

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 27, 1998

Mr. Wayne A. Jobson J & W Cleaners, Inc. 4100 Belfort Road Jacksonville, Florida 32216

Re: Facility No.: 0310459

Dear Mr. Jobson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 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"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	JAW CLEANERS, INC.
2.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): THE CLEMES S. INC. Site Name (For example, plant name or number): 1948 1948 1948 1948
3.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): The Cleanest Site Name (For example, plant name or number): Mobile Name (For example, plant name or number): Hazardous Waste Generator Identification Number:
4	Facility Location: 4100 BELFORT RD
	City: JACKSONVILLE County: DUVAC Zip Code: 32216
5.	Facility Identification Number (DEP Use):
-	0310459
	Responsible Official
6.	Name and Title of Responsible Official:
	WAYNE A JOBSON PRESIDENT
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: ORGANIZATION/FIRM: Street Address:
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (904) 281-0064 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: () -

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03/0459

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Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	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							,		
(1) w/ ref. condenser	111	Ava 97	1 AUC-97	[
(2) w/ carbon adsorber		,,,,,	1 1 1 2 1 1						
(3) w/ no controls	-								
Washer Unit		•					_	·	
(4) w/ ref. condenser									
(5) w/ carbon adsorber		 							
(6) w/ no controls								-	
Dryer Unit		'	·		<u>. </u>	<u></u>		<u> </u>	
(7) w/ ref. condenser									
(8) w/ carbon adsorber		-			-	-			
(9) w/ no controls		·							
Reclaimer Unit		<u> </u>			· <u>.</u>				
(10) w/ ref. condenser					_				
(11) w/carbon adsorber									-
(12) w/ no controls									
(b) Control devices are(c) No control devices	•		•			NSTA	Roc	C CI-	c`)
•					7.	<i>/ / / / / / / / / /</i>			
2.(a) What was the total of [95] (b) If less than 12 mont Check why it is less	gallo hs, ho	ns ow many? [] months		purchased in	the latest 12	mon	ths?	
3. What is the facility's so (Indicate with an "X".				defii	nitions found	in section (3) of]	Part II?	
Existing small ar	ea soi	urce [Ne	w sm	all area sour	ce			
Existing large are	a sou	irce []	Ne	w lar	ge area sourc	:e			

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 What control technology is required on mach (Indicate with an "X".) 	ines 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	
New large area source Refrigerated condenser	
	ons units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following site:
	(1) have a total heat input of 10 million BTU/hr or less (298 by natural gas except for periods of natural gas curtailment more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitori	ng and Recordkeeping Information
Check all logs which are required to be kept on-	site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitori	ng []
(d) Carbon adsorber exhaust perc concentration	monitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
W	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notifi statemen maintain	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.					
this notifi statemen maintain comply w	cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to					

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	03/0459
AIRS ID#:	OJIOTOI

Revised 10/10/90

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

						
FACILITY NAME:	J+W	Cleanes:	SITN	<i></i>		PATE: 92/4/98
FACILITY LOCATION:	4100	Belfor	+ Pd.		N L C	
-	Jackso	mville,	PC	322	16 SEI	סצעו 2 3
			<u>· </u>	_		. A: NA ::
				-		of Air Monitoring
Annual Reporting Period:	August	19	19 <u></u> 9	<u>%</u> TO _	9/10 11	obile Sources 1997
Based on each term or condi	ition of the Title V	/ general air per	rmit, my faci	lity has remain	ned in complianc	e with DEP Rule
62-213.300, Florida Admini	strative Code (F.A	A.C.), during the	e period cove	ered by this sta	tement QYE	S NO
If NO, complete the following	ıg:					
#1. Term or condition of the	•				during the repor	rting period stated above:
Exact period of non-complia	nce: from _	Aug	ust 19	1998 to	Seft.	10,198
Action(s) taken to achieve co	omplianæ: _	V.0	1. will	begin 1	Vsing Col	eile.
Method used to demonstrate	compliance:					
#2. Term or condition of the	•				during the repor	ting period stated above:
Exact period of non-complia					Seft.	10_1998
Action(s) taken to achieve co	ompliance: _	P.0	Will	begin (Using Ci	10_1998 Poleeler.
Method used to demonstrate						
					•	
As the responsible official, I made in this notification are upon rolling averages of pur year for transfer or combina	true, accurate an chase receipts, de tion facilities.	nd complete. Fu oes not exceed 2	irther, my an	nual consump s per year for	tion of perchloro	ethylene solvent, based
RESPONSIBLE OFFICIA	L: WAYN	E Jose (Please Print)	35 <u>02</u> _	Wo	Simones	10 Sc898
		e (Please Print)			Signature	

Page ____ of ___

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

Star cleaners (Arms # 0310438) is no longer in business. Machine has been removed from the location.

J & W Cleaners (Arms # 0310459) is no longer in business. Another cleaner has taken over and moved in to the building(Park Place Cleaners). I will give the new cleaner a new notification form to fill out and mail to you.

file

begin 644 TEXT.htm

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M30U'14Y%dD%43U("40H\+TA%040"40H\0D]\$62!B9T-Q&[R/2-F9F9F8@]

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	X	COMPLAINT/DISCOV	ÆRY 🗖
	RE-INSPECTION	a		
AIRS 1D#: <u>03/0459</u> D			N: 2.00 TIME	OUT: 2,30
	+ W Clear			
FACILITY LOCATION:	4/00 Be/1	Fort R	21.	
<u> </u>	Jacksonv	ille, F	-L 32216	
RESPONSIBLE OFFICIAL : CONTACT NAME:	Wayne Jo	bson	_ PHONE: <u>904-28</u>	31-0064
CONTACT NAME:	San	il	PHONE:	ine
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	0 days prior to startu	p		>
2. Facility failed to notify DARM	I to use general perm	it		o
L				
PART II: CLASSIFICATION				
Facility indicated on notification	n form that it is:		□ No notification form	
(check appropriate box)	101 M that it is:		☐ Drop store/out of bus	iness/petroleum
A.	> /	N	•	
A. 1. Existing small area source	e 💢 2	. New small a	rea source	
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	2 d	ry-to-dry only,	rea source x < 140 gal/yr .	
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e × 2 d	ry-to-dry only, ransfer only, x	rea source x < 140 gal/yr < 200 gal/yr	
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	e 2 d tu	ry-to-dry only, ransfer only, x oth types, x <	rea source x < 140 gal/yr < 200 gal/yr	
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2 d tr	ry-to-dry only, ransfer only, x oth types, x < constructed on	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	RE
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	2 d d tr	ry-to-dry only, ransfer only, x oth types, x < constructed on . New large a	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	RE
 A. 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 	e 2 d tr b (0 gal/yr d	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only,	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	R
 A. 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 	2 d tr b (0 gal/yr d gal/yr tr	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	R
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 A. 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 	d trib. (c) 2 2 4 20 gal/yr d d gal/yr tril/yr be	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	R
 A. 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) This is a correct facility class of the property of the propert	2 d tribe (0 c c c c c c c c c c c c c c c c c c	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on a ry-to-dry only, and remains a rule of rule of remains a rule of remains a rule of rule	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 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □Can not determine	RE

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at XY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? Y ON ONA 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? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated □Y XN 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? □N □N/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after MY □N 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?	QY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QY	ΠN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	Πv	□N	□N/A
	if machines are equipped with a carbon adsorber?			
	Is the perc concentration equal to or less than 100 ppm?	ЦY	ЦN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ПY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□и	□N/A

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

PART VI: LEAK DETECTION AND	REPAIRS					
1. Does the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection a	nd repair			
inspection?			XX ON			
2. Has the facility maintained a leak log?	•		□Y XX			
3. Does the responsible official check the	following areas for leaks	?				
Hose connections, fittings, couplings, and valves	XV ON ON/A	Muck cookers	Y ON ON/A			
Door gaskets and seating	AND NO YA	Stills	XY ON ON/A			
Filter gaskets and seating	DAY ON ON/A	Exhaust dampers	SXY ON ON/A			
Pumps	MY ON ON/A	Diverter valves	Y ON ON/A			
Solvent tanks and containers	AND NO TA	Cartridge filter housings	Y ON ON/A			
Water separators	AND NO ANA					
4. Which method of detection is used by	the responsible official?					
Visual examination (condensed s	olvent on exterior surfaces	s)	X X X			
Physical detection (airflow felt the	rough gaskets)		×			
Odor (noticeable perc odor)			×			
Use of direct-reading instruments						
Halogen leak detector	Q					
If using direct-reading instr	∕ N/A					
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON			
b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after each use	OY ON			
c. Inspected for leaks ar	nd obvious signs of wear o	n a weekly basis?	OY ON			
d. Kept in a clean and s	ecure area when not in use	e?	□Y □N			
e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	□Y □N			
Tost 1. linter 9/10/98						
Inspector's Name (Please Prin	nt)	Date of Inspec	ction			
ally 15		Softend	er, 1999			
Inspector's Signature	Vext Inspection					

ADDITIONAL SITE INFORMATION	V:
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	,

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	СОМ	PLAINT/DIS	SCOVERY	RE-INSI	PECTION
TIME IN: 2:00	TIME OUT:	2:3	OPM	AIRS ID#:	03/04	59
TYPE OF FACILITY: $_$	ry Cleane	7				1 60
FACILITY NAME:	J+W G	leane			DATE:	7/10/49
FACILITY LOCATION:	4/00 13e/	fort	Rd.	22011		<u>' , </u>
	JACKSON VIT			32216	ans 25	71 00/01/
RESPONSIBLE OFFICIAL:	- Wayne Ju	9650v	1	PHONE NUMBE	R: <u>707</u> -20	<u> </u>
Based on the results of the compliance with DEP Ru	-		_	-	facility is found	to be in
Based on the results of the discrepancies were noted	-	ents evalua	ated during th	is inspection, the	following compl	iance
COMPLIANCE REQU	IREMENT/PROB	LEM	FOL	LOW-UP ACT	TION REQU	IRED
O Lack Cleck 1e	cords NOT be	N+	¥.0	will Stow	t Using C	Elenla,
2) Condenser temp	CECOLS NOT	Keft	R.O.	will Sto	ot Using	Calenter
•						
					•	•
					,	
COMMENTS:						
•	_				<u> </u>	
The Annual Compliance Certifica	ation form has been pro	perly certif	ied and subm	itted to the inspect	tor. YES	NO
DATE OF NEXT INSPECTION	۷:	Seft	ember	, 1999		
		Ap)	proximate) ' Winte(
INSPECTION CONDUCTED I	3Y:	(Pla	ease Print)	_		
INSPECTOR'S SIGNATURE:	Jeffrey	Uni		PHONE NUMBE	R: 904-63	30-2800
		Page	of			Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	TAW CIENCES MC
2.	Site Name (For example, plant name or number):
	Sile Man
3.	Hazardous Waste Generator Identification Number:
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): THUCLEMMES, MC. Site Name (For example, plant name or number): Mobile Man. Hazardous Waste Generator Identification Number:
4.	Facility Location: 4100 BELFORT 2D
	Street Address: City: JACKSONVILLE County: DUNA C Zip Code: 32216
5.	Facility Identification Number (DEP Use):
	0310459
	Responsible Official
6.	Name and Title of Responsible Official:
	WAYNE A JOBSON PRESIDENT
7	Responsible Official Mailing Address: Organization/Firm: Street Address: Street Address:
	City: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (904) 281-0064 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
ľ	Street Address:
	City: 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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit					•				
(1) w/ ref. condenser	#1	Ava 97	1 AUC-97						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			•			<u> </u>	·		'
(4) w/ ref. condenser	T								
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			1		·			<u> </u>	
(7) w/ ref. condenser			I			-		1	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		1	'					<u>,</u>	
(10) w/ ref. condenser									
(11) w/carbon adsorber		i							<u> </u>
(12) w/ no controls	† <u> </u>							1	
(b) Control devices are(c) No control devices	аге го	equired to be	installed [_			NSTA			c`)
2.(a) What was the total of		-	roethylene (p	perc)	purchased in	the latest 12	2 mon	iths?	
(b) If less than 12 n ant Check why it is less	hs, ho than	ow many? [] months New owner:	[] New store	Did [X]	not k	eep records:	
3. What is the facility's so (Indicate with an "X".				defi	nitions found	l in section (3) of 1	Part II?	
Existing small are	ea soi	irce 🔣 🕽	Ne	w sm	all area sour	ce 🔀	M. 1	0	
Existing large are	a sou	irce []	Ne	w lar	ge area sour	e []		

	ontrol technology is require with an "X".)	uired on machines	s pursuant to section (5) of	Part II of this notification form?
	xisting large area source arbon adsorber	<u>e</u>	Refrigerated condenser	
	ew small area source efrigerated condenser	لكن	e [*]	·
	ew large area source efrigerated condenser			
to Rule 62-		y that all steam an	id hot water generating uni	o use the general permit pursuant is on-site meet the following
boiler HP c	or less), and (2) are fire	ed exclusively by r		10 million BTU/hr or less (298 ods of natural gas curtailment s fired.
All steam a No such un	nd hot water generating its on-site	z units exempt		
	Equipm	ent Monitoring	and Recordkeeping Infor	mation
Check all lo	ogs which are required t	to be kept on-site	in accordance with the req	uirements of this general permit:
(a) Purchase	e receipts and solvent p	ourchases		<u>×</u>
(b) Leak de	tection inspection and r	ераіг		X - 3 '
(c) Refriger	rated condenser tempera	ature monitoring		X-m
(d) Carbon	adsorber exhaust perc c	concentration mor	nitoring	
(e) Instrume	ent calibration			
(f) Starteun	shutdown malfunctio	n nlan		\times -3

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
(No air permits currently exist for the operation of the facility indicated in this notification form.					
	No. and the Official Continue					
	Responsible Official Certification					
	ts made in this notification are true, accurate and complete. Further, I agree to operate and					
maintain comply w	ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Imptly notify the Department of any changes to the information contained in this notification.					
maintain comply w	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.					

RECEIVED PERCHLOROETHYLENE DRY CLEANERS OCT - 6 199 COMPLAINT/DISCONFIX Monitoring COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION: ANNUAL **RE-INSPECTION** AIRS ID#: 03/0459 DATE:0 TIME IN: /O TIME OUT: FACILITY NAME: FACILITY LOCATION: byre Jobson _ PHONE: 904-281-0064 RESPONSIBLE OFFICIAL: 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: ■ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum 1. Existing small area source 2. New small area source drv-to-drv only, x < 140 gal/yr drv-to-drv only, x < 140 gal/vr transfer only, x < 200 gal/yrtransfer only, x < 200 gal/yrboth types, $x \le 140$ gai/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, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/vr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/vr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification $\Box Y$ $\square N$ □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number 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 <u>90</u> gallons.

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

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

Part of the second

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

PART VI: LEAK DETECTION AND	REPAIRS					
1. Does the responsible official conduct	a weekly (for small sources,	, bi-weekly) leak detection a	ınd repair			
inspection?			XY □N			
2. Has the facility maintained a leak log	?		ΠX XM			
3. Does the responsible official check th	e following areas for leaks?		/			
Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	XY ON ON/A			
Door gaskets and seating	Y ON ON/A	Stills	YY ON ON/A			
Filter gaskets and seating	Y ON ON/A	Exhaust dampers	OY ON MIN/A			
Pumps	MY ON ON/A	Diverter valves	OY ON MIN/A			
Solvent tanks and containers	AND NO THE	Cartridge filter housings	Y ON ON/A			
Water separators	YY ON ON/A					
4. Which method of detection is used by	the responsible official?					
Visual examination (condensed	Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt the	Physical detection (airflow felt through gaskets)					
Odor (noticeable perc odor)			A X X			
Use of direct-reading instrument	ation (FID/PID/calorimetric	tubes)	6			
Halogen leak detector						
If using direct-reading inst	rumentation, is the equipm	nent:	MN/A			
a. Capable of detecting	perc vapor concentrations i	n a range of 0-500 ppm?	DY DN			
b. Calibrated against a (PID/FID only)?	standard gas prior to and af	ter each use	OY ON			
c. Inspected for leaks as	nd obvious signs of wear on	a weekly basis?	□Y □N			
d. Kept in a clean and s	secure area when not in use?	, .	□Y □N			
e. Verified for accuracy	by use of duplicate samples	s (calorimetric only)?	□Y □N			

Inspector's Name (Please Print)

Office United Inspector's Signature

Date of inspection

May 2000
Approximate Date of Next Inspection

ADDITIONAL	SITE INFORMATIO	N:	a u = 111	 	
				•	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🔀 COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN:	1740
TYPE OF FACILITY: 1616. Ly Change	0/10/00
FACILITY NAME: J+W CRANECS FACILITY LOCATION: 4/00 Belfort	DATE: 8/17/97
Jacksonville, F	L 32216
RESPONSIBLE OFFICIAL: Wayne Jobson	PHONE NUMBER: 904-28/-0064
Based on the results of the compliance requirements evalu- compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
(D No leak log	R.D. Will begin log
DNO Temp. 109	R.O. Will begin 109
	·
COMMENTS:	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	125 A 1000
•	proximate)
INSPECTION CONDUCTED BY: (P)	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904/630-3484
Page	of Revised 10/96

AIRS ID#: 03/0459

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Revised 10/10/9

DRY CLEANER AIR QUALITY TENERAL PERMIT ANNUAL COMPLIANCE CERFFICATION FORM

FACILITY NAME: J+ W Chaners	, INC.	DATE: 4/19/99
FACILITY LOCATION: 4100 Belfort	Rd.	
Jack Sonville, 1	FL 32216	
Annual Reporting Period: Moy 19	_19 <u>98</u> то <u>Жо</u> у	1 Aug. 19, 1997
Based on each term or condition of the Title V general air permit,	my facility has remained in compl	iance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the per	iod covered by this statement.	YES NO
If NO, complete the following:		
#1. Term or condition of the general permit that has not been in a way of the	continuous compliance during the r	reporting period stated above:
Exact period of non-compliance: from May	1998 to Au	gust 19, 1999
Action(s) taken to achieve compliance:	. Will begin 109	
	inspection	
#2. Term or condition of the general permit that has not been in a 2 NO Condenser temp.	continuous compliance during the r	• • 1
Exact period of non-compliance: from	1, 1998 to A	0. 19, 1999
Action(s) taken to achieve compliance:	will begin log	
Method used to demonstrate compliance:	inspection	
·		·
As the responsible official, I hereby certify, based on information made in this notification are true, accurate and complete. Furthe upon roiling averages of purchase receipts, does not exceed 2.100 year for transfer or combination facilities.	r, my annual consumption of perch	loroethylene solvent, based
RESPONSIBLE OFFICIAL: Name (Please Print)	WAYNE SOB	350 22 NOV99
TVAILE (Flease Fillit)	, ощис	

^{*}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

200 - 1

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION	 CO	MPLAINT/DISCOVER	
AIRS ID#: <u>03/0359</u> da FACILITY NAME: <u>P</u> O	,		/ <u>0/0</u> time ou	T: /0 20
			1	
FACILITY LOCATION:				
·	Jack son vi	IR, FL	32257	
RESPONSIBLE OFFICIAL :			ONE: <u>904-73.</u>	3-8600
CONTACT NAME:	Same	РНО	ONE:	ne
·	<u> </u>			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30	days prior to startup		70	X .
2. Facility failed to notify DARM to	o use general permit	Bur		Ġ
			× 101	
PART II: CLASSIFICATION		of P.	11	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. Modry-tran.	治動剤	0 gal/yr gal/yr /yr	ss/petroleum
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ gaboth types, $140 \le x \le 1,800$ gal/y (constructed before $12/9/91$)	gal/yr dry- gl/yr trans r both	New large area souto-dry only, $140 \le x$ sfer only, $200 \le x \le 1$ types, $140 \le x \le 1$ structed on or after	x ≤ 2,100 gal/ут ≤ 1,800 gal/ут ,800 gal/ут	
•	V.	□N □Car	n not determine	,
5. This is a correct facility classif	fication XY	un uca		
If no, please check the appr	,	permit as number _	above a general permit	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) SKY □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 AVAR ND YO beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) $\square Y \square N$ 1. Equipped all machines with the appropriate vent controls? AVAD NE YE 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 DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? $\square Y \square N$ 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after $\square Y \square N$ verifying that the coolant had been completely charged?

В	. Has the responsible official of an existing large or new large area source also:		,	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	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?	ПY	□и	□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	ΠN	□N/A

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

	<u> </u>		,
PART VI: LEAK DETECTION ANI	REPAIRS		
1. Does the responsible official conduct	a weekly (for smail source	s. bi-weekly) leak detection	and repair
inspection?			AK DN
2. Has the facility maintained a leak log	g?		XIY □N
3. Does the responsible official check th	ne following areas for leaks	?	·
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	AND NO AK
Door gaskets and seating	TAY ON ON/A	Stills	XY ON ON/A
Filter gaskets and seating	AY ON ON/A	Exhaust dampers	DY ON TOWA
Pumps	TAY ON ON/A	Diverter valves	OY ON MIN/A
Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	Y ON ON/A
Water separators	¶Y □N □N/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfaces	3)	×
Physical detection (airflow felt t	hrough gaskets)		A
Odor (noticeable perc odor)			A
Use of direct-reading instrument	tation (FID/PID/calorimetri	c tubes)	
Halogen leak detector		-	
If using direct-reading inst	rumentation, is the equip	ment:	MN/A
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON
b. Calibrated against a (PID/FID only)?	standard gas prior to and a	fter each use	□Y □N
c. Inspected for leaks a	nd obvious signs of wear or	a weekly basis?	□Y □N
d. Kept in a clean and	secure area when not in use	?	□Y □N
e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	□Y □N
		· .	
Toff Winter	\mathcal{C}	celi	9/2010
Inspector's Name (Please Pri	nt)	Date of Inspec	ction
*		•	

4 of 5

Revised 9/15/97

ADDITIONAL SITE IN	FORMATION:	
		·
		•
	•	

AIRS ID#: 03/0359

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Park's Dry Cleaners DATE: 4/19/2000 FACILITY LOCATION: 5027 Sunbeam Rd.
FACILITY LOCATION: 5027 Sunbeam Rd.
Jack Son ville, FL. 32257
Annual Reporting Period: May 26, 1999 TO April, 19, 3200
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: Name (Please Print) Name (Signature) Name (Please Print)

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/D	ISCOVERY	RE-INSPECTION
TIME IN: 10/C	TIME OUT:	1020	AIRS ID#:	0310359
TYPE OF FACILITY:	erc. Dry Clea	aner		
FACILITY NAME:	Park'S Dry	Cleaners		DATE: 4/19/2000
FACILITY LOCATION:	5027 Sun		<u>u.</u>	. ,
	Jacksonv	ille, FC	32257	041/202 8/ 00
RESPONSIBLE OFFICIAL:	Jae W. Pa	rk_	_PHONE NUMBER:	904/733-8600
	he compliance requirement ule 62-213.300, Florida Ac			ility is found to be in
Based on the results of t discrepancies were noted	he compliance requirement	ts evaluated during	this inspection, the fol	lowing compliance
COMPLIANCE REQU	IREMENT/PROBLI	EM FO	LLOW-UP ACTI	ON REQUIRED
	_			
COMMENTS:	· <u>-</u>			-
COMMINICATION.				
<u> </u>				
The Annual Compliance Certific	ation form has been proper	rly certified and sub	mitted to the inspector	. YES NO
DATE OF NEXT INSPECTIO	N:	(Approximate)	2001	
INSPECTION CONDUCTED	BY: <u>Je</u>	ff Win	ter	
INSPECTOR'S SIGNATURE:	Jeffen	(Please Print)	_PHONE NUMBER:	904-630-1212
	/ // Pa	age of .		モル・ ク/0 7 Revised 10/96

Z 333 667 181

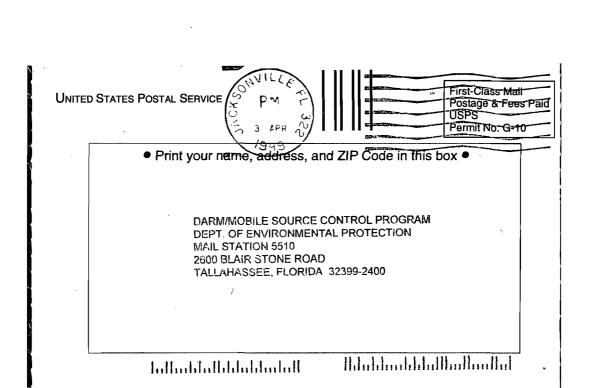
US Postal Service Receipt for Certified Mail

AIRS ID # 0310459

J + W CLEANERS WAYNE A JOBSON 4100 BELFORT ROAD JACKSONVILLE FL 32216

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whorn & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

on the reverse side?	Ol adolanua jo dol jano services. 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 spac permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e can return this e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
completed	3. Article Addressed to: AIRS ID # 0310459 J + W CLEANERS	4a. Article N 2 3 3 4b. Service	33 667 181
SS co	WAYNE A JOBSON 4100 BELFORT ROAD	Registere	su M Cennieu —
RES	JACKSONVILLE FL 32216	☐ Express I☐ Return Red	ceipt for Merchandise 🔲 COD
IN ADI		7. Date of De	4 7580 46 8
RETUE	5. Received By: (Print Name)	8. Addressee and fee is	e's Addréss (Only if requestign
s your	6. Signature: (Addressee or Agent) X		
	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt



	Z 333 E	.60	508,699
	US Postal Service Receipt for Cer No Insurance Coverage I Do not use for Internation	tified Provide	d Mail ad.
	Sent to	ΑI	RS ID # 0310459
W 41	- W CLEANERS AYNE A JOBSON 00 BELFORT ROAD ACKSONVILLE FL 32	216	
	Certified Fee		,
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whorn & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

on the reverse side?	SENDER: Gomplete 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.	e does not	I also wish to red following service extra fee): 1.	es (for an see's Address ed Delivery	eipt Service.
	3. Article Addressed to:	4a. Article N			. Š
completed	AIRS ID # 0310459	23	33 66C	508	51
Ē	J+W CLEANERS	4b. Service			٠Ž١
_	WAYNE A JOBSON	☐ Registere	ed	Certified	Æ
RESS	4100 BELFORT ROAD	☐ Express !	Mail	☐ Insured	<u>.</u>
RE	JACKSONVILLE FL 32216		ceipt for Merchandia		S
ğ		7. Date of De		TO STATE OF THE PARTY OF THE PA	. ₫
Z		2	13/6/90	TEE!	Š
	5. Received By: (Print Name)		s's Address (Sint)	Mrequested	hank
삞	\ ·	and fee is	paid)		٤
	6. Signature: (Addressee for Agent)	1	100	Sex !	
s your	XW Joleon		West.	109	1
<u></u>	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Ret	urn Receipt	' /

UNITED STATES POSTAL SERVICE



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION

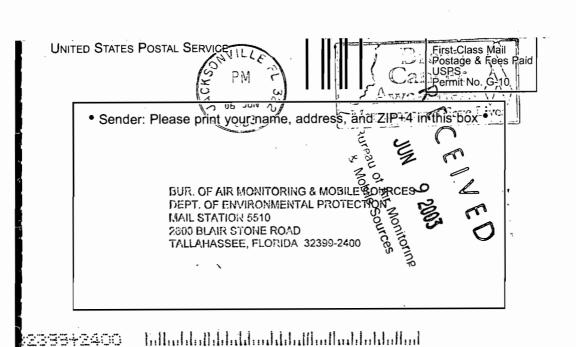
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

	U.S. Postal Service CERTIFIED MAIL REC (Domestic Mail Only; No Insurance	
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3.5	OFFICIA	L USE
7.5	Postage \$	10W
797	Certified Fee	Postmark
<u>-</u>	Return Receipt Fee (Endorsement Required)	Here
0007	Restricted Delivery Fee (Endorsement Required)	` .
20	Total 10 AIRS ID # 0310459001	A.G.
03	Sent To WAYNE A JOBSON	AG
	Street, K & S CLEANERS INC	
7007	or PO E 4100 BELFORT ROAD City, St. JACKSONVILLE FL 32210	
annua (PS Form 3800 January 200 Janua	SeelReverse for Instructions

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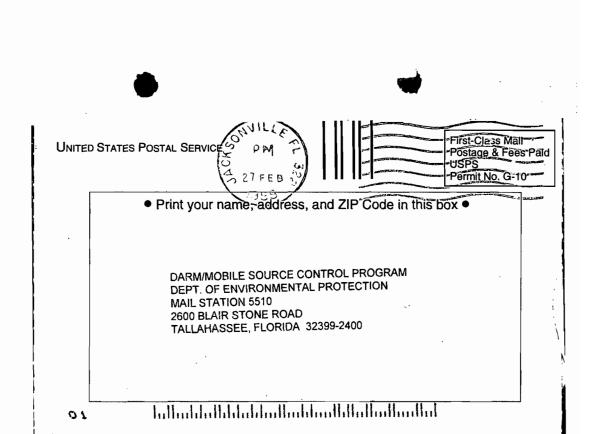
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Signature X
10 AIRS ID # 0310459001AG WAYNE A JOBSON K & S CLEANERS INC	If YES, enter delivery address below: ☐ No
4100 BELFORT ROAD JAČKSONVILLE FL 32216	3. Service Type Certified Mail
7001 032010001177775 3575 PS Form 3811, August 2001 Domestic Ret	4. Restricted Delivery? (Extra Fee) Yes Yes 102595-02-M-1540



,	P 174 05 US Postal Service Receipt for Cer	\sqrt{N}	(1)
W 4	+ W CLEANERS /AYNE A JOBSON 100 BELFORT ROAD ACKSONVILLE FL 32	AIRS ID # 03104:	59
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
 PS Form 3800 , April 1995	Postmark or Date		
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reverse side?	SENDER: O) ədojənuə jo doj Jəno Complete items 1 and/ Complete items 3, 4a, Print your name and address on the reverse of this form so that we card to you.	e cau term this	taiso wish to receive the following services (for an extra fee):
on the reve	 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. 	e number.	1. ☐ Addressee's Address 2. ☐ Restricted Delivery Consult postmaster for fee.
our RETURN ADDRESS completed of	AIRS ID # 0310459 J + W CLEANERS WAYNE A JOBSON 4100 BELFORT ROAD JACKSONVILLE FL 32216 5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	7. Date of De	Type ad Criffied Mail ACKS Insured ceipt for Merchandise 22 COD alivers as Additions (Online) requisited
s yc	PS Form 3811 , December 1994	2595-97-B-0179 _.	Domestic Return Receipt



STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION TWIN TOWERS OFFICE BUILDING - - 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-240 POSTALIA 51216 ACKSONVILLE, R. 32216-5996 Bureau of Air Monitoring & Mobile Sources EEWAYNEAJOBSON 4100 BELFORT ROAD JACKSONVILLE FL 32216 SENDER::COMPLETE:THIS SECTION:.... A. Received by (Please Print Clearly) B. Date of Delivery Complete items 1, 27 and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you.

Attach this card forthe back of the mailpiece, or on theirront if space permits. □ Agent ☐ Addressee D. Is delivery address different from item 1? If YES, enter delivery address below: 1. Article Addressed to: AIRS ID # 0310459 J+W CLEANERS WAYNE A JOBSON 4100 BELFORT ROAD 3. Service Type ☐ Express Mail - · · -Certified Mail JACKSONVILLE.FL 32216 ☐ Return Receipt for Merchandise. Registered ☐ Insured Mail ☐ C.O.D. Z210 663 112 ☐ Yes 4. Restricted Delivery? (Extra Fee): 2. Article Number (Copy from service label) 102595-99-M-1789 estic Return Receipt

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION TWIN TOWERS OFFICE BUILDING 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

-WAYNE-A-JOBSON----4100 BELFORT ROAD JACKSONVILLE FL'32216

