

Department of **Environmental Protection**

Jeb Bush Governor

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

David B. Struhs Secretary

March 2, 1999

Mr. Samir Consul South Beach Cleaners 3956 South Third Street Jacksonville, Florida 32250

Re: Facility No.: 0310479

Dear Mr.Consul:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on Feburary 22, 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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | • | |
|------|--|--------------------------|
| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): | |
| | CHARLIE'S AUTO INC | |
| 2. | Site Name (For example, plant name or number): | |
| | SOUTH BEACH CLEANERS | |
| 3. | Hazardous Waste Generator Identification Number: | |
| | | |
| 4. | Facility Location: 3956 S 320 ST Street Address: | |
| | City: DACKCONVIlle Belicounty: DUVA Zip Code: 32250 | > |
| (5.) | Facility Identification Number (DEP Use): | |
| · | 0310479 | |
| | Responsible Official | |
| 6. | Name and Title of Responsible Official: | |
| | SAMIR CONSUL (PRES) | |
| | Responsible Official Mailing Address: | |
| , | Organization/Firm: Street Address: 3956 S 31d S | |
| | City: JAX BCh County: DUVA Zip Code: 3225 | 02 |
| 8. | Responsible Official Telephone Number: | |
| | Telephone: (904)247-7708 Fax: () | |
| | Facility Contact (If different from Responsible Official) | |
| 9. | Name and Title of Facility Contact (For example, plant manager): | |
| | SAME AS ABOVE | |
| 10. | Facility Contact Address: | |
| | Street Address: | |
| | City: County: Zip Code: | |
| 11 | Facility Contact Telephone Number: | |
| | Telephone: () - Fax: () - | |
| | The state of the s | $\overline{\mathcal{L}}$ |
| | Bureau & M | m |
| | Mor us | 0 |
| | bile Air | П |
| DED | FEB 2 2 1999 P Form No. 62-213.900(2) Page 13 of 16 Page 13 of 16 Page 13 of 16 | |
| | P Form No. 62-213.900(2) Page 13 of 16 | |

0310479

2/26/99 Spoke to Samin Consul and he stated theet the bouler on site is powered by propone and is 10 HP

P15 5. Choose Ill steam exempt

The second secon

and the second of the second o

 $(x_1, x_2, \dots, x_n, x_n) \in \mathbb{R}^n \times \mathbb{$

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 Initially | Control Device | | Machine Initially | Control Device | | Machine Initially | Control Device |
|----------|---|--------|----------------------|--|----------|-----------------------------|-------------------|---------|----------------------|-------------------|
| <u>T</u> | ype of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed |
| E | xample | #] | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | • | #3 | 02-MAR-92 | 02-MAR-9 |
| ā | ry-to-Dry Unit | | | | | | | | _ | |
| | (1) w/ ref. condenser | | 101197 | 1 401197 | | 7AN97 | 7AN97 | | | T |
| · · | (2) w/ carbon adsorber | | 1,7, | 1 7 | 1 | 7777 | 77.70 | | | |
| | (3) w/ no controls | _ | | | | | | | | - |
| Ū | asher Unit | | | | | | -1 | | | |
| <u> </u> | (4) w/ ref. condenser | | | | T | | | | | Τ |
| | (5) w/ carbon adsorber | | 1 | | | | + | | - | |
| | (6) w/ no controls | | | | - | _ | | - | ļ | - |
| מו | ryer Unit | | | | | | | | <u> </u> | • |
| 2 | (7) w/ ref. condenser | | Ī | | | - | | | T i | |
| | (8) w/ carbon adsorber | | | | | <u> </u> | - | | | |
| | (9) w/ no controls | | | | | | | _ | | |
| D. | eclaimer Unit | | | | _ | | | | ļ | |
| K | (10) w/ ref. condenser | | Τ | | 1 | | <u> </u> | | T - | T |
| | (11) w/carbon adsorber | | ! | | <u> </u> | - | - | | - | - |
| | (12) w/ no controls | | | | | | - | | , | |
| ~ P | (b) Control devices are (c) No control devices: (a) What was the total q | are re | equired to be | installed [_ | | | n the latest 12 | : mon | nths? | |
| NO (| (b) If less than 12 month Check why it is less | | | | |] New store | :: [] Did | not k | eep records: | |
| | What is the facility's sou (Indicate with an "X". | | | | | nitions foun | d in section (3 | 3) of 1 | Part II? 14 c | 2 |
| | Existing small are | a so | arce [] | Ne | w sm | all area sou | rce [| , | | |
| | Existing large are | a sou | rce [] | Ne | w lar | ge area sour øvik 140 | ce | | | |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

| What control technology is required on machines p (Indicate with an "X".) | ursuant 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 [] | |
| | |
| | |
| A facility which contains non-exempt emissions un to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site: | its shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following |
| All steam and hot water generating units on-site (1) he boiler HP or less), and (2) are fired exclusively by nat during which propane or fuel oil containing no more t | |
| All steam and hot water generating units exempt No such units on-site | |
| | |
| | |
| Equipment Monitoring an | d 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 monitor | oring [] |
| (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 Indica | 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 notifi statement maintain | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. |
| I will pro | mptly notify the Department of any changes to the information contained in this notification. Date |

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

PERCHLOROETHYLENE DRY CLE TITLÉ V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION: ANNUAL RE-INSPECTION TIME IN: 1040 TIME OUT: 1/00 AIRS ID#: 03/0479 DATE: SOUTH FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: SAMIC CONTACT NAME: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum A. 1. Existing small area source \Box 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 gal/yrboth types, x < 140 gal/yrboth types, x < 140 gai/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/vr 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 < x < 1.800 gal/yr both types, $140 \le x \le 1,800$ gal/vr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) □N 5. This is a correct facility classification □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 20 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? | AND ND VA |
| 2. Examining the containers for leakage? | XY ON ON/A |
| 3. Closing and securing machine doors except during loading/unloading? | No vy |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | , May □n □n/a |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorb beds according to the manufacturer's specifications? | er UY UN XV/A |
| PART IV: PROCESS VENT CONTROLS | |
| In Part II-A: | |
| If classification 1 has been checked, no controls are required. Pro | oceed to Part V. |
| If classification 2 has been checked, the machine should be equipped (complete A below). | ped with a refrigerated condenser |
| If classification 3 has been checked, the machine should be equipped condenser or a carbon adsorber (complete A and B below). Carbo installed prior to September 22, 1993 | |
| If classification 4 has been checked, the machine should be equipp (complete A and B below). | oed with a refrigerated condenser |
| A. Has the responsible official of all new sources and existing large a (check appropriate boxes) | rea sources: |
| 1. Equipped all machines with the appropriate vent controls? | XY ⊐N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | AVA UN UNIA |
| 3. Equipped the condenser with a diverter valve so airflow will be directed awa condenser upon opening the door? | ay from the |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a reficondenser on a weekly/bi-weekly basis? | rigerated |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperate condenser exceeded 45° F? | ure of the |
| 6. Conducted all temperature monitoring after an appropriate cooldown period verifying that the coolant had been completely charged? | and after XY □N |

| | | - | | |
|----|---|------------|-------------|-------|
| 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? | ПY | □и | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | ПY | ПΝ | □N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | Пv | □N | □N/A |
| | a manning are equipped with a caroon address. | - 1 | — .1 | UIVA. |
| | Is the perc concentration equal to or less than 100 ppm? | ПY | □N | □N/A |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion: is at least 2 duct diameters upstream from any bend, contraction. | | | |
| | or expansion; and downstream from no other inlet? | □Y | □N | □N/A |
| | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | □Y | □и | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | ПП | □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: XY □N □N/A a. documentation of leaks repaired w/in 24 hrs? or: b. documentation of parts ordered to repair leak and leak repaired w/in 2 days □Y □N □N/A and parts installed w/in 5 days of receipt? DY DN MINA 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN XXN/A XXY □N 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN XXVA DY DN XN/A Problem corrected? 8. Maintained compliance plan, if applicable? DY DN XXNA

| | | | _ | | | | | |
|-----------------------|---|---------------|------|-----------------|------------------------------|---------|------|-------|
| | VI: LEAK DETECTION AND | _ | | | | | | |
| 1. Does | s the responsible official conduct a | weekly (| for | smail sources | . bi-weekly) leak detection: | and re | pair | |
| inspection? | | | | | | | | ПП |
| 2. Has t | the facility maintained a leak log? | | | | | ΠY | · į | N |
| 3. Does | the responsible official check the | following | g ar | eas for leaks? | | | | |
| | Hose connections, fittings, couplings, and valves | àta □ | N | □N/A | Muck cookers | XY | □N | □N/A |
| | Door gaskets and seating | YY - | lN | □N/A | Stills | YY | □N | □N/A |
| | Filter gaskets and seating | 7 4Y □ | lN | □N/A | Exhaust dampers | ПY | □N | M/A |
| | Pumps | a(x □ | IN | □N/A | Diverter valves | XY | □и | □N/A |
| | Solvent tanks and containers | AX 🗆 | N | □N/A | Cartridge filter housings | XY | ПN | .□N/A |
| | Water separators | ATA 🗆 | N | □N/A | | | | |
| 4. Which | h method of detection is used by th | ne respon | sibl | e official? | | | | |
| | Visual examination (condensed so | lvent on | exte | erior surfaces) | | × | | |
| | Physical detection (airflow felt thr | ough gas | ket | 5) | | A X | | |
| (| Odor (noticeable perc odor) | | | | | A | | |
| 1 | Use of direct-reading instrumentat | ion (FID) | /PII | D/calorimetric | tubes) | | | |
| Halogen leak detector | | | | | | | | |
| | If using direct-reading instru | mentatio | on, | is the equipm | ent: | MNI | 4 | |
| | a. Capable of detecting p | erc vapor | co | ncentrations is | n a range of 0-500 ppm? | □Υ | ПΝ | |
| | b. Calibrated against a str (PID/FID only)? | andard ga | as p | rior to and aft | er each use | ΩY | □N | |
| | c. Inspected for leaks and | obvious | sign | ns of wear on | a weekly basis? | □Y | □и | |
| | d. Kept in a clean and sec | ture area | wh | en not in use? | | □Y | ΠN | |
| | e. Verified for accuracy b | y use of d | lupi | licate samples | (calorimetric only)? | QY | □и | |
| | • | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Toulita | | | | 2/11 ha | | | |
| | Inspector's Name (Please Print) | | | _ | 2/16/97 | | | |
| | mapecion's maine (riease Print |) | | | Date of Inspec | поп | | |
| | Olym Links | - | | | March, 2 | 000 |) | |
| | Infector's Signature | | | | Approximate Date of N | ext ins | ресц | on |
| | , | | | | | | | |

| ADDITION | AL SITE INFORM | ATION: | | |
|----------|----------------|--------|------|--|
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| AIRS ID#: | 03 | 104 | 179 |
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| $MKS M_{\mu}$. | | | |

Revised 10/10/9€

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: | South | Beach CI | <u>kaners</u> | D | ATE: 3/16/99 |
|--|------------------------------|------------------------|---------------------|--------------------------|------------------------|
| FACILITY LOCATION: | 39 | 56 S. 3 | 3/d Street | <i></i> | |
| | Jacks | Conville Ba | ach, FC | 32250 | |
| | | | | | |
| Annual Reporting Period: | M | arch 16 | _19% то | March 1 | 1999 |
| Based on each term or condition 62-213.300, Florida Administration | | | | _ | ith DEP Rule |
| If NO, complete the following: | | | | | |
| #1. Term or condition of the gen | • | that has not been in o | ontinuous compliar | nce during the reporting | g period stated above: |
| Exact period of non-compliance: | from | 3/16/ | 98 | to3/16/ | 199 |
| Action(s) taken to achieve compli | iance: | will S | tack Using | Calender | |
| Method used to demonstrate comp | pliance: _ | Klin | spection | | |
| #2. Term or condition of the gen 2) No Conden Se | | | ontinuous complian | ice during the reporting | period stated above: |
| Exact period of non-compliance: | | 3/16/9 | | <u>. 3/16/9</u> | 3 |
| Action(s) taken to achieve compli | ance: | will s | tact Usin | y Calender | |
| Method used to demonstrate comp | pliance: | Rein | spection | | |
| As the responsible official, I here made in this notification are true, upon rolling averages of purchasing year for transfer or combination j | accurate ai e receipts, a | nd complete. Further | r, my annual consun | nption of perchloroethy | vlene solvent, based |
| RESPONSIBLE OFFICIAL: | Sami Nam | e (Please Print) |) (| Signature Signature | 3/16/99 Date |

Page _____ of _____

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | ANNUAL 💢 | COMPLAINT | DISCOVERY | RE-INSPECTION |
|--|---|---------------------|-------------------------------------|----------------------------|
| TIME IN: /040 | TIME OUT: | //00 | AIRS ID#: | 03/0479 |
| TYPE OF FACILITY: \mathcal{L} | Perc. Dry Ci | leaner_ | | 01/00 |
| FACILITY NAME: | South Beach | | | DATE: <u>3//6/99</u> |
| FACILITY LOCATION: | 3956 J. | 7 | eet 222 | |
| | Jack Son ville | | FC 366 | 50 Dul 012 2208 |
| RESPONSIBLE OFFICIAL: | Samir Co | u50/ | PHONE NUMBE | CR: <u>904-247-7708</u> |
| | he compliance requiremenule 62-213.300, Florida A | | - - | facility is found to be in |
| Based on the results of t discrepancies were noted | he compliance requiremer d: | its evaluated durin | ng this inspection, the | following compliance |
| COMPLIANCE REQU | IREMENT/PROBL | EM F | OLLOW-UP AC | TION REQUIRED |
|) No Condenser. | temp. Log | /Le | insRection | 1 |
| 1) No Condensur. 2) NO leak 109 | | | insRection einsfection | Н |
| 71 19 | | | - | |
| | | | | • |
| | | | | |
| | <u> </u> | | | |
| | | | | |
| - | | | | |
| | | | | |
| COMMENTS: | | | | |
| | | | | |
| | | | | |
| The Annual Compliance Certific | 11 | | ubmitted to the inspec | ctor. YES NO |
| DATE OF NEXT INSPECTIO | N://ai | 10h, 2000 |) | |
| INSPECTION CONDUCTED | ву: | Approximated Wiv | e) 1ter | |
| INSPECTOR'S SIGNATURE: | 1.11 | (Please Prin | t) PHONE NUMBE | CR: 904/630- 3484 |
| | | age of | A AAO AAO AAO AAO AAO AAO AAO AAO A | Revised 10/ |

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|---|-----|---|
| | | CHARLE'S AUTO INC |
| | 2. | Site Name (For example, plant name or number): |
| | | SOUTH BEACH CLEANERS |
| | | |
| | 3. | Hazardous Waste Generator Identification Number: |
| | | |
| | 4. | 2476 \ 250 31 |
| | | |
| | | City: DACKCONUME BELICOUNTY: DUVA Zip Code: 32250 |
| | 5. | Facility Identification Number (DEP Use): |
| Y | | 0310479 |
| . | | VJIVIII |
| | | Responsible Official |
| | | |
| | 6. | Name and Title of Responsible Official: |
| | | SAMIR CONSUL (PRES) |
| ł | 7. | Responsible Official Mailing Address: |
| | | Organization/Firm: 3956 S 31d S (|
| | | Street Address: 3936 S 3 E 31 |
| | | City: JAX BCh County: DUVA (Zip Code: 32250 |
| ŀ | 8. | Responsible Official Telephone Number: |
| | | Telephone: (904247-7708 Fax: () - |
| Į | | , , = - = 1 , , = |
| | | Facility Contact (If different from Responsible Official) |
| | | |
| | 9. | Name and Title of Facility Contact (For example, plant manager): |
| | | SAME AS ABOVE |
| } | 10. | Facility Contact Address: |
| | | |
| | | Street Address: |
| | | City: County: Zip Code: |
| ŀ | 11. | Facility Contact Telephone Number: |
| | | Telephone: () - Fax: () - |
| | | |
| | | Bureau FE C |
| | | & ear Time |
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| | חבי | Ø → N → Page 13 of 16 |
| | | P Form No. 62-213.900(2) Page 13 of 16 ective: 6-25-96 |
| | | P Form No. 62-213.900(2) Page 13 of 16 Sources Citive: 6-25-96 |
| | | a di |

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

| Type of Machine | ID | Machine Initially Purchased | Control Device Installed | ID | Machine Initially Purchased | Control Device Installed | ID | Machine Initially Purchased | Control Device 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 | | AP1197 | April 97 | | 7AN97 | JAN97 | | | |
| (2) w/ carbon adsorber | | | 1 | _ | 7 | 77.45 | | | |
| (3) w/ no controls | | | | | 1 | | | 1 | |
| Washer Unit | | · | ' | | | | | - | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | 1 | | | | | | | 1 |
| (6) w/ no controls | | | | _ | · · | | | | |
| Dryer Unit | | • | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | - |
| Reclaimer Unit | | 4 | | | | | | • | |
| (10) w/ ref. condenser | | | | | ĺ | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |
| (b) Control devices are 7 (c) No control devices 2.(a) What was the total of | are re | equired to be | installed [_ | | ٦ | the latest 12 | топ | ths? | |
| (b) If less than 12 mont Check why it is less | gallo hs, ho | ns ow many? [_ |] months | | • | | | | |
| 3. What is the facility's sor (Indicate with an "X". | | | | defii | nitions found | in section (3 | () of l | Pan [†] II? 14 c | 7 |

DEP Form No. 62-213.900(2)

Existing small area source [

Existing large area source [

Effective: 6-25-96

No

New small area source

New large area source

1406

| 4. What control technology is required (Indicate with an "X".) | ired on machines | pursuant to section (5) of l | Part II of this notification form? |
|--|--------------------|------------------------------|------------------------------------|
| Existing large area source Carbon adsorber | | Refrigerated condenser | |
| New small area source Refrigerated condenser | \swarrow | | |
| New large area source Refrigerated condenser | | | |
| | | | |
| | | | |
| 5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u | that all steam an | d hot water generating unit | |
| All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co | d exclusively by n | atural gas except for period | ds of natural gas curtailment |
| All steam and hot water generating No such units on-site | units exempt | X 54 | |
| | | | • |
| | | | |
| | | | |
| Equipme | ent Monitoring a | nd Recordkeeping Inform | nation |
| Check all logs which are required to | o be kept on-site | in accordance with the requ | uirements of this general permit: |
| (a) Purchase receipts and solvent pu | ırchases | | ĹXJ |
| (b) Leak detection inspection and re | epair | | \sim |
| (c) Refrigerated condenser tempera | ture monitoring | | ب |
| (d) Carbon adsorber exhaust perc co | oncentration mon | itoring | |
| (e) Instrument calibration | | | |
| (f) Start-up, shutdown, malfunction | n plan | | 兦 |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

| No 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 add this notification. I hereby certify, based on information and belief formed after reasonable inquire statements made in this notification are true, accurate and complete. Further, I agree to operate maintain the air pollutant emissions units and air pollution control equipment described above so 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. | |
|--|------------------------------|
| I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility add his notification. I hereby certify, based on information and belief formed after reasonable inquir statements made in this notification are true, accurate and complete. Further, I agree to operate a naintain the air pollutant emissions units and air pollution control equipment described above so comply with all terms and conditions of this general permit as set forth in Part II of this notification | |
| his notification. I hereby certify, based on information and belief formed after reasonable inquirgonable inquir Itatements made in this notification are true, accurate and complete. Further, I agree to operate of the same and control equipment described above so comply with all terms and conditions of this general permit as set forth in Part II of this notification. | |
| this notification. I hereby certify, based on information and belief formed after reasonable inquir- statements made in this notification are true, accurate and complete. Further, I agree to operate a maintain the air pollutant emissions units and air pollution control equipment described above so comply with all terms and conditions of this general permit as set forth in Part II of this notification | |
| will promptly notify the Department of any changes to the information contained in this notificat | |
| 199/99 | and o as to |
| Signature Date | e and o as to ion form |

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

RECEIVED

DEC 27 1999

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring

& Mobile Sources
TYPE OF INSPECTION:

ANNUAL

×

COMPLAINT/DISCOVERY

RE-INSPECTION

| 7 | ,, | | | |
|---|---|--|--|--|
| _ | /16/99 TIME IN: 1040 TIME OUT: 1/00 | | | |
| FACILITY NAME: SOUTL 1 | Beach Ckaners | | | |
| FACILITY LOCATION: 3954 | , S. 3rd Street | | | |
| Jacks | on ville Beach, FL 32250 | | | |
| RESPONSIBLE OFFICIAL: Sam | ir Consul PHONE: 904-247-7708 | | | |
| CONTACT NAME: | Some phone: Some | | | |
| | | | | |
| PART I: NOTIFICATION | | | | |
| (check appropriate box) | | | | |
| 1. New facility notified DARM 30 days prior t | o starrup | | | |
| 2. Facility failed to noury DARM to use gener | al permit | | | |
| | | | | |
| PART II: CLASSIFICATION | | | | |
| Facility indicated on notification form that it | | | | |
| (check appropriate box) | ☐ Drop store out of business/petroleum | | | |
| A. 1. Existing small area source | 2. New small area source | | | |
| dry-to-ary only. x < 140 gai/yr | dry-to-dry only, x < 140 gal/yr | | | |
| transfer only, x < 200 gal/yt | transfer only, x < 200 gal/yr | | | |
| both types, $x < 140$ gai/yr | both types, $x < 140$ gal/yr | | | |
| (constructed before 12.79/91) | (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, $200 \le x \le 1.800$ galvyr | transfer only, 200 \le x \le 1.800 gallyt | | | |
| both types, $140 \le x \le 1.800$ gallyr both types, $140 \le x \le 1.800$ gallyr | | | | |
| (constructed before 12/9/91) | (constructed on or after 12./9/91) | | | |
| 5. This is a correct facility classification | Y IN I Can not determine | | | |
| If no, please check the appropriate class | | | | |
| | | | | |
| acility qualified for a | general permit as numberabove | | | |
| acility qualified for a | imits 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) | |
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | או וום אם אל |
| 2. Examining the containers for leakage? | MAD NO THE |
| 3. Closing and securing machine doors except during loading/unloading? | XX DN |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposai? | XX ON ON/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | OY ON XVIA |
| 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 ref (complete A below). | rigerated condenser |
| If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Curbon adsorber minimalled prior to September 22, 1993 | |
| If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below). | rigerated condenser |
| 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? | X Y ∃N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | AND NE YES |
| Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | XY IN IN/A |
| . Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | ⊐Y XV |
| Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | XY IN UN/A |
| . Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | XY IN IN/A |

| 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, reciaimer, and dryer machines on a weekly basis? | ΠY | ΠN | |
| | | | | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser | | | |
| | inlet and outlet weekly? | ЦY | \Box N | |
| | Is the temperature differential equal to or greater than 20° F? | \Box Y | \square N | □N/A |
| , | | | | |
| یر ا | 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. | 737 | | ~~~ |
| | if machines are equipped with a carbon adsorber? | UY. | ПN | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | $\Box Y$ | $\square N$ | □N/A |
| 1 | Assured that the sampling port on the carbon adsorber exhaust for measuring | | | |
| ₹. | pere concentrations is at least 8 duct diameters downstream of any bend, contraction. | | | |
| | or expansion: is at least 2 duct diameters upstream from any bend, contraction. | | | |
| | | $\exists Y$ | ПΝ | □N/A |
| | · | | | |
| | Equipped transfer machines (dryers, reclaimers, and washers) with individual | | | ļ |
| | condenser coils? | ДY | \square N | □N/A |
| ۲ ، | Routed airflow to the carbon adsorber (if used) at all times? | | 717 | |
| J. , | Routed airmow to the carbon adsorber (it used) at an times? | IJ¥ | ЦN | □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: Y ON ONA 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? JY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) AVAK ND YE DY DN XXVA 5. Maintained exhaust duct monitoring data on perc concentrations? A(A □N 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? □Y □N ŒN/A Problem corrected? □Y □N XN/A 8. Maintained compliance plan, if applicable? AVA**X** ND YE

| P/ | ART VI: LEAK DETECTION AND | D REPAIRS | | | | |
|-------------------------|--|------------------------------|-------------------------------|--------------|------|------|
| 1. | . Does the responsible official conduct | a weekly (for small source | es, bi-weekly) leak detection | and re | pair | |
| | inspection? | | | XY | | וא⊏ |
| 2. | Has the facility maintained a leak log | <u>;</u> ? | | C⊒Y | | ⊐א |
| 3. | Does the responsible official check th | ie following areas for leaks | s? | | | |
| | Hose connections, fittings, couplings, and valves | DAY ON ON/A | Muck cookers | XY | ΠN | □N/A |
| | Door gaskets and seating | AND NO YA | Stills | ≱ Y | ΠN | □N/A |
| | Filter gaskets and seating | MY ON ON/A | Exhaust dampers | ΩY | ПΝ | MN/A |
| | Pumps | AND NO AND | Diverier valves | Y | ПΝ | □N/A |
| | Solvent tanks and containers | AND NO AK | Cartridge filter housings | 5 X Y | ПΝ | □N/A |
| | Water separators | XX ON ON/A | | | | |
| 4 . ⁷ | Which method of detection is used by t | | | | | |
| | Visual examination (condensed s | solvent on exterior surfaces | 3) | X X X | | |
| | Physical detection (airflow felt through gaskets) | | | | | |
| | Odor (nouceable perc odor) | | | | | |
| | Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | | | | | |
| | Halogen leak detector | | | | ŕ | |
| | If using direct-reading instr | rumentation, is the equipr | ment: | XN/A | | |
| | a. Capable of detecting | perc vapor concentrations | in a range of 0-500 ppm? | Ϋ́ | ⊐и | |
| | b. Calibrated against a si (PID/FID entry)? | standard gas prior to and ai | fter each use | ⊐Y E | ⊐N | |
| | e. Inspected for leaks an | nd obvious signs of wear on | n a weekiv basis? | ∃Y € | ZN | |
| | | ecure area when not in use: | | ⊐Y □ | אב | |
| | e. Verified for accuracy i | by use of duplicate samples | s (calonmetric only)? | ⊐Y □ | אנ | |
| | | | | | | |

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Insp

ector's Signature

| | SITE INFORMATION: | | |
|---|-------------------|--|--|
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Acc

Signature

Date

AIRS ID#: 03/0479

Revised 10/10/

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: SOUTA | | DATE: 3/16/9 |
|---|---|---|
| FACILITY LOCATION: 39 | 956 S. 314 Street | |
| Jack | tsonville Beach, FC 3 | 2250 |
| | | |
| Annuai Reporting Period: | 10/ch 16_1998 TO _ | March 16 1997 |
| | le V general air permit, my facility has remaine F.A.C.), during the period covered by this state | |
| if NO. complete the following: | | |
| #1. Term or condition of the general perm | ut that has not been in continuous compliance d | uring the reporting period stated above: |
| Exact period of non-compliance: from | 3/16/98 | |
| Action(s) taken to achieve compliance: | will Start Using Co | alender |
| Method used to demonstrate compliance: | - Reinstection | |
| #2. Term or condition of the general permit 2) NO Conden Sen few | it that has not been in continuous compliance di | aring the reporting period stated above: |
| Exact period of non-compliance: from | 3/16/98 10_ | 3/16/79 |
| Action(s) taken to achieve compliance: | Will Start Using | Calender |
| Method used to demonstrate compliance: | Reinspection | |
| made in this notification are true, accurate in the following averages of purchase receipts, wear for transfer or combination facilities. | based on information and belief formed after rand complete. Further, my annual consumption does not exceed 2,100 gallons per year for dry | n of perchioroethylen e solvent , based -to ary facilities or 1,300 gailons per |
| RESPONSIBLE OFFICIAL: 5 am | is Consul - Co, | NSUP 3/16/89 |

Name (Please Print)

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL CO | DMPLAINT/DISCOVERY RE-INSPECTION |
|--|---|
| TIME IN: 1040 TIME OUT: 1 | 100 AIRS ID#: 03/0479 |
| TYPE OF FACILITY: Derc. Dry Clear | ner |
| FACILITY NAME: South Beach C | leaners DATE: 3/16/99 |
| 70-1 - 0 | E Street |
| Jack son ville Y | Beach, FL 32250 |
| RESPONSIBLE OFFICIAL: Samir Conso | |
| Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Adminis | luated during this inspection, the facility is found to be in strative Code (F.A.C.). |
| Based on the results of the compliance requirements evaluscrepancies were noted: | luated during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| 1) No Condenser temp. Log | ReinsRection |
| 2) NO leak 109 | Reinsfection |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| COMMENTS: | · |
| | |
| The Annual Compliance Certification form has been properly cert | ified and submitted to the inspector. |
| DATE OF NEXT INSPECTION: March, | 2000 |
| | pproximate) |
| INSPECTION CONDUCTED BY: | Winter |
| | lease Print) |
| INSPECTOR'S SIGNATURE: //// | 12 PHONE NUMBER: 904/630-3484 |
| Page_/ | of / Revised 1 |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| | ANNUAL | × | COMPLAINT/D | ISCOVERY | | All |
|---|---|---|--|---|--------------|------|
| | RE-INSPECTION | · '- | | | | ·**> |
| AIRS ID#: <u>03/0479</u> | • • | | | ΓIME OUT: ∠ | 1/00 | |
| FACILITY NAME: | OUTH Beach | L Clear | ners | | | _ |
| FACILITY LOCATION: | 3956 3 | 5. 3rd | Street | | | _ |
| | Jacksonv | ille, Bea | ch, FL | 32250 | 5 | |
| RESPONSIBLE OFFICIAL : | | | | | | 8 |
| CONTACT NAME: | Son | L | _ PHONE: | San | <u></u> | _ |
| | | | | | 1 | |
| PART I: NOTIFICATION | | | | | | |
| (check appropriate box) | | | | , | | |
| New facility notified DARM | 30 days prior to startu | p | | | X | |
| 2. Facility failed to notify DAR | | • | | : ` | , · | I |
| z. Tacinty failed to notify DATE | ivi to use general perm | | | | | |
| PART II: CLASSIFICATION | | | | | | 0 |
| | | · | | | | _ |
| Facility indicated on notification (check appropriate box) | on form that it is: | | ☐ No notification☐ Drop store/out | | roloum. | |
| A. | | | Drop store/out | or business/per | roieuiii | |
| 1. Existing small area sour | _ | . M 11 . | | ₩ | | i i |
| _ | | 2. New small a | | X | | |
| dry-to-dry only, x < 140 gal/y | yr d | lry-to-dry only | , x < 140 gal/yr | / | | |
| dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr | yr d | lry-to-dry only ransfer only, x | , x < 140 gal/yr < 200 gal/yr | / | | 7 |
| dry-to-dry only, $x < 140 \text{ gal/y}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ | yr d t b | dry-to-dry only ransfer only, x both types, $x < x$ | , x < 140 gal/yr < 200 gal/yr 140 gal/yr | | | |
| dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr | yr d t b | dry-to-dry only ransfer only, x both types, $x < x$ | , x < 140 gal/yr < 200 gal/yr | | 3 6 | |
| dry-to-dry only, $x < 140$ gal/y transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) | yr c t b | dry-to-dry only ransfer only, x both types, x < constructed on | , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) | | MAR | |
| dry-to-dry only, $x < 140 \text{ gal/y}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ | yr c t b (| dry-to-dry only ransfer only, x ooth types, x < constructed on | , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) | | MAR 1 | |
| 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. | t t t t t t t t t t t t t t t t t t t | dry-to-dry only ransfer only, x both types, x < constructed on l. New large a dry-to-dry only ransfer only, 2 | x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/y}$ $140 \le x \le 1,800 \text{ gal/y}$ | | | |
| 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, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ gboth types, $140 \le x \le 1,800$ g | t t t t t t t t t t t t t t t t t t t | dry-to-dry only ransfer only, x both types, x < constructed on l. New large a dry-to-dry only ransfer only, 2 both types, 140 | x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $x = 140 \le x \le 2,100 \text{ gal/y}$ x = 1,800 gal/yr | | | |
| 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 sourd dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ | t t t t t t t t t t t t t t t t t t t | dry-to-dry only ransfer only, x both types, x < constructed on l. New large a dry-to-dry only ransfer only, 2 both types, 140 | x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/y}$ $140 \le x \le 1,800 \text{ gal/y}$ | | MAR 1 5 2000 | |
| 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, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ gboth types, $140 \le x \le 1,800$ g | t t t t t t t t t t t t t t t t t t t | dry-to-dry only ransfer only, x both types, x < constructed on l. New large a dry-to-dry only ransfer only, 2 both types, 140 | x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $x = 140 \le x \le 2,100 \text{ gal/y}$ x = 1,800 gal/yr | Bureau of Air Monitorin & Mobile Sources | | |
| 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, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$) 5. This is a correct facility class | t t t t t t t t t t t t t t t t t t t | dry-to-dry only ransfer only, x both types, x < constructed on l. New large a dry-to-dry only ransfer only, 2 both types, 140 constructed on | x < 140 gal/yr x < 200 gal/yr x < 200 gal/yr x < 140 gal/yr x < 12/9/91 $x < 140 \le x \le 2,100 \text{ gal/yr}$ x < 1,800 gal/yr x < 1,800 gal/yr x < 1,800 gal/yr | Bureau of Air Monitorin & Mobile Sources | | |
| 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, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$) 5. This is a correct facility class of the position of the posi | t t t t t t t t t t t t t t t t t t t | dry-to-dry only ransfer only, x both types, x < constructed on l. New large a dry-to-dry only ransfer only, 2 both types, 140 constructed on l. Y | x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $x = 140 \le x \le 2,100 \text{ gal/y}$ x = 1,800 gal/yr or after $12/9/91$) | Bureau of Air Monitorin & Mobile Sources | | |
| dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$) 5. This is a correct facility class of the second of | t t b (() () () () () () () () () | Iry-to-dry only ransfer only, x ooth types, x < constructed on I. New large a dry-to-dry only ransfer only, 2 ooth types, 140 constructed on Y | x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $x < 140 \le x \le 2,100 \text{ gal/yr}$ x < 1,800 gal/yr or after $12/9/91$) x < 1,800 gal/yr or after $12/9/91$) | Bureau of Air Monitoring & Mobile Sources | | |

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

PART III: GENERAL CONTROL REQUIREMENTS

| B. Has the responsible official of an existing large or new large an | rea source also: |
|--|--------------------------|
| Measured and recorded the exhaust temperature on the outlet side on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | of the condenser located |
| 2. Measured and recorded the washer exhaust temperature at the condinlet and outlet weekly? | denser |
| 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 at the end of the final drying cycle while the machine is venting to if machines are equipped with a carbon adsorber? | |
| 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 perc concentrations is at least 8 duct diameters downstream of any or expansion; is at least 2 duct diameters upstream from any bend, or expansion; and downstream from no other inlet? | bend, contraction, |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with condenser coils? | individual |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | OY ON ON/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 DY DN MN/A and parts installed w/in 5 days of receipt? □Y □N **M**N/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MAN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MU YEN 6. Maintained startup/shutdown/malfunction plan? Y ON MIN/A 7. Maintained deviation reports? \square Y \square N Problem corrected? \Box Y \Box N 8. Maintained compliance plan, if applicable?

| PA | RT V | I: LE | CAK DETI | ECTION | AND R | EPAIRS | |
|----|------|-------|----------|--------|-------|--------|--|
| | | | | | | | |
| | | | | cc | 1 . | 1.1 (6 | |

| 1 7 | ART VI. LEAK DETECTION AND | MEI AINS | | | | | |
|--|--|---------------|----------------------|---------------------------|-----|--------------|--|
| 1. | 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | | |
| | inspection? | | | | XX | □N | |
| 2. | Has the facility maintained a leak log? | | | | AV | □N | |
| 3. | Does the responsible official check the | following | ; areas for leaks? | | (| | |
| | Hose connections, fittings, couplings, and valves | dr o | IN □N/A | Muck cookers | YY | □N □N/A | |
| | Door gaskets and seating | J(Y □ | IN □N/A | Stills | YY | □N □N/A | |
| | Filter gaskets and seating | ¥Y □ | IN □N/A | Exhaust dampers | ΠY | □N \$\$\$\/A | |
| | Pumps | de sala | IN □N/A | Diverter valves | ПY | ON STN/A | |
| | Solvent tanks and containers | ¥qy □ | IN □N/A | Cartridge filter housings | AT | □N □N/A | |
| | Water separators | [AY □ | IN □N/A | | , | | |
| 4. | Which method of detection is used by t | the respon | sible official? | | | | |
| | Visual examination (condensed solvent on exterior surfaces) | | | | | | |
| | Physical detection (airflow felt through gaskets) | | | | | | |
| | Odor (noticeable perc odor) | | | | | | |
| | Use of direct-reading instrumenta | | | | | | |
| | Halogen leak detector | | | | | | |
| | If using direct-reading instr | umentatio | on, is the equipme | ent: | AN/ | /A | |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | | | | | | □N | |
| | b. Calibrated against a s (PID/FID only)? | standard ga | as prior to and afte | r each use | ΠY | □N | |
| | c. Inspected for leaks and obvious signs of wear on a weekly basis? | | | | | | |
| | d. Kept in a clean and se | | ΩY | □N | | | |
| | e. Verified for accuracy | ΠY | □N | | | | |
| | | | | | | | |
| | | | | | | | |

Inspector's Name (Please Print)

2/8/2000
Date of Inspection

| A | ADDITIONAL SITE | INFORMATIO | N: | | <u>.</u> | | |
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AIRS ID#: 03/0479

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: FACILITY LOCATION: _ | South & | Beach C | leavers | | DATE: <u>@</u> | 2/8/2000 |
|--|---|------------------------------------|-----------------------|-------------------|------------------|---------------|
| FACILITY LOCATION: | 3956 | 5. 3rd | Street | | | |
| _ | Jack Soi | wille Dec | uch, FL | 32250 | | |
| | | | | | | |
| Annual Reporting Period: | March | 16, | 19 <u>99</u> то | F | es. 8, | 2000 |
| Based on each term or condi | tion of the Title V | general air permit | , my facility has rer | nained in comp | liance with DEP | 'Rule |
| 62-213.300, Florida Adminis | strative Code (F.A. | C.), during the pe | riod covered by this | s statement. | YES | □NO |
| If NO, complete the following | ıg: | | | , | | |
| #1. Term or condition of the | e general permit the | at has not been in | continuous complia | ince during the i | reporting period | stated above: |
| | | | | | | |
| Exact period of non-complia | nce: from | | | _ to | | |
| Action(s) taken to achieve co | ompliance: | | | | | |
| Method used to demonstrate | compliance: | | | | | |
| #2. Term or condition of the | ; general permit tha | at has not been in | continuous complia | ince during the r | reporting period | stated above: |
| Exact period of non-complia: | nce: from | | to | | | |
| Action(s) taken to achieve co | mpliance: | | | | | |
| Method used to demonstrate | | | | | | |
| reading used to demonstrate | | | | | | |
| As the responsible official, I made in this notification are upon rolling averages of pur year for transfer or combinat | true, accurate and chase receipts, doe | complete. Furthers not exceed 2,10 | er, my annual consi | imption of perch | aloroethylene so | lvent, based |
| RESPONSIBLE OFFICIAL | L: Yasel | ALATONI | n. Jun | <u> </u> | | 1-8-00 |
| | / 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 XX COM | MPLAINT/DISCOVERY RE-INSPECTION | | | | |
|--|--|---|------------------------|--|--|--|
| TIME IN: 1045 | TIME OUT: //U | O AIRS ID#: | 03/0479 | | | |
| TYPE OF FACILITY: | rc. Dry Cleaner | - | | | | |
| FACILITY NAME: | | | DATE: 2/8/2000 | | | |
| FACILITY LOCATION: | 3956 S. 364 | Street | | | | |
| | Dackson ville 1se | ach, FL 322 | | | | |
| RESPONSIBLE OFFICIAL: | Samir Consul | PHONE NUMBER: | 904-24 1- 1108 | | | |
| | he compliance requirements evalua ule 62-213.300, Florida Administr | ated during this inspection, the faciliative Code (F.A.C.). | lity is found to be in | | | |
| Based on the results of the discrepancies were noted | | ated during this inspection, the follo | owing compliance | | | |
| COMPLIANCE REQU | IREMENT/PROBLEM | FOLLOW-UP ACTIO | N REQUIRED | | | |
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| COMMENTS: | | | | | | |
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| · · | | | | | | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO | | | | | | |
| DATE OF NEXT INSPECTION | | 2001 | | | | |
| | 1000 | proximate) | | | | |
| INSPECTION CONDUCTED | | ease Print) | <u> </u> | | | |
| INSPECTOR'S SIGNATURE: | Out 11: | PHONE NUMBER:_ | 904-630-3484 | | | |
| | Page | of | Revised 10/96 | | | |

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434344 DEC152003

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

310479
SAMIR CONSUL
SOUTH BEACH CLEANERS
3956 S 3RD STREET
JACKSONVILLE BEACH FL 32250



FOR GOVERNMENT USE ONLY Org.: 3755010100 EO: A1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389247

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

RECEIVED MAIL ROOM

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AIRS ID # 0310479

SOUTH BEACH CLEANERS SAMIR CONSUL 3956 S 3RD STREET JACKSONVILLE BEACH FL 32250

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

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

420750 DEC16 2002

Do NOT Remove Label

AIRS ID#0310479

SOUTH BEACH CLEANERS SAMIR CONSUL 3956 S 3RD STREET JACKSONVILLE BEACH FL 32250



FOR GOVERNMENT USE ONLY

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

Obj.: 002273

This portion must be attached to remittance for proper handling 400104

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

Do NOT Remove Label

SOUTH BEACH CLEANERS SAMIR CONSUL 3956 S 3RD STREET JACKSONVILLE BEACH FL 32250

TOTAL AMOUNT DUE: \$50.06 Mobile Sources

Remove Label

AIRS ID # 0310479
CLEANERS FOR GOVERNMENT USE ONLY Org.: 37550101000 E0: AIT 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

412248 DE026 2881

Do NOT Remove Label

AIRS ID # 0310479 SOUTH BEACH CLEANERS SAMIR CONSUL 3956 S 3RD STREET JACKSONVILLE BEACH FL 32250

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

3956 S. 3RD ST. JACKSONVILLE BEACH, FL 32250







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

| 4769 | CERTIFIED IVIAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|--------------|--|-------------|
| <u>+</u> | | |
| 10 4000 0000 | Postage \$ Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) | \ \{\big |
| 2003 | SOUTH BEACH CLEANERS Sent 76 SAMIR CONSUL | S. |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | |
|--|--|--|--|--|--|
| ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ○ 10310479001AG SOUTH BEACH CLEANERS SAMIR CONSUL | A. Received by (Please Print Clearly) C. Signature X | | | | |
| 3956 S 3RD STREET JACKSONVILLE BEACH, FL 32250 | 3. Service Type Certified Mail | | | | |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes | | | | |
| 2. Article Nurrham (Transfer f. 1700310500110004101411414141416911 | | | | | |
| PS Form 3811 March 2001 Democtic Potent Possist | | | | | |

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