

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

May 6, 1998

Mr. William Vince Bush \$2.99 Cleaners 10425 Old St. Augustine Road Jacksonville, Florida 32257

Re: Facility No.: 0310446

Dear Mr. Bush:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 14, 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 Environemntal 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, of 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/iw

cc: Ms. Lori Tilley, Duval County

### Bowman, Sandy

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

To: Bowman, Sandy

Subject: Dry Cleaners

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

The following are now drop sites.

The following sites are closed.

The following sites are no longer using perchloroethylene.

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

Thanks Bill COffman

	03/0446	
p136.	Add Vitle of Responsible Official.  Responsible Official sign and alate for changes	
:		
916	Responsible Official sign and date for	
	changes	
	<b>,</b>	
2 Jula	20.1 +1/- 15.0 1 ++1	
<u> </u>	8 Spoke to Vince Bush and he stated that he is the president of \$2,99 hu.	
	Mas he is the president of 12, 17 the.	
		1
,		

# Perchloroethylene Dry Cleaning Facility Notification

	Facility Name and Location	AN CO. CO.
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	- K
2.	Site Name (For example, plant name or number):	
	# 2.99 Clanes	
3.	# 2.99 Cleaners  Hazardous Waste Generator Identification Number:	
	ILO 9849 0822	BE
4.	Facility Location: Street Address: 10425 old St. Augustine Rd	reau of Air Monitor
	City: Jacksonville County: FL Zip Code: 32257	obile
5.	Facility Identification Number (DEP Use):	02 3
	0310446	ces
	Responsible Official	(
6.	Name and Title of Responsible Official:	
	William Vince Bush	
7.	Responsible Official Mailing Address: Organization/Firm: \$ 299 Inc. Street Address: 10425 614 5+. Asy s free Ld	,
	City: Jucksonville FL County: Dural Zip Code: 3225	7
8.	Responsible Official Telephone Number: Telephone: (904) 262 - 4478 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:	
11.	Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	

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

### **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
	ĺ	Initially	Device	l	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-9
Dry-to-Dry Unit				レック			-		
(1) w/ ref. condenser	#1	19-April-94	19-April-94						
(2) w/ carbon adsorber			7						
(3) w/ no controls									
Washer Unit			_		·				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•							
(7) w/ ref. condenser						1	-		
(8) w/ carbon adsorber									
(9) w/ no controls		·							_
Reclaimer Unit		<u> </u>				·		<u> </u>	<del>'</del>
(10) w/ ref. condenser									
(11) w/carbon adsorber	1								
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's son (Indicate with an "X". Existing small are Existing large are	Select ea sou	one classific	eation only.) Ne	w sm	all area soure	e [X]			
ryining range are	عابد ه	10C	146	w lar	ge area sourc				

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

4. What control technology is required on machines (Indicate with an "X".)	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]  VB	
New large area source Refrigerated condenser  []	
	units shall not be eligible to use the general permit pursuant d 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	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	<u> </u>
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	八
(d) Carbon adsorber exhaust perc concentration moni	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[ y ] m v B

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

### Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate select	ion:
		permits authorizing operation of the on form; specifically, permit number(s)
LY	No air permits currently exist for this notification form.	the operation of the facility indicated in
	Responsibl	e Official Certification
this notif statemen maintain comply w	ication. I hereby certify, based on in ts made in this notification are true, the air pollutant emissions units and with all terms and conditions of this g	l, as defined in Part II of this form, of the facility addressed in aformation and belief formed after reasonable inquiry, that the accurate and complete. Further, I agree to operate and di air pollution control equipment described above so as to general permit as set forth in Part II of this notification form.
 Signature	Uni Vin Bost	<u>4-8-98</u>

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>X</b>	COMPLAINT/DIS	SCOVERY	0	
AIRS ID#: <u>03/0446</u> FACILITY NAME:				ME OUT: _	1110	_
FACILITY LOCATION:	10425	011				_
RESPONSIBLE OFFICIAL:	William V.	Bush.	PHONE:	262-44		<b>-</b> -
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM	30 days prior to startu	p			×	
2. Facility failed to notify DAR	M to use general permi	it				
	<del>-</del> -					
PART II: CLASSIFICATION						
Facility indicated on notificati			☐ No notification f	 òrm		
(check appropriate box)	OH IVI IA SIAM IS IST		☐ Drop store/out of		troleum	
A.	7	Maria amalla	>	₩		
1. Existing small area sour dry-to-dry only, x < 140 gal/		. New small a	area source , x < 140 gal/yr	<b>)</b>		
transfer only, x < 200 gal/yr	-	ransfer only, x	<b>-</b>			
both types, x < 140 gal/yr	bo	oth types, x <	140 gal/yr		. •	
(constructed before 12/9/91)	(0	onstructed on	or after 12/9/91)			7
<ul> <li>3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91)</li> <li>5. This is a correct facility cluber of the please check the constructed before 12/9/91</li> </ul>	100 gal/yr dr 0 gal/yr tr gal/yr bo (co	eansfer only, 20 oth types, 140 constructed on	area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	u of Air Moi Mobile Sour	SEP 1	RECEIVEL
If no, please check the	appropriate classification ty qualified for a genera		ımber abov			
	ty exceeds above limits			mit		

### 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? MAY 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 AN ON ON/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MNA 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 MY 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?	ПY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	□N	□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?	ΟŸ	□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	ПN	□N/A

P	PART V: RECORDKEEPING REQUIREMENTS				
	Has the responsible official: (check appropriate boxes)				
1.	Maintained receipts for perc purchased?	XX □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;	YAY ON ON/A			
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	_Y □N □N/A			
4.	Maintained calibration data? (for applicable direct reading instruments)	□y □n <b>¤(</b> n/a			
<b>5</b> .	Maintained exhaust duct monitoring data on perc concentrations?	oy on <b>X</b> in/a			
6.	Maintained startup/shutdown/malfunction plan?	XIY ON			
7.	Maintained deviation reports?	OY ON XXVA			
	Problem corrected?	dy on Mana			
8.	Maintained compliance plan, if applicable?	OY ON MIN/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? $\square N$ $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A MY ON ON/A Muck cookers couplings, and valves MY ON ON/A Y ON ON/A Stills Door gaskets and seating Y ON ON/A Exhaust dampers Y ON ON/A Filter gaskets and seating MY ON ON/A MY ON ON/A Diverter valves **Pumps** XY ON ON/A Cartridge filter housings Y IN IN/A Solvent tanks and containers YAY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector M/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? $\Box Y \Box N$ d. Kept in a clean and secure area when not in use? DY DN $\square Y \square N$ e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Teff Winter

Inspector's Name (Please Print)

Date of Inspector

Tuly, /

ADDITIONAL SITE INFORMATI	ON:		
	· · · · · · · · · · · · · · · · · · ·	1000 1000 1000	
:			
·			
			]

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT	/DISCOVERY	RE-INSPECTION	1
TIME IN: 1045	TIME OUT:	1/10	AIRS ID#:	03/0446	
TYPE OF FACILITY: 1	Dry Cleaner	· ·			1
FACILITY NAME:	12.99 CA	eavers		DATE:\(\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}{\fint}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fracc}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}{\firac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}{\firig	198
FACILITY LOCATION:	10425	DI St.	Augustine	Rd.	
	- Jackson	VIIR F	C 3225	001-012 11	1100
RESPONSIBLE OFFICIAL:	William V. B	503h	PHONE NUMBER	2: 904-262-4	7 10
	ne compliance requirement ale 62-213.300, Florida Ad			acility is found to be in	
Based on the results of the discrepancies were noted	e compliance requirements	s evaluated duri	ng this inspection, the f	following compliance	
COMPLIANCE REQU	IREMENT/PROBLE	M F	OLLOW-UP ACT	TION REQUIRED	
	•		·		
			·		
· · ·			· .		
COMMENTS:			· .		
The Annual Compliance Certifica	•	y certified and s	submitted to the inspect	or. YES NO	,
DATE OF NEXT INSPECTION	l:	(Approximation	1777		
INSPECTION CONDUCTED B	sy: Set	(Please Print			
INSPECTOR'S SIGNATURE:_	Jeffry L	Inte	PHONE NUMBER	R: <u>904-630-2</u>	800

 $\sqrt{}$ 

AIRS ID#:	0	31	0	4	Ή	0

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: #2.99	Cleaners	DATE: 8/17/98
FACILITY LOCATION:	5 Old St. Augustine	Rd.
	ville, FL 32257	
Annual Reporting Period:	<i>16</i> 19 <i>28</i> то	August 17, 1998
Based on each term or condition of the Title	V general air permit, my facility has remain	ed in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.	-	_
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous compliance	during the reporting period stated above:
	·	
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit	that has not been in continuous compliance	during the reporting period stated above:
		RECEIVED
		KLCLIVLD
Exact period of non-compliance: from	to	SEP 2 3 1998
Action(s) taken to achieve compliance:	·	SLP Z J 1770
Method used to demonstrate compliance:		Bureau of Air Monitoring  _ & Mobile Sources
As the responsible official, I hereby certify, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, my annual consump does not exceed 2,100 gallons per year for	tion of perchloroethylene solvent, based
Nat	ine (1 rease Film)	Date Date

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

DEC 2 7 1999

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT

Pureau of Air Monitoring & Mobile Sources

COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPECTION:
------	----	-------------

ANNUAL

×

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AIRS ID#: 03/0446 DATE: 2/3	3/99 TIME IN: 1020 TIME OUT: 1040
FACILITY NAME: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
FACILITY LOCATION: 10425	Old. St. Augustine Rd.
·	Souville, FL 32257
	BUSL PHONE: 904-262-4478
	ector PHONE: Some
CONTACT NAME.	THOUSE
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to sta      Facility folial to people DARM to use general not	
2. Facility failed to nouty DARM to use general pe	ermit
The same of recent of the same	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum
A.	. /
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr	dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2.100$ 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 □N □Can not determine
If no, please check the appropriate classific	
acility qualified for a ger	·
facility exceeds above lim	nits and is not eligible for a general permit
B. The total quantity of perchioroethylene (perc) pu	trehased within the preceding 12 months by this dry cleaning
facility was <u>60</u> gallons	and the processing 12 monate by that the comming

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

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	X(Y □N
2. Maintained rolling monthly total of perc consumption?	´⊐Y <b>X</b> N
3. Maintained leak detection inspection and repair reports for the following:	, ,
a. documentation of leaks repaired w/in 24 hrs? or;	XY □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 ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	AVAJE NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	AVA <b>X</b> NO YE
6. Maintained startup/shutdown/malfunction plan?	X DN ,
7. Maintained deviation reports?	OY ON DAWA
Problem corrected?	dy dy <b>X</b> n/a
8. Maintained compliance plan, if applicable?	OY ON AND YE

3 of 5

P	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct	a weekly (for smail source	es, bi-weekly) leak detection a	and repair
	inspection?			XY ⊐N
2.	Has the facility maintained a leak log	?		ʻ□Y XN
3.	Does the responsible official check the	e following areas for leaks	<b>s</b> ?	
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	Y UN UN/A
	Door gaskets and seating	DY ON ON/A	Stills	XY ON ON/A
	Filter gaskets and seating	Y DN DN/A	Exhaust dampers	Y ON ON/A
	Pumps	AND NO AND	Diverter valves	Y ON ON/A
,	Solvent tanks and containers	AV ON ON/A	Cartridge filter housings	AV UN UN/A
	Water separators	YY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed s	solvent on exterior surface	es)	<b>A</b>
	X X X			
	Odor (noticeable perc odor)			<b>X</b>
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ric tubes)	
	Halogen leak detector			
	If using direct-reading insti	rumentation, is the equip	oment:	XXIN/A
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	ND Y
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
	c. Inspected for leaks ar	nd obvious signs of wear o	n a weekly basis?	□Y □N
	i. Kept in a clean and s	ecure area when not in us	e?	□Y □N
	e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	OY ON

Inspector's Name (Please Print)

February, 2000 Approximate Date of Next Inspection

ADDITIONAL SITE INFO	RMATION:		·		
				,	
			,		
			·		
•					
•					
		١			
					İ

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 💢	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: /020	TIME OUT:	1045AIRS ID#:	03/0446
TYPE OF FACILITY:	erc. Dry Clea.	nec	
FACILITY NAME:	.99 Cleaners		DATE: 2/3/99
FACILITY LOCATION:	10425 OH.	St. Augustine Rd	— <del> / - / - / </del>
		11R, FL 32257	· · · · · · · · · · · · · · · · · · ·
RESPONSIBLE OFFICIAL: 4	Jilliam Bush	PHONE NUMBER:	904-262-4478
	ne compliance requirements ev ule 62-213.300, Florida Admir	raluated during this inspection, the facultative Code (F.A.C.).	cility is found to be in
Based on the results of the discrepancies were noted	-	aluated during this inspection, the fol-	lowing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
1) No look chack for	20145	R.O will Start Ke	refing records
2 NO Condensor +	emf. secords	R.O. Will Start Ke	
COMMENTS:			
The Annual Compliance Certificat	ion form has been properly cer	rtified and submitted to the inspector.	YESIX
DATE OF NEXT INSPECTION:	teby	vary , 2000	
		Approximate)  Winter	
INSPECTION CONDUCTED BY			
INSPECTOR'S SIGNATURE:	Jeffing W	Please Print)  PHONE NUMBER:	904-630-3484
	Page_/	<u></u>	Revised 1, 16

## BEST AVAILABLE COPY

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/D	ISCOVERY		J 1818
	RE-INSPECTIO	N 🗆			الرحاكم	is.
		7				). . <u></u>
AIRS ID#: <u>03/0448</u> DA	, ,		E IN: <u>/025</u> 1	rime out:	103	5
FACILITY NAME:	<u> 2. 99                                  </u>	leaners				
FACILITY LOCATION:	10425	0/d.	St. August	ine R	٤.	
			FL 322			
RESPONSIBLE OFFICIAL:	William	Bush	PHONE: 909	1/262-4	478	>
CONTACT NAME: VA	H. Her	tac	DIIONE.	Same		
CONTACT NAME:	Thy NCC	. / • •	PHONE:			
PART I: NOTIFICATION						
		·				
(check appropriate box)	) dava mulan ta atau	*			₩	,
1. New facility notified DARM 30		•			<b>, , , , , , , , , , , , , , , , , , , </b>	`
2. Facility failed to notify DARM	to use general per	mit				
PART II: CLASSIFICATION						
Facility indicated on notification	form that it is:		☐ No notification	n form		
(check appropriate box)	ioi in that it is.		☐ Drop store/out		etroleu	m
A		2 N	1	₩		
1. Existing small area source dry-to-dry only, x < 140 gal/yr			l area source lv, x < 140 gal/yr	Þ		
transfer only, x < 200 gal/yr			x < 200  gal/yr			
both types, $x < 140 \text{ gal/yr}$		both types, x				
(constructed before 12/9/91)		(constructed of	on or after 12/9/91)			70
3. Existing large area source		4. New large	area source	B		
dry-to-dry only, $140 \le x \le 2,10$			ly, $140 \le x \le 2,100 \text{ ga}$	al/yr ∞ ea	-11	
transfer only, $200 \le x \le 1,800$ g			$200 \le x \le 1,800 \text{ gal/y}$	/r No	FEB	E 11
both types, $140 \le x \le 1,800$ gal	/yr		$40 \le x \le 1,800 \text{ gal/yr}$	f Ai bile		
(constructed before 12/9/91)		(constructed of	on or after 12/9/91)	r M	<i></i>	
5. This is a correct facility class		Yay □N	□Can not determ	Bureau of Air Monitoring  & Mobile Sources    Yr   ne	2000	EIVED
	sification	, ,		· · · · · · · · · · · · · · · · · · ·		
-		ation:		ring		
If no, please check the app			number ab	oove		
If no, please check the app	propriate classifica qualified for a gen	eral permit as	number ab	ove		

### 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? **V**OY □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 □Y □N XSN/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?

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?	□Y □N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	□Y □N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?		□N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

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

2. Has the facility maintained a leak log?  3. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  Door Goor gaskets and seating  Door Door Door Door Door Door Door Doo	PART VI: LEAK DETECTION AND	REPAIRS			
2. Has the facility maintained a leak log?  3. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  Door Goor book and seating  Door door door door Door Door Door Door	1. Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	nd repair	
3. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  Y	inspection?			ATY ON	
Hose connections, fittings, couplings, and valves  Door gaskets and seating  Yey   N   N/A   Stills  Filter gaskets and seating  Yey   N   N/A   Exhaust dampers   P   N   N/A    Pumps  Pumps  Solvent tanks and containers  Yey   N   N/A   Diverter valves   P   N   N/A    Water separators  Yey   N   N/A   Cartridge filter housings  Yey   N   N/A    Which method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?   P   N    b. Calibrated against a standard gas prior to and after each use (PID/FID only)?   P   N	2. Has the facility maintained a leak log	?		<b>1</b> √2 □ N	
Couplings, and valves  Door gaskets and seating  AY ON ON/A  Filter gaskets and seating  YAY ON ON/A  Filter gaskets and seating  YAY ON ON/A  Exhaust dampers  YAY ON  Pumps  Solvent tanks and containers  YAY ON ON/A  Solvent tanks and containers  YAY ON ON/A  Cartridge filter housings  YAY ON  Water separators  YAY ON ON/A  4. Which method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Dy ON  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?	3. Does the responsible official check th	e following areas for leaks	?	·	
Filter gaskets and seating  Pumps  Solvent tanks and containers  Y		XY ON ON/A	Muck cookers	XIY ON O	N/A
Pumps  Solvent tanks and containers  Yell IN IN/A  Cartridge filter housings  Yell IN IN/A  Water separators  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?	Door gaskets and seating	TAY ON ON/A	Stills	XY ON O	N/A
Solvent tanks and containers  Way N N/A  Cartridge filter housings  Way N N/A  4. Which method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?	Filter gaskets and seating	XY ON ON/A	Exhaust dampers	OY ON X	N/A
Water separators  4. Which method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?	Pumps	Y ON ON/A	Diverter valves	OY ON 🔀	N/A
4. Which method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?	Solvent tanks and containers	¥AY □N □N/A	Cartridge filter housings	XY ON O	N/A
Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?	Water separators	YAY ON ON/A			
Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?	4. Which method of detection is used by	the responsible official?			
Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?	Visual examination (condensed	solvent on exterior surface	es)	Þ	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?	Physical detection (airflow felt	through gaskets)	•	*	
Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?	Odor (noticeable perc odor)			*	
If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?	Use of direct-reading instrumen	tation (FID/PID/calorimetr	ric tubes)		
<ul> <li>a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?</li> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> <li>□Y □N</li> </ul>	Halogen leak detector				
b. Calibrated against a standard gas prior to and after each use  (PID/FID only)? □Y □N	If using direct-reading inst	rumentation, is the equip	oment:	N/A	
(PID/FID only)? □Y □N	a. Capable of detecting	g perc vapor concentrations	s in a range of 0-500 ppm?	□Y □N	
	<del>-</del>	standard gas prior to and a	after each use	□Y □N	
c. Inspected for leaks and obvious signs of wear on a weekly basis?	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	□Y □N	
d. Kept in a clean and secure area when not in use? □Y □N	d. Kept in a clean and	secure area when not in us	e?	□Y □N	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	e. Verified for accurac	y by use of duplicate samp	eles (calorimetric only)?	□Y □N	

Jeff Winter	1/19/2000
Inspector's Name (Please Print)	Date of Inspection
July Ville Inspector's Signature	JAN.,2001
Instructor's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	-		
·			
·			
		•	
			,
•			

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TIME IN: /0 25 TIME OUT: /0 35 AIRS ID#: 03/0446  TYPE OF FACILITY: YESC. Dry Cleaner  FACILITY NAME: J 2 49 Cleaner  FACILITY LOCATION: /04 St. Augustine  DATE: 1/19/00  FACILITY LOCATION: /04 St. Augustine  DATE: 1/19/00  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIRED  THE Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO  (Approximate)  AND ADD (Approximate)	TYPE OF INSPECTION:	ANNUAL 💢	COMPLAI	NT/DISCOVERY	RE-INSPECTION
FACILITY NAME:  ### A 2.99 Cleane(S    DATE: 1/19/00	TIME IN: 1025	TIME OUT:	/0 ;	35AIRS ID#:	03/0446
FACILITY LOCATION:    Dof 25	TYPE OF FACILITY:	erc. Dry Cla	eaner		
FACILITY LOCATION:    D425 Okl St. Augustive   Sacksonville, FL 32257    RESPONSIBLE OFFICIAL:   William Bush   PHONE NUMBER: 904-262-4478    Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).   Based on the results of the compliance requirements evaluated during this inspection, the following compliance disrepancies were noted:    COMPLIANCE REQUIREMENT/PROBLEM   FOLLOW-UP ACTION REQUIRED	FACILITY NAME:	2.99 CM	eaners		DATE: 1/19/00
Sack Son wilk, FL 3257   RESPONSIBLE OFFICIAL:   William   USL   PHONE NUMBER: 904-262-4478     Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).   Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:    COMPLIANCE REQUIREMENT/PROBLEM   FOLLOW-UP ACTION REQUIRED		10425 0	DH 54.	Augustine	
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  COMMENTS:  The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO  DATE OF NEXT INSPECTION:  JAN., 200  (Approximate)		Jacksonville	1, FL	32257	
compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  COMMENTS:  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO  DATE OF NEXT INSPECTION:  (Approximate)	RESPONSIBLE OFFICIAL:	William Bo	USh	PHONE NUMBI	er: <u>904-262-4478</u>
COMPLIANCE REQUIREMENT/PROBLEM  FOLLOW-UP ACTION REQUIRED  COMMENTS:  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES  NO  DATE OF NEXT INSPECTION:  (Approximate)					facility is found to be in
COMMENTS:  The Annual Compliance Certification form has been properly certified and submitted to the inspector.  PARE OF NEXT INSPECTION:  (Approximate)  (Approximate)		-	ents evaluated di	uring this inspection, the	following compliance
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)	COMPLIANCE REQU	IREMENT/PROB	LEM	FOLLOW-UP AC	TION REQUIRED
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)					,
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)		·			
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)		<del>-</del>			
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  (Approximate)					
DATE OF NEXT INSPECTION:  (Approximate)	COMMENTS:				
DATE OF NEXT INSPECTION:  (Approximate)					
DATE OF NEXT INSPECTION:  (Approximate)					
DATE OF NEXT INSPECTION:  (Approximate)					
(Approximate)	The Annual Compliance Certifica	tion form has been prop	perly certified an	d submitted to the inspec	ctor. YES NO
(Approximate)	DATE OF NEXT INSPECTION	I:	JAN.,0	200/	<u> </u>
			(Approxim	nate)	
INSPECTION CONDUCTED BY: JETT WINTER (Please Print)	INSPECTION CONDUCTED B	Y:	H WIN	mint)	<u> </u>
INSPECTOR'S SIGNATURE: July Julo PHONE NUMBER: 904/630-3484	INSPECTOR'S SIGNATURE:	adhan	Linto	-	ER: 904/630-3484
Page of / Revised 10/96			Page /of /		

Ado

AIRS ID#: 03/0446

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: <u>\$ 2.99</u> Cleaners	_date: 1/19/00
FACILITY LOCATION: 10425 DB St. Augustine Rd.	
Jacksonville, FL 32257	
<u> </u>	
Annual Reporting Period: Feb. 3, 1999 TO JAN.	<u> </u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 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 report	ting 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 repor	ting 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 inquimade in this notification are true, accurate and complete. Further, my annual consumption of perchloro upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry faciliti year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: WVB334 WSGNATURE  Name (Please Print) Signature	ethylene solvent, based

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

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

0365374

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** 

AIRS ID # 0310446

### Do NOT Remove Label

\$2.99 CLEANERS WILLIAM VINCE BUSH 10425 OLD ST AUGUSTINE ROAD JACKSONVILLE FL 32257 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

0361963

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

TOTAL AMOUNT DUE: \$50.00 FEB 25 99

Do NOT Remove Label

\$2.99 CLEANERS
WILLIAM VINCE BUSH
10425 OLD ST AUGUSTINE ROAD
JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

· , P	174	052	052	a ()	۱(۱
US Postal : Receip No Insuran	t for C	ertificage Provi	ed Mai		\
\$2.99 CLE WILLIAM 10425 OLI	ANERS VINCE	BUSH	AIRS I	D# 031	044
JACKSON					:
Postage		\$			
Certified Fee					7
Special Deliv	ery Fee				1
Restricted De	elivery Fee				
Return Recei Whom & Date					1
Return Receipt Date, & Address  TOTAL Posta  Postmark or I					
					1
TOTAL Posta	age & Fees	\$			l

SENDER:  Complete items 1 and/or 2 f  Complete items 3, 4a, and 4  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article the Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee):  a does not a number. b the date  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery		
3. Article Addressed to:	Consult postmaster for fee.  4a. Article Number  P14052052  4b. Service Type		
\$2.99 CLEANERS WILLIAM VINCE BUSH 10425 OLD ST AUGUSTINE ROAD	☐ Registered ☐ Certified ☐ Insured ☐ Return Receipt for Merchandise ☐ COD  7. Date of Delivery		
JACKSONVILLE FL 32257  5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	2595-97-8-0179 Domestic Return Receipt		

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	ce does not le number.	I also wish to re following service extra fee):  1.  Address 2.  Restrict Consult postma	es (for an see's Address ed Delivery
ADDRESS completed	AIRS ID # 0310446 \$2.99 CLEANERS WILLIAM VINCE BUSH 10425 OLD ST AUGUSTINE ROAD JACKSONVILLE FL 32257	4b. Service Registere Express I Return Rec	<b>3660 43</b> Type  ed  Mail  ceipt for Merchandis	Certified Bissing Page 1
s your BETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X W. Jan	8. Addressee and fee is	e's Address (Only paid)	if requested Lyank you
2	PS Form <b>3811</b> , December 1994	•	Domestic Ref	turn Receipt

		100 A		
	Z 333 E	60 435 VV		
	US Postal Service			
WII 104	Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)   Sent to			
JAC	EKSONVILLE FL 3225	57		
×	Certified Fee	 		
	Special Delivery Fee			
ιo	Restricted Delivery Fee			
April 1995	Return Receipt Showing to Whom & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		
PS Form <b>3800</b>	Postmark or Date			

MEAN & PRIGHT COIN LAURDRY 317 9th AVENUE PL MEKSONVILLE BOH, PL 182850



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

Do NOT Remove Label

AIRS ID # 0310446

\$2.99 CLEANERS
WILLIAM VINCE BUSH
10425 OLD ST AUGUSTINE ROAD
JACKSONVILLE FL 32257

FOR GOVERNMENT USE ONLY
Org.: #550101000 EO: B1
For GOVERNMENT USE ONLY
Org.: #55010000 EO: B1
For GOVERNMENT USE ONLY
Org.: #5501000 EO: B1
For GOVERNMENT USE ONLY
ORG.: #550100 EO: B1
For GOV

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400







Hove

UAA moved!

NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD

Bureau of Air Wionitoring & Mobile Sources

APR 1 2003

70

777

 $\Box$ 

	U.S. Postal Service  CERTIFIED MAIL RECEIPT  (Domestic Mail Only; No Insurance Coverage Provided)				
78					
E	OFFICIAL USE				
7976	Postage \$ Certified Fee				
1000	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)				
0350	Total Pc 10 AIRS ID# 0310446001AG  Sent To				
7007	Street, Ap or PO Bo; Ocity, State 10425 OLD ST AUGUSTINE ROAD JACKSONVILLE FL 32257				
1	PS Form 3800, January 2001 See Reverse for instructions				

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE PLACE STICKER AT TOP OF ENVELOPE TO THE RICHT  MOLLY STATEMENT OF THE PLACE TO THE RICHT	COMPLETE THIS SECTION ON DELI			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature	☐ Agent☐ Addressee		
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.	B. Received by ( Printed Name)	C. Date of Delivery		
1. Article Addressed to:	D. Is delivery address different from iter     If YES, enter delivery address below			
10 AIRS ID# 0310446001AG \$2.99 CLEANERS WILLIAM VINCE BUSH				
10425 OLD ST AUGUSTINE ROAD JACKSONVILLE FL 32257	3. Service Type Certified Mail  Express Mai Registered  Return Rece	l sipt for Merchandise		
	4. Restricted Delivery? (Extra Fee)	☐ Yes		
7001 0320 0001 7976 3378				
PS Form 3811, August 2001 Domestic Ret	urn Receipt	102595-02-M-1540		

CLEAN & BRIGHT COIN LAUNDRY 317 9th AVENUE N. AACKSONVILLE BCH., FL 32250



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

32315+3070

AIRS ID # 0310446

403801 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

TOTAL AMOUNT DUE: \$50.00 For No. Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

Do NOT Remove Label

\$2.99 CLEANERS WILLIAM VINCE BUSH 10425 OLD ST AUGUSTINE ROAD

JACKSONVILLE FL 32257

u of Air Monitoring FOR GOVERNMENT USE ONLY

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

Obj.: 002273