

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 6, 1996

Mr. R. Rouhani New Americlean 9400 Atlantic Boulevard Jacksonville, Florida 32225

Re: Facility I.D. No. 0310411

Dear Mr. Rouhani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 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"

Printed on recycled paper.



### Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 20, 1997

R Rouhani New Americlean 9400 Arlington Expressway Jacksonville, Florida 3225

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez

Administrator

Mobile Source Control Section Bureau of Air Monitoring and

Mobile Sources

HE\sb

Enclosure

#### Bowman, Sandy

From: Bill Coffman [COFFMAN@coj.net]
Sent: Tuesday, July 06, 2004 2:52 PM

To: Bowman, Sandy

Subject: Dry Cleaners

Sandy the following Facilities should be marked inactive as they are either now drop sites , closed or no longer using perc.

The following are now drop sites.

The following sites are closed.

The following sites are no longer using perchloroethylene.

I am still working on the list so please bear with me.We are trying to be certain that these facilities are actually out of business and have not just moved. If I can be of any assistance Please call.

Thanks Bill COffman

BEST AVAILABLE COPY # W10411	A. Con
New Americlean  - spoke with P /Pau Pau han	The sound of the second of the
1. Fac: - Spoke With R. (Ray) Rouhand 10/10/96	
2. Site  P. 13 le. add name + title-from #  Ray Rouhani - Owner	7
4. Fac P.14 1.(a) add date control device	
5. Fai Installed  5. Fai I (C) mark out "V" and initial  P. 15 4 Should be new small area	310411
Source W/refrig. Con. is 5. add 3.5HP+ elect. * ex	empt
(6) Na 5.(a), 5.(b), 5.(c), +5.(f) required  7. Re Or P./le -add 1X" to "No air permotes	S"
Str Cit  8. Re Te	e:
9. Name and Title of Facility Contact (For example, plant manager):  Am E	
10. Facility Contact Address:	
Street Address: City: County: Zip Coo	de:
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	

# RECEIVED

SEP 1 2 1996

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

Bureau of Air Monitoring & Mobile Sources

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	R. ROUMAN)	
2.	R. Rou ISBN ) Site Name (For example, plant name or number):	
	NEW AMERICLEAN	
3.	Hazardous Waste Generator Identification Number:  9444 Actings	DLT
	Hazardous Waste Generator Identification Number:  FLD 981478894 (New Address)  PLD 981478894 (New Address)	tury
4.	Facility Location: Street Address: 9400 ATTOMIC BUD  City: JAX County: Dava Zip Code: 33335  Facility, Identification Number (DEP Use):	
	City: TA-/ County: 35. (A) Zip Code: 7.2.2	
	FL SSSSS	
5	Facility Identification Number (DEP Use):	
	EPA ID # FLD 981478894 0310411	
	Responsible Official	
	VI TILL CD III OM III	1 0 1
6.	Name and Title of Responsible Official:	V
	Sama R. Rouhani - Owner	V.
7.	Responsible Official Mailing Address:	
	Organization/Firm: Street Address:  Span	
	City: County: Zip Code:	
8.	Responsible Official Telephone Number:	
	Telephone: $(904)701 - 8345$ Fax: ( ) -	
		ı
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact-(For example, plant manager):	
	SAME	
10.	Facility Contact Address:	
	Street Address:	
	City: County: Zip Code:	
11.	Facility Contact Telephone Number:	
	Telephone: ( ) - Fax: ( ) -	

RECEIVED

SEP 1 2 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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	Pu	S-CH395	FS)	5/	95				
(1) w/ ref. condenser	#1	5/95	5/95	1	<u> </u>				
(2) w/ carbon adsorber	71 1	<del>                                     </del>	77.	1	1				
(3) w/ no controls				V					
Washer Unit		1	1		1				
(4) w/ ref. condenser				I					
(5) w/ carbon adsorber			_						
(6) w/ no controls				,*					,
Dryer Unit		<u> </u>	<u>'</u>		·!			•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls								_	
Reclaimer Unit		•	•			•		•	
(10) w/ ref. condenser									
(11) w/carbon adsorber						,			
(12) w/ no controls									
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total q</li> <li>(b) If less than 12 monto Check why it is less</li> </ul>	are re luanti gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (] months	perc)	•				· 
3. What is the facility's son (Indicate with an "X".					nitions found	d in section (i	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)						
Existing large area source  Carbon adsorber [] Refrigerated condenser []						
New small area source Refrigerated condenser  New large area source						
New large area source Refrigerated condenser []						
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuan 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						

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

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation o facility indicated in this notification form; specifically, permit nu					
\$. X	No air permits currently exist for the operation of the facility ind this notification form.	icated in				
*	Responsible Official Certification					
this notific statements maintain i comply wi	ndersigned, am the responsible official, as defined in Part II of this forification. I hereby certify, based on information and belief formed aftents made in this notification are true, accurate and complete. Further in the air pollutant emissions units and air pollution control equipment with all terms and conditions of this general permit as set forth in Parametrian to the information control promptly notify the Department of any changes to the information control.	ter reasonable inquiry, that the r, I agree to operate and at the state of the test above so as to rt II of this notification form.				
Signature	Date/	7/96				
R	Renfu 2/1	1/97				

AIRS 1D#: 03/04//

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

FACILITY NAME: NEW	Americlean	DATE: 2/11/97
FACILITY LOCATION: 940	00 Atlantic Blvd.	<del></del>
Jackson	ville, FL 32225	
Annual Reporting Period: Sef	?. 121996 to	2/11 1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous complia	nce during the reporting period stated above:
Records NOT KEPT For	temp. Monitoring and	for look detection
Exact period of non-compliance: from	Sel. 12 96	to 2/11/97
Action(s) taken to achieve compliance:	vill start keeping a	log for temp + leats.
Method used to demonstrate compliance:	Will reinspect in 1	
#2. Term or condition of the general permi	that has not been in continuous complia	nce during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		· .
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, my annual consu	imption of perchloroethylene solvent, based
′ / Na	me (Please Print)	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.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: A	NNUAL [/	COMPLAINT	DISCOVERY	RE-INSPECTION	1
TIME IN: 1.45	TIME OUT:	2.10	AIRS ID#:	03/04/1	
TYPE OF FACILITY: DYY	Cleaner				
FACILITY NAME: Ver	J Americles	ru .	<del></del>	DATE:/11/9	2_
FACILITY LOCATION: 9	400 Atlan	tic Bl	W		
Jack	Sonville, F	C 323	225		
RESPONSIBLE OFFICIAL:	K. Kouhar	t <i>i</i>	PHONE NUMB	er: <u>(904)721-83</u>	265
Based on the results of the compliance with DEP Rule				e facility is found to be in	
Based on the results of the c discrepancies were noted:	compliance requirements	evaluated durin	g this inspection, the	e following compliance	
COMPLIANCE REQUIR	EMENT/PROBLE	M F	OLLOW-UP AC	CTION REQUIRED	
			,		
fecoids of weekly ten	Ps. ad leaks	NOT MIGH	ntoined. / Wil	1 reinsfect in 19	98.
				<u> </u>	
			•		
·	•				
					·
	·				
COMMENTS:					
· 1					
		•			
The Annual Compliance Certification	n form has been properly	certified and su	ibmitted to the inspe	ctor. YES NO	)
DATE OF NEXT INSPECTION:_		2 / 11 / 9 8 (Approximate	n) .		
INSPECTION CONDUCTED BY:	Toffre		inter		
Indirection Computing B1;	1 4	(Please Print			
INSPECTOR'S SIGNATURE:	Ullyun Du	ita	PHONE NUMB	er: <u>(904) 630-39</u>	184
		a / af /		Davis	ad 10/06

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

		THING!
1.	. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	R. Rou 1870V)  Site Name (For example, plant name or number):	
2.	Site Name (For example, plant name or number):	
	NEW AMERICLEAN	
3.	. Hazardous Waste Generator Identification Number:	
	FLD981478894	
4.	Facility Location:	
	Street Address: 9400 ATLANTIC BOYO	
	Facility Location: Street Address: 9400 ATLANTIC BWD City: JAX County: BUVAL Zip Code: 3222	
5.	Facility Identification Number (DEP Use):	
	EPA ID # FLD 981478894 0310	>4// ·
	Responsible Official	
0%3		
(G)	Name, and Title of Responsible Official:	
	Some	
7.	. Responsible Official Mailing Address:	
	Organization/Firm:	1
	Street Address.	
	City: County: Zip Code:	
8.	. Responsible Official Telephone Number;	
	Telephone: (904) 701 - 8365 Fax: () -	
	Facility Contact (If different from Degraphible Official)	
	Facility Contact (If different from Responsible Official)	
9.	. Name and Title of Facility Contact (For example, plant manager):	
	SAME	
10.	0. Facility Contact Address:	
	Street Address:	
	City: Zip Code:	
11	1. Facility Contact Telephone Number:	
	Telephone: ( ) - Fax: ( ) -	
		•

RECEIVED

SEP 1 2 1996

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

Bureau of Air Monitoring & Mobile Sources

# #03/04//

ļ.	
!	New Americlean
	spoke with R. (Ray) Rouhani-
- 45	
p./3	6. add name + title-from #1 Ray Rouhani - Owner
P.14	1.(a) add date control device
	installed 1.(c) mark out "V" and initial
P./5	4. Should be new small area Source W/refrig. Con.
	5. add 3.5HP & elect. 5.(a), 5.(b), 5.(c), +5.(f) required -add 1X" to "No air permots"
P.lle	-add 1X" to "No air permots"

### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	Pu	RCHAS	FS	51	95				
(1) w/ ref. condenser				<b>-</b> /-					
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit				<b>'</b>	•			•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									,
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					<del></del>				
(10) w/ ref. condenser									
(11) w/carbon adsorber		_							
(12) w/ no controls									
(b) Control devices are  No control devices  2.(a) What was the total of the control devices  (b) If less than 12 montrol Check why it is less	are re quanti gallo	equired to be ity of perchlons ons	installed [_ proethylene ( ] months	perc)	purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small are Existing large are	Selec	t one classifi	cation only.)	!	nitions found	0,		Part II?	
Existing large are	ea sou	irce [ ]	Ne	w laı	rge area sour	ce [ ]			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	rsuant to section (5) of Part II of this notification form?						
Existing large area source  Carbon adsorber [] F	Refrigerated condenser []						
New small area source Refrigerated condenser []							
New large area source Refrigerated condenser []							
A facility which contains non-exempt emissions unit to Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site:	its shall not be eligible to use the general permit pursuant not water generating units 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 units exempt No such units on-site							
Equipment Monitoring and	d Recordkeeping Information						
Check all logs which are required to be kept on-site in	accordance with the requirements of this general permit:						
Purchase receipts and solvent purchases							
(b) Leak detection inspection and repair							
(c) Refrigerated condenser temperature monitoring							
(d) Carbon adsorber exhaust perc concentration monitor	oring []						
(e) Instrument calibration							
(f) Start-up, shutdown, malfunction plan	[]						

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

### Surrender of Existing Air Permit(s)

Ple	ase indica	te with an "X" the appropriate selection:
		I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
٠		No air permits currently exist for the operation of the facility indicated in this notification form.
		Responsible Official Certification
	this notifi statemen maintain comply w	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.  Imptly notify the Department of any changes to the information contained in this notification.
	Signature	Park 96 Date / 7/96

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISC	OVERY 🗖
FACILITY NAME:	ew Americ		2:/0
FACILITY LOCATION:			
	Jacksonv	ille, FL 32225	
PART I: NOTIFICATION			
(check appropriate box)			
Existing facility notified DAR	M by 9/1/96		122
2. New facility notified DARM 3	30 days prior to startu	p	
3. Facility failed to notify DARN	1 to use general perm	it	
PART II: CLASSIFICATION			
Facility indicated on notification	n 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)	d tu b	. New small area source ry-to-dry only, x<140 gal/yr ransfer only, x<200 gal/yr oth types, x<140 gal/yr constructed on or after 12/9/91)	<b>L</b>
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	e	ry-to-dry only, x<140 gal/yr ransfer only, x<200 gal/yr oth types, x<140 gal/yr	
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td>e</td><td>ry-to-dry only, x&lt;140 gal/yr ransfer only, x&lt;200 gal/yr oth types, x&lt;140 gal/yr constructed on or after 12/9/91)  New large area source ry-to-dry only, 140<x<2, 100="" 140<x<1,800="" 200<x<1,800="" gal="" only,="" oth="" ransfer="" td="" types,="" yr="" yr<=""><td></td></x<2,></td></x<2,>	e	ry-to-dry only, x<140 gal/yr ransfer only, x<200 gal/yr oth types, x<140 gal/yr constructed on or after 12/9/91)  New large area source ry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" gal="" only,="" oth="" ransfer="" td="" types,="" yr="" yr<=""><td></td></x<2,>	
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, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" before="" gal="" only,="" td="" transfer="" y=""><td>e</td><td>ry-to-dry only, x&lt;140 gal/yr ransfer only, x&lt;200 gal/yr oth types, x&lt;140 gal/yr constructed on or after 12/9/91)  New large arca source ry-to-dry only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" on="" only,="" or="" oth="" ransfer="" td="" types,="" yr=""><td></td></x<2,></td></x<2,>	e	ry-to-dry only, x<140 gal/yr ransfer only, x<200 gal/yr oth types, x<140 gal/yr constructed on or after 12/9/91)  New large arca source ry-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" on="" only,="" or="" oth="" ransfer="" td="" types,="" yr=""><td></td></x<2,>	
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, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91)="" a="" appropria<="" before="" check="" classification,="" correct="" facility="" gal="" is="" only,="" please="" td="" the="" this="" transfer="" yr=""><td>e</td><td>ry-to-dry only, x&lt;140 gal/yr ransfer only, x&lt;200 gal/yr oth types, x&lt;140 gal/yr constructed on or after 12/9/91)  New large arca source ry-to-dry only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" on="" only,="" or="" oth="" ransfer="" td="" types,="" yr=""><td></td></x<2,></td></x<2,>	e	ry-to-dry only, x<140 gal/yr ransfer only, x<200 gal/yr oth types, x<140 gal/yr constructed on or after 12/9/91)  New large arca source ry-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" on="" only,="" or="" oth="" ransfer="" td="" types,="" yr=""><td></td></x<2,>	

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BYN/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? □N □N/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

OY ON

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

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

verifying that the coolant had been completely charged?

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

condenser exceeded 45°F?

2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ПΝ
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN
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	ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	□N
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?	ΩY	□N
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	□N □N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly averages of perc consumption?	DAY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	dery □n
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מם עם
4. Maintained calibration data? (for direct reading instruments only)	OY ON LEW/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY CAN
6. Maintained startup/shutdown/malfunction plan?	<b>12</b> Y ON
7. Maintained deviation reports?	DY CON
Problem corrected?	OY ON
8. Maintained compliance plan, if applicable?	OY ON CON/A

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly leak detection and repair inspection?	DEY ON			
2. Which method of detection is used by the responsible official?				
Visual examination (condensed solvent on exterior surfaces)	9			
Physical detection (airflow felt through gaskets)				
Odor (noticeable perc odor)	4			
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				

If using direct-reading instrum	entation,	is the equipm	ent:			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					□N	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					□N	
c. Inspected for leaks a	nd obviou	is signs of wear	on a weekly basis?	ΩY	□и	
d. Kept in a clean and s	secure are	a when not in t	use?	ΠY	□и	
e. Verified for accuracy	by use of	f duplicate sam	ples (calorimetric only)?	ΠY	ותם	
3. Has the facility maintained a leak log?				ΠY	<u>ON</u>	
4. The following areas should be checked	l for leaks	by the inspect	or:			
Leak Detected?					Leak Detected?	
Hose connections, fittings, couplings, and valves		ΠY	ďN			
Door gaskets and scating	$\Box$ Y	DIN	Stills	ΠY	GN	
Filter gaskets and scating	ΠY	<b>LEV</b> N	Exhaust dampers	ΠY	GN	
Pumps	ΠY	<b>K</b> N	Diverter valves	ΠY	<b>EN</b>	
Solvent tanks and containers	ΠY	ND	Cartridge filter housings	ΩY	EN	
Water separators	$\Box$ Y	ďN				
R. (Koy) Rouhani Name of Responsible Official						

Inspector's Name (Please Pr

My Kinler Inspector's Signature Date of Inspection

Approximate Date of Next Inspection

### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Г	YPE	OF	INSPE	CCTION

	Pro
TITLE	V GENERAL PERMIT E INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY & 2
airs id#: <u>03/04//</u> date: 7//	198 time in: 1345 time out 1415
FACILITY NAME: New Am	ericlean
FACILITY LOCATION: 9444	Arlington Expressway
<del></del>	onville, FL 32225
RESPONSIBLE OFFICIAL:	f. Rouhani PHONE: 904-721-8365
CONTACT NAME: Yay Kou	han: 904-721-8365
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to s	tartup X
2. Facility failed to notify DARM to use general p	permit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is (check appropriate box)	: ☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	XY UN UCan not determine
If no, please check the appropriate classif	
• • • •	eneral permit as number above imits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) properties facility was 200 gallons.	purchased within the preceding 12 months by this dry cleaning

### 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 □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

	check appropriate boxes)					
1.	Equipped all machines with the appropriate vent controls?	XX ON O				
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	XY ON O	IN/A			
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	X ON O	IN/A			
<b>4</b> .	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□У Жи				
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	<b>X</b> Y ON O	IN/A			
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	XY ON				

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?	QY	ΩN	
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	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	_		
	if machines are equipped with a carbon adsorber?	ПY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПN	□N/A
4.	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
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПN	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 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 DY DN DN/A and parts installed w/in 5 days of receipt? □Y □N X\N/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MN/A 5. Maintained exhaust duct monitoring data on perc concentrations? YZY □N 6. Maintained startup/shutdown/malfunction plan? DY DN MANA 7. Maintained deviation reports? DY DN MANA Problem corrected? DY DN MN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			AX ON			
2. Has the facility maintained a leak log	?		□Y XN			
3. Does the responsible official check the	following areas for le	aks?				
Hose connections, fittings, couplings, and valves	TAY ON ON/A	Muck cookers	Y ON ON/A			
Door gaskets and seating	AND NO YA	Stills	XY ON ON/A			
Filter gaskets and seating	TAY ON ON/A	Exhaust dampers	Y ON ON/A			
Pumps	Y ON ON/A	Diverter valves	MY ON ON/A			
Solvent tanks and containers	AND NO YES	Cartridge filter housings	XY ON ON/A			
Water separators	YEY ON ON/A					
4. Which method of detection is used by	the responsible official	?				
Visual examination (condensed s	solvent on exterior sur	faces)	A			
Physical detection (airflow felt the	rough gaskets)		Å Å			
Odor (noticeable perc odor)	A					
Use of direct-reading instrument						
Halogen leak detector						
If using direct-reading inst	M/A					
a. Capable of detecting	perc vapor concentrati	ions in a range of 0-500 ppm?	OY ON			
b. Calibrated against a (PID/FID only)?	standard gas prior to a	nd after each use	OY ON			
c. Inspected for leaks a	nd obvious signs of we	ar on a weekly basis?	OY ON			
d. Kept in a clean and s	secure area when not in	use?	OY ON			
•		mples (calorimetric only)?	□Y □N			
Teff Win	Toff 1): tor 2/1/98					
Inspector's Name (Please Pri	nt)	Date of Inspe	ction			
april 1 /1	1	TUM	. 1999			
Inspector's Signature		Approximate Date of 1	Next Inspection			

ADDITIONAL SITE INFORMATION:			
		,	
	. •		
·			

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	msrection —	N SUMMAR	I KEFUKI	_
TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 1345	TIME OUT:	1415	AIRS ID#:	03/04/1
TYPE OF FACILITY: $\mathcal D$	ry Cleaner	<u> </u>	· 	
FACILITY NAME:	Sew Americ	elean		DATE: 7/1/98
FACILITY LOCATION:	9444 AV	lington	EXPress Wa	<u>/</u>
	Dackson Vi	IK, PC	_ 32225'	
RESPONSIBLE OFFICIAL:	Sam R. K.	ochani	PHONE NUMBER:	904-721-8365
	the compliance requirementule 62-213.300, Florida A			cility is found to be in
Based on the results of discrepancies were note	the compliance requiremented:	its evaluated dur	ing this inspection, the fo	llowing compliance
COMPLIANCE REQU	UIREMENT/PROBL	EM	FOLLOW-UP ACT	ION REQUIRED
O No Cark a	Leck records k	ept,	D R.O.	will Start
10 No Temp.	Checks record	ما	@ R.O. 1	will Start
B) No Perc Con	nsumption rea	coids kep	T. B R.O.	will Stat.
			P	· 
			Sur Ville	
			& Modific Sales North	in to
COMMENTS: Calende	yiven to 1	11. Poul	ani. Tregion	,
<u>.</u>				,
The Annual Compliance Certific	cation form has been prope	rly certified and	submitted to the inspecto	r. YES NO
DATE OF NEXT INSPECTIO	N:	July.	1999	_ /
		(Approxim	F.' .	•
INSPECTION CONDUCTED	ву:	ett, W	inter	
INSPECTOR'S SIGNATURE	: Dethru	(Please Pri	PHONE NUMBER	: 904-630-2800
		, , , , , , , , , , , , , , , , , , ,		Peviced 10/06

	Facility Name and Location	7
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	R. ROUHANI	
2.	Site Name (For example, plant name or number):	
	NEW AMERICLEAN OF MEST	
3.	Hazardous Waste Generator Identification Number:	
	FLD981478894 (New Address) expression	1
4.	Facility Location: Street Address: GYOO ATLANTIC BEVO	
,	City: JAX County: Divist Zip Code: 32235	
5.	Facility Identification Number (DEP Use):	
	EPAID# FLD.981478894 03/04/1	
	Responsible Official	
6.	Name and Title of Responsible Official:	Ų
	Sama R. Rouhani - Owner	
7.	One institute mit	
	Street Address: Span	
	City: Zip Code:	
8.	Responsible Official Telephone Number: Telephone: (904) 701 - 83 65 Fax: ( ) -	
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
	SAME	
10.	Facility Contact Address:	
	Street Address:	
	City: County: Zip Code:	
1.	Facility Column T. L. D. W. J.	
11.	Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	
	Tax. ( )	

Perchloroethylene Dry Cleaning Facility Notification

RECEIVED

SEP 1 2 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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	Pu	SCH195	FIN .	5/	95				
(1) w/ ref. condenser	#1	5/95	5/95	1	(,				
(2) w/ carbon adsorber	71-1	7 7	7,73	1					
(3) w/ no controls				V					
Washer Unit		•	•						
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls				,					
Dryer Unit						•			
(7) w/ ref. condenser						_			
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls		1							
(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	are re quanti gallo	equired to be ity of perchlons ow many? [_	installed [	perc)	-				
3. What is the facility's son (Indicate with an "X". S Existing small are	Selec	t one classifi	cation only.)		nitions found	Sar .	•		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source  Carbon adsorber Refrigerated condenser
New small area source Refrigerated condenser [X]
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

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

### Surrender of Existing Air Permit(s)

l hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
<i>∧</i> ,	No air permits currently exist for the operation of the facility indicated in this notification form.							
Q	Responsible Official Certification							
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in 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.  Imptly notify the Department of any changes to the information contained in this notification.							
Signature	Date							
R.	Renfu 2/11/97							
P. O	Ruh 5/24/99							

### PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

	COMPLIANCE INSP	ECTION CHECKI	LIST TO
TYPE OF INSPECTION:	ANNUAL	SZ COMF	PLADITODISCOVERY
THE OF MODECIAST.	RE-INSPECTION		N. S.
	RE-INSI ECTION		obile -
0010(//	clala	3 //	оо <sup>К</sup> атыма бит: 7230
AIRS 1D#: <u>03/04//</u> D			THE OUT: 1/1/30
FACILITY NAME:	LN AMERIC	/lean	ring
FACILITY LOCATION:	9444 Arliv	igton EXP	essway
	Jackson	ville, FL	32225
RESPONSIBLE OFFICIAL : _	R. Rouha	_	E: 904-721-8365
CONTACT NAME:	Sean fouh	PHON	E:Soure_
·			
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM 30	days prior to startup		×
2. Facility failed to notify DARM			
		^	
PART II: CLASSIFICATION		,	
	form that it is:	□ No r	ouification form
Facility indicated on notification (check appropriate box)	form that it is:		notification form o store/out of business/petroleum
Facility indicated on notification (check appropriate box) A.		☐ Drop	store/out of business/petroleum
Facility indicated on notification (check appropriate box)	□ 2. N		store/out of business/petroleum
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. N dry-t trans	ew small area source o-dry only, x < 140 g fer only, x < 200 gal	e store/out of business/petroleum gal/yr
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. N dry-t trans both	ew small area source o-dry only, x < 140 gafer only, x < 200 gal types, x < 140 gal/yr	e store/out of business/petroleum ee sal/yr /yr
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. N dry-t trans both	ew small area source o-dry only, x < 140 g fer only, x < 200 gal	e store/out of business/petroleum ee sal/yr /yr
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)	2. N dry-t trans both (cons	ew small area source o-dry only, x < 140 gal/yr types, x < 140 gal/yr tructed on or after 1	e store/out of business/petroleum  gal/yr /yr 2/9/91)
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 < 2,100	2. N dry-t trans both (cons	ew small area source o-dry only, x < 140 gafer only, x < 200 gal types, x < 140 gal/yr	e store/out of business/petroleum  gal/yr /yr 2/9/91)
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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	2. N dry-t trans both (cons  4. N 0 gal/yr dry-te gal/yr trans	ew small area source o-dry only, $x < 140$ gal/yn tructed on or after 1 ew large area source o-dry only, $140 \le x \le 16$ fer only, $200 \le x \le 16$	store/out of business/petroleum  se  gal/yr /yr 2/9/91)  se  ≤ 2,100 gal/yr ,800 gal/yr
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 ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal	2. N dry-t trans both (cons  4. N 0 gal/yr gal/yr trans /yr both	ew small area source o-dry only, $x < 140$ gal/yr types, $x < 140$ gal/yr tructed on or after 1 ew large area source o-dry only, $140 \le x \le 1$ types, $140 \le x \le 1$ types, $140 \le x \le 1$ types, $140 \le x \le 1$	e store/out of business/petroleum  gal/yr /yr 2/9/91)  ge
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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	2. N dry-t trans both (cons  4. N 0 gal/yr gal/yr trans /yr both	ew small area source o-dry only, $x < 140$ gal/yn tructed on or after 1 ew large area source o-dry only, $140 \le x \le 16$ fer only, $200 \le x \le 16$	e store/out of business/petroleum  gal/yr /yr 2/9/91)  ge
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 ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal	2. N dry-t trans both (cons  0 gal/yr gal/yr trans /yr both (cons	ew small area source o-dry only, $x < 140$ g fer only, $x < 200$ gal types, $x < 140$ gal/yr structed on or after 1 ew large area source o-dry only, $140 \le x \le 180$ fer only, $200 \le x \le 180$ types, $140 \le x \le 180$ tructed on or after 1	e store/out of business/petroleum  gal/yr /yr 2/9/91)  ge
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 ≤ 2,100 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 box is a correct facility class.	2. N dry-t trans both (cons  0 gal/yr gal/yr trans /yr both (cons sification  1. N 0 gal/yr dry-t gal/yr trans yr yr both	ew small area source o-dry only, $x < 140$ gal/yr fer only, $x < 200$ gal types, $x < 140$ gal/yr structed on or after 1 ew large area source o-dry only, $140 \le x \le 1$ types, $140 \le x \le 1$ types, $140 \le x \le 1$ types, $140 \le x \le 1$ tructed on or after 1	e
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 ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91)  5. This is a correct facility class of the property of th	2. N dry-t trans both (cons  0 gal/yr gal/yr trans /yr both (cons	ew small area source odry only, $x < 140$ g fer only, $x < 200$ gal types, $x < 140$ gal/yr structed on or after 1 ew large area source odry only, $140 \le x \le 1$ types, $140 \le x \le 1$ types, $140 \le x \le 1$ types, $140 \le x \le 1$ to $140 \le x \le 1$ can remit as number	e store/out of business/petroleum  gal/yr /yr  2/9/91)  ge
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 ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91)  5. This is a correct facility class of the property of th	2. N dry-t trans both (cons  0 gal/yr gal/yr trans /yr both (cons  sification  propriate classification: qualified for a general perceeds above limits and	ew small area source- o-dry only, $x < 140$ g fer only, $x < 200$ gal types, $x < 140$ gal/yr itructed on or after 1  ew large area source- o-dry only, $140 \le x \le 1$ fer only, $200 \le x \le 1$ types, $140 \le x \le 1,80$ tructed on or after 1  AN   Can remain as number is not eligible for a	e store/out of business/petroleum  gal/yr /yr  2/9/91)  ge

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?	Y ON ON/A
2. Examining the containers for leakage?	YEY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	ATY □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Nud un daya
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON YEAVA
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 re (complete A below).	frigerated condenser
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 n 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).	frigerated 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?	XX DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Y UN UN/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON X
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□Y <b>X</b> N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	Y ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	X □N

ris.

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	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?			□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?	ΟY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	XX □N
2. Maintained rolling monthly total of perc consumption?	M□ VA
3. Maintained leak detection inspection and repair reports for the following:	•
a. documentation of leaks repaired w/in 24 hrs? or;	XY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	, □y □n <b>X</b> an/a
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N <b>S</b> KN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MANA
6. Maintained startup/shutdown/malfunction plan?	YEY □N
7. Maintained deviation reports?	OY ON XINA
Problem corrected?	OY ON XXVIA
8. Maintained compliance plan, if applicable?	OY ON MANA

P.	ART VI: LEAK DETECTION AND	REPA	IRS					
1.	Does the responsible official conduct a	weekl	y (for smal	l sources,	bi-weekly) leak detection	and re	pair	
	inspection?					X	N□	
2.	Has the facility maintained a leak log?					XY	_ □N	
3.	Does the responsible official check the	follow	ing areas f	or leaks?		,		
	Hose connections, fittings, couplings, and valves	Á		'A	Muck cookers	XY Y		4
	Door gaskets and seating	AX		'A	Stills	XIY		¥
	Filter gaskets and seating	A		A	Exhaust dampers	□Y	NA DE NO	1
	Pumps	Y	□N □N/	A	Diverter valves	ΠY	□N <b>X</b> N/A	1
	Solvent tanks and containers	Y		<b>A</b> .	Cartridge filter housings	YY	□N □N/A	1
	Water separators	YY		A				
4.	Which method of detection is used by t	he resp	onsible off	icial?				
	Visual examination (condensed se	olvent	on exterior	surfaces)		×		
	Physical detection (airflow felt the	rough (	gaskets)					
	Odor (noticeable perc odor)					*		
	Use of direct-reading instrumenta	tion (F	TD/PID/cal	orimetric	tubes)			
	Halogen leak detector							
	If using direct-reading instr	ument	ation, is th	e equipmo	ent:	XN/	Α	
	a. Capable of detecting p	erc va	por concen	trations in	a range of 0-500 ppm?	□Y	□N	
	b. Calibrated against a s (PID/FID only)?	tandaro	d gas prior	to and afte	er each use	ΠY	□N ·	
	c. Inspected for leaks an	d obvio	ous signs of	wear on a	weekly basis?	□Y	□N	
	d. Kept in a clean and se	cure a	rea when n	ot in use?		ΠY	□N	
	e. Verified for accuracy	by use	of duplicate	samples	(calorimetric only)?	ΠY	□N	
	Jeff Winder				May 19	3, /g	779	
	Inspector's Name (Please Prin	t)			Date of Insper	ction		
	Offmus I Sand	A			May	, Á	000	
	Insector's Signature	•			Approximate Date of N	Vext Ir	spection	

ADDITIONA	L SITE INFO	ORMATION	:		 	
		•				

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 💢	COMPLAINT/D	DISCOVERY	RE-INSPECTION
TIME IN: 1000	TIME OUT:	1030	AIRS ID#:	03/04//
TYPE OF FACILITY:	serc. Dry C	leaner		
FACILITY NAME:	New America	clean		_date: <i>5/19/99</i>
FACILITY LOCATION:	9444 AVI	ngton Ex	Heress way	
	Jackson	ville, FL	32225	101/ 201 00/ F
RESPONSIBLE OFFICIAL:	K. Kouha	ui .	PHONE NUMBER:	904-721-8365
	he compliance requiremen ule 62-213.300, Florida A			cility is found to be in
Based on the results of t discrepancies were noted	he compliance requiremend:	its evaluated during	this inspection, the fo	llowing compliance
COMPLIANCE REQU	IREMENT/PROBL	EM FO	LLOW-UP ACTI	ON REQUIRED
-				
COMMENTS:		·		
The Annual Compliance Certific	ation form has been prope	rly certified and sub	omitted to the inspector	r. YES NO
DATE OF NEXT INSPECTIO		May, 2	000	<del>/</del> _
		(Approximate)		
INSPECTION CONDUCTED	ву:	eff Win	tel .	<u> </u>
INSPECTOR'S SIGNATURE:	Jeffry V	(Please Print)	_PHONE NUMBER	904-630-3484
	P	ageof		Revised 10/96

POL

AIRS 1D#: 03/04//

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: New Americlean DATE: 5/19/99
FACILITY LOCATION: 9444 Arlington Express Way
Jackson ville, FL 32225
JUCKSON VITIK JFC JAAAS
11 19 00 11 10 00
Annual Reporting Period: May 19, 1998 TO May 19, 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: 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 reporting period stated above:
Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and 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

<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.

### **Best Available Copy**

ANNUAL

TYPE OF INSPECTION:

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

×

COMPLAINT/DISCOVERY

. RE-INSPECTIO	NC D	
FACILITY NAME: New American	Ckan	оит: <u>950</u>
	lington Expressivay	21-92/25
CONTACT NAME:	hani phone: 904-72 Phone: 5	ane
PART I: NOTIFICATION		·
(check appropriate box)		
1. New facility notified DARM 30 days prior to state	rtup	*
2. Facility failed to notify DARM to use general per	rmit	Ö
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form☐ Drop store/out of bus	iness/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	D
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )	APR - 5 2009  ureau of Air Monitoring & Mobile Sources
5. This is a correct facility classification	Y UN Can not determine	initorin
	ation: neral permit as number above nits and is not eligible for a general permit	र्ष्य '
B. The total quantity of perchloroethylene (perc) pu facility was 200 gallons.	rchased within the preceding 12 months by	this dry cleaning

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at 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) $\square$ Y $\square$ N 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? OY ON ON/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 $\square Y \square N$ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the □Y □N □N/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? $\Box$ Y $\Box$ 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?	□Y □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?	□Y □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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □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? □y □n **ya**n/a 4. Maintained calibration data? (for applicable direct reading instruments) OY ON SANA 5. Maintained exhaust duct monitoring data on perc concentrations? KAY □N 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? □Y □N **X**N/A Problem corrected? 8. Maintained compliance plan, if applicable? □Y □N XIN/A

Door gaskets and seating  AY ON ON/A  Filter gaskets and seating  AY ON ON/A  Exhaust dampers  OY ON ON/A  Pumps  Pumps  Diverter valves  OY ON ON/A	PA	PART VI: LEAK DETECTION AND REPAIRS				
2. Has the facility maintained a leak log?  3. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  YY ON ON/A  Filter gaskets and seating  YY ON ON/A  Filter gaskets and seating  YY ON ON/A  Exhaust dampers  YY ON ON/A  Pumps  Solvent tanks and containers  YY ON ON/A  Water separators  Water separators  Water separators  You ON/A  Which method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  c. Inspected for leaks and obvious signs of wear on a weekly basis?  OY ON ON/A  Kept in a clean and secure area when not in use?  OY ON  Water separators  YY ON ON/A  Cartridge filter housings  YY ON ON/A  Cartridge filter housings  YY ON ON/A  Cartridge filter housings  YY ON ON/A  Exhaust dampers  OY ON ON/A  Cartridge filter housings  YY ON ON/A  Cartridge f	1.	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	nd repair	
3. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  Y DN DN/A  Filter gaskets and seating  Y DN DN/A  Filter gaskets and seating  Y DN DN/A  Exhaust dampers  Y DN DN/A  Pumps  Solvent tanks and containers  Y DN DN/A  Cartridge filter housings  Y DN DN/A  Water separators  Y DN DN/A  Which method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  D 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 V DN/A  Kept in a clean and secure area when not in use?		inspection?			Agy ON	
Hose connections, fittings, couplings, and valves  Door gaskets and seating  YY   N   N/A   Stills  Filter gaskets and seating  YY   N   N/A   Exhaust dampers  Pumps  Solvent tanks and containers  YY   N   N/A   Diverter valves  YY   N   N/A    Solvent tanks and containers  YY   N   N/A   Cartridge filter housings  YY   N   N/A    Which method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  c. Inspected for leaks and obvious signs of wear on a weekly basis?  YY   N   N/A    N/A   N/	2.	Has the facility maintained a leak log?	,		<b>X</b> Y □N	
couplings, and valves    V	3.	Does the responsible official check the	e following areas for leaks	s?	(	
Filter gaskets and seating  Pumps  Solvent tanks and containers  Water separators  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  c. Inspected for leaks and obvious signs of wear on a weekly basis?  UY ON ON/A  Exhaust dampers  OY ON ON/A  Cartridge filter housings  ALY ON ON/A  Cartridge filter housings  ALY ON ON/A  Exhaust dampers  OY ON ON/A  IN ON/A  A. Cartridge filter housings  ALY ON ON/A  IN ON/A  IN ON/A  Solvent ranks and containers  ALY ON ON/A  IN ON/A  Use of direct reading instrumentation (FID/PID/calorimetric tubes)  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?  ON ON/A  IN ON/A			YAY ON ON/A	Muck cookers	Y ON ON/A	
Pumps  Solvent tanks and containers  Pumps  Cartridge filter housings  Pumps  Cartridge filter housings  Pumps  Solvent tanks and containers  Pumps  Cartridge filter housings  Pumps  Solvent tanks and containers  Pumps  Cartridge filter housings  Pumps  Cartridge filter housings  Pumps  Notalizeration  Solvent tanks and obvious signs of wear on a weekly basis?  Pumps  Pu		Door gaskets and seating	YY ON ON/A	Stills	MANO NO YA	
Solvent tanks and containers  Y N N/A  Water separators  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  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?		Filter gaskets and seating	YY ON ON/A	Exhaust dampers	□Y □N MAN/A	
Water separators  4. Which method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  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?	,	Pumps	¶Y □N □N/A	Diverter valves	Y ON MANA	
4. Which method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  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?		Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	MY ON ON/A	
Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  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?		Water separators	TELY ON ON/A			
Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  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?	4.	Which method of detection is used by	the responsible official?			
Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  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?		Visual examination (condensed	solvent on exterior surface	es)	A	
Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  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?		Physical detection (airflow felt t	hrough gaskets)		*	
Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  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?		Odor (noticeable perc odor)		•	¥	
If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  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?		Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  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?		Halogen leak detector				
<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)? □Y □N</li> <li>c. Inspected for leaks and obvious signs of wear on a weekly basis? □Y □N</li> <li>d. Kept in a clean and secure area when not in use? □Y □N</li> </ul>		If using direct-reading inst	rumentation, is the equip	pment:	MN/A	
(PID/FID only)? □Y □N  c. Inspected for leaks and obvious signs of wear on a weekly basis? □Y □N  d. Kept in a clean and secure area when not in use? □Y □N		a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	□Y □N	
d. Kept in a clean and secure area when not in use? □Y □N		9	standard gas prior to and	after each use	□Y □N	
•	c. Inspected for leaks and obvious signs of wear on a weekly basis?				□Y □N	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	d. Kept in a clean and secure area when not in use? □Y				□Y □N	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)? □Y □N				□Y □N	

Inspector's Name (Please Print)

3/28/2000 Date of Inspection

March, 2001
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	,
	•
	·
·	
	·
`	•

Revised 10/10/96

AIRS ID#: 03/04//

All

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: New Americlean	DATE: 3/28/2000
FACILITY LOCATION: 9444 Arlington Expression	
Jacksonville, FL 32225	
Annual Reporting Period: May 19, 19 99 TO Mo	1rch 28, =200
Based on each term or condition of the Title V general air permit, my facility has remained in co 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: 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 reason made in this notification are true, accurate and complete. Further, my annual consumption of p upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dryear for transfer or combination facilities.	verchloroethylene solvent, based
RESPONSIBLE OFFICIAL: Romin Routhon Signature  Name (Please Print)  Signature	3/25/00 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: ANNU	JAL COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 935	TIME OUT:	950AIRS ID#:	03/04//
TYPE OF FACILITY: Perc.	Dry Cleaner		
FACILITY NAME: New	Americlea	n .	_date: <u>3/28/2000</u>
FACILITY LOCATION: 944	Arlington	Expressway	· · · · · · · · · · · · · · · · · · ·
	ekson ville	PL 32225	
RESPONSIBLE OFFICIAL:	. Kouhani	PHONE NUMBER:	904-121-8365
Based on the results of the compliance with DEP Rule 62-2		nated during this inspection, the factoriative Code (F.A.C.).	cility is found to be in
Based on the results of the compadiscrepancies were noted:	liance requirements evalu	ated during this inspection, the fo	llowing compliance
COMPLIANCE REQUIREM	ENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
•			
		,	
		,	•
		-	
			•
COMMENTS:			
The Annual Compliance Certification for	m has been properly certi	fied and submitted to the inspector	r. YES NO NO
DATE OF NEXT INSPECTION:	Mar	Ch, 200/	
Diannomiosi cosinsiomen we	Soll (A)	oproximate)	
INSPECTION CONDUCTED BY:		ease Print)	·
INSPECTOR'S SIGNATURE:	Jeffyn Lli	PHONE NUMBER:	904-630-3484
	Page_/	of	Revised 10/96

HE HEINBUNDOBLESS FORD VI DOWED THUE E SLICKEN VI LOS OF ENAFRORE TO THE BIGH	30%
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0310411  NEW AMERICLEAN  R ROUHANI	A. Received by (Please Print Clearly)  C. Signature  X  Agent  Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:
9444 ARLINGTON EXPRESSWAY	3. Service Type
JACKSONVILLE FL 32225	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
7001, 0320 0001, 7975 84400 PS Form 3811, July 1999 Domestic Retu	### 102595-99-M-1789

	U.S. Postal Service CERTFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
8480	OFF	ICIAL	USE		
7975	Postage Certified Fee	\$	-		
0007	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here		
7001, 0320	Total Postage Sent To ROUHANI 9444 ARLINGTON EXPRESSWAY Street, Apt. No.; or PO Box No. City, State, ZiP+4  AIRS ID # 0310411 NEW AMERICLEAN R ROUHANI 9444 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32225				
<u></u>	PS Form 3800, January 20	001	See Reverse for Instructions		

.

	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<i>i</i> /	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 # 0530051  MPERIAL DRY CLEANERS  DENNIS R YETTAW  LIAG SPRINGHILL DRIVE	A. Received by (Please Print Clearly)  B. Date of Delivery C. Signature  X
DI 11	PERIAL DRY CLEANERS ENNIS R YETTAW 146 SPRINGHILL DRIVE	
DI 11 SF	PERIAL DRY CLEANERS ENNIS R YETTAW	3. Service Type  Certified Mail

<b>6</b> 7	1		Coverage Provided)
6778	and The state world		
73 40	Postage	\$	
7	Certified Fee		Postmark
	Return Receipt Fee (Endorsement Required)		Here
9200	Restricted Delivery Fee (Endorsement Required)		
_		AI EW AMERICLEAI	RS ID # 0310411
		ROUHANI	V
06		444 ARLINGTON E	YDDECOWAY
	Street, Apt. No.; or P	ACKSONVILLE FL	EXPRESS WAY
7000		2225	
	City, State, ZIP+4		

AT TOP OF ENVELOPE	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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> </ul>	A. Received to Please Print Clearly)  C. Signature  Agent  Addressee  D. Istelivery address different from item 12  Yes
1. Article Addressed to:  10 AIRS ID # 0310411001AG R ROUHANI NEW AMERICLEAN 9444 ARLINGTON EXPRESSWAY	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
JACKSONVILLE FL 32225	3. Service Type   Service Type   Service Type   Service Type   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.
700520002093726889	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

100 mg/s	U.S. Postal Servic CERTIFIED M. (Domestic Mail C	e AIL RECEIPŢ Only; No Insurance	e Coverage Provid	leci
6889				1x
ū	Postage	\$		3
937	Certified Fee		Postmark	1
	Return Receipt Fee (Endorsement Required)		Here	12.
	Restricted Delivery Fee (Endorsement Bookland)	·	].	2
	Total Post 10	AIRS ID#(	)310411001AG	2
52	Recipient R ROUL	HANI MERICLEAN		1,4
		VIERICLEAN LLINGTON EXPRE	ESSWAY	0)
		ONVILLE FL 32225		
7000	City, State,			
1	PS Form 3800, Febru	ary 2000	See Reverse for Inst	ructions

}	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
1503	OF F	ICIAL	USE
76	Postage	\$	
797	Certified Fee		Postmark
	Return Receipt Fee (Endorsement Required)		Here
000	Restricted Delivery Fee (Endorsement Required)		
0350	Seni NEW AMERIC	AIRS ID # 0310	411
7001	R ROUHANI or P 9444 ARLINGTON EXPRESSWAY Ory, JACKSONVILLE FL 32225		
İ	32223 PSI		n Instruction

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE	ERY
<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>Article Addressed to:         <ul> <li>AIRS ID # 0310411</li> <li>NEW AMERICLEAN</li> <li>R ROUHANI</li> <li>9444 ARLINGTON EXPRESSWAY</li> <li>JACKSONVILLE FL</li> </ul> </li> <li>32225</li> </ul>	C. Signature  X  D. Is delivery address different from item If YES, enter delivery address below:  3. Service Type  Certified Mail  Express Mail	
7001,0320 0001,7976 150	3 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PS Form 3811, July 1999 Domestic F	eturn Receipt	102595-99-M-1789

1	searche right of the return address			
reverse side?	Ot adolate to dol Jano auli 18 0104  Complete items 3, 46, and 40.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address	Service.
	permit.  Write "Return Receipt Requested" on the mailpiece below the article		2. Restricted Delivery	Ser
on the	The Return Receipt will show to whom the article was delivered an delivered.	d the date	Consult postmaster for fee.	eceipt
ADDRESS completed	3. Article Addressed to:  AIRS ID#: 0310411  R ROUHANI R ROUHANI 9400 ATLANTIC BLVD JACKSONVILLE FL 32225  4a. Article Number  P 2 6 302  4b. Service Type  Registered  Express Mail  Return Receipt for Merchandise  7. Date of Delivery		Type ad Certified Mail Insured Delivery 2/18/47	Thank you for using Return Rec
RETURN	5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Only if requested paid)	Thank
s your	6. Signature: (Addressed or Agent)			{   
===	PS Form <b>3811</b> , December 1994		Domestic Return Receipt	)    L

P 265 31	02 1,35
US Postal Service Receipt for Ce	rtified Mail
AIRS ROUHANI ROUHANI 400 ATLANTIC BLVD ACKSONVILLE FL 322	S ID#: 0310411
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, & Addressee's Address	n,
TOTAL Postage & Fees	\$
Postmark or Date	197

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDPRING FOLD AL DOTTE	LETE THIS SECTION ON DELIVERY
The stricted Delivery is desired.      Print your name and address on the reverse so that we can return the card to you.      Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Addressee  D. Is delivery address different from item 1?   Yes
AIRS ID # 0310411 NEW AMERICLEAN R ROUHANI 9444 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32225	If YES, enter delivery address below: No
	3. Service Type Certified Mail
2. Article Number (Copy from service label) 1782	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
1782				
47.26	Postage Certified Fee	\$		
0026	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here	
7000 0600	Reci NEW AMERI R ROUHANI Stre 9444 ARLING City JACKSONVIL	CLEAN TON EXPRESSIVA	S ID # 0310411	
	PS			Instructions

HT OF RETURN ADDRESS.	
SENDER: CO 401 TA 93X	VASAITED NO NC
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 # 0310411  NEW MMERICLEAN  R ROUHANI	A. Beceived by (Please Print Clearly)  C. Signature  X  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
9444 AREINGTON EXPRESSWAY JACKSONVILLE FL 32225	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 2000 0600 0026 41	26 6190
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

1190	U.S. Postal S CERTIFIED (Domestic Mail O	MAIL REC	EIPT Coverage Provided)	
-0	Postage	\$	l	
4126	Certified Fee		Postmark	
<u>_</u>	Return Receipt Fee (Endorsement Required)		Here .	
9200	Restricted Delivery Fee (Endorsement Required)			
00	Total Postage & Fees			
190	1	AIRS ID# 0	310411	
	NEW AMERICLEAN			
2000	R ROUHANI 9444 ARLINGTON JACKSONVILLE I	EXPRESSWAY FL 32225		
i i			se for Instructions	

rse side?	SENDER:  Complete items 1 and/or 2 for add Complete items 3, 4a, and 4b.  Print your name and address on ticard to you.	he reverse of this form so that			to receive the ervices (for an	- •
n the reve	AIRS ID 0310411  R ROUHANI R ROUHANI 9444 ARLINGTON EXPRESSWAY LACKSONVILLE FL 32225		icle number.	2. 🗆 Re	dressee's Address stricted Delivery stmaster for fee.	ipt Servic
ESS completed on the reverse side?			☐ Express Mail ☐ Insured		8/7   Certified  Insured	hank you for using Return Receipt Service
your RETURN ADDRESS	5. Received By: (Print Name)		7. Date of De	elivery e's Address	andise COD  Only if requested	ank you for a
Is your RE	6. Signature: (Addressee of A				Return Receipt	
		Z 333 L US Postal Service Receipt for Certi No Insurance Coverage Pi Do not use for International R ROUHANI R ROUHANI 9444 ARLINGTON EXPR JACKSONVILLE FL 322	fied Mail rovided. Il Mail (See reve AIRS ID 0			
		Certified Fee Special Delivery Fee				
	April 1995	Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address				

\$

PS Form 3800,

TOTAL Postage & Fees
Postmark or Date

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
AIRS ID # 0310411  NEW AMERICLEAN R ROUHANI 9444 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32225	3. Service Tree Express Mail Register Between Receipt for Merchandise Insured Mail, Leb.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) #333 667 315	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

.

'						
	Z 4333 467 315					
	US Postal Service					
	Receipt for Cer					
	No Insurance Coverage					
	Do not use for Internation	nai Maii (See reverse)				
		AIRS ID # 0310411				
NEV	W AMERICLEAN					
	OUHANI					
	4 ARLINGTON EXPR					
JAC	KSONVILLE FL 3222	25				
		, 7				
	Certified Fee					
	Special Delivery Fee					
ıc	Restricted Delivery Fee					
199	Return Receipt Showing to Whom & Date Delivered					
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address  TOTAL Postage & Fees Postmark or Date						
800,	TOTAL Postage & Fees	\$				
n 3	Postmark or Date					
-o-						
S						
ш						

3. Article Addressed to:  AIRS ID # 0310411  NEW AMERICLEAN R ROUHANI 9444 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32225  AIRS ID # 0310411  Begistered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery  5. Received By: (Print Name)  8. Addresse 's Address (Only if requested and fee in point)	on the reverse side?	SENDI Of adolarua to dot target and the ploal Complete terms 3, 4a, and 4b. Complete terms 3, 4a, and 4b. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	
and foo is noid)	completed	AIRS ID # 0310411 NEW AMERICLEAN R ROUHANI 9444 ARLINGTON EXPRESSWAY	Z	Type ed Certified Mail Insured ceipt for Merchandise COD elivery	you for using Return Receipt Service
6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  Domestic Return Receipt	your RET	6. Signature: (Addressee or Agent)			Thank

	7 777		, aa
	•	660 427 <sub>\</sub> (	۱ ۱۳
	US Postal Service Receipt for Cert No Insurance Coverage I Do not use for Internation Sent to	Provided.	se)
NE	W AMERICLEAN ROUHANI	AIRS ID # 03	  10411
944 JA(	44 ARLINGTON EXPI CKSONVILLE FL 322	RESSWAY 25	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date		

SENDE over top of envelope to	plo님 THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  AIRS ID # 0310411  AMERICLEAN  DUHANI  ARLINGTON EXPRESSWAY  SONVILLE FL 32225	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2210662272	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

	z 510 f	P5 515	
	US Postal Sérvice  Receipt for Cerl No Insurance Coverage I		
R 94	EW AMERICLEAN ROUHANI 144 ARLINGTON EXI ACKSONVILLE FL 32		11
Ī	Postage	<b>&gt;</b>	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date		

	•				
se 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.	I also wish to receive the following services (for an extra fee):			
the reverse	<ul> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> </ul>	1. D Addressee's Address			
Je r	Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and	2.   Restricted Delivery			
on #	delivered.		Consult postmaster for fee.		
completed	3. Article Addressed to:  AIRS ID # 0310411	4a. Article N	2. Article Number 7. 2/0 66/325		
Ē	NEW AMERICLEAN	4b. Service	Гуре		
ADDRESS co	R ROUHANI.	☐ Registere	ed	Certified	
	9444 ARLINGTON EXPRESSWAY	Express	Mail	☐ Însured	
	JACKSONVILLE FL 32225	☐ Return Receipt for Merchandise ☐ COD			
7		7. Date of Delivery			
RETURN	5. Received By: (Print Name)	Addressee's Address (Only if requested and fee is paid)			
-	6 Signature: (Addressee or Agent)				

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Print your name, address, and ZIP Code in this box ●

DARM/MOBILE SOURCE CONTROL PROGRAM of Air Monitoring 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

01

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

306789

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

Do NOT Remove Label

R ROUHANI R ROUHANI 9444 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32225

Remove Label

AIRS ID 0310411

EXPRESSWAY FOR GOVERNMENT USE ONLY Org.: 37750101000 EO: B1 Fund: 203-035001

Obj.: 002273

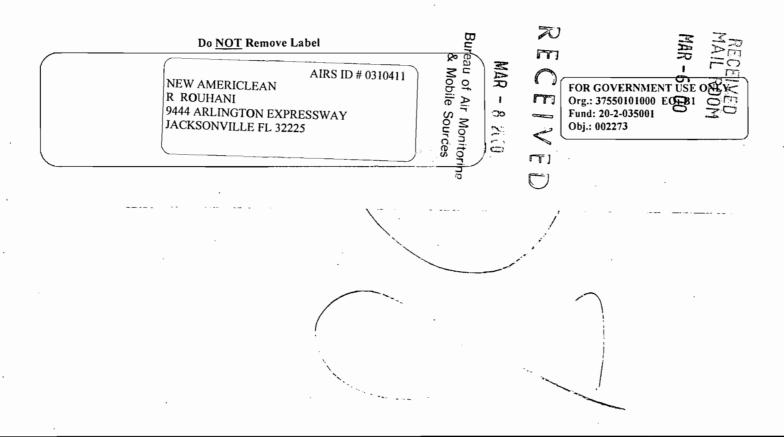
Best Available Copy

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PRU. ER HANDLING

0393186

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

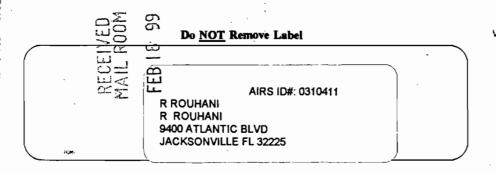
## **TOTAL AMOUNT DUE: \$50.00**



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

# **TOTAL AMOUNT DUE: \$50.00**



FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273