustine : CKSONVILLE, F	
7	Street, Apt. No.; or PO Box No.	CKSONVILLE, F	·L 32237
	City, State, ZIP+4 PS Form 3800, June 200		See Reverse for Instructions

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R: COMPLETE THIS	SECTION	COMPLETE THIS SECTION ON DE	LIVERY
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DEPT. OF ENVIRONMENTAL PROJECTION O
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE FLORIDA 32399-2430

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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.	does not number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		eceipt Service.
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Is your <u>RETUR</u>	6. Signature: (Addressee of Agent) RS Sorm 2811 December 1994	8. Addressee and fee is	,		Thank

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Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 38:11, Degember 1994	8. Addressee and fee is	e's Address (Only ii paid) Domestic Retu	·	Thank

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3. Article Addressed to: AIRS ID # 0310407 VILLAGE DRY CLEANERS SURESHCHANDRA PATEL 10568 ST AUGUSTINE ROAD JACKSONVILLE FL 32257	4a Article Number 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery CKSO,
5. Received By: (Print Name) 6. Signature: (Add/essee or Agent) PS Form 3811, December 1994	8. Addressee's address (Only Mediuested and fee is page) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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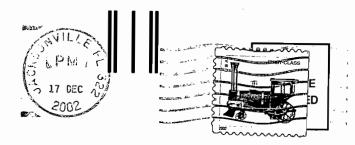
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0310407 VILLAGE DRY CLEANERS SURESHCHANDRA PATEL 10568 ST AUGUSTINE ROAD	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addresser Addresser D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
JACKSONVILLE FL 32257	3. Service Type Certified Mail Registered Insured Mail C.O.D. C.O.D. 4. Restricted Delivery? (Extra Fee) Yes		
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Village DJ des 908. D. JANEC 10568 st. Augustine Rd-Jax, Pl. 37257



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

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