

Department of Environmental Protection

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

David B. Struhs Secretary

February 2, 1999

Mr. Saad Shakuri Cole Cleaners 8011-1 Merrill Road Jacksonville, Florida 32277

Re: Facility No.: 0310473

Dear Mr. Shakuri:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 27, 1999.

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, of if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Ms. Lori Tilley, Duval County

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

Printed on recycled paper.

Pat, FYI Pat, FYI far this facility deanetted he f cause he got a new Trackin



Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

| Facility Name and Location | |
|--|------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | Δ |
| Care Cleaners of Jax INC | ш § |
| 2. Site Name (For example, plant name or number): | → ~ |
| | C> |
| 3. Hazardous Waste Generator Identification Number: | Cambrida H |
| | O |
| FLD 984209353 | اللا |
| 4. Facility Location: 8011-1 Merrill Rd Street Address: | 2 |
| olice Madiess. | 32277 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): | |
| Responsible Official | |
| 6. Name and Title of Responsible Official: Name: Saad Shakuri Title: OWNEY | |
| 7. Responsible Official Mailing Address: | |
| Organization/Firm: Street Address: 8011-1 Merrill Rd | |
| City: Jax / FL County: DWW Zip Code: | 32277 |
| 8. Responsible Official Telephone Number: | |
| Telephone: $(904)744 - 1268$ Fax: $() - $ | |
| | |
| 9. Name and Title of Facility Contact (For example, plant manager): | |
| 7. Name and Title of Facility Contact (For example, plant manager). | |
| | |
| 10. Facility Contact Address: | |
| Street Address: | |
| City: County: Zip Code: | ŀ |
| 11. Facility Contact Telephone Number: | |
| Telephone: () - Fax: () - | |

DEP Form No. 62-213.900(2)

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

| _Fa | cility Name and Location | | |
|-----|---|--|--|
| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): | | Ting. |
| l | Care cleaners of Jax INC | l g | Bureau of Air Monitorin |
| 2. | Site Name (For example, plant name or number): | 7 7 | Ĕ |
| | | | A |
| 3. | Hazardous Waste Generator Identification Number: | U | - O |
| | FLD 984209353 | | Rure |
| 4. | Facility Location: 8011-1 Merrill Rd Street Address: | | |
| | City: Jax /FL County: Duval Zip Code: | 32277 | |
| 5. | Facility Identification Number (DEP Use ONLY - do not fill in): | di d | 10 July 10 Jul |
| | | The second secon | 0.000 |
| 6. | Name and Title of Responsible Official: me: Saad Shakuri Title: OWNER | | 7 |
| 7. | | | 7 |
| ,, | | | |
| | Organization/Firm: Street Address: 8011-1 Merrill Rd City: Jax 1 FL County: Duval Zip Code: 3 | 32277 | |
| 8. | Responsible Official Telephone Number: Telephone: (904) 744-1268 Fax: () - | | |
| Fac | cility Contact (If different from Responsible Official) | | _ |
| 9. | Name and Title of Facility Contact (For example, plant manager): | | |
| 10. | Facility Contact Address: | | 1 |
| | Street Address: City: County: Zip Code: | | |
| 11. | Facility Contact Telephone Number: Telephone: () - Fax: () - | | 1 |

DEP Form No. 62-213.900(2)

Facility Information

| 1.(a) DRY-TO-DRY M | ACHINES ONL | Y | |
|---|---|--|---|
| How many dry-to-dry m | achines do you ha | ve on-site? | |
| For each dry-to-dry mac | hine on-site, pleas | se provide the following information | on: |
| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
| Aug /1999 | Existing/No | RC/CA/None required | SAME |
| | Existing/Ne | ew RC/CA/None required | · |
| <u>·</u> | Existing/Ne | ew RC/CA/None required | |
| *CONTROL DEVICE K | EY: RC = r | efrigerated condenser CA = | carbon adsorber |
| l.(b) TRANSFER MAC | HINES ONLY | | |
| How many washers do yo | ou have on-site? | | |
| How many dryers/reclain | ners do you have | on-site? | |
| unit. If the transfer machi 1993, it is a NEW unit (n | ine was purchased to units purchased | I from the manufacturer between I | December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation: |
| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
| | Existing/New | RC/CA/None required | |
| <u> </u> | Existing/New | RC/CA/None required | |
| | Existing/New | RC/CA/None required | |
| 2.(a) How much perchlor | | have you used within the last 12 m | carbon adsorber |
| | ` | , | |
| (b) If less than 12 mon | | | n records: [|
| Check why it is les | s than 12 months | : New owner: [] Did not kee New store: [] New machine | |
| | | Unopened store [] (date of e | |
| | | Unopened store (date of e | Apecica opening |

DEP Form No. 62-213.900(2) Effective: 2/24/99

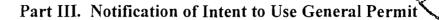
| 3. What is the facility's source classification based on Indicate with an "X". Select one classification o | |
|---|---|
| Small Area Source | |
| Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site | (used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year) |
| Large Area Source | |
| Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site | (used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year) |
| 4. What control technology is required on machines p (Indicate with an "X".) | pursuant to section (5) of Part II of this notification form? |
| Existing machines at small area source (NONE REQUIRED) | New machines at small area source Refrigerated condenser [X] |
| Existing machines at large area source Carbon adsorber Refrigerated condenser | New machines at large area source Refrigerated condenser |
| 5. A facility which contains non-exempt emissions u Rule 62-213.300, F.A.C. Verify that all steam and he exemption criteria or that no such units exist on-site (| |
| All steam and hot water generating units exempt No such units on-site | OR . |
| How many boilers do you have on-site? | |
| For each boiler, indicate its horsepower (HP) rating: [| |
| What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel | |
| 6. Equipment Monitoring and Recordkeeping Information | ation |
| Check all logs which are required to be kept on-site in | n accordance with the requirements of this general permit: |
| (a) Purchase receipts and solvent purchases/solvent ac | ddition log |
| (b) Leak detection inspection and repair | |
| (c) Refrigerated condenser temperature monitoring | toring |
| (d) Carbon adsorber exhaust perc concentration monit | toring [] |
| (e) Startup, shutdown, malfunction plan | |

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender of Existing DEP Air Permit(s) Please indicate with an "X" the appropriate selection: I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are No DEP air permits currently exist for the operation of the facility indicated in this notification form. Responsible Official Certification I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification. I will promptly notify the Department of any changes to the information contained in this notification. So and Shakun Print name of responsible official

DEP Form No. 62-213.900(2) Effective: 2/24/99

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

| Fa | acility Name and Location | · | |
|-----|---|-------------|--|
| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): | | 7111B |
| | Care Cleaners of Jax INC | T e | Bureau of Air Monitor & Mobile Sources |
| 2. | Site Name (For example, plant name or number): | > 20 | JM Sou |
| | | <u></u> (*) | Air oile |
| 3. | Hazardous Waste Generator Identification Number: | U WW | n ol Mol |
| | | U E | ırea & |
| 1 | FLD 984209353 | ~ ~ | <u> </u> |
| 4. | Street Address: 8011-1 METRILL Rd | E.F. MANGE | |
| | | 32277 | |
| 5. | Facility Identification Number (DEP Use ONLY - do not fill in): | | |
| | | | |
| | | | |
| | esponsible Official | | |
| 6. | Name and Title of Responsible Official: Title: OWNEY | | |
| INA | me: Saad Shakuri Title: Owner | | |
| 7. | Responsible Official Mailing Address: | | |
| | Organization/Firm: Street Address: 8011-1 Merrill Rd | | |
| | City: Jax / FL County: DWW Zip Code: | 32277 | |
| | 34× / / × | | |
| 8. | Responsible Official Telephone Number: | | |
| | Telephone: $(904)744-1268$ Fax: $()$ | | |
| | | | |
| | cility Contact (If different from Responsible Official) | | |
| 9. | Name and Title of Facility Contact (For example, plant manager): | | |
| | | | |
| 10. | Facility Contact Address: | | |
| | Street Address: | | |
| | City: County: Zip Code: | | |
| | | | |
| 11. | Facility Contact Telephone Number: | | |
| | Telephone: () - Fax: () - | | |

DEP Form No. 62-213.900(2)

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

| How many dry-to-dry m | achines do you ha | ive on-site? | |
|--|---|--|---|
| For each dry-to-dry mac | hine on-site, pleas | se provide the following informati | on: |
| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
| Aug 11999 | Existing/No | ew) RC/CA/None required | SAME |
| | Existing/Ne | ew RC/CA/None required | · · · · · · · · · · · · · · · · · · · |
| | Existing/Ne | ew RC/CA/None required | |
| *CONTROL DEVICE K | EY: RC = r | efrigerated condenser CA = | carbon adsorber |
| 1.(b) TRANSFER MAC | HINES ONLY | | |
| How many washers do yo | ou have on-site? | [\$] | |
| How many dryers/reclain | ners do you have | on-site? [] | |
| unit. If the transfer mach 1993, it is a NEW unit (r | ine was purchased to units purchased | I from the manufacturer between I | December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation: |
| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
| | Existing/New | RC/CA/None required | |
| | Existing/New | RC/CA/None required | · |
| | Existing/New | RC/CA/None required | |
| | | have you used within the last 12 n | carbon adsorber |
| (b) If less than 12 mor | iths, how many? [| months | |
| | | : New owner: [] Did not kee | p records: [] |
| - | | New store: New machine | |
| | | Unopened store [] (date of e | expected opening) |

DEP Form No. 62-213.900(2)

| | lity's source classification an "X". Select one clas | | | s found in se | ection (3) of | Part II? | |
|---|--|-------------------------------------|---|--|----------------|------------------|----------|
| Small Are | ea Source | | | | | | |
| 7 | Ory-to-dry machines on Fransfer only on-site Both machine types on- | | (used less than (used less than (used less than | 200 gallons | s of perc per | year) | |
| Large Are | ea Source | | | | | | |
| 7 | Ory-to-dry machines on Fransfer only on-site Both machine types on-s | | (used 140 - 2, (used 200 - 1,3 (used 140 - 1,3 | 800 gallons o | of perc per y | ear) | |
| 4. What control ted (Indicate with a | chnology is required on in "X".) | machines | pursuant to sec | tion (5) of P | art II of this | notification for | rm? |
| | nachines at small area s EQUIRED) [] | <u>source</u> | | machines at gerated cond | | source ×_] | |
| Carbon ad | nachines at large area s Isorber [] ed condenser [] | <u>ource</u> | | machines at gerated cond | | ource] | |
| Rule 62-213.300, F | contains non-exempt of C.A.C. Verify that all store that no such units ex | eam and h | ot water genera | iting units or | n-site meet t | | suant to |
| All steam and hot was No such units on-si | water generating units e | exempt | OR | | | | |
| How many boilers | do you have on-site? | | | | | | |
| For each boiler, ind | licate its horsepower (H | P) rating: | | <u></u> j | | | |
| What type of fuel d | | propane No. 2 fuel No. 6 fuel | |] natural gas] No. 4 fuel] Other (plea | oil | | |
| 6. Equipment Moni | itoring and Recordkeep | ing Inform | ation | | | | |
| Check all logs which | ch are required to be ke | pt on-site i | n accordance w | ith the requ | irements of | this general per | rmit: |
| (a) Purchase receipt | ts and solvent purchases | s/solvent a | ddition log | - | | | |
| (b) Leak detection | inspection and repair | | | Ì | | | |
| (c) Refrigerated cor | ndenser temperature mo | nitoring | | | | | |
| (d) Carbon adsorbe | r exhaust perc concentr | ation moni | itoring | | | | |
| (e) Startup, shutdo | wn, malfunction plan | | | 1 | | | |

DEP Form No. 62-213.900(2)

| 7. Surrender o | of Existing DEP Air Permit(s) |
|---|--|
| Please indicat | e with an "X" the appropriate selection: |
| | I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are |
| [] | No DEP air permits currently exist for the operation of the facility indicated in this notification form. |
| Responsible (| Official Certification |
| this notifi statement maintain comply w I will prof | dersigned, 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 s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form. In the Department of any changes to the information contained in this notification. |
| Signature | 2/15/00 Date |

DEP Form No. 62-213.900(2) Effective: 2/24/99

Perchloroethylene Dry Cleaning Facility Notification

| Facility Name and Location |
|--|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
| Care cleaners of Jacksonville |
| 2. Site Name (For example, plant name or number): |
| Core Cleaners |
| 3. Hazardous Waste Generator Identification Number: |
| FLD 984209353 |
| 4. Facility Location: 8011 - 1 Merrill Rd |
| City: Jax County: DWAL Zip Code: 32277 |
| 5. Facility Identification Number (DEP Use); |
| 0310473 |
| Responsible Official |
| 6. Name and Title of Responsible Official: |
| Saad Shakuri - Owner |
| 7. Responsible Official Mailing Address: Organization/Firm: Street Address: 8011-1 Merrill Rd City: Jax, FL County: Dwal Zip Code: 32277 |
| 8. Responsible Official Telephone Number: Telephone: (964) 744-1268 Fax: () - |
| Facility Contact (If different from Responsible Official) |
| 9. Name and Title of Facility Contact (For example, plant manager): |
| Saad shakuri |
| 10. Facility Contact Address: |
| Street Address: 8011-1 Merrill Rd City: Jax, FL County: DWAL Zip Code: 32277 |
| 11. Facility Contact Telephone Number: Telephone: (904) 744-1268 Fax: () - |
| |

of Air Monitoring

Mobile Sources

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

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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-5 |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | | APR. 89 | APR, 89 | 1 | | 1 | | | |
| (2) w/ carbon adsorber | | | , | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | <u> </u> | | | 1 | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | 1 | <u>I</u> | ı | | <u>. </u> | | | |
| (7) w/ ref. condenser | | [| | | | | | _ | |
| (8) w/ carbon adsorber | | | | | | | | _ | |
| (9) w/ no controls | | | | | | | _ | - | |
| Reclaimer Unit | - | | <u></u> | | | · | | | |
| (10) w/ ref. condenser | | | | | ! | | | | |
| (11) w/carbon adsorber | | | | | *** | | | | |
| (12) w/ no controls | - | | | | | | | | |
| (b) Control devices are (c) No control devices are 2.(a) What was the total q | are re | equired to be | installed [_ | X | | the latest 12 | mon | ths? | |
| <i>\{\infty\}O</i> | gallo | ns | | , c. c, | parenasea in | . 410 141051 12 | | | |
| (b) If less than 12 month Check why it is less | • | | | <u> </u> |] New store: |] Did 1 | not ke | eep records: | ِ لـــا |
| | | | | | | | | | |
| 3. What is the facility's sou (Indicate with an "X". S | | | | defii | nitions found | in section (3 |) of I | Part II? | |
| Existing small are | a sou | arce [X | Ne | w sm | all area sour | ce | | | |
| Existing large are | a sou | rce [] | Ne | w lar | ge area sourc | :e | | | |

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

| 4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".) |
|---|
| Existing large area source Carbon adsorber Refrigerated condenser |
| New small area source Refrigerated condenser [] |
| New large area source Refrigerated condenser [] |
| |
| |
| 5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site: |
| All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. |
| All steam and hot water generating units exempt No such units on-site |
| |
| |
| |
| Equipment Monitoring 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 monitoring |
| (d) Carbon adsorber exhaust perc concentration monitoring |
| (e) Instrument calibration (f) Start-up, shutdown, malfunction plan |
| (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) |
| Ľ, | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| this notific statements maintain t | ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in eation. 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 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. |
| l will pron | aptly notify the Department of any changes to the information contained in this notification. |
| Signature | 1124199 Date |

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

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MAR - 2 1999

TYPE OF INSPECTION:

ANNUAL

×

Bureau of Air Monitoring COMPLAINT/DISCOVERYE Sources

RE-INSPECTION

| <u></u> | 10110 M 1010 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|---|---|
| , , | 199 TIME IN: 1015 TIME OUT: 1035 |
| FACILITY NAME: Core Clean | |
| FACILITY LOCATION: 801/-1 | Merrill Rd. |
| Jackson | wilk, FL 32277 |
| RESPONSIBLE OFFICIAL: Saad | Shakuri PHONE: 904-744-1268 |
| | ue phone: Sone |
| | |
| PART I: NOTIFICATION | |
| (check appropriate box) | |
| · · · · · / | |
| New facility notified DARM 30 days prior to sta | • |
| Facility failed to notify DARM to use general per | rmit |
| | |
| PART II: CLASSIFICATION | |
| | |
| Facility indicated on notification form that it is: | ☐ No notification form |
| (check appropriate box) | ☐ No notification form ☐ Drop store/out of business/petroleum |
| (check appropriate box) A. | |
| (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr | ☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr |
| (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr |
| (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 | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr |
| (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr |
| (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source |
| (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr |
| (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr |
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| A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a general facility exceeds above limits. | Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) AY □N □Can not determine Therefore the station: Therefore the station and is not eligible for a general permit |

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 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) \Box Y \Box N 1. Equipped all machines with the appropriate vent controls? OY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? OY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? OY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after $\Box Y , \Box N$ 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? | ПY | ПN | |
| 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 | ПN | □N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ПY | □N | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | | | □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 | ΠN | □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 | <u>и</u> | □N/A |

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? XY ON ON/A 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 □Y □N M/A and parts installed w/in 5 days of receipt? DY DN XXVA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MNA 5. Maintained exhaust duct monitoring data on perc concentrations? XXY □N 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN DANA Problem corrected? □Y □N XN/A 8. Maintained compliance plan, if applicable?

| PART VI: LEAK DETECT | TON AND REPA | IRS | | | | |
|---|----------------------------|--------|-----------------|-------------------------------|---------|-------------|
| 1. Does the responsible offici | al conduct a weekl | y (for | small sources | , bi-weekly) leak detection a | ind rep | air |
| inspection? | | | | | XY | □N |
| 2. Has the facility maintained | l a leak log? | | | | ̈́ΩΥ | Жи |
| 3. Does the responsible offici | | , | | | | |
| Hose connections, fit couplings, and valv | | □N | □N/A | Muck cookers | YY | □N □N/A |
| Door gaskets and sea | ting XY | ПN | □N/A | Stills | A | □N □N/A |
| Filter gaskets and sea | ating Y | ПN | □N/A | Exhaust dampers | ΠY | □N XN/A |
| Pumps | AX | ПΝ | □N/A | Diverter valves | XX | □N □N/A |
| Solvent tanks and con | ntainers YY | ПN | □N/A | Cartridge filter housings | XY | □N □N/A |
| Water separators | ≱ Y | ПN | □N/A | | | |
| 4. Which method of detection | is used by the resp | onsib | ole official? | | | |
| Visual examination (| condensed solvent | on ex | terior surfaces |) | X | |
| Physical detection (ai | rflow felt through | gaske | ts) | | × | |
| Odor (noticeable perc | odor) | | | | XXX | |
| Use of direct-reading | instrumentation (F | ID/P | ID/calorimetri | c tubes) | | |
| Halogen leak detector | • | | | | | |
| If using direct-re | eading instrument | ation | , is the equipr | nent: | XN/ | Ά |
| a. Capable o | of detecting perc va | por c | oncentrations | in a range of 0-500 ppm? | □Y | \square N |
| b. Calibrate (PID/FID | d against a standar only)? | d gas | prior to and a | fter each use | ΠY | □N |
| c. Inspected | for leaks and obvio | ous si | gns of wear on | a weekly basis? | ΠY | □N |
| d. Kept in a | clean and secure a | rea w | hen not in use | ? | ΠY | ПN |
| | | | | s (calorimetric only)? | ΠY | □N |
| | , , | | - | | | |
| X 00. | | | | ماروا | 20 | |
| | Winter | | | | 77_ | |
| Inspector's Name | (Please Print) | | | Date of Inspe | cuon | |
| Mhm | Winte | | | Feb., 20 | 00 | |
| Instructor's Si | gnature | | | Approximate Date of 1 | Next I | nspection |

| ADDITIONAL SITE INFORMATION: | | | |
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | ANNUAL X | COM | IPLAINT/DIS | SCOVERY | RE-INSPEC | CTION |
|--|---|-------------|-------------------|-----------------------|-----------------------|---------------|
| TIME IN: 10/5 | TIME OUT: | 10 | 35 | AIRS ID#: | 03/04 | 73 |
| TYPE OF FACILITY: | | anes | | | | 1.0100 |
| FACILITY NAME: | are Geaners | . 11 | .0 + | | date:_ <i>&/</i> | 18/97_ |
| FACILITY LOCATION: | 8011-1 Merr | | Koad | 2277 | | |
| | Jack Sonvil | /, | | | an4-741 | 12/28 |
| RESPONSIBLE OFFICIAL: | oaa un | aku | | PHONE NUMBER | 1: <u>907-77</u> | -1208 |
| | the compliance requiremental Rule 62-213.300, Florida A | | | | acility is found to b | æ in |
| Based on the results of the discrepancies were noted | the compliance requirement | nts evalu | ated during th | is inspection, the f | ollowing complian | ce |
| COMPLIANCE REQU | JIREMENT/PROBL | EM | FOL | LOW-UP ACT | ION REQUIR | ED |
| ` | | | | | | |
| 1) No leak 109 A | teft | | 1) R.C | . Will Star | + keeping | 1095. |
| 7 | - | | | | | - |
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| COMMENTS: | | | | | | |
| COMMENTS. | | | | | | |
| | | | | | | |
| | | | | | | |
| The Annual Compliance Certific | cation form has been prope | erly certif | fied and subm | itted to the inspecto | or. YES | NO |
| DATE OF NEXT INSPECTIO | N: | Je | 6.,200 | 0 | | |
| | | Ap | proximate) Win | se/ | | |
| INSPECTION CONDUCTED | BX: | (Pl | ease Print) | 17 | , . | |
| INSPECTOR'S SIGNATURE | :Geffring_ | Hin | | PHONE NUMBER | a: 904/630. | -3484 |
| | | Page | of | | | Revised 10/96 |

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MAR - 2 1999

AIRS ID#: 03/0473

Bureau of Air Monitoring

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| | <u> </u> | | |
|--|---------------------------------|----------------------------|-------------------------------|
| FACILITY NAME: Care | Cleaners | | DATE: 2/18/99 |
| | -1 Merrill Rd. | | |
| Jack | -sonville, FL | 32277 | |
| Annual Reporting Period: | 26. 18, 1990 | 8 to Feb. | 18, 1999 |
| Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F | | | <u> </u> |
| If NO, complete the following: | | | |
| #1. Term or condition of the general permit $5(6)$ No leak 109 M | | s compliance during the re | eporting period stated above: |
| Exact period of non-compliance: from | Feb. 18, | 1998 to Fel | s. 18, 1999 |
| Action(s) taken to achieve compliance: | R.D. Will Str | * keeping lo | at 109 |
| Method used to demonstrate compliance: | Reinslecti | Vn | |
| #2. Term or condition of the general permit | that has not been in continuou | s compliance during the re | porting period stated above: |
| Exact period of non-compliance: from | | to | |
| Action(s) taken to achieve compliance: | 1983 | | |
| Method used to demonstrate compliance: | | | |
| | | | |
| As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, by year for transfer or combination facilities. | nd complete. Further, my ann | ual consumption of perchl | oroethylene solvent, based |
| RESPONSIBLE OFFICIAL: S CAC Nam | ol Shakuri ne (Please Print) | Signature | 2/18/99 Date |

1 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| | COMPLIANCE | INSPECI | IONC | HECKLIST | | | · |
|---|-------------------------|------------|------------|------------------------------------|---------|---|----------|
| TYPE OF INSPECTION: | ANNUAL | | × | COMPLAINT/I | DISCOVE | RY O J | liA_i |
| | RE-INSPECTION | ON . | | | | (c) | <i>i</i> |
| AIRS ID#: <u>0310473</u> | DATE: 1/25/ | 2000 1 | rime ii | N: 1010 | TIME OU | T: 1030 | |
| FACILITY NAME: | . , , | | | | | | |
| FACILITY LOCATION: | | | | | | | |
| | | | | L 322 | 77 | | _ |
| RESPONSIBLE OFFICIAL : | Saad S | Lakur | i | PHONE: 90° | 4/744. | -1268 | |
| RESPONSIBLE OFFICIAL: | Sa | me | | PHONE: | Sa | ne | |
| | | | | | | | |
| PART I: NOTIFICATION | | | | | | | |
| (check appropriate box) | | | | | | | \equiv |
| 1. New facility notified DARM | 30 days prior to sta | rtup | | | | · 汝 | |
| Facility failed to notify DARM | | _ | | | | | |
| 2. I define tailed to notify DATE | n to use general per | | | | | | |
| PART II: CLASSIFICATION | | | | | | | |
| Facility indicated on notification | | | | ☐ No notification | n form | - | |
| (check appropriate box) | ii ioi iii tiiat it is. | | | ☐ Drop store/ou | | ss/petroleum | |
| À. | | | | | | • | |
| 1. Existing small area source | | | | rea source | | | |
| dry-to-dry only, x < 140 gal/y | Τ | - | • | x < 140 gal/yr | | | |
| transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ | | | • . | < 200 gal/yr 40 gal/yr | | | |
| (constructed before 12/9/91) | | • • | - | or after 12/9/91) | | $\boldsymbol{\varpi}$ | |
| (constructed before 12/9/91) | | (construc | tica on t | | | ure & | |
| 3. Existing large area source | e 🗆 | 4. New | large ar | ea source | | K Mc | |
| dry-to-dry only, $140 \le x \le 2.1$ | | | | $140 \le x \le 2,100 \text{ g}$ | _ | 항 of 요 | , I |
| transfer only, $200 \le x \le 1,800$ | | | | $0 \le x \le 1.800 \text{ gal/}$ | | ë ≱ir | |
| both types, $140 \le x \le 1,800$ ga | | | | $\leq x \leq 1.800 \text{ gal/yr}$ | | Sol Z | a |
| (constructed before 12/9/91) | | (construc | cted on | or after 12/9/91) | | FEB 1 2000 eau of Air Monito & Mobile Sources | 3 |
| 5. This is a correct facility cla | ssification A | M Y | ≱ N | □Can not determ | nine | FEB 1 2000 Bureau of Air Monitoring & Mobile Sources | |
| If no, please check the a | ppropriate classific | ation: | | | | | |
| | y qualified for a ger | | it as nur | nber 2 al | bove | | |
| | exceeds above lin | | | | | | |

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 200 gallons.

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? \Box Y \Box N 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 MY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

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

| PA | PART VI: LEAK DETECTION AND REPAIRS | | | | | | | |
|------|---|-------------|--------|--------------|------------------------------|---------------|------------------|--|
| 1. | Does the responsible official conduct | a weekly | (for | small sour | ces, bi-weekly) leak detecti | on and rep | oair | |
| | inspection? | | | | | X | √ □N | |
| 2. | Has the facility maintained a leak log | ? | | | | XY | √ □N | |
| 3. | Does the responsible official check th | e followin | ig are | eas for lea | ks? | , | | |
| | Hose connections, fittings, couplings, and valves | A Y | ⊐N | □N/A | Muck cookers | * Y | ON ON/A | |
| | Door gaskets and seating | YY (| ⊒N | □N/A | Stills | Y | □N □N/A | |
| | Filter gaskets and seating | Y Y | ⊒N | □N/A , | Exhaust dampers | □Y | □N S (N/A | |
| | Pumps | ATA (| П | □N/A | Diverter valves | □Y | □N X N/A | |
| | Solvent tanks and containers | ATY (| ⊐N | □N/A | Cartridge filter housi | ngs □Y | □N X N/A | |
| | Water separators | AN C | ⊒N | □N/A | | | | |
| 4. ' | Which method of detection is used by | the respon | nsibl | le official? | | , | | |
| | Visual examination (condensed | solvent or | ı exte | erior surfa | ces) | A | | |
| | Physical detection (airflow felt | hrough ga | isket | s) | | × | | |
| | Odor (noticeable perc odor) | | | | | Å. | | |
| | Use of direct-reading instrumen | tation (FII | D/PII | D/calorime | etric tubes) | | | |
| | Halogen leak detector | | | | | | | |
| | If using direct-reading inst | rumentat | ion, | is the equ | ipment: | MN | /A | |
| | a. Capable of detecting | g perc vapo | or co | ncentratio | ons in a range of 0-500 ppm | ? _ Y | □N | |
| | b. Calibrated against a (PID/FID only)? | standard g | gas p | orior to and | l after each use | □Y | □N | |
| | c. Inspected for leaks a | ınd obviou | ıs sig | gns of wea | r on a weekly basis? | □Y | □N | |
| | d. Kept in a clean and | secure are | a wh | nen not in 1 | ıse? | ŪΥ | □N | |
| | e. Verified for accurac | y by use o | f du | plicate san | nples (calorimetric only)? | ΠY | □N | |
| | | | | | | | | |
| | <u> </u> | | _ | | <u> </u> | | | |
| | | | | | | | | |
| | Toff 1): to | | | | Noc | 1/2000 | • | |
| | Inspector's Name (Please Pr | int) | - | | Date of Inspection | 1 2000 | ! | |
| | | | | | _ | | | |
| | Geffin Wito | _ | • | | JAI | U.,20 | 01_ | |
| | Aspector's Signature | | | | Approximate Date | of Next I | nspection | |

| ADDITIONAL SITE INFORMATION: | |
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Revised 10/10/96

AIRS ID#: <u>03/047</u>3

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: | are Cleaner | | DA | TE: 1/25/2000 |
|--|---|---------------------------|---------------------------|----------------------|
| FACILITY LOCATION: | 8011-1 Merr | | | |
| | Jacksonville, | FL 322 | 77 | |
| | · | | | |
| Annual Reporting Period: | Feb. 18, | 19 <u>9</u> 9 то _ | Jan. 2 | 5, 20 |
| Based on each term or condition of | the Title V general air pern | nit, my facility has rema | ained in compliance with | DEP Rule |
| 62-213.300, Florida Administrativ | e Code (F.A.C.), during the | period covered by this s | statement. YES | □ио |
| If NO, complete the following: | | | | |
| #1. Term or condition of the general | al permit that has not been i | n continuous complian | ce during the reporting p | period stated above: |
| Exact period of non-compliance: f | rom | | to | |
| Action(s) taken to achieve complia | nce: | | | |
| Method used to demonstrate comple | iance: | | | |
| #2. Term or condition of the gener | al permit that has not been i | n continuous complian | ce during the reporting p | period stated above: |
| | | | | ··· |
| Exact period of non-compliance: f | rom | to | | |
| Action(s) taken to achieve complia | nce: | | | |
| Method used to demonstrate compl | iance: | | <u> </u> | |
| | | | | |
| As the responsible official, I hereby made in this notification are true, a upon rolling averages of purchase year for transfer or combination fa | accurate and complete. Furi receipts, does not exceed 2, 2 | ther, my annual consum | aption of perchloroethyle | ene solvent, based |
| RESPONSIBLE OFFICIAL: | Saad shak | uni _ | w Shu | 1125100 |
| _ | Name (Please Print) | | Signature | Date |
| | | | | |

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | ANNUAL 🔀 | COMPLAIN | T/DISCOVERY | RE-INSPECTION |
|--|---|------------------|--------------------------|----------------------------|
| TIME IN: /0/0 | TIME OUT: | 1030 | AIRS ID#: | 03/0473 |
| TYPE OF FACILITY: | rc. Dry Clea | <i>uec</i> | | |
| FACILITY NAME: | are Cleaner | 3 | | DATE: 1/25/2000 |
| FACILITY LOCATION: | 8011-1 Meri | rill Rd. | | |
| | Jacksonville | , FL | 32277 | _ |
| RESPONSIBLE OFFICIAL: | Soad Shaku | vi | PHONE NUMBE | er: 904/744-1268 |
| | ne compliance requirement ale 62-213.300, Florida Ad | | | facility is found to be in |
| Based on the results of the discrepancies were noted | ne compliance requirement | s evaluated dur | ing this inspection, the | following compliance |
| COMPLIANCE REQU | IREMENT/PROBLE | EM I | FOLLOW-UP AC | TION REQUIRED |
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| COMMENTS: | | | | |
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| | | | | |
| The Annual Compliance Certifica | ation form has been proper | ly certified and | <u> </u> | ctor. YES NO |
| DATE OF NEXT INSPECTION | N: | JAN., 6 | 2001 | · |
| | | (Appróxima | ate) | |
| INSPECTION CONDUCTED F | BY: <u>Je</u> | A WIN | 1461 | |
| INSPECTOR'S SIGNATURE: | allen ! | (Please Pri | nt) PHONE NUMBE | CR: 904/630-3484 |
| | Pa | ge / of / | | Revised 10/96 |

| 3427 | U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|--------|---|-----|
| . 447 | For delivery information visit our website at www.usps.comp | |
| 0 4000 | Postage Certified Fee Return Reciept Fee | |
| 0050 | (Endorsement Required) Restricted Delivery Fee (Endorsement Required) | |
| 003 | CARE CLEANERS Sent SAAD SHAKURI | |
| 7 | or PC JACKSONVILLE, FL 32277 | |
| į L | PS Form 3800 June 2002 See Reverse for Instructions | í · |

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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. | A. Signature Agent Addressee B. Received by (Printed Agene) C. Date of Delivery | | |
| Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No | | |
| CARE CLEANERS | LE STONE | | |
| SAAD SHAKURI \$011-1 MERRILL ROAD JACKSONVILLE, FL 32277 | 3. Service Type Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D. | | |
| | 4. Restricted Delivery? (Extra Fee) | | |
| 2. A tiple Number 7003 0500 0004 0144 | 3421 | | |
| PS Form 3811, August 2001 Domestic Ret | urn 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 •

DARWMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Indicable distribution of the Manthada and a distribution

| 5 | U.S. Postal Service CERTIFIED MAIL REC (Domestic Mail Only; No Insurance | EIPT Coverage Provided) | |
|-----------|--|----------------------------|--|
| 1 | OFFIGIA | T. P. C. Constant | |
| 150 | L OFFICIAL | . US 2 | |
| 975 | Postage \$ | 1500 | |
| ~ | Certified Fee | | |
| 1000 | Return Receipt Fee (Endorsement Required) | Postmark Here | |
| | Restricted Delivery Fee (Endorsement Required) | Ŭ | |
| 20 | Total Postage & F & | | |
| 03 | Sent To CARE OF EAVERS | AIRS ID#0310473 | |
| ì | CARE CLEANERS | | |
| | Street, Apt. No.; SAAD SHAKURI or PO Box No. 8011-1 MERRILL ROAD | | |
| 7007 | City, State, ZiP+4 JACKSONVILLE FL | | |
| [~ | 32277 | | |
| 1 | PS Form 3800. Jaj | i | |
| | | | |

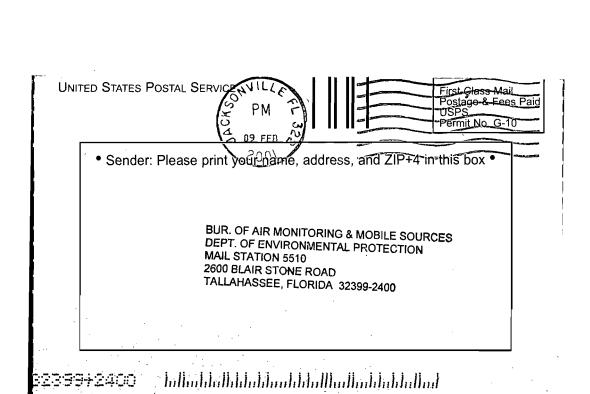
| KER AT 102 OF ENVEROPE TO THE FIGHT | ที่เราสิงท้าล | | |
|---|--|--|--|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits. Article Addressed to: AIRS ID#0310473 CARE CLEANERS SAAD SHAKURI 8011-1 MERRILL ROAD | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below: | | |
| JACKSONVILLE FL | 3. Service Type | | |
| 32277 | ☐ Certified Mail ☐ Express Mail | | |
| | ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. | | |
| | 4. Restricted Delivery? (Extra Fee) | | |
| 2. Article Number (Copy from service label) | 0320,0001,7975,5045 | | |
| PS Form 3811, July 1999 Domestic | Return Receipt 102595-00-M-0952 | | |

UNITED STATES POSTAL SERVICETIL Eirst-Glass Mail Postage & Fees-Paid USPS • Sender: Please print your name, address, and ZIP+4 in this box. DARM/MOBILE SOURCE CONTROL PROGRAM Nobile Sources of Air Monitoring Mail STATION 5510
2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 583

004S+665S

| 8 | | MAIL REC | EIPT Coverage Provided) |
|------------|--|-----------|------------------------------|
| F19 | | | |
| 교 | Postage | \$ | |
| 7 | Certified Fee | | Postmark |
| | Return Receipt Fee (Endorsement Required) | | Here |
| 00 | Restricted Delivery Fee (Endorsement Required) | | 7 |
| | | | # 0310473 |
| 090 | CARE CLEANER SAAD SHAKURI 8011-1 MERRILL | l ROAD | |
| 7000 | JACKSONVILLE | FL 32277 | |
| | PS Form 3800, February 2 | 2000 | See Reverse for Instructions |

| 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. Received by (Please Print Clearly) S. O. O. S. N. A. K. V. 2-9-01 C. Signature X. Agent Address D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
|--|---|
| AIRS ID # 0310473 CARE CLEANERS SAAD SHAKURI 8011-1 MERRILL ROAD JACKSONVILLE FL 32277 | 3. Service Type Certified Mail |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Copy from service id | 6 6/38 |





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423778 FEB26 2003

7 557

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#0310473

CARE CLEANERS SAAD SHAKURI 8011-1 MERRILL ROAD JACKSONVILLE FL 32277

FOR GOVERNMENT USE ONLY Org.: 37550101000 EQ: A1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404630

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. 7)

TOTAL AMOUNT DUE: \$500.00

Do NOT Remove Label

AIRS ID # 0310473

CARE CLEANERS SAAD SHAKURI 8011-1 MERRILL ROAD JACKSONVILLE FL 32277 Air Monito FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



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

389439

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 # 0310473

CARE CLEANERS
SAAD SHAKURI
8011-1 MERRILL ROAD
JACKSONVILLE FL 32277

MAIL ROO

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: BY

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412159 DEC24 2001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0310473

CARE CLEANERS SAAD SHAKURI 8011-1 MERRILL ROAD JACKSONVILLE FL 32277

FOR GOVERNMENT USE ONLY

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

Obj.: 002273