

## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 21, 1998

Mr. John Hannoush Signature Cleaners 9719 San Jose Boulevard #5 Jacksonville, Florida 32257

Facility No.: Re: 0310461

Dear Mr. Hannoush:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 8, 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".

S & L Cleaners 9719-5 San Jose Blvd. Jacksonville, Florida 32257

To:

Department of Environmental Protection

Re:

Annual Emissions fee

Dear Sandra Bowman:

The premises located at 9719 San Jose Blvd. #5 Jacksonville, Florida 32257 used to be "Signature Cleaners," which was a dry cleaning plan which falls under rule 62-213.300. I am the new owner of this facility but the premises is no longer operates as a full plan which uses chemicals. It became

Attached, please find a copy of boiler inspection.

a drop- off service since Aug. 1, 2001.

Please call me if you need any further information at (904) 260-8211.

Thank you

Sincerely,

Sam Hannoush



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 26, 2001

S&L CLEANERS 9719 SAN JOSE BLVD. UNIT 5 JACKSONVILLE, FL 32257

Subject: S&L CLEANERS

REGISTRATION NUMBER: G01325900166

This will acknowledge the filing of the above fictitious name registration which was registered on November 26, 2001. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/cd Division of Corporations

Letter No. 801A00062616



Bepartment of State

I certify from the records of this office that S&L CLEANERS is a Fictitious Name registered with the Department of State on November 26, 2001.

The Registration Number of this Fictitious Name is G01325900166.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-sixth day of November, 2001



CR2EO22 (1-99)

Katherine Harris Katherine Harris

Secretary of State



DI4-379, 10-1-2000

## BEST AVAILABLE CORY DIVISION OF STATE FIRE MARSHAL BUREAU OF FIRE PREVENTION Boiler-Fired Pressure Vessel BOILER SAFETY PROGRAM

# REPORT OF INSPECTION

DATE INSPECTED CERT EXP DATE CERTIFICATE POSTED FOLLOW UP INSPECTION OF THE INSPECTI	NO. 🗅
OWNER  SIGNATURE OF BUSINESS KIND OF INSPECTION CERTIFICATION INSPECTION INSPECTION INSPECTION VES A V	
OWNERS STEET ADDRESS  OWNERS CITY  OWNERS CITY  OWNERS CITY  OF JUNE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>1</u> 57
USERS NAME - OBJECT LOCATION SPECIFIC LOCATION IN PLANT OBJECT LOCATION - CO	-J
CHARLES SAN IDSE BUILT MANUFACTURER	157
4 M FT D WT D CI D OTHER 1997 MNETROD OF FIRING PRESSURE GAGE TEST	
5 POWER O PROCESS O STEAM HTG. O HWH O HWS O OTHER PRESSURE ALLOWED SAFETY - RELIEF VALVES HEATING SURFACE OR BTU	
THIS INSPECTION PREV INSPECTION SET AT TOTAL CAPACITY IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED?  HYDRO TEST	
7 YES NO NO (IF NO EXPLAIN FULLY UNDER CONDITIONS) CONDITIONS: With respect to the internal surface, describe and state location of any scale, oil or other deposits. Give location	<b>iz</b> tNO n and
extent of any corrosion and state whether active of inactive. State location and extent of any erosion, grooving, but warpping, cracking or similar condition. Report on any defective rivers; bowed, loose or broken stays. State conditions all tubes, tube ends, coils, nipples, etc. Describe any adverse conditions with respect to pressure gage, water conditions.	ion of lumn,
gage glass, gage cocks, safety valves, etc. Report condition of setting, linings, baffles, supports, etc. Describ major changes or repairs made since last inspection.	e any
Chathan hours vermond be a source	
pocar ps von a arop off pom.	
aka SAL Cleanes	
	4
9. REQUIREMENTS: (List Code Violations)	
	• •
10. NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED	•
THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION	
	NT. NO

#### Bowman, Sandy

From:

Bill Coffman [COFFMAN@coj.net]

Sent:

Tuesday, July 06, 2004 2:52 PM

To:

Bowman, Sandy

Subject: Dry Cleaners

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

The following are now drop sites.

0310400

0310362

0310364

0310367

0310484

0310474

0310461

0310416

0310370

0310370

0310495

0310365

0310446

0310435

0310411

The following sites are closed.

0310498

0310481

0310502

0310391

0310490

0310412

0310476

The following sites are no longer using perchloroethylene.

0310417

0310371

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

Thanks Bill COffman

## 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): DAS of PONIE Vedra, Int., Site Name (For example, plant name or number): Signature Cleaners 3. Hazardous Waste Generator Identification Number: 4. Facility Location: 9719 SAN JOSE BIRD HS Street Address: JACKSON Wille, FL County: Dural Zip Code: 5. Facility Identification Number (DEP Use): 0310461 Responsible Official 6. Name and Title of Responsible Official: TOHN HANNONSh Responsible Official Mailing Address: Organization/Firm: 519nAture Cleaners Street Address: 9719 SAN JOSE BURG. #5 City: Dura L 8. Responsible Official Telephone Number: Telephone: (9v4) 260 - 8211 Fax: ( Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: SAME Street Address: City: Zip Code: County: 11. Facility Contact Telephone Number: Telephone: ( Fax: ( ) SAMe

Perchloroethylene Dry Cleaning Facility Notification

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

# 

0/3	
6.	add Title of Responsible Official.
	<u>.</u>
	!
0/18/98	Stated that he is the owner of Signature Cleaners and Das of Ponte Vedra, Inc.
1/10/10	stated that he is the owner of
	Signature Cleaners and Das of Ponte
	Vedra, Inc.
. `	
	<u> </u>
.	
1 ,	

### **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			<del></del>		<del></del>		_		
(1) w/ ref. condenser		S-MAY QZ	3MA492				_		
(2) w/ carbon adsorber		7 7 7 7 2	71-				_		
(3) w/ no controls									
Washer Unit		<u> </u>				<u> </u>		<u> </u>	<del></del>
(4) w/ ref. condenser									
(5) w/ carbon adsorber					· <u></u>			Ì	-
(6) w/ no controls							_		
Dryer Unit								'	
(7) w/ ref. condenser									
(8) w/ carbon adsorber		`							
(9) w/ no controls						_			
Reclaimer Unit						·			
(10) w/ ref. condenser						ı	-		
(11) w/carbon adsorber						, -			
(12) w/ no controls									
(b) Control devices are (c) No control devices are  2.(a) What was the total q  2.5 [2.5]  (b) If less than 12 month Check why it is less	uanti gallo	equired to be  ty of perchlo  ns  ow many? [	installed [roethylene (p	perc)	purchased in				
3. What is the facility's sou (Indicate with an "X". S Existing small are Existing large are	Select a sou	one classific	cation only.) Ne	w sm	nitions found all area sourc	ce L	o) of 1	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	nits shall not be eligible to use the general permit pursuant I hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration moni	toring
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

#### Surrender of Existing Air Permit(s)

Please indicate	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)
Y	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain ti	rsigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the hall terms and conditions of this general permit as set forth in Part II of this notification form.
I will prom	ptly notify the Department of any changes to the information contained in this notification.
Bignature	8-31-98 Date

2. Site  3. Ha  4. Fac  Structure of Mesfonsible Official.  Graph of Agriculture of Mesfonsible Official.  Site of Mesfonsible Official.  Graph of Agriculture of City Signature Cleaners and Das of Ponte 32257  5. Fac Velva, Inc.  46/
2. Sit.  3. Ha  4. Fac Str States that he is the owner of Cir Signature Cleaners and Das of Ponte 32257  5. Fac  Vedra J. ne.
4. Fac States that he is the owner of Cit Signature Cleaners and Das of Ponte 32257  5. Fac Vegra, I ne.
4. Fac States that he is the owner of Cit Signature Cleaners and Das of Ponte 32257  5. Fac Vegra, I ne.
4. Fac 9/18/98 State to John Harnoush and he Str Stated that he is the owner of Cit Signature Cleaners and Das of Ponte 32257  5. Fac Vegra J. nc.
5. Fac Vegral J. nc.
5. Fac Vedia Inc.
461
(A) THE A A/W VIV
6. Nar
7. Res Org Stre
Stre City
8. Res
Tek
En of 1 144 ED
9. Name and Title of Facility Contact (For example, plant manager):  Vehicles Monitoring  To the Hannocish - owner  10. Facility Contact Address:  SAME
TOHN HANNOUSH - OWNER OUNCESTING
10. Facility Contact Address:  SAME  Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) Fax: ( )

## BEST AVAILABLE COPY

	Perchloroethylene Dry Cleaning Facility Notification	
	Facility Name and Location	
	racinty (value and Location)	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  DAS of PONIE VeDrA, Int., 300 of Site Name (For example, plant name or number):	
2.	Site Name (For example, plant name or number):	_
	Signature Cleaners	)
3.	Hazardous Waste Generator Identification Number:	
		٠
4.	Facility Location: 9719 SAN JOSE BILD, HS Street Address:	
	City: JACKSON VIlle, FL County: DUVAL Zip Code: 32257	
5.	Facility Identification Number (DEP Use):	
	031046	
	Responsible Official Sureau	ر ۲
6.	Name and Title of Responsible Official:	C
1	Name and Title of Responsible Official:  To HN HANNONSh - OWNEY  Responsible Official Mailing Address:  Organization/Firm: 5: Given the Cleanurs	
17	Responsible Official Mailing Address:  Organization/Firm: 5.9 n n to Cleaners	
:	Street Address: 97 19 Can Taco Burd.	
	City: Zip Code: _ Zip Code: _	
	JAX FL DurkL 32257	
8.	Responsible Official Telephone Number: Telephone: (タッリ) 266-8211 Fax: ( ) ールル	
<u> </u>		
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
	VIAN HANNOCISH - OWNER	
10.	Facility Contract Address.	
	SAME	
	Street Address:	
	City: County: Zip Code:	
11.	Facility Contact Telephone Number:	
	Telephone: ( ) - Fax: ( ) -	

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#### **Facility Information**

I.(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	ĺ	Initially	Device		Initially	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		5-MAY 92	3MA492	F					
(2) w/ carbon adsorber			, ,						
(3) w/ no controls									
Washer Unit					-				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls							_		
Dryer Unit			•		•				
(7) w/ ref. condenser					i				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reciaimer Unit		<u></u>			,				
(10) w/ ref. condenser		į (					-	1	
(11) w/carbon adsprber					ĺ				i
(12) w/ no controis		1 1							
(b) Control devices are  (c) No control devices:  2.(a) What was the total q  2.5  (b) If less than 12 month Check why it is less	are re uanti gallo	equired to be try of perchlo	installed [roethylene (	perc)	purchased in	•			
3. What is the facility's sou (Indicate with an "X". S	Select	t one classific	cation only.)		nitions found	2	5) of l	Part II?	
Existing small are  Existing large are	•				all area sour				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

	ontrol technology is requite with an "X".)	ired on machines	pursuant to section (5) of	Part II of this notification form?
	xisting large area source	:	Refrigerated condenser	
	lew small area source efrigerated condenser	X	ê .	
	lew large area source efrigerated condenser			
				•
to Rule 62-		that all steam and	d hot water generating un	to use the general permit pursuant its on-site meet the following
boiler HP o	or less), and (2) are fire	d exclusively by no		10 million BTU/hr or less (298 ods of natural gas curtailment is fired.
All steam a	and hot water generating nits on-site	units exempt	<b>*</b>	
	Equipm	ent Monitoring a	nd Recordkeeping Info	rmation
Check all lo	ogs which are required t	o be kept on-site i	n accordance with the rec	quirements of this general permit:
(a) Purchas	se receipts and solvent p	urchases		$\times$
(b) Leak de	etection inspection and r	epair		$\preceq$
(c) Refriger	rated condenser tempera	ture monitoring		
(d) Carbon	adsorber exhaust perc c	oncentration mon	itoring	
(e) Instrum	ent calibration			
(f) Start-up	o, shutdown, malfunction	n plan		$\angle$

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

#### Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t comply wi	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.  Inptly notify the Department of any changes to the information contained in this notification.
Bignaure	2-31-98 Date

DEP Form No. 62-213.900(2) Effective: 6-25-96 AIRS ID#: 03/046/

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	<u> </u>
FACILITY NAME: Signature Cleaners	DATE \$ / 29/98
FACILITY LOCATION: 9719 San Jose Blud.	Bur OCT V
Jackson ville, FL 32257	7 \$ MOTA 1948
	Me Mo
Annual Reporting Period: May 475 1998 TO	9/29 Outer 10/18
Based on each term or condition of the Title V general air permit, my facility has remained i 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 section log Not keft	ing the reporting period stated above:
Exact period of non-compliance: from 5/4/98 to	9/29/98
Action(s) taken to achieve compliance: R.D. Will Start Using	Calender
Method used to demonstrate compliance: Le inspection.	
#2. Term or condition of the general permit that has not been in continuous compliance during 5(c) Roffigerated Condenser temp. 109 NOT	
Exact period of non-compliance: from	9/29/98
Action(s) taken to achieve compliance: R.O. Will Start US. ug	Calender
Method used to demonstrate compliance: Reins Rethon.	
As the responsible official, I hereby certify, based on information and belief formed after reamade in this notification are true, accurate and complete. Further, my annual consumption upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-tyear for transfer or combination facilities.	of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: John Channouch Name (Please Print) Sign	nature Date

Page \_\_\_\_\_ of \_\_\_\_.

<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

<b>TYPE</b>	OF	INSPECTION:

**ANNUAL** 

COMPLAINT/DISCOVERS/Air MONITO

**RE-INSPECTION** 

Bureau of Air Monitoring AIRS ID#: <u>03/046/</u> DATE: <u>9/29/98</u> TIME IN: <u>//00</u> TIME OUT: <u>//30</u> FACILITY NAME: Signature Cleaners

RESPONSIBLE OFFICIAL: John Hannoush PHONE: 904-260-8211

PHONE: CONTACT NAME:

#### PART I: NOTIFICATION

FACILITY LOCATION: \_\_\_\_

(check appropriate box)

A.

1. New facility notified DARM 30 days prior to startup

RECEIVED

2. Facility failed to notify DARM to use general permit

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

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

- 5. This is a correct facility classification
- ΆΛ  $\square N$
- □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 <u>5</u> gallons.

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? □N □N/A 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 ON MNA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the

XY □N □N/A

XY ON ON/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

condenser upon opening the door?

condenser exceeded 45° F?

condenser on a weekly/bi-weekly basis?

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

## PART V: RECORDKEEPING REQUIREMENTS

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

P	ART VI: LEAK DETECTION AND	REPAIRS				
1.	Does the responsible official conduct	weekly (for small source	ces, bi-weekly) leak detection a	nd repair		
	inspection?			λαχν □n		
2.	Has the facility maintained a leak log	?		□Y XXN		
3.	Does the responsible official check the	following areas for leal	ks?	•		
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	XY ON ONA		
	Door gaskets and seating	XX ON ON/A	Stills	XY ON ON/A		
	Filter gaskets and seating	DAY ON ON/A	Exhaust dampers	YY ON ON/A		
	Pumps	MY ON ON/A	Diverter valves	XY ON ON/A		
	Solvent tanks and containers	TAY ON ON/A	Cartridge filter housings	Y ON ON/A		
	Water separators	A/NO NO YA				
4.	Which method of detection is used by	the responsible official?	•			
	Visual examination (condensed s	solvent on exterior surface	ces)	×		
	Physical detection (airflow felt the	rough gaskets)		X X X		
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading inst	rumentation, is the equ	ipment:	<b>⊠</b> N/A		
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	d after each use	OY ON		
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and s	_	-	□Y □N		
	•		ples (calorimetric only)?	OY ON		
	· · · · · · · · · · · · · · · · · · ·					
_			·			
	$\mathcal{L}_{\infty}$ .			100		
	Jett Winter	<u> </u>	9/29	198		
	Inspector's Name (Please Pri	nt)	Date of Inspec	ction		

Revised 9/15/97

AUGUST 1999
Approximate Date of Next Inspection

ADDITIONAL SITE INFORM	ATION:	
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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X CC	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: //00	TIME OUT:	//30 AIRS ID#: 03	3/0461
TYPE OF FACILITY:	y Cleaner		
FACILITY NAME:	Signature Clear	ners I	DATE: 9/29/98
FACILITY LOCATION:		re B/W.	
	Jack son ville, F		
RESPONSIBLE OFFICIAL:	John Hannoush	PHONE NUMBER: 9	14-260-8211
<del></del>	he compliance requirements eva ule 62-213.300, Florida Admini	luated during this inspection, the facili- strative Code (F.A.C.).	ty is found to be in
Based on the results of t discrepancies were note	<del>-</del>	luated during this inspection, the follow	ving compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTION	N REQUIRED
	,		
LOOK 109 NOT	kept .	R.O. Will Stans	+ USing Calcule
4.4			,
Refrigurated Con	Jenser/og NOT ko	pt K.O. Will Star	+ Using Calende
	•		
			Pr
			Sure OCT VE
			Supple Su
			Sure Sur Nonitor Nobile Sources of The
			- Ces Ing
			Ç
CO) O (E) ITC.			
COMMENTS:		•	
The Annual Compliance Certific	cation form has been properly cer	tified and submitted to the inspector.	YES NO NO
DATE OF NEXT INSPECTIO		15t, 1999	
	Torr	Approximate)	
INSPECTION CONDUCTED		Please Print)	· · · · · · · · · · · · · · · · · · ·
INSPECTOR'S SIGNATURE:			904-630-2800
	Page	$\frac{1}{1}$ of $\frac{1}{1}$ .	Revised 10/96

## PERCHLOROETHYLENE DRY CLEANER

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

**ANNUAL** 

CLEANER of Air Monder of Air M

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EIVE

RE-INSPECTION

2-1142LEC 116	JIN	_	

IRS ID#: 03/046/ DATE: 6/22/99 TIME IN: //00 TIME OUT: //20
ACILITY NAME: Signature Cleaners
ACILITY LOCATION: 9719 San Jose Blvd.
Jack Sonville, FL 32257
ESPONSIBLE OFFICIAL: John Hannoush PHONE: 904-260-8211
ONTACT NAME: Some PHONE: Some
ART I: NOTIFICATION

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
A	
1. Existing small area source ☐	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, $x < 200 \text{ gal/yr}$
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source □	4. New large area source □
dry-to-dry only, $140 \le x \le 2.100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
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	YY DN Can not determine
If no, please check the appropriate classific	ation:
	neral permit as number above
1	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was	archased within the preceding 12 months by this dry cleaning

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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 AMD NG Y 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?	ΟY	□N	
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	ΠN	□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?	QY	□N	□N/A
	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion: is at least 2 duct diameters upstream from any bend, contraction, or expansion: and downstream from no other inlet?	□Y	□и	□N/A
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□N	_ □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□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; 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 MNA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XXV/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? XXY □N 7. Maintained deviation reports? □Y □N **X**N/A Problem corrected? 8. Maintained compliance plan, if applicable? ND YD

PAR	TVI: LEAK DETECTION AND	REPA	IRS_				
1. Do	es the responsible official conduct	a weeki	y (for	small sou	rces, bi-weekly) leak detection	and re	pair
in	spection?					YEY	. □N
2. Ha	s the facility maintained a leak log	?				XX	Z □N
3. Do	es the responsible official check th	e follow	ring a	reas for le	aks?	,	
	Hose connections, fittings, couplings, and valves	× X	□N	□N/A	Muck cookers	XY	' □N □N/A
	Door gaskets and seating	Y	ПN	□N/A	Stills	XX	ON ON/A
	Filter gaskets and seating	Y	ΠИ	□N/A	Exhaust dampers	ΟY	ON MANIA
	Pumps	YY	ПN	□N/A	Diverter valves	ΠY	' □N <b>X</b> (N/A
	Solvent tanks and containers	AX	ПN	□N/A	Cartridge filter housing	s X	□N □N/A
	Water separators	AY	ΠN	□N/A	. :		
4. Wi	nich method of detection is used by	the resp	onsib	le official	?		
	Visual examination (condensed	solvent	on ex	terior surf	aces)	A	
	Physical detection (airflow felt the	rough (	gaske	ts)		X	
	Odor (noticeable perc odor)					k k	
	Use of direct-reading instrument	ation (F	TD/P	D/calorin	netric tubes)		
	Halogen leak detector						
	If using direct-reading inst	rument	ation,	, is the eq	uipment:	AN	' <b>A</b>
	a. Capable of detecting	perc va	por c	oncentratio	ons in a range of 0-500 ppm?	ΊΥ	$\square$ N
	b. Calibrated against a (PID/FID only)?	standar	d gas	prior to ar	nd after each use	ΩY	□N
	c. Inspected for leaks a	nd obvio	ous si	gns of wea	r on a weekly basis?	$\Box$ Y	□N
	d. Kept in a clean and s	ecure a	rea w	hen not in	use?	$\Box$ Y	□N
	e. Verified for accuracy	by use	of du	plicate san	nples (calorimetric only)?	ПY	□N
	Toll Winter	·			6/22	199	
	Inspector's Name (Please Pri	nt)			Date of Inspe	ection	
	Ollms In	nto			June	ر رور کار	000
	Inspector's Signature				Approximate Date of	Next In	Ispection

ADDITIONAL SITE INFORMATION:		
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		,

AIRS ID#: 03/046/

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## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	<del>/</del> -
FACILITY NAME: Signature Cleaners DATE: 6/22/	100
FACILITY LOCATION: 9719 San Jose Blvd.	
Jack Sonville, FL 32257	_
Annual Reporting Period: June 22, 1998 to June 22, 19	99
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	e:
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	e:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statement made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Date	i

<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: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: //00 TIME OUT:	// 20 AIRS ID#: 03/046/
TYPE OF FACILITY: Perc. Dry C	Pleaner
FACILITY NAME: Signature	Cleaners DATE: 6/22/99
FACILITY LOCATION: 97/9 S	an Jose Blw.
Jackson	ville, FL 32257
RESPONSIBLE OFFICIAL: John Ho	244 OUSL PHONE NUMBER: (904) 260-8211
Based on the results of the compliance requirem compliance with DEP Rule 62-213.300, Florida	nents evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.).
Based on the results of the compliance requirem discrepancies were noted:	nents evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROB	LEM FOLLOW-UP ACTION REQUIRED
	,
	·
COMMENTS:	
COMMENTS.	
<u> </u>	
The Annual Compliance Certification form has been pro-	operly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	June, 2000
DATE OF REAL MOLECTION.	(Approximate)
INSPECTION CONDUCTED BY:	eff Winter
INSPECTOR'S SIGNATURE:	(Please Print)  With PHONE NUMBER: 904/630-348)
	Page of Revised 10/

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL		· )=-	COMPLAINT	7DISCOV	ERY 🚶	<u> </u>	
	RE-INSPECTION	ON	ٔ			1		·
AIRS ID#: <u>03/046/</u> D					TIME C	OUT:	03	5
FACILITY NAME:	Signatur	e (	Jean	ners				_
FACILITY LOCATION:	9719	San	Jos	e Blul. 7	#5			_
				EL 32		·		
RESPONSIBLE OFFICIAL : _			_				<i>!!</i>	_
CONTACT NAME:	Sa	ne		_ PHONE:	Sa	Ne		_
-								
PART I: NOTIFICATION		<u> </u>						
(check appropriate box)								
1. New facility notified DARM 30	0 days prior to sta	rtup					X	
2. Facility failed to notify DARM	to use general pe	rmit					<u> </u>	
PART II: CLASSIFICATION				_				
								▔
Facility indicated on notification (check appropriate box)	form that it is:			☐ No notificat☐ Drop store/o		ness/petr	oleum	
(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)		dry-to- transfe both ty (constr	dry only only, x only, x only, x only, x only, x only, x only only only only only only only only	□ Drop store/of trea source  x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	out of busi		roleum	スロ
<ul> <li>(check appropriate box)</li> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91)</li> </ul>	00 gal/yr gal/yr	dry-to-transfe both ty (constr	dry only or only, x /pes, x < ructed on w large a dry only or only, 20 /pes, 140 ructed on	□ Drop store/of trea source  , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  rea source , 140 ≤ x ≤ 2,100 00 ≤ x ≤ 1,800 gal/y or after 12/9/91)	out of busi  gal/yr hl/yr	Bureau of & Mot	7 2000 JUN - 7 2000	XICI Y
<ul> <li>(check appropriate box)</li> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91)</li> <li>5. This is a correct facility class</li> </ul>	00 gal/yr gal/yr /yr	dry-to-transfe both ty (construction of the dry-to-transfe both ty	dry only or only, x pes, x < ructed on w large a dry only or only, 20 pes, 140	☐ Drop store/of  Trea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ The or after 12/9/91)  Trea source $x < 140 \le x \le 2,100$ $x < 1,800 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$	out of busi  gal/yr hl/yr		NUL	XICI VI
<ul> <li>(check appropriate box)</li> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91)</li> <li>5. This is a correct facility class</li> <li>If no, please check the approximation</li> </ul>	00 gal/yr gal/yr /yr sification propriate classific	dry-to-transfe both ty (construction)  4. New dry-to-transfe both ty (construction)	or only, x /pes, x < ructed on w large a or only, 20 /pes, 140 ructed on	□ Drop store/of  Trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  Trea source $140 \le x \le 2,100$ $200 \le x \le 1,800 \text{ gal/y}$ or after $12/9/91$ )  □ Can not dete	gal/yr	Bureau of & Mot	NUL	XICI VI
<ul> <li>(check appropriate box)</li> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91)</li> <li>5. This is a correct facility class If no, please check the approximation facility</li> </ul>	00 gal/yr gal/yr /yr	dry-to- transfe both ty (constr  4. New dry-to- transfe both ty (constr  Y  ation: neral per	redry only or only, x /pes, x < ructed on w large a dry only or only, 20 /pes, 140 ructed on	□ Drop store/of  Trea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ Trea source $x < 140 \le x \le 2,100$ $x < 1,800 \text{ gal/yr}$ The or of after 12/9/91)  □ Can not dete	gal/yr rmine above	Bureau of & Mot	NUL	X C C C C C C C C C C C C C C C C C C C

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 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 I 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?

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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?	□Y	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
ľ	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	$\square$ 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
ł	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	$\square$ N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ПY	□N	□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	□N	□N/A
	· · · · · · · · · · · · · · · · · · ·			
PA	ART 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: Y ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN. 4. Maintained calibration data? (for applicable direct reading instruments) □Y □N XN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? ALY DIN Y N YN/A 7. Maintained deviation reports? Problem corrected? □Y □N XIN/A 8. Maintained compliance plan, if applicable?

P	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct a	a weekly (for small source	es, bi-weekly) leak detection a	nd repair
	inspection?			Agr □N
2.	Has the facility maintained a leak log?			ATY ON
3.	Does the responsible official check the	e following areas for leaks	s?	•
	Hose connections, fittings, couplings, and valves	TAY ON ON/A	Muck cookers	Y 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	DY DN TAN/A
	Pumps	YOU ON ON/A	Diverter valves	OY ON MAN/A
	Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	YY ON ON/A
	Water separators	YEY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed s	solvent on exterior surface	es)	4
	Physical detection (airflow felt th	rough gaskets)		Agr.
	Odor (noticeable perc odor)			本
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	
	Halogen leak detector			
	If using direct-reading instr	rumentation, is the equip	oment:	TAN/A
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON
	<u> </u>	standard gas prior to and	after each use	_
	(PID/FID only)?			□Y □N
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	□Y □N
	d. Kept in a clean and s	ecure area when not in us	e?	□Y □N
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON
	Jeff Winter		5/5/	2000
	Inspector's Name (Please Pri	nt)	Date of Inspection	

Approximate Date of Next Inspection

	ADDITIONAL SITE INFORMATION:		 
ĺ			

AIRS ID#: 03/0//6/

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		· ·		
FACILITY NAME:	ignature Claa	NRIS	DATE:	5/5/2000
FACILITY LOCATION:	9719 San Jo	SR Blud. #5		
	Jacksonville,			<del></del>
	<u> </u>			
Annual Reporting Period:	June 82,	_1999 то/	May 5	) * 200
Based on each term or condition of	the Title V general air permit,	my facility has remained in co	mpliance with DEI	P Rule
62-213.300, Florida Administrative	Code (F.A.C.), during the period	od covered by this statement.	YES	□NO.
If NO, complete the following:			,	
#1. Term or condition of the general	al permit that has not been in co	ontinuous compliance during t	he reporting period	I stated above:
Exact period of non-compliance: fr	om	to		
Action(s) taken to achieve complian	nce:			
Method used to demonstrate compli	ance:	· · · · · · · · · · · · · · · · · · ·		
#2. Term or condition of the genera	al permit that has not been in co	ontinuous compliance during t	he reporting period	stated above:
Exact period of non-compliance: fr	om	to		
Action(s) taken to achieve complian	, ice:			
Method used to demonstrate compli	ance:	•		
		-		
As the responsible official, I hereby made in this notification are true, a upon rolling averages of purchase r year for transfer or combination fac	ccurate and complete. Further, receipts, does not exceed 2,100	my annual consumption of pe	erchloroethylene so	olvent, based
RESPONSIBLE OFFICIAL:	John Hannoush	_ John Janany	<u> </u>	5/5/2000 Date
	rame (riedse Film)			Date

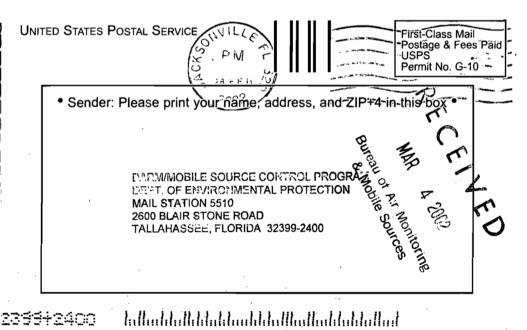
<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/D	DISCOVERY	RE-INSPECTION
TIME IN: /020	TIME OUT:	1035	AIRS ID#:	0310461
TYPE OF FACILITY:	c. Dry clea	nec		
FACILITY NAME:	Signature C	leaners		DATE:_ 5/5/2000
FACILITY LOCATION:	9719 Sa	n Jose	B/H. #5	
	Jack Son 1		3225	0.1/21 2011
RESPONSIBLE OFFICIAL:	John Hanv	10054	PHONE NUMBER	<u> 904/260-8211                                    </u>
	ne compliance requirement ale 62-213.300, Florida Ad			acility is found to be in
Based on the results of the discrepancies were noted	ne compliance requirements:	s evaluated during	this inspection, the fo	ollowing compliance
COMPLIANCE REQU	IREMENT/PROBLE	M FO	LLOW-UP ACT	ION REQUIRED
COMMENTS:				<del></del>
· · · · · · · · · · · · · · · · · · ·				
The Annual Compliance Certifica	ation form has been proper	ly certified and sub	omitted to the inspecto	or. YES NO
DATE OF NEXT INSPECTION	v:	lay, 200	/	<u>'</u>
	Ja Cl	(Approximate)		
INSPECTION CONDUCTED F	3Y: <u>JEAT</u>	(Please Print)		· · · · · · · · · · · · · · · · · · ·
INSPECTOR'S SIGNATURE:	allew L	Inta	PHONE NUMBER	: 904-630-1212
		1./		ex1.3169
	Pa	ge / OI / .		Revised 10/96

		ce IAIL RECEIPT Only; No Insuranc	e Coverage Pro	vided)
47				
E3		<u> </u>		
EZ	Postage	\$		
<u>-</u> E	Certified Fee		Postman	ı.
0200	Return Receipt Fee (Endorser	-	Position	<b>n</b>
		IRS ID# 0310		
믭	IOLAI FL	SIGNATURE CLI JOHN HANNOUSI		
0.52		9719 SAN JOSI		
00	Street, A	JACKSONVILLE	LT " 25521	
7000	City, Stat		••	
	PS Form 3800, Februa	ary/2000	See Reverse for Ins	tructions

I d∃LLOd IV dTO∃  NBNI∃B ±0 IHDIB ∃HI OI  10 do I V d∃MOIIS ∃DVTd  Complete heims 1, 2, and 5. Also complete item 44f Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID# 0310461  SIGNATURE CLEANERS	A. Received by (Please Print Clearly)  C. Signature  X  D. Is delivery address different from item 1?  If YES, enter delivery address below:
JOHN HANNOUSH 9719 SAN JOSE BLVD #5 JACKSONVILLE FL 32257	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
2. Article Number (Copy from service label) 7000052000207373239 PS Form 3811, July 1999  Domestic Ret	P7 1 11 11 11 111



	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
4-9-1	
H.	OFFICIAL USE
<b>_</b>	Postage \$
797	Certified Fee
	Return Receipt Fee (Endorsement Required)
1000	Restricted Delivery Fee (Endorsement Required)
20	Total Posta <sub>1</sub> 10 AIRS ID # 0310461001AG
03.	Sent To JOHN HANNOUSH
1	Street, Apt. No. DAS OF PONTE VEDRA INC
	or PO Box No. 9719 SAN JOSE BLVD #5
7007	City, State, Zii JACKSONVILLE FL 32257
1	PS Form 3800, January 2001 A Sae Reverse for Instructions

AND THE PROPERTY OF THE PROPER	
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:</li> <li>10 AIRS ID # 0310461001AG JOHN HANNOUSH DAS.OF PONTE VEDRA INC 9719 SAN JOSE BLVD #5 JACKSONVILLE FL 32257</li> </ul>	A. Signature  X
	3. Service Type    Certified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.   Restricted Delivery? (Extra Fee)   Yes
2. Article   7001 0320 0001 7976	3491 = 491
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-1540

United States Postal Service



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

1 U 2003



Sel cleaners 9719=5 san Jor, Blv) 39X. Fl. 32257





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

Atten: Sandra Bowman

32318+3070 99

lastantalastantalastalastalastaltantal

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

400575

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 # 0310461

· E. Carro

SIGNATURE CLEANERS JOHN HANNOUSH 9719 SAN JOSE BLVD #5 JACKSONVILLE FL 32257 FOR GOVERNMENT USE ONLY Org.: 37550101000 EOPA1 ... Fund: 20-2-035001

Obj.: 002273

SIGNATURE DRY CLEANER. 9719-5 San Jose Blvd. Jacksonville, FL 32257 (904) 260-8211



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 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 # 0310461

SIGNATURE CLEANERS JOHN HANNOUSH 9719 SAN JOSE BLVD #5 JACKSONVILLE FL 32257

FOR GOVERNMENT Org.: 37550101000 EO: Ra

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 of Ar Monitority

T Remove Label

AIRS ID # 0310461

Do NOT Remove Label

AIRS ID # 0310461

SIGNATURE CLEANERS JOHN HANNOUSH 9719 SAN JOSE BLVD #5 JACKSONVILLE FL 32257 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273