

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 12, 1998

Mr. Kwanhun Baek Pablo Plaza Dry Cleaners 1822 South Third Street Jacksonville Beach, Florida 32250

Facility No.: 0310437

Dear Mr. Baek:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 7, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Lori Tilley, Duval County

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

	0310437
p13 6.	Only one serson can be the Responsible official. Choose onlys responsible official.
!	• • • • • • • • • • • • • • • • • • • •
P16	Responsible official sign and date for change.
1	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
KWANHUN or Justine BAEK Pablo Plaza Dry cleaner
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 18225. 3 rd st
City: Jax Bch County: DWA Zip Code: 32250
5. Facility Identification Number (DEP Use):
0310437
Responsible Official
6. Name and Title of Responsible Official:
Kwanhun or Justine Back Owner
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 1822 S. 3vd st
City: Jax Bch County: Duval Zip Code: 32250
8. Responsible Official Telephone Number:
Telephone: (904) 241- 3742 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address: City: County: Zip Code:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
DECEIVE

JAN 7 1998

Bureau of Air Monitoring & Mobile Sources

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

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	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit								_	
(1) w/ ref. condenser		MAR 1996	MAR 1996						
(2) w/ carbon adsorber							l		
(3) w/ no controls									
Washer Unit				-		-			
(4) w/ ref. condenser					_				
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber			_						
(12) w/ no controls									
(b) Control devices are (c) No control devices: 2.(a) What was the total q (b) If less than 12 montl Check why it is less	are re uanti gallo	equired to be ty of perchlo ns ow many? [_	. installed [perc)	purchased in				
3. What is the facility's sou (Indicate with an "X". S Existing small are	Select	one classific	cation only.)		nitions found		6) of]	Part II?	
Existing large are	a sou	rce	Ne	w lar	ge area sourc	:e []			•

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required (Indicate with an "X".) 	d on machines	pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	X J		
New large area source Refrigerated condenser			
5. A facility which contains non-exem to Rule 62-213.300, F.A.C. Verify tha exemption criteria or that no such units	it all steam and		
All steam and hot water generating unit boiler HP or less), and (2) are fired ext during which propane or fuel oil conta	clusively by no	tural gas except for perio	ds of natural gas curtailment
All steam and hot water generating uni No such units on-site	its exempt		
Equipment !	Monitoring a	nd Recordkeeping Infor	mation
Check all logs which are required to be	kept on-site in	accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent purch	nases		$\left(X\right)$
(b) Leak detection inspection and repair	ir		X X X
(c) Refrigerated condenser temperature	monitoring		\bowtie
(d) Carbon adsorber exhaust perc conce	entration moni	toring	
(e) Instrument calibration			L X
(f) Start-up, shutdown, malfunction pla	an		(X)

DEP Form No. 62-213.900(2) 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)						
ıΣı	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
	. :						
this notific statements maintain t	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 smade 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pron	nptly notify the Department of any changes to the information contained in this notification.						
Signature	1/6/98 Date						

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	СОМР	LAINT/DIS	SCOVERY [] 1	RE-INSPECT	ION
TIME IN: 1400	TIME OUT:	14	30	AIRS ID#	: 031	10437	
TYPE OF FACILITY: \mathcal{D}_{l}	ry Cleaner						
FACILITY NAME: Pag	do Plaza	Dry	Clear	1ers	DA	TE:2//0/	98
FACILITY LOCATION:	1822 S. 3.	19 J	/ .				
Jacks	on ville, Floris	da	3225	0			
RESPONSIBLE OFFICIAL:	Ewanhun Ba	ek		PHONE NUM	BER: 90 9	1-241-3	742
Based on the results of the compliance with DEP Ru	e compliance requirement le 62-213.300, Florida Ad				the facility i	s found to be i	n
Based on the results of the discrepancies were noted:	e compliance requirement	s evaluat	ed during th	his inspection,	the followin	g compliance	
COMPLIANCE REQUI	REMENT/PROBLE	CM	FOL	LOW-UP A	ACTION 1	REQUIRE	<u> </u>
	•						
	·						
				•			
· · · · · · · · · · · · · · · · · · ·			, , , , , , , , ,				
1		•					
				<u>-</u>			
COMMENTS:							
		-				[]	
The Annual Compliance Certificat	tion form has been proper	ly certifie	ed and subm	nitted to the ins	spector.	YES	мо Х
DATE OF NEXT INSPECTION	:	Feb	». 199	19			
INSPECTION CONDUCTED B	y:	ff]	roximate) Linte				
INSPECTOR'S SIGNATURE:_	Jeffen L	Just 1	sg/Print)	PHONE NUM	BER: <u>90</u>	4-630-	2800
		1	. /				

	F13	6. Only one Responsible a responsible a	Gerson Lan be fficial Choose	the onlas
1. Facility Ow	nei	responsible c	official.	
EWAN HUN 2. Site Name (I p/6	Responsible	official sign an	dolate Paners
3. Hazardous	Wa	for Change	L.:	
4. Facility Loc	atic			
Street Addr		and the second second second second second second		to Special to Excellent primary commences (Application Co.)
City: Ja	×	The state of the s	The second of th	and the second second
5. Facility Idea	nifi	<u> </u>		
		and the second s		
	:			
6. Name and T	itle			
14.00	i	the second secon		
7. Responsible				
Organizatio		and the second s	No. 10 C NO.	
Street Addr	ess:			and demand resources from the control place of the latent to be the control of th
City: Jo	λx			٥.
8. Responsible	Off			
Telephone:	<u>(</u>	and the control of th		
	,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the second of the second o	and the second s	
	•		and the same of th	
9. Name and T	itle of Facilit	y Contact (For example, plant)	manager):	
			-	
10. Facility Cor	tact Address:			
Street Addre	ess:			
City:		County:	Zip Coo	ie:
11. Facility Con	tact Telephor	ne Number:		
Telephone:		-	Fax: () -	
				- FCTIVE

RECEIVED

JAN 7 1998

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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):
KWANHUN or Justine BAEK Pablo Plaza Dry cleaner
2. Site Name (For example, plant name or number):
į.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 18225. 3rd st
City: Jax Bch County: Duval Zip Code: 32250
5. Facility Identification Number (DEP Use):
03/0437
Describit Official
Responsible Official
6. Name and Title of Responsible Official:
Kwanhun or Justine Back Owner
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 1822 S. 3rd 5±
Courty - 7 7in Code: 2
8. Responsible Official Telephone Number: Telephone: (904) 24 1- 3742 Fax: () -
(7)04, 24 (7)
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
RECEIVE

TIAN 7 1998

Bureau of Air Monitoring & Mobile Sources

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

Page 13 of 16

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
	Ĺ	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	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		MAR 1996	MAR 1996						
(2) w/ carbon adsorber									
(3) w/ no controls	_								
Washer Unit			· ·		·	•			*
(4) w/ ref. condenser									
(5) w/ carbon adsorber					İ		_		
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber		İ							
(9) w/ no controls									1
Reclaimer Unit			<u> </u>						
(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 q	are re	equired to be	installed [J	the latest 12	mon	ths?	
(b) If less than 12 month Check why it is less		ow many? [_] New store:	Did 1	not ko	eep records:	
3. What is the facility's sou (Indicate with an "X". S				defir	nitions found	in section (3) of I	Part II?	
Existing small are	a sor	arce []	Ne	w sm	all area sour	: (X)			
Existing large are	s sou	rce	Nev	w lar	ge area sourc	:e []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines p (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	nave a total heat input of 10 million BTU/hr or less (298 stural 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	
Equipment Monitoring ar	nd 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	í X i
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	$\overset{\smile}{\times}$
(d) Carbon adsorber exhaust perc concentration monit	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	(X)

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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ıΣı	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in action. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. 1 6 9 Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	CTI	N.
1112	$\mathbf{v}_{\mathbf{r}}$	TI I DI E		J. 1

PART I: NOTIFICATION

facility was <u>40</u> gallons.

1. New facility notified DARM 30 days prior to startup

(check appropriate box)

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 03/0437 DATE: 2/10/98 TIME IN: 1400 TIME OUT: 1430
FACILITY NAME: Pablo Plaza Dry Cleaners
FACILITY LOCATION: 1822 S. 3 rd. St.
Jackson ville, FL 32250
RESPONSIBLE OFFICIAL: KWANGUN Back PHONE: 904-241-3742
CONTACT NAME. SAME BHONE. Same

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, $x < 140$ gal/yr	both types, $x < 140 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source □	4. New large area source
dry-to-dry only, $140 \le x \le 2{,}100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	Y DN DCan not determine

B. The total quantity of perchloroethylene (perc) 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) 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) 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y 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 Y ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	ΟY	ΠN	
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	□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	□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?	ПY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	YZY □N
2. Maintained rolling monthly total of perc consumption?	XXY □N
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?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N X (N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N X(N/A
6. Maintained startup/shutdown/malfunction plan?	XX(Y □N´
7. Maintained deviation reports?	N/AK NO YO
Problem corrected?	OY ON DANA
8. Maintained compliance plan, if applicable?	DY DN ANA

P/	ART VI: LEAK DETECTION AND	REPAIRS			·	
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			ΣY	□N	
2.	Has the facility maintained a leak log	?		X Y	□N	
3.	Does the responsible official check the	following areas for leak	s?			
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	X(Y 🗆	N □N/A	
	Door gaskets and seating	Y ON ON/A	Stills	X (Y 🗆	N □N/A	
	Filter gaskets and seating	XY ON ON/A	Exhaust dampers	/	N □N/A	
	Pumps	Ŷ □N □N/A	Diverter valves	MY OI	N □N/A	
	Solvent tanks and containers	XY ON ON/A	Cartridge filter housings	Ý 🗆	N □N/A	
	Water separators	Y ON ON/A				
4.	Which method of detection is used by	the responsible official?		_		
	Visual examination (condensed	solvent on exterior surfac	ces)	×		
	Physical detection (airflow felt the	hrough gaskets)		X X X		
	Odor (noticeable perc odor)			X		
	Use of direct-reading instrument	ation (FID/PID/calorime	tric tubes)			
	Halogen leak detector					
	If using direct-reading inst	rumentation, is the equi	pment:	MN/A		
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?		N	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use		N	
	c. Inspected for leaks a		N			

Jeff Winter	2/10/98
Inspector's Name (Please Print)	Date of Inspection
Jeffer Lines	Feb. 1999
Appector's Signature	Approximate Date of Next Inspection

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

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

 $\square Y \ \square N \ \cdot$

 $\square Y \square N$

ADDITIONAL SITE INFORMATION:		 	
	•		
		·	

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	*	COMPLAIST/DISCON	ERY 🗖
	RE-INSPECTION	' a	Mobile	
AIRS 1D#: <u>03/0437</u> 1	DATE: 6/2/99	TIME I	N: OF TIME	030
FACILITY NAME:	Valo V/a	Za	Dij Cheone	<u> </u>
FACILITY LOCATION:	1822	S. 3	rd Street	
			Block, F	
RESPONSIBLE OFFICIAL :	Kwanhun	Back	PHONE: 904-2	241-3742
CONTACT NAME:	·		PHONE:	<u> </u>
			==	
PART I: NOTIFICATION				
(check appropriate box)				. /
New facility notified DARM 3				X
2. Facility failed to notify DARM	1 to use general permit			<u>'a</u>
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	n form that it is:		☐ No notification form ☐ Drop store/out of busing	ness/petroleum
Facility indicated on notification	re 🗆 2. N r dry- tran both	usfer only, $x < 1$ types, $x < 1$	Drop store/out of busing rea source x < 140 gal/yr < 200 gal/yr	ness/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	te	to-dry only, a sister only, x < n types, x < 1 n types, x < 1 n types on constructed on constructed on constructed only, a sister only, 200 n types, 140 ≤	Drop store/out of busing rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	ness/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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr (source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr (source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr (source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr (source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr (source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr (source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr (source dry-to-dr	e 2. Nor dry-transboth (con e 4. Nor dry-transboth) (con dry-transboth) (con dry-transboth) (con dry-transboth) (con dry-transboth) (con dry-transboth)	to-dry only, a sister only, x < n types, x < 1 n types, x < 1 n types on constructed on constructed on constructed only, a sister only, 200 n types, 140 ≤	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	ness/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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class of the property of the prop	re	to-dry only, a sister only, x < n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n types, x < 1 n ty	Drop store/out of busing rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr x x ≤ 1,800 gal/yr or after 12/9/91) □Can not determine	ness/petroleum

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). 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 DY DN XXIA 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?

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

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

PART VI: LEAK DETECTION ANI	REPAIRS		
1. Does the responsible official conduct	a weekly (for small sources	s, bi-weekly) leak detection a	and repair
in spection ?			XX DN
2. Has the facility maintained a leak log	;?		YS □N
3. Does the responsible official check th	e following areas for leaks?	•	•
Hose connections, fittings, couplings, and valves	AY ON ON/A	Muck cookers	XY ON ON/A
Door gaskets and seating	YAY ON ON/A	Stills	XY ON ON/A
Filter gaskets and seating	TAY ON ON/A	Exhaust dampers	OY ON SAN/A
Pumps	AND NO YA	Diverter valves	A/MEK NO AO
Solvent tanks and containers	AVO NO YA	Cartridge filter housings	XY ON ON/A
Water separators	AVA ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfaces)	X
Physical detection (airflow felt t	hrough gaskets)		×
Odor (noticeable perc odor)			严 严
Use of direct-reading instrument	ation (FID/PID/calorimetri	c tubes)	´a
Halogen leak detector			
If using direct-reading inst	rumentation, is the equipm	nent:	XIN/A
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	'UY UN
_	standard gas prior to and ai	fter each use	
(PID/FID only)?	٠		UY UN
·	nd obvious signs of wear on	•	DY DN
d. Kept in a clean and	secure area when not in use	?	□Y □N
e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	□Y □N

Inspector's Name (Please Print)

Date of Inspection

| Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Co

NFORMATION:		 	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	OTIME OUT:	/030 AIRS ID#:	03/0437
TYPE OF FACILITY:	Verc. Dry Cla	canes	. 1
FACILITY NAME:	Pablo Plaza	a Dry Cleaners	DATE: 6/2/99
FACILITY LOCATION:	1822 S.	312 Street	
	Jacksonvil	10 Black, FL	32250
RESPONSIBLE OFFICIAL:	K. Back	PHONE NUMBER	2 904-241-3742
	the compliance requirements of Rule 62-213.300, Florida Adm	evaluated during this inspection, the sinistrative Code (F.A.C.).	facility is found to be in
Based on the results of discrepancies were note		evaluated during this inspection, the	following compliance
COMPLIANCE REQ	UIREMENT/PROBLEN	FOLLOW-UP ACT	TION REQUIRED
·			
_			
COMMENTS:			<u>-</u>
The Annual Compliance Certifi	cation form has been properly	certified and submitted to the inspect	or. YES NO
-		June, 2000	
DATE OF NEXT INSPECTIO	Л.;	(Approximate)	
INSPECTION CONDUCTED	ВУ:	Teff Winter	<u> </u>
INCDECTABLE SIGNATURE	. Ollinses	(Please Print)	R: 904-630-3484
INSPECTOR'S SIGNATURE		1 /	
•	Page	c / of / .	Revised 10/96

Acc

AIRS 1D#: 03/0437

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Palo Plaza Dry Cleaners DATE: 6/2/99
FACILITY LOCATION: 1822 S. 3rd ST.
Jacksonville Beach, FL 32250
Annual Reporting Period: June 2, 1998 to June 2, 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

Page _____ of _____

^{*}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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/I	DISCOVEF	₹ Y \	JAN
	RE-INSPECTION	N 🗆				A. J. C.
AIRS ID#: 03/0437 D			IN: <u>930</u>	TIME OU	т: 94	<u>'</u> S
FACILITY NAME:	16/0 8/az	Za Dry	Chaners			
FACILITY LOCATION:	1822_		Street			
	Jackson	wille 1	each, FL	<u> 32</u>	250	
RESPONSIBLE OFFICIAL: _		Back	_ PHONE: _ <i>90</i>	4-241	1-374	2
CONTACT NAME:	_Sare		_ PHONE:	Sam	و	
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM 3	0 days prior to start	นท			¥	′
2. Facility failed to notify DARM	• •	•			<i></i>	
2. I don'tly funed to notify Directly	to use general peril			<u> </u>		
PART II: CLASSIFICATION	· · · · · · · · · · · · · · · · · · ·	_				
Facility indicated on notification	form that it is:		□ No notification			
(check appropriate box) A.			☐ Drop store/ou	it of busine:	ss/petroleur	m
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)		transfer only, x both types, x <	y, x < 140 gal/yr x < 200 gal/yr	¥	Bureau of	າ " <u>ຫ</u> ້
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ s both types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$)	00 gal/yr gal/yr //yr	transfer only, 2 both types, 140	area source $x, 140 \le x \le 2,100 \text{ g}$ $00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ a or after $12/9/91$)	'yr	of Air Monitoring Mobile Sources	n :
5. This is a correct facility class	sification	AYY ON	☐Can not deterr	nine		
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit						
B. The total quantity of perchloro facility was gallons.	ethylene (perc) purc	chased within th	ne preceding 12 mo	nths by this	s dry cleani	ng

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? □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 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?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box 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,	ΟV		
	if machines are equipped with a carbon adsorber?	ЦY	UN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	\square 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?	ΠV	□N	□N/A
	or expansion, and downstream from no other linet?	— 1		U.N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: SAY 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) OY ON XXVA 5. Maintained exhaust duct monitoring data on perc concentrations? YAY □N 6. Maintained startup/shutdown/malfunction plan? OY ON MIN/A 7. Maintained deviation reports? Problem corrected? 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?				AY	□N
2.	Has the facility maintained a leak log?				Y	□N
3.	Does the responsible official check the	following a	reas for leaks?		'	
	Hose connections, fittings, couplings, and valves	Y TY ON	□N/A	Muck cookers	X	□N □N/A
	Door gaskets and seating	TY ON	□N/A	Stills	Y	□N □N/A
	Filter gaskets and seating	t a y □n	□N/A	Exhaust dampers	ПY	□N MN/A
	Pumps	A YY □N	□N/A	Diverter valves	ПY	ON MN/A
	Solvent tanks and containers	¥¶Y □N	□N/A	Cartridge filter housings	ΠY	ON MIN/A
	Water separators	YAY □N	□N/A			
4.	Which method of detection is used by	the responsi	ble official?			
	Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)					A	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				۵		
	Halogen leak detector		•			
	If using direct-reading instr	umentation	, is the equipme	ent:	AN/	A
	a. Capable of detecting	perc vapor o	concentrations in	a range of 0-500 ppm?	ŪΥ	□ N .
	b. Calibrated against a s (PID/FID only)?	standard gas	prior to and afte	r each use	ΠY	□N
	c. Inspected for leaks ar	nd obvious s	igns of wear on	a weekly basis?	ΠY	□N
	d. Kept in a clean and so	ecure area w	hen not in use?		ΠY	□N
	e. Verified for accuracy	by use of d	uplicate samples	(calorimetric only)?	ΠY	□N

Teff Winter

Inspector's Name (Please Print)

Date of Inspection

Feb., 200

Approximate Date of Next Inspection

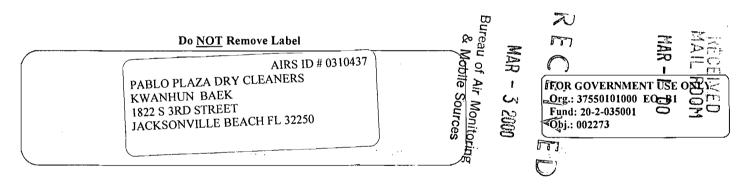
ADDITIONAL SITE INFORMATION:		
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

392973

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



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🂢	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 930	TIME OUT:	945	AIRS ID#:	03/0437
TYPE OF FACILITY:	erc. Dry Cle	caner		
FACILITY NAME:	Pablo Plaza	Dry o	Cleaners	DATE: 2/9/2000
FACILITY LOCATION:	1822 5.	384	Street	
4	Jacksonville	Beach	, FL 32	250
RESPONSIBLE OFFICIAL:	Kwanhon L	Baek	PHONE NUMBE	er: 904-241-3742
	ne compliance requirementale 62-213.300, Florida Ad			facility is found to be in
Based on the results of the discrepancies were noted	ne compliance requirement	ts evaluated du	ring this inspection, the	following compliance
COMPLIANCE REQU	IREMENT/PROBLI	EM	FOLLOW-UP AC	TION REQUIRED
	-			<u></u>
		ľ		
				•
				<u> </u>
	-			
COMMENTS:				
		5		_
· ·				
The Annual Compliance Certifica	ation form has been proper	ly certified and	submitted to the inspec	ctor. YES NO
DATE OF NEXT INSPECTION	v: Fe	b.,200	5 /	•
		(Ápproxin	nate)	
INSPECTION CONDUCTED I	ву: <u> </u>	+ Win	te(<u> </u>
	1 1.	(Please Pr	int)	0.1.10 0.10.1
INSPECTOR'S SIGNATURE:		Julo	PHONE NUMBI	er: <u>904-630-3484</u>
		age / of /		Revised 10/96
	, 10	- o-	•	1(0/1304 10/70

Z ,094 ,212 768 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0310437 PABLO PLAZA DRY CLEANERS KWANHUN BAEK 1822 S 3RD STREET JACKSONVILLE BEACH FL 32250 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Form 3800, \$ TOTAL Postage & Fees Postmark or Date S **SENDER: COMPLETE THIS SECTION** COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) B. Date of Delivery item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. Attach this card to the back of the mailpiece, ∃ Addressee or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: AIRS ID # 0310437 PABLO PLAZA DRY CLEANERS JACKSONVILLE BEACH FL 32250

3. Service Type Certified Mail

Domestic Return Receipt

☐ Registered

Insured Mail

4. Restricted Delivery? (Extra Fee)

ALL HARRIST F.

☐ Express Mail

☐ C.O.D.

☐ Return Receipt for Merchandise

☐ Yes

102595-99-M-1789

1. Article Addressed to:

2. Article Number (Copy from service label)

PS Form 3811, July 1999

20941212

KWANHUN BAEK 1822 S 3RD STREET AIRS ID#: <u>03/0437</u>

Aca

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Pablo Plaza Dry Cleaners DATE: 2/9/2000
FACILITY LOCATION: 1822 5. 3rd Street
Jacksonville Beach, FL 32250
Annual Reporting Period: 5010 2, 1999 TO Feb. 9, 1200
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: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: KWANHUN BAEK 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.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422058 JAN22 2003

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#0310437

PABLO PLAZA DRY CLEANERS KWANHUN BAEK 1822 S 3RD STREET JACKSONVILLE BEACH FL 32250

FOR GOVERNMENT USE ONLY)
Org.: 37550101000 EO: A1
Fund: 20-2-035001

Obj.: 002273

	CERTIFIED M (Domestic Mail	AIL RECEIP Only; No Insur	「 ance Coverage Provided)	
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	Postage Certified Fee Return Receipt Fee (Endorsement Required)	\$	Postmark Here	
	Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$	3	
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SENDER: CO	OMPLETE THIS SECTION	ON	COMPLETE THIS SECTION ON DELI	VERY
Complete in item 4 if Reserved Print your resorthat we Attach this or on the front Article Address 10 AIRS KWANH	terns 1, 2, and 3. Also controlled the stricted Delivery is desiname and address on the can return the card to yeard to the back of the ront if space permits.	complete ired. se reverse ou. mailpiece,	A. Received by (Please Print Clearly) C. Signature X D. Is delivery address different from iten If YES, enter delivery address below	B. Date of Delivery Agent Addressee
1822 S 3F	RD STREET NVILLE BEACH FL		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receinsured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)	ipt for Merchandise
Article Numb (Transfer from	per n service label) 7000	0520	0020 9373 24	
	1, March 2001	Domestic Ret		102595-01-M-1424



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413456 JAN24 2002

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 # 0310437
PABLO PLAZA DRY CLEANERS
KWANHUN BAEK
1822 S 3RD STREET
JACKSONVILLE BEACH FL
32250

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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	PS Form 3800, February	2000	See Reverse for Instructions

PS Form 3800, February 2000	See Heverse for manifestione				
SENDER: C() SENDERSS. IGHT OF RETURN ADDRESS.					
 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 # 0310437 PABLO PLAZA DRY CLEANERS KWANHUN BAEK 1822 S 3RD STREET JACKSONVILLE BEACH FL 32250 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X				
	3. Service Type Certified Mail				
2. Article Number (Copy from service label) 2. OOO 0600 6026 4126 6299					
PS Form 3811, July 1999 Domestic Retu					

United States Postal Service



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

• Sender: Please print your name, address, and PIP+4 in this box •

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Mail Station 5510
2600 BLAIR STONE BOAS 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 405691 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

PABLO PLAZA DRY CLEANERS
KWANHUN BAEK
1822 S 3RD STREET
JACKSONVUL F F JACKSONVILLE BEACH FL 32250

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

Obj.: 002273

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 0310437

PABLO PLAZA DRY CLEANERS
KWANHUN BAEK
1822 S 3RD STREET
JACKSONVILLE BEACH FL 32250

Certified Fee
Special Delivery Fee
Restricted Delivery Fee
Return Receipt Showing to Whom & Date Delivered
Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees
Postmark or Date

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. 	C. Signature A gent Addressee D. Is delivery address different from item 1?
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0310437 PABLO PLAZA DRY CLEANERS KWANHUN BAEK 1822 S 3RD STREET JACKSONVILLE BEACH FL 32250	3. Sep ce (i) per Express Mail Return Receipt for Merchandise Institute Main Sep co.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 2. 3.3 (67 3/6)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789
	· •

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360151

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 # 0310432

ATLANTIC DRY CLEANERS VICTOR KWOK 10750-7 ATLANTIC BLVD JACKSONVILLE FL 32225 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273 STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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DAMMS/BCO JOEY ROBERTS SS10 2

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AIRS ID # 0310437
PABLO PLAZA DRY CLEANERS
KWANHUN BAEK
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800	TOTAL Postage & Fees	\$					
PS Form 3800 , April 1995	Postmark or Date						

AIRS ID # 0310437 PABLO PLAZA DRY CLEANERS KWANHUN BAEK 1822 S 3RD STREET JACKSONVILLE BEACH FL 32250 AIRS ID # 0310437 Begistered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery	SENDER: Complete items 1 and/or 2 for about 50 ces. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so card to you. Attach this form to the front of the mailpiece, or on the bac permit. Write 'Return Receipt Requested' on the mailpiece below to the second seco	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery
5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid)	AIRS ID # 03104 PABLO PLAZA DRY CLEANERS KWANHUN BAEK _1822 S 3RD STREET JACKSONVILLE BEACH FL 32250	4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery
6. Signature: (Addressee or Agent)		8. Addressee's Address (Only if requested and fee is paid)

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PS Form 3811, December 1994

Domestic Return Receipt