

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 3, 1998

Mr. Fawzi Korial Loretto Cleaners 11701-1 San Jose Boulevard Jacksonville, Florida 32223

Re: Facility No.: 0310457

Dear Mr. Korial:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 16, 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"

# RECEIVE

# Perchloroethylene Dry Cleaning Facility Notification

# Facility Name and Location

	acility Owner/Company Name (Name of corporation, agency, or in	idividual owner):
	FAWEL RORIAL/LORETTO	CLEANERS & Mobile Sources
2. Si	ite Name (For example, plant name or number):	bile
	LORETTO CLEHNERS	Sou No
3. H	azardous Waste Generator Identification Number:,	Air Mohitoring bile Sources
4. Fa	acility Location: 1/701-1 SAN JOSE BLVD	
	itreet Address: ity: JACKSONVILLE County: DUVAC	Zip Code: 32223
5. Fa	acility Identification Number (DEP Use):	
		03/045/
	Responsible Official	
6. N	ame and Title of Responsible Official:	
	FAWZI KORIAL	
0	esponsible Official Mailing Address: rganization/Firm: Treet Address:	
	ity: County:	Zip Code:
	esponsible Official Telephone Number: elephone: (204) 260-1149 Fax: (	) -
	Facility Contact (If different from Responsib	ble Official)
9. N	ame and Title of Facility Contact (For example, plant manager):	
10. Fa	acility Contact Address:	
St	reet Address:	
Ci	ity: County:	Zip Code:
11. Fa	acility Contact Telephone Number:	·
	elephone: ( ) - Fax: (	· -

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

Responsible Official signand date 7/27/98 Spoke to Favozi Horial and he stated that he is the president of Loretto Clerros.

### **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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	FIJAN9	AJAV96						
(2) w/ carbon adsorber									İ
(3) w/ no controls									
Washer Unit		•			-		-		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		I	I .		1			.1	
(7) w/ ref. condenser									
(8) w/ carbon adsorber							<b></b>		1
(9) w/ no controls						_			
Reclaimer Unit		1			ı	l			
(10) w/ ref. condenser							T		
(11) w/carbon adsorber									
(12) w/ no controls						_			_
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total q</li> <li>[]</li> <li>(b) If less than 12 montrol Check why it is less</li> </ul>	are re uant gallo	equired to be ity of perchlo ons ow many? [_	installed [	perc)	purchased ir				·
3. What is the facility's son (Indicate with an "X". S  Existing small are  Existing large are	urce ( Selec ea so	classification t one classifi urce []	based on the cation only.) Ne	e defi	_	d in section (			
Existing large are	.u 301	u. cc	140	ri idi	Se area sour	·	J		

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4. What control technology is requi (Indicate with an "X".)	red on machines p	oursuant to section (5) of P	art 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			
5. A facility which contains non-ex to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and		
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	l exclusively by na	tural gas except for period	ls of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
			·
Equipme	ent Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to	be kept on-site in	n accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent pu	ırchases		
(b) Leak detection inspection and re	epair		
(c) Refrigerated condenser temperat	ture monitoring		
(d) Carbon adsorber exhaust perc co	oncentration moni	toring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	ı plan		

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### Surrender of Existing Air Permit(s)

ease indicat	te with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
W	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 ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	imptly notify the Department of any changes to the information contained in this notification. $7 - 7 \cdot 9 \leftarrow$					
Signature						



# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	<b>)</b>	COMPLAINT/DI	ISCOVERY	
	RE-INSPECTION				
airs id#: <u>03/0457</u> d		_		TIME OUT: /	1/30
FACILITY NAME:					
FACILITY LOCATION:					
	Jackson	· ville	, FL 3	2223	
RESPONSIBLE OFFICIAL : _	Fawzi Kor	ial	_ PHONE: <u> </u>	1-260-119	49
CONTACT NAME:	Jours		_ PHONE:	Jam	<u></u>
PART I: NOTIFICATION					
(check appropriate box)			<u>, , , , , , , , , , , , , , , , , , , </u>		
New facility notified DARM 30	0 days prior to startup				X
2. Facility failed to notify DARM	• -				<b>a</b>
-	-				
PART II: CLASSIFICATION					
PART II: CLASSIFICATION  Facility indicated on notification	ı form that it is:		☐ No notification	ı form	_
Facility indicated on notification (check appropriate box)	n form that it is:		☐ No notification☐ Drop store/out		roleum
Facility indicated on notification (check appropriate box) A.		Now small a	☐ Drop store/out	of business/pet	roleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source	e 🗆 2.	New small a	☐ Drop store/out		roleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	e □ 2. dry	-to-dry only,	☐ Drop store/out  rea source x < 140 gal/yr	of business/pet	roleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source	e □ 2. dry trai	-	Drop store/out  rea source x < 140 gal/yr < 200 gal/yr	of business/pet	roleum
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	e 🗆 2. dry trai bot	v-to-dry only, nsfer only, x th types, x < 1	Drop store/out  rea source x < 140 gal/yr < 200 gal/yr	of business/pet	roleum
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	e 2. dry trai bot (co	v-to-dry only, nsfer only, x th types, x < 1 onstructed on New large a	□ Drop store/out  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  rea source	of business/pet	
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	e 2. dry trai bot (co	v-to-dry only, nsfer only, x th types, x < l onstructed on New large an v-to-dry only,	Drop store/out  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal}$	of business/peti	7
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	e 2. dry trai bot (co e 4. 00 gal/yr trai	v-to-dry only, nsfer only, x on the types, x < longer on the types, x < longer on the types of the types of the types on the types of types of types on types of types	Drop store/out  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$	of business/peti	7 r
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	dry trai bot (co dry trai bot (co dry trai bot (ro dry dry dry gal/yr gal/yr bot	v-to-dry only, x on types, x < look large and v-to-dry only, nsfer only, 20 th types, 140 th types,	Drop store/out  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100 \text{ gal/yr} $ $ 0 \le x \le 1,800 \text{ gal/yr} $ $ 0 \le x \le 1,800 \text{ gal/yr} $	of business/peti	7 r
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	dry trai bot (co dry trai bot (co dry trai bot (ro dry dry dry gal/yr gal/yr bot	v-to-dry only, x on types, x < look large and v-to-dry only, nsfer only, 20 th types, 140 th types,	Drop store/out  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$	of business/peti	7 r
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	dry trai bot (co day day trai bot (co day day day dry gal/yr gal/yr trai l/yr bot	v-to-dry only, x on types, x < look large and v-to-dry only, nsfer only, 20 th types, 140 th types,	Drop store/out  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100 \text{ gal/yr} $ $ 0 \le x \le 1,800 \text{ gal/yr} $ $ 0 \le x \le 1,800 \text{ gal/yr} $	of business/peti	7 r
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 (constructed before 12/9/91)  5. This is a correct facility class If no, please check the ap	dry trai bot (co de	v-to-dry only, nsfer only, x on types, x < lonstructed on which types, x < lonstructed on which types, 140 constructed on whic	□ Drop store/out  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  □ Can not determine	of business/peti	7 r
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 (constructed before 12/9/91)  5. This is a correct facility class  If no, please check the ap	dry trai bot (co day trai bot (co day day trai bot (co day day dry gal/yr gal/yr trai l/yr bot (co day	v-to-dry only, nsfer only, x on types, x < look large and v-to-dry only, nsfer only, 20th types, 140 constructed on the types,	□ Drop store/out  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)  □ Can not determinate  mber about the source about the source gal/yr and th	Bureau of Air Monitoring  & Mobile Sources  l/yr  ine  ove	7 r (

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY 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? ZÍY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MANA 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? KY 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 condenser upon opening the door? a(y □n □n/a 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? AY □N □N/A 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?	ΩY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПΝ	□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?	ΟY	□м	□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?	ПY	ПN	□N/A

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

PART VI: LEAK DETECT	TION AND REPA	IRS				
1. Does the responsible offici	ial conduct a weekly	(for small sources,	bi-weekly) leak detection a	nd rep	air	
inspection?				XY	□N	
2. Has the facility maintained	d a leak log?			ПY	<b>XX</b> V	
3. Does the responsible offici	al check the follow	ing areas for leaks?				
Hose connections, fit couplings, and valv		□N □N/A	Muck cookers	XY	□N □N/A	
Door gaskets and sea	ating Y	□N □N/A	Stills	A	□N □N/A	
Filter gaskets and sea	ating TY	□N □N/A	Exhaust dampers	<b>A</b> (A	□N □N/A	
Pumps	<b>A</b> Y	□N □N/A	Diverter valves	ATY	□N □N/A	
Solvent tanks and co	ntainers Y	□N □N/A	Cartridge filter housings	XY	□N □N/A	
Water separators	A	□N □N/A				
4. Which method of detection	is used by the resp	onsible official?				
Visual examination (	condensed solvent	on exterior surfaces)		×		
Physical detection (a	irflow felt through	gaskets)		N N N		
Odor (noticeable per	c odor)			×		
Use of direct-reading	tubes)					
Halogen leak detecto	r					
If using direct-r	eading instrument	ation, is the equipm	ent:	MIN	A	
a. Capable	of detecting perc va	por concentrations in	a range of 0-500 ppm?	ŪΥ	ПN	
b. Calibrate (PID/FIL		d gas prior to and aft	er each use	ΠY	□N	
c. Inspected	for leaks and obvio	ous signs of wear on	a weekly basis?	$\Box Y$	□N	
d. Kept in a	clean and secure a	rea when not in use?		ΠY	□N	
e. Verified	for accuracy by use	of duplicate samples	(calorimetric only)?	ΠY	□N	
	<del></del>					
Teff	Winter		8/26	192	3	
Inspector's Name	(Please Print)	<del></del>	Date of Inspec	ction		
Delpre	Och un Wart 1994					
Instructor's S	gnature		Approximate Date of N	Next In	ispection	

ADDITIONAL SITE INFORMATION	V:		
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			·
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•			

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COM	PLAINT/DI	SCOVERY	RE-INSP	ECTION
TIME IN: //00	TIME OUT:	//	30	AIR\$ ID#:	03/04	57
TYPE OF FACILITY: $\mathcal{L}$	ry Cleans	2/				<del>&gt; / /</del>
FACILITY NAME:	Coretto		ners		DATE:	126/98
FACILITY LOCATION:	11701-1		Jose			· .
	Jackson VII	IR, F	<u> </u>	2223		/0
RESPONSIBLE OFFICIAL:	Fawzi	Korio	د/	_PHONE NUMBE	R: 404-26	0-1149
Based on the results of compliance with DEP F					facility is found to	be in
Based on the results of discrepancies were note		ments evalua	ted during t	his inspection, the	following complia	ance
COMPLIANCE REQU	UIREMENT/PROI	BLEM		LLOW-UP AC		
			F	Pesfousible	official	will begin
O Condenser tempera	tores NOT (	ecoided.	*	Using Call	lendes.	
				Rosfonsild		will begin
@ Leak Clack reco	ids NOT recoi	ded.	*	Using Car	lender.	
COMMENTS: Dry ch	eaner Calenda	r giv	en 10	Responsit	le Officio	₹,
The Annual Compliance Certific	cation form has been pr	operly certifi	ed and sub	nitted to the inspec	etor. YES	NO
DATE OF NEXT INSPECTIO	)N:	HUGUS	T) 19	99		
INSPECTION CONDUCTED	BY:	Je H	Proximate)	ter		_
INSPECTOR'S SIGNATURE	all	(Ple	ase Print)	PHONE NUMBE	cr: 630-a	2800
	0 00/	Page / c	of /.			Revised 10/96

ATTIC TD#.	031	045	-7
AIRS ID#:		$U T \subseteq$	<u> </u>

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Loretto Cleaners	DATE: 8/26/28
FACILITY LOCATION: 11701-1 San Jose BI	
Jacksonville, FL 32	.223
Annual Reporting Period: 50/9 16 1998 TO	AUGUST 26 19 90
Based on each term or condition of the Title V general air permit, my facility has a 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by the	<u> </u>
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous comp  5 (b) No leak detection (ecoses kept.	liance during the reporting period stated above:
<b>—</b> —	to August 26, 1998
Action(s) taken to achieve compliance: R.O. Will begin to	use Calender
Method used to demonstrate compliance:   Leins Rection.	
#2. Term or condition of the general permit that has not been in continuous comp  5 (c) Refrigerated Condenses temperatures	
Exact period of non-compliance: from July 16, 1998	to August 26, 1998
Action(s) taken to achieve compliance: R.O. will begin to	use Calender
Method used to demonstrate compliance: ReinsPection.	SEP 2 3 1998
	Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on information and belief forme made in this notification are true, accurate and complete. Further, my annual coupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities.	nsumption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: FAW 21 CORIAL	F. P. Fl 8:26.98
Name (Please Print)	Signature Date

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

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COM LIMICE MISI	De Hon C	HECKLIST	Ta	
TYPE OF INSPECTION:	ANNUAL	×	COMPLAIN	T/DISCO <b>VE</b> RY	
	RE-INSPECTION		Ø.	W 1	
			, is	W 1	
airs id#: <u>03/0457</u> d	- 1./99</td <td>TIME</td> <td>11/9</td> <td>O J</td> <td>AYM</td>	TIME	11/9	O J	AYM
				TIME QUT	: Y/YU
FACILITY NAME:	oretto Ch	eaners		O O	
FACILITY LOCATION:	11701-1	Son J	OSe BI	vd. 3	
	Jackson	ville,	FL 32	223	
RESPONSIBLE OFFICIAL:	Fawzi Kor	riol	_ phone: _9	704/260-1	149
CONTACT NAME:	(au		_PHONE:	Sans	
TOTAL MONTH OF THE PARTY OF THE				0.00	
PART I: NOTIFICATION					-
(check appropriate box)					
1. New facility notified DARM 3	0 days prior to startup				)AL
2. Facility failed to notify DARM	to use general permit				
PART II: CLASSIFICATION					
PART II: CLASSIFICATION  Facility indicated on notification	ı form that it is:		☐ No notifica		
Facility indicated on notification (check appropriate box)	ı form that it is:			ntion form out of business/	petroleum
Facility indicated on notification (check appropriate box) A.		New small a	☐ Drop store	out of business/	petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	e 🗅 2. N	to-dry only,	☐ Drop store  rea source x < 140 gal/yr		petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e 🛭 2. N dry- tran:	to-dry only, sfer only, x	□ Drop store.  rea source x < 140 gal/yr < 200 gal/yr	out of business/	petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	e 🗆 2. N dry- tran: both	to-dry only, sfer only, x types, x < 1	□ Drop store.  rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr	out of business/	petroleum
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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	e 2. N dry- tran both (con	to-dry only, x sfer only, x to types, x < 1 structed on the large at	□ Drop store.  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91  rea source	out of business/	petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10	e 2. N dry- trans both (con	to-dry only, x sifer only, x to types, x < line in the structed on the structed on the structed on the structed on the structed only,	Tea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91 rea source 140 ≤ x ≤ 2,100	out of business/	petroleum
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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 (constructed before 12/9/91)	2. No dry-trans both (con section of trans dry-trans gal/yr trans both trans dry-trans dry-trans both trans dry-trans both trans bot	to-dry only, x sfer only, x to types, x < line is tructed on the large and to-dry only, sfer only, 20 types, 140	Top store.  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91  rea source 140 ≤ x ≤ 2,100 0 ≤ x ≤ 1,800 gal/ ≤ x ≤ 1,800 gal/	/out of business/	petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr 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	2. No dry-trans both (con section of trans dry-trans gal/yr trans both trans dry-trans dry-trans both trans dry-trans both trans bot	to-dry only, x sfer only, x to types, x < line is tructed on the large and to-dry only, sfer only, 20 types, 140	□ Drop store.  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $= 12/9/91$ rea source $= 140 \le x \le 2,100$ $= 0 \le x \le 1,800 \text{ gal/yr}$	/out of business/	petroleum
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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 (constructed before 12/9/91)  5. This is a correct facility class If no, please check the ap	2. Modry-transboth (con 2. Modry-transboth) (c	to-dry only, x isfer only, x is types, x < 1 istructed on a to-dry only, sfer only, 20 istructed on a types, 140 istructed on a lateral	□ Drop store.  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $= 12/9/91$ rea source $= 140 \le x \le 2,100$ $= 00 \le x \le 1,800 \text{ gal/yr}$ or after $= 12/9/91$ □ Can not detail	/out of business/	petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr 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 (constructed before 12/9/91)  5. This is a correct facility class If no, please check the apfacility	dry- trans both (con  2. N dry- trans both (con  3. 0 gal/yr gal/yr gal/yr trans l/yr both (con  sification  repropriate classification: qualified for a general p	to-dry only, x is ster only, x is types, x < 1 is tructed on a to-dry only, sfer only, 20 is tructed on a lateral on a lat	□ Drop store.  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91  rea source 140 ≤ x ≤ 2,100 0 ≤ x ≤ 1,800 gal/ or after 12/9/91  □ Can not determber	/out of business/   //out of business/  //out of business/  //out of business/  //out of business/  //out of business/  //out of business/  //out of business/  //out of business/  //out of business/  //out of business/  //out of business/  //out of business/	petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr 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 (constructed before 12/9/91)  5. This is a correct facility class If no, please check the apfacility	2. Modry-transboth (con 2. Modry-transboth) (c	to-dry only, x is ster only, x is types, x < 1 is tructed on a to-dry only, sfer only, 20 is tructed on a lateral on a lat	□ Drop store.  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91  rea source 140 ≤ x ≤ 2,100 0 ≤ x ≤ 1,800 gal/ or after 12/9/91  □ Can not determber	/out of business/   //out of business/  //out of business/  //out of business/  //out of business/  //out of business/  //out of business/  //out of business/  //out of business/  //out of business/  //out of business/  //out of business/  //out of business/	petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr 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 (constructed before 12/9/91)  5. This is a correct facility class If no, please check the apfacility	dry- trans both (con  1. N 00 gal/yr gal/yr trans yr gal/yr trans (con con con con diffication propriate classification: qualified for a general pexceeds above limits an	to-dry only, x is ster only, x is types, x < 1 is structed on a to-dry only, sfer only, 20 is types, 140 is structed on a large and larg	□ Drop store.  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100 $ $ 0 \le x \le 1,800 \text{ gal/or after } 12/9/91 $ □ Can not determiber	out of business/	

# 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? 2. Examining the containers for leakage? □N □N/A 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? XIY ON ON/A 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? Y DN DN/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 MAY 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 XY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

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

PART VI: LEAK DETECTION AN	D REPAIRS		
1. Does the responsible official conduc	t a weekly (for small source	es, bi-weekly) leak detection	and repair
inspection?			Y <b>X</b> Y □N
2. Has the facility maintained a leak lo	g?		MD YAX
3. Does the responsible official check t	he following areas for leaks	?	•
Hose connections, fittings, couplings, and valves	AND NO YA	Muck cookers	XY ON ON/A
Door gaskets and seating	Y ON ON/A	Stills	YEN ON ON/A
Filter gaskets and seating	YAY ON ON/A	Exhaust dampers	OY ON MAN/A
Pumps	AND NO WA	Diverter valves	XY ON ON/A
Solvent tanks and containers	AND NO YA	Cartridge filter housing	s XV ON ON/A
Water separators	TAY ON ON/A		
4. Which method of detection is used by	v the responsible official?		
Visual examination (condensed	l solvent on exterior surface	s)	<b>&gt;</b>
Physical detection (airflow felt	through gaskets)		A A
Odor (noticeable perc odor)	•		<b>×</b>
Use of direct-reading instrumer	ntation (FID/PID/calorimetr	ic tubes)	
Halogen leak detector			
If using direct-reading ins	trumentation, is the equip	ment:	XN/A
a. Capable of detectin	g perc vapor concentrations	in a range of 0-500 ppm?	, DY DN
b. Calibrated against a (PID/FID only)?	a standard gas prior to and a	after each use	□Y □N
c. Inspected for leaks	and obvious signs of wear o	n a weekly basis?	□Y □N

Jeff Winter	5/6/99
aspector's Name (Please Print)	Date of Inspection
Jeffing Jules Infector's Signature	May, 2000 Approximate Date of Next Inspection
Inffector's Signature	Approximate Date of Next Inspection

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

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

 $\square$ Y  $\square$ N

 $\square Y \square N$ 

ADDITIONAL SITE INFOR	MATION:		
	•		
		•	
		•	
			j,

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAI	NT/DISCOVERY	RE-INSPECTION
TIME IN: 1045	TIME OUT:	//00	AIRS ID#:	0310457
TYPE OF FACILITY:	Perc. Dry C	Peaner		
FACILITY NAME:	Coretto	<u>Ckaners</u>		date: <i>5/6/99</i>
FACILITY LOCATION:	11701-1	San J	ose Blud.	
	Jackson	ville, FC	1 32223	
RESPONSIBLE OFFICIAL:	Fawzi Kor	ial	PHONE NUMBE	r: <u>904/260-1149</u>
	the compliance requirements			facility is found to be in
Based on the results of discrepancies were not	the compliance requirement	ents evaluated di	uring this inspection, the	following compliance
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOW-UP AC	TION REQUIRED
COMMENTS:		.'		
The Annual Compliance Certification	ication form has been prop	perly certified an	d submitted to the inspec	ctor. YES NO
DATE OF NEXT INSPECTION	ON:	May,	2000	
		(Approxim		
INSPECTION CONDUCTED	BY:	(Please P	WINIZ	· · · · · · · · · · · · · · · · · · ·
INSPECTOR'S SIGNATURE	:: Jefffing	Winte	PHONE NUMBI	ER: 904/630-3484
		Pageof	<u>.</u> .	Revised 10/96

AIRS 1D#: 03/0457

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Lore + to Cleaners DATE: 5/6/99
FACILITY NAME: LOVE + TO CHANGES DATE: 3/6/99
FACILITY LOCATION: 11701-1 San Jose Blvd.
Jacksonville, FL 32223
Annual Reporting Period: May 6 1998 TO May 6 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. YES
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: Mame (Please Print) Signature Date
<u> </u>

<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.

# RECEIVED

DEC 27 1999

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring

& Mobile Spyres OF INSPECTION:

**ANNU**AL

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COMPLAINT/DISCOVERY

*r* 📮

**RE-INSPECTION** 

,	/99
FACILITY NAME: LOVE ++0	Cleaners
	1 San Jose Blud.
Jack:	Sonville, FL 32223
RESPONSIBLE OFFICIAL: Faw2;	Korial PHONE: 904/260-1149
CONTACT NAME:	aux phone: Sane
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility nonfied DARM 30 days prior to sta	агтир
2. Facility failed to notify DARM to use general po	ermit
<u> </u>	<del> </del>
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gallyt transfer only, x < 200 gallyt both types, x < 140 gallyt	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gai/yr transfer only, x < 200 gai/yr both types, x < 140 gai/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12.9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2.100 gal/yr transfer only, 200 ≤ x ≤ 1.800 gal/yr both types, 140 ≤ x ≤ 1.800 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gallyt transfer only, x < 200 gallyt both types, x < 140 gallyt (constructed before 12.9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2.100 gallyt transfer only, 200 ≤ x ≤ 1.800 gallyt both types, 140 ≤ x ≤ 1.800 gallyt (constructed before 12.9/91)  5. This is a correct facility classification  If no, please check the appropriate classification  facility qualified for a gen facility exceeds above him	2. New small area source dry-to-dry only, x < 140 gai/yr transfer only, x < 200 gai/yr both types, x < 140 gai/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gai/yr transfer only, 200 ≤ x ≤ 1,800 gai/yr both types, 140 ≤ x ≤ 1,800 gai/yr (constructed on or after 12/9/91)  AY  □ Can not determine

<u> </u>	
PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	XY ON ON/A
2. Examining the containers for leakage?	AY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	XY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposai?	Y ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MINIA
PART IV: PROCESS VENT CONTROLS	<u></u>
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	

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

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

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

# A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 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	3. 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		Г
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	. Пи	I □N/A
	Is the temperature differential equal to or greater than 20° F?	QY	ПИ	□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?	Πv		□N/A
	in machines are equipped with a carbon ausorous.	<u></u>		UNA
	Is the perc concentration equal to or less than 100 ppm?	QY	□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?	IJΥ	ΠИ	□N/A
5.	Equipped transfer machines (dryers, reciaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A ;
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A

### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: AV ON ON/A a. documentation of leaks repaired win 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN XXNA and parts installed w/in 5 days of receipt? □Y □N XN/A 4. Maintained calibration data? Hor appucable alrect reading instruments. DY DN MANA 5. Maintained exhaust duct monitoring data on perc concentrations? N□ Y**X** 6. Maintained startup/shutdown/maifunction plan? DY DN SN/A 7. Maintained deviation reports? DY DN XXVA Problem corrected? □Y □N 🏋N/A 8. Maintained compliance plan, if applicable?

P	ART VI: LEAK DETECTION AND	D REPAIRS			
1.	Does the responsible official conduct	t a weekly (for small source	es. bi-weekly) leak detectio	n and repair	_
	inspection?			YAY ⊐n	
2.	Has the facility maintained a leak log	g?		XY ⊒N	
3.	Does the responsible official check the	he following areas for leak	s?	,	
	Hose connections. fittings, couplings, and valves	AND NO TA	Muck cookers	Жу пи пи	[/A
	Door gaskets and seating	AND NO YES	Stills	AD NO AGA	/A
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	□Y □N ÞÍN	/A
	Pumps	AND NO KA	Diverter valves	XY ON ON	/A
	Solvent tanks and containers	AND NO YA	Cartridge filter housing	gs An On On	/A
	Water separators	AND NO YA			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surface	es)	¥	
	Physical detection (airflow felt t	hrough gaskets)		X X	
	Odor (nouceable perc odor)			Þ	
	Use of direct-reading instrument	tation (FID/PID/calorimetr	ric tubes)	a a	
	Halogen leak detector			э.	
	If using direct-reading inst	rumentation. is the equip	ment:	XN/A	
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	, ND YE	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	after each use	<b>⊐</b> Y <b>⊒</b> N .	
	c. Inspected for leaks as	nd obvious signs of wear o	n a weekly basis?	$\exists X \; \exists N$	
	d. Kept in a clean and s	secure area when not in use	e?	DY DN	
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	⊒Y □N	
					_

Jeff Winter Inspector's Name (Please Print)

5/6/99 Date or Inspection

ADDITION	AL SITE INFORMA	ATION:				
			•			
				,		,
					,	
	,					
				,		
	,					

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 💢	COMPLAINT	DISCOVERY	RE-INSPECTI	ON
TIME IN: 1045	TIME OUT:	1100	AIRS ID#:	03/0457	
TYPE OF FACILITY:	Perc. Dry CI	leaner	_		/
FACILITY NAME:	Lovetto C	<u>kaners</u>		date:_ <i>\$/6/</i>	199
FACILITY LOCATION:	<u> </u>	San Jos		_ <del></del>	
·	Jacksonv	-7/	32223		
RESPONSIBLE OFFICIAL:	Fawzi Korio	rl.	PHONE NUMBE	r: <u>904/260-11</u>	149
Based on the results of compliance with DEP	the compliance requirement Rule 62-213.300, Florida A	ts evaluated during	g this inspection, the c (F.A.C.).	facility is found to be in	າ
Based on the results of discrepancies were note	the compliance requiremened:	ts evaluated during	g this inspection, the	following compliance	
COMPLIANCE REQ	UIREMENT/PROBLI	EM FO	OLLOW-UP AC	TION REQUIRED	,
			-		
		}			
		·			
-					
·					
COMMENTS:					
The Annual Compliance Certific	cation form has been proper	ly certified and sub	bmitted to the inspect	or. Yes X	
DATE OF NEXT INSPECTIO	N:	May, 2	<u>-000</u>		
INSPECTION CONDUCTED	BY:		inter		
INSPECTOR'S SIGNATURE:	Jeffyng h	(Please Print)	_PHONE NUMBE	r: <u>904/630-33</u>	484
	Pa	geof		Rev	risea 10.796

AIRS ID#: <u>03/0457</u>

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Lorety	to Ckar	1215		DATE: 5/	6/99
FACILITY LOCATION:		San Jo				
TACETTI EUCHTON	Jackson					
		10.112) 4 2				
Annual Reporting Period:	May	(O) 11	9 <u>98</u> то _	May	6)	19 <u>97</u>
Based on each term or condition	of the Title V gener	al air permit, my	facility has rem	ained in compliance	ce with DEP Rul	le
62-213.300, Florida Administrat	ive Code (F.A.C.), d	uring the period o	covered by this	statement. XYI	es 🗆	10
If NO. complete the following:				1		
#1. Term or condition of the ger	neral permit that has	not been in conti	nuous compliar	nce during the repo	rting period stat	ed above:
Exact period of non-compliance:	from			to		· · ·
Action(s) taken to achieve compl	iance:					
Method used to demonstrate com	pliance:					
#2. Term or condition of the gen	eral permit that has	not been in contin	nuous complian	ice during the repor	rting period state	ed above:
Exact period of non-compliance:	from		to			
Action(s) taken to achieve compl	iance:					
Method used to demonstrate com						
As the responsible official. I here made in this notification are true, upon rolling averages of purchas year for transfer or combination	accurate and comp e receipts, does not t	iete. Further, my	annual consun	nption of perchloro	ethylene solven	t, based
RESPONSIBLE OFFICIAL: _	FAW 21	LORIAL	- F1	1.H	<u> </u>	1 799
1	Name (Please	ernnt)	•	Signature	Γ	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.

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

**ANNUAL** 

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AIRS ID#: 03/0457 DATE: 3/22/2000 TIME IN: 1040 TIME OUT: FACILITY NAME: \_\_\_ LOVE ++0 Cleaners San Jose BLN. FACILITY LOCATION: acksonville, FL 32223 RESPONSIBLE OFFICIAL: Fawzi Kovial PHONE: 904-260-1149 PHONE: CONTACT NAME:

### PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

- ☐ No notification form
  - ☐ Drop store/out of business/petroleum

1. Existing small area source dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)

3. Existing large area source

(constructed before 12/9/91)

2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr(constructed on or after 12/9/91)



- 4. New large area source
- dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only,  $200 \le x \le 1,800$  gal/yr both types,  $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91)



5. This is a correct facility classification

dry-to-dry only,  $140 < x \le 2,100$  gal/yr

transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ both types,  $140 \le x \le 1,800 \text{ gal/yr}$ 

- □Can not determine

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 perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 30 gallons.

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 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 MANA 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 A'N 🗆 N 🗆 N/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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

### 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: YALY □N □N/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? □Y □N **X**N/A DY DN SANA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MAN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN \$MN/A Problem corrected?

PART V: RECORDKEEPING REQUIREMENTS

8. Maintained compliance plan, if applicable?

□Y □N \\$\formall N/A

PA	ART VI: LEAK DETECTION AND	REPAI	RS				<del></del>
1.	Does the responsible official conduct	a weekl	(for	small sources. b	oi-weekly) leak detection a	nd rep	 air
	inspection?	•		,	•,	44Y	□N
2.	Has the facility maintained a leak log	?				ZYY	□N
	Does the responsible official check the		ing ar	eas for leaks?		Γ_	
'	Hose connections, fittings,						
	couplings, and valves	YY	□N	□N/A	Muck cookers	YY	□N □N/A
	Door gaskets and seating	Y	□N	□N/A	Stills	YY	□N □N/A
	Filter gaskets and seating	YY	ПN	□N/A	Exhaust dampers	ПY	□N <b>P</b> N/A
	Pumps	<b>S</b> LY	□N	□N/A	Diverter valves	ПY	ON MN/A
	Solvent tanks and containers	*EX	□N	□N/A	Cartridge filter housings	A	□N □N/A
	Water separators	de la	ΠN	□N/A			
4.	Which method of detection is used by	the resp	onsib	le official?			
	Visual examination (condensed	solvent	on ex	terior surfaces)		A	
	Physical detection (airflow felt	through į	gaske	ts)		444	
Odor (noticeable perc odor)						À	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector							
	If using direct-reading ins	trument	ation,	is the equipme	ent:	AN/	A
	a. Capable of detectin	g perc va	por c	oncentrations in	a range of 0-500 ppm?	ŪΥ	□N
	b. Calibrated against a	standaro	l gas	prior to and afte	r each use		_
	(PID/FID only)?					ПY	
	c. Inspected for leaks	and obvi	ous si	gns of wear on a	a weekly basis?	ΠY	
	d. Kept in a clean and	secure a	ea w	hen not in use?		ПY	□N
	e. Verified for accurac	y by use	of du	plicate samples	(calorimetric only)?	ПY	□N

Jeff Winter	Murch 22, 2000
Inspector's Name (Please Print)	Date of Inspection
Jeffen Lines Interested Signature	Marcl, 200/ Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:					
				•	
	•				
		•			
	•		-		
	•				

AIRS ID#: 03/0457

po

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	retto	Cleaners		DATI	: 3/22/2000
FACILITY LOCATION:	11701-	1 San J	ose Blus	•	
	Jack	Son ville,	FL 32.	223	
Annual Reporting Period:	May 6	19	<u>99</u> то <u> </u>	March 22	) <u>* 20</u> €
Based on each term or condition of 62-213.300, Florida Administrative	=	_		<b>-</b>	EP Rule
If NO, complete the following:		•			
#1. Term or condition of the genera	al permit that ha	s not been in contin	nuous compliance d	uring the reporting per	iod stated above:
Exact period of non-compliance: from	om		to	,	
Action(s) taken to achieve complian	ice:		· 		
Method used to demonstrate compliant	ance:				
#2. Term or condition of the genera	al permit that ha	us not been in contin	nuous compliance d	uring the reporting per	iod stated above:
Exact period of non-compliance: from	om		to		
Action(s) taken to achieve complian	ce:				
Method used to demonstrate complia	ance:				
As the responsible official, I hereby made in this notification are true, ac upon rolling averages of purchase r year for transfer or combination fac RESPONSIBLE OFFICIAL:	ccurate and con eccipts, does no	nplete. Further, my	annual consumption	on of perchloroethylene	solvent, based
RESI ONSIDLE OFFICIAL.	Name (Plea	ase Print)	Si	gnature	Date

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: A	NNUAL 🔀	COMPLAINT/D	ISCOVERY	RE-INSPECTION
TIME IN: /040	TIME OUT:	1055	AIRS ID#:	03/0457
TYPE OF FACILITY: YET	c. Dry Clea	rner		
FACILITY NAME:	retto Clea	ners		DATE: 3/22/2000
FACILITY LOCATION:	701-1 San	Jose 1	3/14.	
	ack sonville,	FL 32	2223	
RESPONSIBLE OFFICIAL:	awzi Kovio	ı/	_PHONE NUMBER	2: 904-260-1149
Based on the results of the co- compliance with DEP Rule 6				facility is found to be in
Based on the results of the co	ompliance requirements	evaluated during	this inspection, the f	ollowing compliance
COMPLIANCE REQUIRE	EMENT/PROBLEN	4 FO	LLOW-UP ACT	TION REQUIRED
		ı		
COMMENTS:		•		
The Annual Compliance Certification	form has been properly	certified and sub	mitted to the inspect	or. YES NO NO
DATE OF NEXT INSPECTION:_	$\mathcal{M}_{\mathcal{O}}$	arch, 20	00/	
	To	(Approximate)	ter	
INSPECTION CONDUCTED BY:		(Please, Print)	<u></u>	<u> </u>
INSPECTOR'S SIGNATURE:	affun L	Into	_PHONE NUMBEI	r: <u>904-630-3484</u>
	Page			Revised 10/96

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

399591

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 <u>NOT</u> Remove Label

AIRS ID # 0310457

LORETTO CLEANERS FAWZI KORIAL 11701-1 SAN JOSE BLVD JACKSONVILLE FL 32223 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353727

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

LORETTO CLEANERS FAWZI KORIAL 11701-1 SAN JOSE BLVD JACKSONVILLE FL 32223

AIRS ID # 0310457

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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 # 0310457

LORETTO CLEANERS FAWZI KORIAL 11701-1 SAN JOSE BLVD JACKSONVILLE FL 32223

FOR GOVERNMENT USE WILLY Orga 37550101000 EO: BI Fund: 20-2-035001 Obj.: 002273

N

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0310457

LORETTO CLEANERS FAWZI KORIAL 11701-1 SAN JOSE BLVD JACKSONVILLE FL 32223

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID#0310457

LORETTO CLEANERS FAWZI KORIAL 11701-1 SAN JOSE BLVD JACKSONVILLE FL 32723 FOR GOVERNMENT USE OF AIT Fund: 20-2-035001 DOD:: 002273



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

412013 DEC21 2001

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0310457

LORETTO CLEANERS FAWZI KORIAL 11701-1 SAN JOSE BLVD JACKSONVILLE FL 32223

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 11701-1 SAN JOSE BIUD JAX. PL 32223



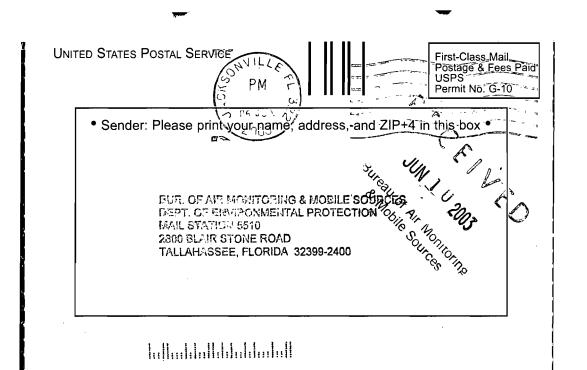


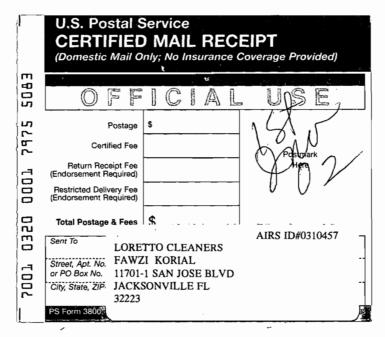
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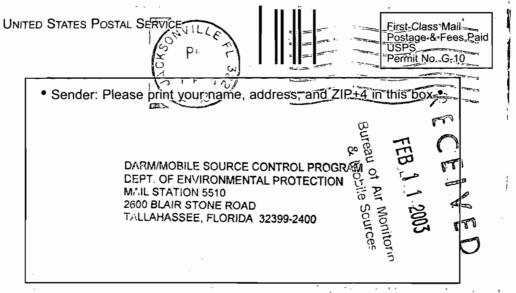
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<u></u>	Street, Apt. No.; LOR	ETTO CLE	EANER			
		)1-1 SAN J KSONVILI				

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:         <ul> <li>10 AIRS ID # 0310457001AG</li> <li>FAWZI KORIAL</li> <li>LORETTO CLEANERS</li> </ul> </li> </ul>	A. Signature  X
11701-1 SAN JOSE BLVD JACKSONVILLE FL 32223	3. Service Type  Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
7099 3400 0000 1453 1941	4. Restricted Delivery? (Extra Fee)
Article Number     (Transfer from service label)	
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-1540







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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
<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 reso that we can return the card to you.</li> <li>Attach this card to the back of the major on the front if space permits.</li> </ul>	verse piece,  FLORETA CANA  C. Signature  X Floreto Cony	7 2-7- ○
1. Article Addressed to:  AIRS ID#03  LORETTO CLEANERS  FAWZI KORIAL	D. Is delivery address different from the If YES, enter delivery address below 10457	=
11701-1 SAN JOSE BLVD JACKSONVILLE FL 32223	☐ Insured Mail ☐ C.O.D.	eipt for Merchandi
	<ol><li>Restricted Delivery? (Extra Fee)</li></ol>	Yes