

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 16, 1997

Mr. Frank A. Roach Jonfor Cleaners 12192 Mandarin Road Jacksonville, Florida 32223

Re: Facility I.D. No. 0310414

Dear Mr. Ababseh:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 27, 1996.

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

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

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Ms. Lori Tilley, Duval County

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. F	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Fr	ank A. Ròach & Sheryl K Roach Partners
2. S	Site Name (For example, plant name or number):
J	onfor Cleaners
3. F	Hazardous Waste Generator Identification Number:
	FEDD981 028 145
	Facility Location:
	Street Address: 11700-1 San Jose Blvd. City: Jacksonville County: Duval Zip Code: 32223
5'. I	Facility Identification Number (DEP Use):
	1

Responsible Official

6.	Name and Title of Responsible Official:
	Frank A. Roach, Owner
7.	Responsible Official Mailing Address:
	Organization/Firm: Frank A. Roach & Sheryl K. Roach Partners
	Street Address: 12192 Mandarin Road
	City: Jacksonville County: Duval Zip Code: 32223
8.	Responsible Official Telephone Number:
	Telephone: (904) 268–1888 Fax: (904–) 4268–4601

Facility Contact (If different from Responsible Official)

or example, plant manager):	
ose Blvd. County: Duval	Zip Code: 32223
Fax: (PECELVE
	ose Blvd. County: Duval

SEP 27 1996

Bureau of Air Monitoring & Mobile Sources

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

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 $\frac{1}{2} (\log n) + n \log n + n \log$

#0310414

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

P.15
(f) Should be marked

.

and the second second second

Facility Information

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

Type of Machine			Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
Type of Machine ### 03-OCT-93 12-NOV-93 ### 08-DEC-91 ### 02-MAR-92 02-MAR Dry-to-Dry Unit 1) w ref. condenser ### 08-Dec-9							1			
Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR Dry-to-Dry Unit	Type of Machine	ID			ID	1 *		ID		
Dry-to-Dry Unit	Type of Machine		T di onasoa				mstaned		1 di chased	motanic
(1) w/ ref. condenser #1 08-Dec-9 (2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ acrbon adsorber (9) w/ no controls (8) w/ carbon adsorber (10) w/ ref. condenser (11) w/ ref. condenser (11) w/ ref. condenser (12) w/ no controls (13) w/ no controls (14) w/ no controls (15) w/ carbon adsorber (12) w/ no controls (16) w/ ref. condenser (17) w/ ref. condenser (18) w/ carbon adsorber (19) w/ no controls (19) w/ no controls (10) w/ ref. condenser (10) w/ ref. condenser (11) w/ ref. condenser (12) w/ no controls (15) w/ ref. condenser (10) w/ ref. condenser (10) w/ ref. condenser (11) w/ ref. condenser (11) w/ ref. condenser (12) w/ no controls (13) w/ no controls (14) w/ ref. condenser (12) w/ no controls (15) w/ ref. condenser (12) w/ no controls (15) w/ ref. condenser (16) w/ ref. condenser (17) w/ ref. condenser (18) w/ ref. condenser (19) w/ ref. conden	Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
(2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (11) w/ carbon adsorber (12) w/ no controls (13) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ ref. condenser (13) w/ ref. condenser (14) w/ ref. condenser (15) w/ ref. condenser (15	Dry-to-Dry Unit									
(2) w/ carbon adsorber	(1) w/ ref. condenser	#1	08-Dec-9	1				-		
Washer Unit (4) w' ref. condenser (5) w' carbon adsorber (6) w' no controls Dryer Unit (7) w' ref. condenser (8) w' carbon adsorber (9) w' no controls Reclaimer Unit (10) w' ref. condenser (11) w/carbon adsorber (12) w' no controls (b) Control devices are required, but not yet installed (c) No control devices are required to be installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?	(2) w/ carbon adsorber									
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (11) w/ carbon adsorber (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ carbon adsorber (10) w/ ref. condenser (10)	(3) w/ no controls								·	
(5) w/ carbon adsorber (6) w/ no controls	Washer Unit				·				_	
Color What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? 2.10	(4) w/ ref. condenser									
Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/carbon adsorber (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ controls (14) w/carbon adsorber (15) w/ no controls (15) w/ no controls (16) w/ ref. condenser (17) w/ controls (18) w/carbon adsorber (19) w/ no controls (19) w/ no controls (19) w/ no controls (19) w/carbon adsorber (10) w/carbon adsorber (11) w/carbon adsorber (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/carbon adsorber (12) w/ no controls (13) w/carbon adsorber (12) w/carbon adsorber (13) w/carbon adsorber (14) w/carbon adsorber (15) w/carbon adsorber (16) w/carbon adsorber (17) w/carbon adsorber (17) w/carbon adsorber (17) w/carbon adsorber (18) w/carbon adsorber (19) w/carbon adsorber (19) w/carbon adsorber (10) w/carbon adsorber (10	(5) w/ carbon adsorber									
(3) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/ carbon adsorber (15) w/ no controls (16) w/ carbon adsorber (17) w/ no controls (18) w/ no controls (19) w/ no controls (19) w/ no controls (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required, but not yet installed (19) w/ no controls (10) w/ no controls	(6) w/ no controls			,						
(8) w/ carbon adsorber (9) w/ no controls (10) w/ no controls (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/ condenser (15) w/ no controls (16) w/ no controls (17) w/ no controls (18) w/ no control devices are required, but not yet installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no controls (10)	Dryer Unit					•			1	,L
(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? (b) If less than 12 months, how many? months Check why it is less than 12 months: New owner: Did not keep records: New store: Did not keep records: New small area source New small	(7) w/ ref. condenser									1
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (12) w/ no controls (12) w/ no control devices are required to be installed (13) what was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? (14) (15)	(8) w/ carbon adsorber									
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/carbon adsorber (15) w/ no control devices are required, but not yet installed [] (15) w/carbon adsorber (16) w/c	(9) w/ no controls									
(b) Control devices are required, but not yet installed	Reclaimer Unit			•			-			
(b) Control devices are required, but not yet installed	(10) w/ ref. condenser					,				T
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [(11) w/carbon adsorber									1
(c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [(12) w/ no controls								<u> </u>	
(Indicate with an "X". Select one classification only.) Existing small area source [] New small area source []	(c) No control devices 2.(a) What was the total (210 (b) If less than 12 months	are r quant galle	required to be tity of perchloons now many? [_	installed [_ oroethylene ((perc)	_]) purchased i				: []
Existing large area source ** INCW large area source	(Indicate with an "X". Existing small an	Sele rea so	ct one classif	ication only. N) ew si	nall area sou	irce []	Part 11?	

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(Indicate with an "X".)	bursuant to section (3) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	inits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[<u>X</u>]
Equipment Monitoring a	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	[<u>X</u>]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X_]
(d) Carbon adsorber exhaust perc concentration mon	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	
·	

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Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
[_X]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	onte a Rrocel Date

Revised	10/1	0/96

AIRS ID#: 03/04/4

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Jonto	or Cleane	75		DATE: 4/24/97
FACILITY LOCATION:	11700	0-1 San	Jose Bli	H	
	ackson	ville, FL	32223	3	
_					
Annual Reporting Period:	Septe	ember 27	_19 <i>96</i> то	4/2	19 97
Based on each term or condition	on of the Title	V general air permit,	my facility has ren	nained in compliance	with DEP Rule
62-213.300, Florida Administr		- ,			
If NO, complete the following:				`	
#1. Term or condition of the g	general permit	that has not been in c	ontinuous complia	nce during the report	ting period stated above:
Exact period of non-compliance	ce: from			_to	·
Action(s) taken to achieve com	npliance:		,		
Method used to demonstrate co	ompliance:				
#2. Term or condition of the g	general permit	that has not been in c	ontinuous complia	nce during the report	ting period stated above:
Exact period of non-compliance	ce: from			to	
Action(s) taken to achieve com	npliance:				
Method used to demonstrate co	ompliance:				
As the responsible official, I h made in this notification are to upon rolling averages of purceyear for transfer or combination RESPONSIBLE OFFICIAL	rue, accurate a hase receipts, on facilities.	and complete. Furthe	r, my annual consi	imption of perchloro	ethylene solvent, based

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: AN	INUAL 🔀	COMPLAINT/DISCOVI	ERY	RE-INSPECTION
TIME IN: 945	_TIME OUT:	000A	IRS ID#:	03/04/4
TYPE OF FACILITY: \mathcal{D}_{ry}	Cleaner			
FACILITY NAME: JOV	for Clea	ners	_	DATE: 4/24/97
FACILITY LOCATION:	700-1 Sai	Jose BI	vd.	• .
Jacks	on ville, Fl	32223		
RESPONSIBLE OFFICIAL: Fra	nk A. Road	PHON	NE NUMBER:	904-268-1888
Based on the results of the corcompliance with DEP Rule 62				ility is found to be in
Based on the results of the cordiscrepancies were noted:	mpliance requirements e	valuated during this insp	pection, the fol	lowing compliance
COMPLIANCE REQUIRE	MENT/PROBLEM	FOLLOW	V-UP ACTI	ON REQUIRED
· ·				
•				
<u> </u>			· .	
		·		
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				•
COMMENTS:			8 4	
COMMENTS.		ı		
m 10 11 0 12	6 . 1 . 1			, ms M
The Annual Compliance Certification	form has been properly	certified and submitted to	o the inspector	. YES NO NO
DATE OF NEXT INSPECTION:	_	April, 1998 (Approximate)	5	
ΙΝΌΡΟΤΙΟΝ ΟΟΝΝΙΙΟΎΡΗ ΦΥ.		Teff Winter		•
INSPECTION CONDUCTED BY:_		(Please Print)		
INSPECTOR'S SIGNATURE:	Sethen L	Into PHON	E NUMBER:	904-630-3484
	/00/	1 . 1	•	
	Page	of		Revised 10/96

. •	# 03/04/4	Best Available Copy
1. Facilit	1. (a) add date control device installed	er):
Frank 2. Site N Jonfo 3. Hazar	· '	
4. Facilit Street City:		ode: 32223
5. Facili		
6. Name Fran		
Organ Street	ization/Firm: Frank A. Roach & Sheryl K. Roach Address: 12192 Mandarin Road Jacksonville County: Duval	Partners Zip Code: 32223
	nsible Official Telephone Number: hone: (904) 268–1888 Fax: (904–) 268-1601

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example)	ample, plant manager):	
Denisé Biggers		·]
10. Facility Contact Address:	·	` '
Street Address: 11700-1 San Jose City: Jacksonville (Blvd. County: Duval	Zip Code: 32223
11. Facility Contact Telephone Number: Telephone: (904) 268-8189	Fax: (PECFIVED

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Bureau of Air Monitoring a Mobile Sources

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Frank A. Roach & Sheryl K Roach Partners
2. Site Name (For example, plant name or number):
Jonfor Cleaners
3. Hazardous Waste Generator Identification Number:
FLD: 981 028 145
4. Facility Location:
Street Address: 11700-1 San Jose Blvd.
City: Jacksonville County: Duval Zip Code: 32223
5: Facility Identification Number (DEP Use):
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Perpansible Official

6.	Name and Title of Responsible Official:
	Frank A. Roach, Owner
7.	Responsible Official Mailing Address:
	Organization/Firm: Frank A. Roach & Sheryl K. Roach Partners
	· ·
	Street Address: 12192 Mandarin Road
	City: Jacksonville County: Duval Zip Code: 32223
	En code.
8.	Responsible Official Telephone Number:
	Telephone: (904) 268-1888 Fax: (904) 268-1601
	<u> </u>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (F	or example, plant manager):	
Denise Biggers		
10. Facility Contact Address:		
Street Address: 11700-1 San J City: Jacksonville	ose Blvd. County: Duval	Zip Code: 32223
11. Facility Contact Telephone Number: Telephone: (904) 268-8189		DECFIVE

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Bureau of Air Monitoring & Mobile Sources

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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	lD	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	-	#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit			Q/17/0	110	ho —				
(1) w/ ref. condenser	#1	08-Dec-9	1 2011216	<u> </u>	-		T		
(2) w/ carbon adsorber	11 L	00-Dec-3	812						
(3) w/ no controls				 			 	-	
Washer Unit		ı					ı	1	
(4) w/ ref. condenser		1	1				I -		
(5) w/ carbon adsorber			 	<u> </u>					
(6) w/ no controls			 	1	1				
Dryer Unit			J				-		
(7) w/ ref. condenser									
(8) w/ carbon adsorber						,			
(9) w/ no controls		-				1			
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 montrol Check why it is less	are r quant galle	required to be tity of perchl ons now many? [e installed [_oroethylene] month	(perc	•				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large ar	Sele ea so	ct one classif	ication only.	ew si	initions foun mall area sou	irce [(3) of _]]	f Part II?	
. 8 8					_	<u> </u>			

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(Indicate with an "X".)	section (3) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerate	ed condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall n to Rule 62-213.300, F.A.C. Verify that all steam and hot water exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total holler HP or less), and (2) are fired exclusively by natural gas a	generating units on-site meet the following Theat input of 10 million BTU/hr or less (298)
boiler HP or less), and (2) are fired exclusively by natural gas e during which propane or fuel oil containing no more than one p	
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Record	
Check all logs which are required to be kept on-site in accordan	•
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	[<u>X</u> _]
(c) Refrigerated condenser temperature monitoring	[<u>X</u>]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	\sim
(f) Start-up, shutdown, malfunction plan	$\times \mathcal{K}$

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
[_X]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
I will pro	noute a Rovel 9-23-96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	COMPLAINT/DISC N 0 4/24/9	_
AIRS 1D#: <u>03/04/4</u>	time 1	n: <u>945</u> t ime out:	/000
FACILITY NAME:	Jonfor	Cleaners	
FACILITY LOCATION:	11700-1	Son Jose Blud	<u>. </u>
	Jackson	ville, FL 3222	-3
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·		
(check appropriate box)			
1. Existing facility notified DAR	M by 9/1/96		×
2. New facility notified DARM	30 days prior to stai	tup	Ō
3. Facility failed to notify DARM	A to use general per	rmit	ا ت
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	on form that it is:		
A.			
1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>0 gal/yr al/yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	0 gal/y r al/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
		(constructed on or after 12/3/31)	
This is a correct facility classific	cation	Y ON	·
This is a correct facility classific If no, please check the appropria			
If no, please check the appropri	ate classification:		

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

2. Measured and recorded the washer exhaust temperate inlet and outlet weekly?	ure at the condenser	אוע מם
Is the temperature differential equal to or greate	er than 20° F?	Aly No
3. Measured and recorded the perc concentration in the at the end of the final drying cycle while the machine if machines are equipped with a carbon adsorber?	e is venting to the adsorber,	ON PANIA
Is the perc concentration equal to or less than 1	00 ppm? □Y	UN
4. Assured that the sampling port on the carbon adsorbed perc concentrations is at least 8 duct diameters down or expansion; is at least 2 duct diameters upstream from cexpansion; and downstream from no other inlet?	stream of any bend, contraction,	Aly NO
5. Equipped transfer machines (dryers, reclaimers, and condenser coils?	washers) with individual	ON TONIA
6. Routed airflow to the carbon adsorber (if used) at all	times?	AMA NO
PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
1. Maintained receipts for perc purchased?	As A	□N
2. Maintained rolling monthly averages of perc consum	nption?	\square N
3. Maintained leak detection inspection and repair repo	orts for the following:	
a. documentation of leaks repaired w/in 24 hrs	s? or;	□N
b. documentation of parts ordered to repair lea and parts installed w/in 5 days of receipt?	ik and leak repaired w/in 2 days □Y	□и
4. Maintained calibration data? (for direct reading instrumen	us only)	□N MN/A
5. Maintained exhaust duct monitoring data on perc co	ncentrations?	DN WA
6. Maintained startup/shutdown/malfunction plan?	1/2 4×	ПИ
7. Maintained deviation reports?	ANY ANY	□N
Problem corrected?	THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	□и
8. Maintained compliance plan, if applicable?	ΩY	AVA TO
PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak of	detection and repair inspection?	ПN
2. Which method of detection is used by the responsibl	e official?	
Visual examination (condensed solvent on exte	erior surfaces)	
Physical detection (airflow felt through gaskets	s) -th-	
Odor (noticeable perc odor)	+	
Use of direct-reading instrumentation (FID/PI)	D/calorimetric tubes)	

If using direct-reading instru	pment:				
a. Capable of detecti	ng perc vapo	or concentra	tions in a range of 0-500 ppm?	ΠY	חם
b. Calibrated against					
(PID/FID only)?	OY				
c. Inspected for leaks	ΠY	□N .			
d. Kept in a clean an	d. Kept in a clean and secure area when not in use?				
e. Verified for accur-	acy by use of	f duplicate s	amples (calorimetric only)?	ΠY	□N
3. Has the facility maintained a leak lo	3. Has the facility maintained a leak log?			XX	וא□
4. The following areas should be check	ked for leaks	by the insp	ector:	•	
,	Leak I	Detected?	Leak	Detected?	
Hose connections, fittings, couplings, and valves	ΩY	≱ [N	Muck cookers	ΟY	Mи
Door gaskets and seating	ΠY	Жи	Stills	ΠY	MN
Filter gaskets and scating	ΠY	Жи	Exhaust dampers	ΩY	₩n
Pumps	ΠY	AN	Diverter valves	□Y	≱ N
Solvent tanks and containers	ΠY	Ди	Cartridge filter housings	ΩY	MN
Water separators	ΟY	AN			•
Frank A. Ros Name of Responsible Of	Ticial		1/2.4	, /-	

Jeff Winter
Inspector's Name (Please Print) Jeffrey Line
Waspector's Signature

7/24/97 Date of Inspection

April, 1998
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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Best Available Copy

DRY CL	EANER AIR Q	UALITY GE	NERAL PE	ERMIT	Profession of the Parket
/ ANN	UAL COMPLIAN	CE CERTIFIC	CATION FOR	M _≥	\cap
	FRANK A ROACH & PARTNERS FRANK A ROACH 12192 MANDARIN RO JACKSONVILLE FL 3	AIRS ID#031 SHERYL K ROACH OAD 32223	0414	of Air Monitoring	EVED
	Do NO	T Remove Label			
Annual Reporting Period:		_19 <u>96</u> то	Dec	31	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		•	\	· _	Rule INO
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in co	ntinuous compliar	nce during the rep	oorting period s	stated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:	•				
Method used to demonstrate compliance:					
#2. Term or condition of the general permit	that has not been in co	ntinuous compliar	nce during the rep	oorting period s	tated above:
Exact period of non-compliance: from		t	o		
Action(s) taken to achieve compliance:		•			
Method used to demonstrate compliance:					
As the responsible official, I hereby certify, base notification are true, accurate and complete. Findoes not exceed 2,100 gallons per year for dry-to-	urther, my annual consu	mption of perchlore	oethylene solvent, i	based upon purc	
RESPONSIBLE OFFICIAL: Frank	A Ronch ne (Please Print)	Blank	Signature	d 1.	12-98 Date

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

Level

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT/D	ISCOVERY	RE-INSPECTION
TIME IN: 1400	TIME OUT:	1430	AIRS ID#:	0310414
TYPE OF FACILITY: \mathcal{L}	ry Cleaner	<u> </u>		1.1.0
FACILITY NAME:	onfor Clea	ners		date: <i>6/11/98</i>
FACILITY LOCATION:	11700-1 So	in Jose	BlW.	
<i>50</i>	ackson ville,	FL. 3	2223	
RESPONSIBLE OFFICIAL:	Frank. A.	Roach	_PHONE NUMBE	: <u>904-268-1888</u>
	he compliance requirement ule 62-213.300, Florida Ad			facility is found to be in
Based on the results of the discrepancies were noted	he compliance requirement i:	s evaluated during	this inspection, the	following compliance
COMPLIANCE REQU	IREMENT/PROBLE	EM FO	LLOW-UP ACT	TION REQUIRED
				PK
				Surgar KI
			·	TO THE SULL OF THE
	· · · · · · · · · · · · · · · · · · ·			₹ 0
COMMENTS:		, -		·
The Annual Compliance Certification	ation form has been proper	y certified and sub	mitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION	v:	une, 19	199	
INSPECTION CONDUCTED I	BY: Je	(Approximate) (Please Print)	ter	· · · · · · · · · · · · · · · · · · ·
INSPECTOR'S SIGNATURE:	Glyfing	Minto	PHONE NUMBE	r: <u>904-630-280</u>

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSP	ECTIO	N:
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á company de la company de	P			
TITLE V	YLENE DRY CLEANERS GENERAL PERMIT NSPECTION CHECKLIST			
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY			
AIRS ID#: 03/04/4 DATE: 4/1/9	73 TIME IN: 1400 TIME OUT: 1430			
FACILITY NAME: Jon For	Cleaners			
11000 1	San Jose Blvd.			
FACILITY LOCATION:				
	Roach PHONE: 904-268-1888			
CONTACT NAME: Ar lene Ce	Adis PHONE: 904-268-8187			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to start	up 🕦			
2. Facility failed to notify DARM to use general perr	mit			
·				
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum			
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	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)			
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	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	□Y □N □Can not determine			
☐ facility exceeds above limit	tion: eral permit as number above ts and is not eligible for a general permit chased 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 least 24 hours prior to disposal? □N □N/A Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? □N □N/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the □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?

B	. Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	*YY	□N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QY	ON TAN/A
	Is the temperature differential equal to or greater than 20° F?	□Y	□N TAN/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?	QY	□n ta n/a
	Is the perc concentration equal to or less than 100 ppm?	ПY	□N TAN/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?	ΟY	□n Y an/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	UN OF N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ON YEN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	¥ u □n
2. Maintained rolling monthly total of perc consumption?	OY. ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AND ND VA
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 ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MAN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON SON/A
6. Maintained startup/shutdown/malfunction plan?	ATY ON
7. Maintained deviation reports?	OY ON TANA
Problem corrected?	DY DN DEN/A
8. Maintained compliance plan, if applicable?	OY ON YONA

P	ART VI: LEAK DETECTION AND	REPAIRS	ter die verfalle eren krouwer von der			
1.	Does the responsible official conduct	a weekly (fo	r small sou	irces, bi-weekly) leak detection an	ıd rep	air
	inspection?				A	□N
2.	Has the facility maintained a leak log	?			AY	□N
3.	Does the responsible official check the	e following	areas for le	eaks?	•	
	Hose connections, fittings, couplings, and valves	XX D	N □N/A	Muck cookers	Y	□N □N/A
	Door gaskets and seating	AY D	N □N/A	Stills	YY	□N □N/A
	Filter gaskets and seating	AAA 🗆	N □N/A	Exhaust dampers	A Y	□N □N/A
	Pumps	AX OV	N □N/A	Diverter valves	¥Υ	□N □N/A
	Solvent tanks and containers	AN OV	N □N/A	Cartridge filter housings	XY	□N □N/A
	Water separators		I □N/A			
4.	Which method of detection is used by	the respons	ible officia	1?		
	Visual examination (condensed	solvent on e	xterior sur	faces)	¥	
	Physical detection (airflow felt the	hrough gask	ets)	•	女女女	
	Odor (noticeable perc odor)				×	
	Use of direct-reading instrument	ation (FID/	PID/calorii		ù	
	Halogen leak detector					
	If using direct-reading inst	rumentatio	n, is the ed	quipment:	AN/	A
	a. Capable of detecting	perc vapor	concentrat	ions in a range of 0-500 ppm?	ΔY	□N
	b. Calibrated against a (PID/FID only)?	standard ga	s prior to a	and after each use	ΠY	□N
	c. Inspected for leaks a	nd obvious	signs of we	ear on a weekly basis?	ΠY	□N

Jeff Winter	6/11/98
Inspector's Name (Please Print)	Date of Inspection
Caprus Unito	June, 1999_
Inspector's Signature	Approximate Date of Next Inspection

d. Kept in a clean and secure area when not in use?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

 \Box Y \Box N

 \Box Y \Box N

ADDITIONAL SITE INFORMATION	ON:	1
	•	
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PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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TYPE OF INSPECTION:	ANNUAL	×	COMELAINTADISCOVER	Y 🗖
	RE-INSPECTION	0	THOUSE TO L	<u>۸</u>
AIRS ID#: 03/04/4	DATE: 5/4/99	TIME	IN: /000 ATIME OUT	r: <u>/03</u> 0
FACILITY NAME:	Jonfor Ch	<u>leaners</u>	50 Mg	
FACILITY LOCATION:	11700-1	Jan J	Tose B/W	
	Jackson	nville,	FL 32223	
RESPONSIBLE OFFICIAL :				8189
CONTACT NAME:	Danise Big		^	re
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup			×
2. Facility failed to notify DARI	M to use general permit			
TARREST OF A SCIENCE ATTION	-			
PART II: CLASSIFICATION			Carlo	
Facility indicated on notification (check appropriate box)			☐ No notification form ☐ Drop store/out of business.	/petroleum
Facility indicated on notification (check appropriate box) A.	on form that it is:	New small a	☐ Drop 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/y	on form that it is:		☐ Drop store/out of business. rea source x < 140 gal/yr	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	on form that it is: ce	to-dry only, ensfer only, x	☐ Drop store/out of business. rea source x < 140 gai/yr < 200 gai/yr	/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 both types, x < 140 gal/yr	on form that it is: ce 2. If yr dry- tran both	r-to-dry only, nsfer only, x h types, x < 1	□ Drop store/out of business. rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr	/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 both types, x < 140 gal/yr (constructed before 12/9/91)	on form that it is: ce	nsfer only, x h types, x < l nstructed on	☐ Drop store/out of business. rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	/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 both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	on form that it is: The second secon	r-to-dry only, nsfer only, x h types, x < l nstructed on New large a	□ Drop store/out of business. rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source □	/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 both types, x < 140 gal/yr (constructed before 12/9/91)	on form that it is: ce	r-to-dry only, usfer only, x h types, x < l nstructed on New large auto-dry only,	☐ Drop store/out of business. rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	/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 both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	on form that it is: ce	nsfer only, x h types, x < l nstructed on hearth arge and hearth arguments. New large and hearth arguments are only, 20 h types, 140	Drop store/out of business. rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$ $= x \le 1,800 \text{ gal/yr}$	/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 both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800	on form that it is: ce	nsfer only, x h types, x < l nstructed on hearth arge and hearth arguments. New large and hearth arguments are only, 20 h types, 140	☐ Drop store/out of business. rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	/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 both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	on form that it is: ce	nstructed on types, x < li>h types, x < li>h types, x < li>nstructed on types are to-dry only, asfer only, 20 h types, 140 should be types, 140 should be types.	Drop store/out of business. rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$ $= x \le 1,800 \text{ gal/yr}$	/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 both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classical desired approximately approximately constructed before 12/9/91)	on form that it is: ce	nsfer only, x h types, x < li>nstructed on large and to-dry only, nsfer only, 20 h types, 140 mstructed on large and types, 140 mstructed on large and large	Drop store/out of business. rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $= 12/9/91$) rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$ or after $= 12/9/91$) or after $= 12/9/91$)	/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 both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classification. If no, please check the a facility discountered before 12/9/91	on form that it is: ce	nsfer only, x h types, x < li>nstructed on hew large and to-dry only, asfer only, 20 h types, 140 sh	Drop store/out of business. rea source $x < 140 \text{ gai/yr}$ $< 200 \text{ gai/yr}$ $= 200 \text$	/petroleum

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

B.	. Has the responsible official of an existing large or new large area source also:		Personal State of Sta	
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	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N	MAN/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПΝ	ØN/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,			¥127/4
	if machines are equipped with a carbon adsorber?			N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	□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?	ΠY	□N	XN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	M/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	M/A

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

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
inspection?			Ж(Х . □и
2. Has the facility maintained a leak log?	•		Xey □N
3. Does the responsible official check the	following areas for leaks	?	
Hose connections, fittings, couplings, and valves	AND NO YA	Muck cookers	AND NO ANA
Door gaskets and seating	YOY ON ON/A	Stills	XY ON ON/A
Filter gaskets and seating	Y ON ON/A	Exhaust dampers	DY DN XXVA
Pumps	Y ON ON/A	Diverter valves	XY ON ON/A
Solvent tanks and containers	AND ND YA	Cartridge filter housings	XY ON ON/A
Water separators	YY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	olvent on exterior surface	s)	×
Physical detection (airflow felt th	rough gaskets)		76
Odor (noticeable perc odor)			*
Use of direct-reading instruments	ation (FID/PID/calorimetr	ic tubes)	
Halogen leak detector			
If using direct-reading instr	umentation, is the equip	ment:	XIN/A
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	□Y □N
b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after each use	OY ON
c. Inspected for leaks ar	nd obvious signs of wear o	n a weekly basis?	□Y □N
d. Kept in a clean and s	ecure area when not in use	?	□Y □N
e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	UY □N
Jeff Wint	ter	5/4/	99 as 5/6/99
Inspector's Name (Please Prin		Date of Inspec	

Inspector's Name (Please Print) Many Linke Applector's Signature

May 2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
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	•		
		4	
		• .	

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AIRS ID#:

Revised 10/10/5

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 50	n-for	Cleaners		DATE: 5/4/99
FACILITY LOCATION://	00/-/	San Jose B	/vd.	
\mathcal{I}	ack 3	on ville, FL	32223	
Annual Reporting Period:	, 4,	1998 то	May	1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (E				
If NO, complete the following:				
#1. Term or condition of the general permi	that has no	t been in continuous compli	ance during the repor	rting period stated above:
Exact period of non-compliance: from		due.	_ to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has no	t been in continuous complia	ance during the repor	ting period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
<u> </u>				
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complet	e. Further, my annual cons	umption of perchloro	ethylene solvent, based
	ne (Please P	rint)	Signature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/DISCO	OVERY _	RE-INSPECTION
TIME IN: /000	TIME OUT:	1030	_AIRS ID#:	310414
TYPE OF FACILITY:	ecc. Dry Cle	anes		
FACILITY NAME:	Jon-for Cle	aners		DATE: 5/4/99
FACILITY LOCATION:	11700-1 Sa	n Jose Bl	Vd.	
	Jacksonvil	K, FL 3	7223	
RESPONSIBLE OFFICIAL:	Frank Roa	<i>_</i> ,	ONE NUMBER:_	904-268-1601
	ne compliance requirements ale 62-213.300, Florida Adm			ility is found to be in
Based on the results of the discrepancies were noted	ne compliance requirements	evaluated during this	inspection, the foll	owing compliance
COMPLIANCE REQU	IREMENT/PROBLE	M FOLLO	OW-UP ACTIO	ON REQUIRED
			·	
·				
COMMENTS:	,			
The Annual Compliance Certifica	ation form has been properly	certified and submitte	ed to the inspector.	YES NO
DATE OF NEXT INSPECTION	Ň:	May, 201	00	,
		(Approximate)	1.0	
INSPECTION CONDUCTED I	BY:	eft Win	ter -	<u>.</u>
INSPECTOR'S SIGNATURE:	Jeffry L	(Please Print)	ONE NUMBER:	904/630-3484
	Page	of		Revised 10/96

RECEIVED

DEC 27 1999

PERCHLOROETHYLENE DRY CLEANERS

Bureau of Air Monitoring & Mobile Sources

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

 \mathbf{A}

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY I
	199 TIME IN: 1000 TIME OUT: 1030
FACILITY NAME:	Cleaners
FACILITY LOCATION:	
Jaco	csonville, FL 32223
RESPONSIBLE OFFICIAL: Frank	Roach PHONE: 904-268-8189
CONTACT NAME: Denise	Biggers PHONE: Some
PART I: NOTIFICATION	<u> </u>
(check appropriate box)	
1. New facility notified DARM 30 days prior to st	artup 🕱
2. Facility failed to notify DARM to use general p	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ 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 transier only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types. $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gallyt transfer only, $200 \le x \le 1,800$ gallyt both types. $140 \le x \le 1,800$ gallyt (constructed on or after $12/9/91$)
5. This is a correct facility classification	YY IN ICan not determine
	auon: nerai permit as number above nits and is not eligible for a general permit

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?	XY DN DN/A
2. Examining the containers for leakage?	Y DN DN/A
3. Closing and securing machine doors except during loading/unloading?	XY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposai?	XY DN DN/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DOWA
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). Curbon 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).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped ail machines with the appropriate vent controls?	A = 11
2. Equipped dry-to-dry macrines with a closed-loop vapor venting system?	XY ⊐N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	XY ⊒N □N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	X Y ⊒ 3
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	XY IN IN/A
. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	X I I

B	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	×XY		
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	M/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□N	\$N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber. if machines are equipped with a carbon adsorber?	ΠY	□N	X 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 pere 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	ПΝ	XN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser cons?	ΠY	□и	M/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ות□	\$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 DN DN/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 and parts installed w/in 5 days of receipt? □Y □N X(N/A OY ON XIN/A 4. Maintained calibration data? (for appucable direct reading instruments) DY DN XXVA 5. Maintained exhaust duct monitoring data on perc concentrations? XXY □N 6. Maintained startup/shutdown/maifunction plan? □Y □N XN/A 7. Maintained deviation reports? DY DN XVA Problem corrected? A/N/X ND YD 8. Maintained compliance pian, 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?			XΥ	□и	
2. Has the facility maintained a leak log?	•)AY	⊐и	
3. Does the responsible official check the	following areas for leaks?	1	•		
Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	ATA ON	I □N/A	
Door gaskets and seating	Y ON ON/A	Stills	XY ON	⊓N/A	
Filter gaskets and seating	Y ON ON/A	Exhaust dampers	□Y □N	XN/A	
Pumps	Y ON ONA	Diverter valves	XY DN	□N/A	
Solvent tanks and containers	AV ON ONA	Cartridge filter housings	XY □N	□N/A	
Water separators	YY ON ONA				
4. Which method of detection is used by t	he responsible official?		,		
Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor)					
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?			⊃Y □N		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			⊃Y □N		
c. Inspected for leaks and obvious signs of wear on a weekly basis?			⊐ү □м	i	
d. Kept in a clean and secure area when not in use?			□Y □N	;	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			ZY □N		

Jeff Winter
Inspector's Name (Please Print)

5/4/99 and 5/6/99 Date of Inspection

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 💢 💢 CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: /000	TIME OUT:	1030 AIRS ID#:	03/04/4
TYPE OF FACILITY: P	cc. Dry Clea.	nec	· · · · · · · · · · · · · · · · · · ·
FACILITY NAME:	Jon-for Clear	ners	DATE: 5/4/99
FACILITY LOCATION:	11700-1 San	Jose BIVS.	
	Jack Son ville,	FL 32223	
RESPONSIBLE OFFICIAL:	Frank Roach	PHONE NUMBER	904-268-1601
compliance with DEP Rule	62-213.300, Florida Adminis	uated during this inspection, the strative Code (F.A.C.). uated during this inspection, the st	·
COMPLIANCE REQUIR	EMENT/PROBLEM	FOLLOW-UP ACT	TON REQUIRED
	,		
	-		
COMMENTS:		-	
·			
The Annual Compliance Certificatio	n form has been properly certi	ified and submitted to the inspecto	or. YES O
DATE OF NEXT INSPECTION:_	N	104, 2000 proximate)	
INSPECTION CONDUCTED BY:		Pase Print)	
INSPECTOR'S SIGNATURE:	Jeffry Dr	phone number	/
	Page	of	Revised .

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AIRS ID#:	0310414
AIRS ID#:	

Revised 10/1

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	in-for	Clea	1 hers			DATE:	5/4/99
FACILITY LOCATION://	70/-/	San	Jose				
	ack so	in vill	e Fo	<u></u>	32223		
4.4					11		
Annuai Reporting Period:	/ 4/		1998	το _	May	- 4)	19
Based on each term or condition of the Titl 62-213.300. Florida Administrative Code (-				~		P Rule NO
If NO. complete the following:							
#1. Term or condition of the general permi	t that has not b	been in co	ntinuous c	omplian	æ during the repo	orting period	i stated above
Exact period of non-compliance: from				1	o		
Action(s) taken to achieve compliance:							
Method used to demonstrate compliance:			_				
#2. Term or condition of the general permi	t that has not b	o ce n in coi	ntinuous c	omplianc	e during the repo	rung period	l 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 tupon rotting averages of purchase receipts, vear for transfer or combination facilities.	and complete.	Further,	my annuai	consum	otion of perchiord	peinyl ene so	ivent, based
RESPONSIBLE OFFICIAL:	120	acla		wer	1 20015	5	·5-j-?
Nar	ne (Please Prir	nt)			Signature		Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPEC	TION	×	COMPLAINT/DIS	SCOVERY	670	likį
		,				\rightarrow	7
AIRS ID#: <u>03/04/4</u>	DATE: 2/14	1/2000	_ TIME	in: <u>//20</u> ti	ME OUT:	1/3	<u>\</u>
FACILITY NAME:	Jonfor	- Cle	aners				
FACILITY LOCATION:	11700.	-15	an J	ose Blut.			
				FL 322	223		
RESPONSIBLE OFFICIAL:	Frank	ROO	ich	PHONE: 904	-268-1	1888	• .
	1			PHONE:	-		
CONTACT NAME: #		<u>Cw3</u>	Jorg	PHONE:			
PART I: NOTIFICATION			-				
(check appropriate box)							
1. New facility notified DARM	30 days prior to	startup				X	
2. Facility failed to notify DAR	M to use general	permit					
		3 49		to be the second of the second	. ,		
PART II: CLASSIFICATION	1						
				☐ No notification	form		
Facility indicated on notification	on form that it i	s:			iom		
(check appropriate box)	on form that it i	s:		☐ Drop store/out o	•	etroleun	n
(check appropriate box) A.			ew small s	☐ Drop store/out o	of business/p	etroleun	n
(check appropriate box) A. 1. Existing small area source	ce 📮	2. No		☐ Drop store/out of	•	etroleun	n
(check appropriate box) A.	ce 📮	2. No	o-dry only	☐ Drop store/out o	of business/p	oetroleun	n
(check appropriate box) A. 1. Existing small area sourd dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ce 📮	2. No dry-to transi	o-dry only fer only, x	☐ Drop store/out of the property of the prope	of business/p	etroleun	n
(check appropriate box) A. 1. Existing small area sourd dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	ce 📮	2. No dry-to transi	o-dry only fer only, x types, x <	Drop store/out of area source , x < 140 gal/yr < 200 gal/yr	of business/p	etroleun	
(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	ce 🗖 yr	2. No dry-to transi both (cons	o-dry only fer only, x types, x < tructed on ew large a	Drop store/out of the course o	of business/p		7 m
(check appropriate box) A. 1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2,	ce u	2. No dry-to transi both (cons	o-dry only fer only, x types, x < tructed on ew large a o-dry only	Drop store/out of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , 140 ≤ x ≤ 2,100 gal/yr	of business/p		70
 (check appropriate box) A. 1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 	ce vr	2. No dry-to transit both is (cons4. No dry-to transit	o-dry only fer only, x types, x < tructed on ew large a o-dry only fer only, 2	Drop store/out of area source, $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source, $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	of business/p Bureau of /yr	APR	70
(check appropriate box) A. 1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2,	ce vr	2. No dry-to transi both in (cons4. No dry-to transi both in the cons	o-dry only fer only, x types, x < tructed on ew large a o-dry only fer only, 2 types, 140	Drop store/out of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , 140 ≤ x ≤ 2,100 gal/yr	of business/p Bureau of /yr	APR -	70 m
 (check appropriate box) A. 1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g 	ce yr ce 100 gal/yr 0 gal/yr cal/yr	2. No dry-to transi both in (cons4. No dry-to transi both in the cons	o-dry only fer only, x types, x < tructed on ew large a o-dry only fer only, 2 types, 140	Drop store/out of area source x < 140 gal/yr x < 200 gal/yr x < 200 gal/yr x < 140 gal/yr x < 12/9/91 x < 12/9/91 x < 13/9/91 x < 13/9/91 x < 13/9/91 x < 13/9/91 x < 13/9/91	of business/p Bureau of /yr		70 m m
 (check appropriate box) A. 1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 g (constructed before 12/9/91) 	ce	2. No dry-to transi both is (considery-to transi	o-dry only fer only, x types, x < tructed on ew large a o-dry only fer only, 2 types, 140	Drop store/out of area source , $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after $12/9/91$) area source , $140 \le x \le 2,100 \text{ gal/out}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	of business/p	APR -	R M C M V
 (check appropriate box) A. 1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classified in the property of the property	ce	2. No dry-to transi both to (cons) both to (cons)	o-dry only fer only, x types, x < tructed on ew large a o-dry only fer only, 2 types, 140 tructed on	Drop store/out of the area source	Bureau of Air Monitoring Mobile Sources	APR -	R M C M V

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

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

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□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?	ПY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ŪΥ	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS

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

PA	ART VI: LEAK DETECTION AND	REPAIRS			
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repa	air
	inspection?			MY	□N
2.	Has the facility maintained a leak log?			A	□N
3.	Does the responsible official check the	following areas for leaks	?	ı	
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	YY	□N □N/A
	Door gaskets and seating	YY ON ON/A	Stills	XY	□N □N/A
	Filter gaskets and seating	AND NO NA	Exhaust dampers	ПY	ON X
	Pumps	TAY ON ON/A	Diverter valves	ΠY	□n Þ N/A
	Solvent tanks and containers	TAY ON ON/A	Cartridge filter housings	ПY	□n Þ ÍN/A
	Water separators	YAY ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed s	solvent on exterior surface	es)	A	
	Physical detection (airflow felt th	rough gaskets)	,	*	
	Odor (noticeable perc odor)			T T	
	Use of direct-reading instrumenta	ation (FID/PID/calorimetr	ric tubes)		*
	Halogen leak detector				
	If using direct-reading instr	umentation, is the equip	ment:	MN	Α .
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	ΔY	□N
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after each use	□Y	□N
	c. Inspected for leaks as	nd obvious signs of wear	on a weekly basis?	□Y	□N
	d. Kept in a clean and s	ecure area when not in us	e?	ПY	□N
	e. Verified for accuracy	by use of duplicate samp	eles (calorimetric only)?	ΠY	□N

Inspector's Name (Please Print)

3/16/2000

Date of Inspection

March, 2001
Approximate Date of Next Inspection

ADDI	TIONAL SITE II	NFORMATION	:	 	
	;				

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN:	1/30 AIRS ID#: 03/04/4
TYPE OF FACILITY: Perc. Dry Clear	ner
FACILITY NAME: Jonfor Cleane	DATE: 3//6/2000
FACILITY LOCATION: 1700-1 San	Jose Blvd.
Jackson ville, F	-C 32223
RESPONSIBLE OFFICIAL: Frank A. Koach	PHONE NUMBER: 904-268-1888
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	
Based on the results of the compliance requirements evaluation discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
, 	
COMMENTS:	
	·
·····	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: ///A/C	pproximate)
INSPECTION CONDUCTED BY: Jeff	Winter
	lease Print)
INSPECTOR'S SIGNATURE: My Line	PHONE NUMBER: 904-630-3484
Page_/	of Revised 10/96

A

AïRS ID#: 03/04/4

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Jonfor Cleaners DATE: 3/16/2	ste
FACILITY LOCATION: 11700-1 San JOSE Blud.	_
Jack Sonville, FL 32223	
Annual Reporting Period: May 6, 1999 TO MAYCH 16,	<u>2</u> a
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule	
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above	;
Exact period of non-compliance: from	
Action(s) taken to achieve compliance: MAR 2 0 7000	L.
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above.	
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date	

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

SENDER: COMPLETE THIS SI	ECTION	COMPLETE THIS SECTION	ON DELIVERY
 Complete items 1, 2, and 3. A item 4 if Restricted Delivery is Print your name and address so that we can return the care Attach this card to the back o or on the front if space permit 	Also complete s desired. on the reverse d to you. of the mailpiece,	A. Received by (Please Brig) -) - (() () () () () ()
1. Article Addressed to: AI JONFOR CLEANERS FRANK A ROACH 12192 MANDARIN ROAD JACKSONVILLE FL 32223	IRS ID # 0310414	D. Is delivery address differe If YES, enter delivery add	
JACKSON I DEST D. SELECTION		☐ Registered ☐ R ☐ Insured Mail ☐ C	
		4. Restricted Delivery? (Ext	ra Fee)
2. Article Number (Copy from service Z 3.33 (667 3.3)	label)		
PS Form 3811, July 1999	Domestic Retu	urn Receipt	102595-99-M-1
JOI FR. 121 JAC 1008	Z 333 & & & S Postal Service Receipt for Certific Insurance Coverage Postal Service for International NFOR CLEANERS ANK A ROACH 192 MANDARIN ROACKSONVILLE FL 32 Certified Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	ified Mail Provided. al Mail (See reverse) AIRS ID # 0310414	

	ssaippe um adjijo tupir ad			_
65	SENDEY of adolevne to got nevo enil Is b	lo-T	Lalas vitab As assativa Aba	
rse side?	Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you.	can return this	I also wish to receive the following services (for an extra fee):	ı.
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. Addressee's Address	Servic
the	■Write "Return Receipt Requested" on the mailpiece below the articl ■The Return Receipt will show to whom the article was delivered an	e number.		
on #	delivered.	d the date	Consult postmaster for fee.	Idias
ADDRESS completed	AIRS ID#: 0310414 FRANK A ROACH & SHERYL K ROACH PARTNERS FRANK A ROACH 12192 MANDARIN ROAD JACKSONVILLE FL 32223	4b. Service 1 Registere Express I Return Rec	Type and Certified Insured Selivery 2-21-97	you lot using hetuin he
RETURN	5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Only if requested paid)	ומוי
your	6. Signature: (Addressee or Agent)		·	
s yo	X Alhoure			
_	PS Form 3811 , December 1994		Domestic Return Receipt	

∘P 265 302 143

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.

AIRS ID#: 0310414
FRANK A ROACH & SHERYL K ROACH
PARTNERS
FRANK A ROACH
12192 MANDARIN S JACH

2192 ACK	MANDARIN ROAD (SONVILLE FL 32223	\$	
	Certified Fee		
	Special Delivery Fee		
10	Restricted Delivery Fee		
April 1995	Return Receipt Showing to Whom & Date Delivered		
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
л 3	Postmark or Date		
PS Form 3800 ,	2/14/97		

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 revers so that we can return the card to you. ■ Attach this card to the back of the mailpied or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0310414001AG FRANK A ROACH JONFOR CLEANERS 12192 MANDARIN ROAD JACKSONVILLE FL 32223	C. Signature
2. Article Number (Copy from service label)	2270
PS Form 3811, July 1999 Don	mestic Return Receipt 102595-99-M-1789
	1

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026	Return Receipt Fee (Endorsement Required)		Here	. H	
00	Restricted Delivery Fee (Endorsement Required)			3	
010	1 10 FRANK A BOA	AIRS ID # 0310414	001AG	3	
JOHFOR CLEANERS /7					
	PS Form 3800, February 20	000	See Reverse for In-	structions	

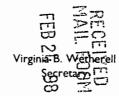
item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0310414 JONFOR CLEANERS FRANK A ROACH 12192 MANDARIN ROAD JACKSONVILLE FL 32223 3. Service Type Certified Mail	SENDER: COM BENDER: COM	VARIUDE NO I
AIRS ID # 0310414 JONFOR CLEANERS FRANK A ROACH 12192 MANDARIN ROAD JACKSONVILLE FL 32223 3. Service Type Certified Mail	 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, 	C. Signature
JONFOR CLEANERS FRANK A ROACH 12192 MANDARIN ROAD JACKSONVILLE FL 32223 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandis		D. Is delivery address different from item 1? Yes
JACKSONVILLE FL 32223 Certified Mail Express Mail Registered Return Receipt for Merchandis Insured Mail C.O.D.	JONFOR CLEANERS FRANK A ROACH	3. Service Type
4. Restricted Delivery? (Extra Fee)		Certified Mail
		4. Restricted Delivery? (Extra Fee)
7000 0600 0026 4126 6107		26 6107 002595-99-M-178

	U.S. Postal S CERTIFIED (Domestic Mail O	Service MAIL RECE Only; No Insurance C	EIPT overage Provided)	
6107				
0026 4126	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark ´ Here	
7000 0600	JONFOR CLEANE FRANK A ROACH 12192 MANDARIN JACKSONVILLE F	i Nroad	310414	
\	PS Form 3800, February,	/32000 p	rse for Instruc	ctions



Department of Environmental Protection

303436



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

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32399-2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

3034361

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0310414
FRANK A ROACH & SHERYL K ROACH
PARTNERS
FRANK A ROACH
12192 MANDARIN ROAD
JACKSONVILLE FL 32223

FOR GOVERNMENT USE ONLY

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

Fund: 20-2-035 Obj.: 002273

Z 333 615 850

US Postal Service

Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse) AIRS ID 0310414

FRANK A ROACH & SHERYL K ROACH PARTNERS FRANK A ROACH 12192 MANDARIN ROAD JACKSONVILLE FL 32223

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



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



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

TOTAL AMOUNT DUE: \$50.00

MAIL ROOM FEB -5 99

Do NOT Remove Label

AIRS ID # 0310414

JONFOR CLEANERS FRANK A ROACH 12192 MANDARIN ROAD JACKSONVILLE FL 32223

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

JONFOR CLEANERS

2805

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

RECEIVED MAIL ROOM

MAR -3 97 TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0310414
FRANK A ROACH & SHERYL K ROACH
PARTNERS
FRANK A ROACH
12192 MANDARIN ROAD
IACKSONVILLE FL 32223

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

JONFOR CLEANERS

1469

Title V Air GEneral Permit \$50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392175

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0310414

JONFOR CLEANERS FRANK A ROACH 12192 MANDARIN ROAD JACKSONVILLE FL 32223 RECEIVED NAME OF REB 15 00

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

JONFOR CLEANERS

3540

Title V General Permit

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405672 FEB20-2001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0310414

JONFOR CLEANERS FRANK A ROACH 12192 MANDARIN ROAD JACKSONVILLE FL 32223

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

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