

Department of Environmental Protection

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

David B. Struhs Secretary

August 24, 1999

Mr. Bobby Johnson Peoples Dry Cleaners 4275 University Boulevard North Jacksonville, Florida 32277

Re: Facility No.: 0310490

Dear Mr. Johnson:

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

RECEIVED

JUL 22 1999
& Mobile Sources

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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.

Facility Name and Location	
1 Facility Owner/Company Name (Name of corporation, agency or 1) 2. Site Name (For example, plant name or number):	
2. Site Name (For example, plant name or number):	opics Dig Clarka's
Peoples Dry Cleavers 4275 Un 3. Hazardous Waste Generator Identification Number:	inversity Blud, N.
3. Hazardous Waste Generator Identification Number:	7
LC 505	
4. Facility Location: 4275 University By N,	
	7: 0.1 700
City: JACKSONVILLE County: DUVA	Zip Code: 32277
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
	0310490
Responsible Official	÷
6. Name and Title of Responsible Official:	1
Name: Poly of Colors and Title:	OLIVED DOCKET
DODDY JOHNSON_	OWNY Operation
7. Responsible Official Maning Address.	OWNER OPERATOR
Organization/Firm: 4275 University Blad. N. Per	poles Day Cleaven
Organization/Firm: 4275 University PLW. N. Per Street Address: City: Sax County: DuvaL	,
Organization/Firm: 42.75 University L. N. Per Street Address: City: County: Duval	zples Dry Cleaven Zip Code: 32277
Organization/Firm: 4275 University Blue, N. Per Street Address: City: Sax County: Duval	zples Dry Cleaven Zip Code: 32277
Organization/Firm: 42.75 University L. N. Per Street Address: City: County: Duval	zples Dry Cleaven Zip Code: 32277
Organization/Firm: 4275 University L. N. Per Street Address: 4275 University L. N. Per County: Duval 8. Responsible Official Telephone Number: Telephone: (904)745-6090 Fax: (zples Dry Cleaven Zip Code: 32277
Organization/Firm: 42.75 University RLW, N. Per Street Address: 42.75 University RLW, N. Per County: DuvAL 8. Responsible Official Telephone Number: Telephone: (904)745-6090 Fax: (Facility Contact (If different from Responsible Official)	zples Dry Cleaven Zip Code: 32277
Organization/Firm: 42.75 University PLW, N. Per Street Address: 42.75 University PLW, N. Per Street Address: City: County: Du UAL 8. Responsible Official Telephone Number: Telephone: (904) 745-6090 Fax: (Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): The Supplementary Contact Address:	zples Dry Cleaven Zip Code: 32277
Organization/Firm: 42.75 University PLW, N. Per Street Address: 42.75 University PLW, N. Per Street Address: City: County: Du UAL 8. Responsible Official Telephone Number: Telephone: (904) 745-6090 Fax: (Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): The Supplementary Contact Address:	zip Code: 32277
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Organization/Firm: 42.75 University PLW, N. Per Street Address: 42.75 University PLW, N. Per Street Address: City: County: Du UAL 8. Responsible Official Telephone Number: Telephone: (904) 745-6090 Fax: (Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): The State of Facility Contact Address:	zip Code: 32277

DEP Form No. 62-213.900(2)

Effective: 2/24/99

	0310490
p15	c
<u> /(a)</u>	If date is some as purchase date,
	If date is some as purchase date
p 16	and some
4.	New machines at small area
	source Refrigerated Condenser
5.	all steam and list worker
	agreeating units exempt should
·	be madeed.
ρ//	But on the ablication and
	Responsible official sign and date for changes made.
	, , , , , , , , , , , , , , , , , , ,
· · · · · · · · · · · · · · · · · · ·	
•	

Facility Information

1.(a) DRY-TO-DRY M.	ACHINES ONL	Y	
How many dry-to-dry ma	achines do you ha	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e provide the following informat	tion:
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")
1-96	Existing/Ne	RC/CA/None required	
	Existing/No	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?	[<i>N/A</i>] on-site? []	•
How many dryers/reclaim	ners do you have	on-site? []	:
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased	I from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general information:
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	
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA	= carbon adsorber
ً و	roethylene (perc) ns (You must fill	have you used within the last 12 this in)	months?
(b) If less than 12 mor		_	
		: New owner: [] Did not ke	een records:
Check why it is les	oo man 12 MUMM		
		New store: New machi Unopened store (date of	f expected opening
		Onoponed store [] (date of	r expected opening

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)								
Small Are	ea Source							
- -	Dry-to-dry machines only Transfer only on-site Both machine types on-si	(u	ised less than 140 gallon used less than 200 gallon used less than 140 gallon	s of perc per year)				
Large Are	ea Source							
-	Dry-to-dry machines only Transfer only on-site Both machine types on-si	(u	sed 140 - 2,100 gallons sed 200 - 1,800 gallons sed 140 - 1,800 gallons	of perc per year)				
4. What control ted (Indicate with a		machines pur	rsuant to section (5) of F	Part II of this notification form?				
	machines at small area so EQUIRED) []	ource	New machines at Refrigerated cond	t small area source denser []				
Carbon ac	machines at large area so dsorber] ted condenser]	urce	New machines at Refrigerated cond	denser				
Rule 62-213.300, I		am and hot	water generating units o	o use the general permit pursuant to on-site meet the following e criteria).				
All steam and hot No such units on-s	water generating units exite	kempt [_	OR					
How many boilers	do you have on-site?							
For each boiler, inc	dicate its horsepower (HI	P) rating: [<u> </u>	£				
What type of fuel d	<u> </u>	oropane No. 2 fuel oil No. 6 fuel oil		oil				
6. Equipment Mon	itoring and Recordkeepi	ng Informati	on					
Check all logs whi	ch are required to be kep	t on-site in a	accordance with the requ	uirements of this general permit:				
(a) Purchase receip	ots and solvent purchases.	/solvent addi	ition log	×				
(b) Leak detection	inspection and repair			(
(c) Refrigerated co	ndenser temperature mo	nitoring						
(d) Carbon adsorber exhaust perc concentration monitoring								
(e) Startup, shutdo	e) Startup, shutdown, malfunction plan							

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

-19-1990

DEP Form No. 62-213.900(2)

Effective: 2/24/99

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST COMPLAINT/DISCOVER FOUR CONTROL OF THE CONTROL OF THE

TYPE	OF	INCD	r _C T	ON.
LIFE	UF	TIJDL.	LLI	LUN:

02101/20 0/2/20 12/10	
AIRS ID#: 03/0490 DATE: 9/8/99 TIME IN: 1340 TIME O	ut: <u>14/5</u>
FACILITY NAME: People's Dry Cleaners	
FACILITY LOCATION: 4275 University Blvd. N	
Jacksonville, FL 3227	7
Tackson ville, FL 3227 RESPONSIBLE OFFICIAL: BOLLY JOHNSON PHONE: 904/74 CONTACT NAME: Same PHONE: Same	5-10090
RESPONSIBLE OFFICIAL: DOST SOURCE FROME.	2 0070
CONTACT NAME: SAME PHONE: SAME	ne
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: One notification form that it is:	ess/petroleum
$\ \hat{\mathbf{A}}_{\mathbf{c}}\ ^2$	F
1. Existing small area source \square 2. New small area source	
dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr	
dry-to-dry only, $x < 140 \text{ gal/yr}$ dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$	
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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, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$) 5. This is a correct facility classification dry-to-dry only, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ dry-to-dry only, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ transfer only, $x < 140 \text{ gal/yr}$ transfer only, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ transfer only, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ b	
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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?	AVAX ND YD
2. Examining the containers for leakage?	DY DN MINA
3. Closing and securing machine doors except during loading/unloading?	XY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	YY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MANA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part \	√.
If classification 2 has been checked, the machine should be equipped with a refr (complete $\bf A$ below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mutinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated co ndenser
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?	DY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□Y □N
 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 verifying that the coolant had been completely charged?	מם צם

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?	ΩY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ЦY	ШN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠИ	□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
_	T			
3.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПИ	□N/A

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

P.	ART VI: LEAK DETECTION AND	REPA	<u>JRS</u>						
1.	Does the responsible official conduct	a week	ly (for	smail sou	rces, bi-weekly) leak d	etection a	nd re	pair	
	inspection?			•			XY	•	ПП
2.	Has the facility maintained a leak log	?					XY	•	□и
3.	Does the responsible official check th	e follow	ing a	reas for lea	aks?		•		
	Hose connections, fittings, couplings, and valves	√ √ Y	. □ N	□N/A	Muck cookers		ΆχΥ	_ □N	□N/A
	Door gaskets and seating	AX	⊓и	□N/A	Stills		XY	N	□N/A
	Filter gaskets and seating	AA	□N	□N/A	Exhaust damper	rs	ПY	ПΝ	MN/A
	Pumps	S Y	□́и	□N/A	Diverter valves		ПY	Πи	X N/A
	Solvent tanks and containers	AX	ПN	□N/A	Cartridge filter	housings	YY	ПN	□N/A
	Water separators	ATA	ПN	□N/A					
4.	Which method of detection is used by	the resp	onsib	le official?	•				
	Visual examination (condensed	solvent	on ext	terior surfa	ices)		*		
	Physical detection (airflow felt the	ırough	gasket	ts)			4		
	Odor (noticeable perc odor)						中中中口		
	Use of direct-reading instrument	ation (F	TD/PI	D/calorim	etric tubes)		Ġ		
	Halogen leak detector								
	If using direct-reading instrumentation, is the equipment:						MN/	A	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						ŪΥ	□и	
	b. Calibrated against a (PID/FID only)?	standar	d gas	prior to an	d after each use		ΠY	ΠN	
	c. Inspected for leaks a	ıd obvic	ous sig	gns of wear	on a weekly basis?		ΠY	ΠN	
	d. Kept in a clean and s	ecure a	rea wł	nen not in	use?		ΠY	ΠN	
	e. Verified for accuracy	by use	of dup	olicate sam	ples (calorimetric only	·)?	ΠY	ПΝ	
٠	Jeff Winte					7/8/	199	-	
	Inspector's Name (Please Prin				Date	of Inspect	ion	-	
	agun Unte				Sep	tembe		<i>20</i> 0	20_
	Inspector's Signature			_ _	Approximate I	Date of No	ext In	specu	on

4 of 5

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Revised 10/10/96

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AIRS 1D#: 03/0490

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Peoples Dry Cleaners DATE: 9/8/97	7
FACILITY LOCATION: 4275 University BILLI. N.	_
Jack Son ville, FL 32277	_
Annual Reporting Period: July 22, 1999 to September 8, 199	9
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:	
Exact period of non-compliance: from	_
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:	
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Soby Solve Print Signature Date	2
a residence of a second of the	

^{*}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

	INSPECTION S	SUMMARY	REPORT	Au OFP
TYPE OF INSPECTION:	annual 🔀	COMPLAINT/D	OISCOVERY	REMISPECTION [
TIME IN: 1340	TIME OUT:	1415	AIRS ID#:	03/0490
TYPE OF FACILITY:	IC. Dry Clea	ener		Ourcelling
FACILITY NAME: Ye	oples Dry	Cleaness		DATE: 9/8/99
FACILITY LOCATION:	4275 Ouil	versity E	3/W. N.	
	Jackson	ville, Fo	1 322	77,
RESPONSIBLE OFFICIAL:	Bobby:	Johnson	PHONE NUMBE	r: <u>(904) 745-6090</u>
Based on the results of the compliance with DEP Rule				facility is found to be in
Based on the results of the discrepancies were noted:	compliance requirements of	evaluated during	this inspection, the	following compliance
COMPLIANCE REQUIR	EMENT/PROBLEM	4 FO	LLOW-UP ACT	TION REQUIRED
			·	
COMMENTS:	<u>-</u>			<u> </u>
. '				
The Annual Compliance Certification	on form has been properly	certified and sub	mitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION:		Septemb	ser, 2000	<u> </u>
TATE DE CONTRACTOR DE	. To	(Approximate)	ter	
INSPECTION CONDUCTED BY	. <u> </u>	(Please Print)	1.0	
INSPECTOR'S SIGNATURE:	Jeffery V.	nte	_PHONE NUMBE	r: <u>904/630-3484</u>
	Page	of		Revised 10/96

PERCHLOROETHYLENE DRY CLEANER OF AIR GENERAL PERMIT NOTIFICATION FORM Sources Ources O

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.

1 Facility Owner/Company Name (Name of corporation, agency, or indivi	dual owner):
Bobby, Juanta Johnson, Peop 2. Site Name (For example, plant name or number):	DIES Dry (leaners
2. Site Name (For example, plant name or number):	18/16/
Peoples Dry Cleaners 4275 UNIVER	rsity 15 Ivd, IV.
3. Hazardous Waste Generator Identification Number:	/
LC 5 Q 5	
4. Facility Location: 42 75 UNIVERSITY BLU N. Street Address:	
City: JACKSONVIlle County: DUVA	Zip Code: 32277
5. Facility Identification Number (DEP Use ONLY - do not fill in)	
	7310490
Responsible Official	
6. Name and Title of Responsible Official:	
	WNER OperAtor
The state of the s	•
Organization/Firm: 42.75 University Lud. N. People s	Dry Cleaver
City: JAX County: DUVAL	Zip Code: 32277
8. Responsible Official Telephone Number:	
Telephone: $(904)745-6090$ Fax: () -
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
JUANITA JOHNSON	•
10. Facility Contact Address:	
Street Address: 4259 Recherry	
Street Address: 4259 Recherry City: JAX County: Duval	Zip Code: 32211
Street Address: 4259 Recherry City: JAX County: Duval 11. Facility Contact Telephone Number: Telephone: (904) 260-3911 Fax: (Zip Code: 32211

DEP Form No. 62-213.900(2)

Facility Name and Location

Effective: 2/24/99

How many dry-to-dry mac For each dry-to-dry mac	•	se provide the following informa	ation:
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")
V-46	Existing	ew RC/CA/None required	Some B. I
May, 1983	Existing/No		
	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA	\ = carbon adsorber
CONTROL DEVICE N		•	
	e e e e e e e e e e e e e e e e e e e	• •	
1.(b) TRANSFER MAC	HINES ONLY		
1.(b) TRANSFER MAC How many washers do y How many dryers/reclain	CHINES ONLY ou have on-site? mers do you have	on-site?	n December 9, 1991, it is an EXIS
1.(b) TRANSFER MAC How many washers do y How many dryers/reclain If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (permit). For each trans Date Initially Purchased	CHINES ONLY ou have on-site? mers do you have vas purchased from ine was purchased no units purchased	on-site? [] on the manufacturer prior to or o	n December 9, 1991 and September allowed to operate under this gener information: Date Control Device Installe (if already included at time of
1.(b) TRANSFER MAC How many washers do y How many dryers/reclain If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (permit). For each trans Date Initially Purchased	chines only ou have on-site? mers do you have vas purchased from ine was purchased no units purchased fer machine on-sit Status	on-site?	n December 9, 1991, it is an EXIS n December 9, 1991 and September allowed to operate under this gener information: Date Control Device Installer (if already included at time of purchase, write "SAME")
1.(b) TRANSFER MAC How many washers do y How many dryers/reclain If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (permit). For each trans Date Initially Purchased	chines only ou have on-site? mers do you have vas purchased from ine was purchased no units purchased fer machine on-sit Status (circle one)	on-site?	n December 9, 1991 and September allowed to operate under this gener information: Date Control Device Installe (if already included at time of
1.(b) TRANSFER MAC How many washers do y How many dryers/reclain If the transfer machine v unit. If the transfer mach 1993, it is a NEW unit (ou have on-site? mers do you have vas purchased from ine was purchased for machine on-sit Status (circle one)	on-site? In the manufacturer prior to or or or of from the manufacturer between different september 22, 1993 are are, please provide the following Control Device Required* (circle one) RC/CA/None required	n December 9, 1991 and September allowed to operate under this gener information: Date Control Device Installe (if already included at time of

DEP Form No. 62-213.900(2)

Effective: 2/24/99

New store: New machine New machine

Unopened store [___] (date of expected opening _

Check why it is less than 12 months: New owner: [____] Did not keep records: [____]

3. What is the facility's source classification based of Indicate with an "X". Select one classification of	` ,
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 (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
B.3 Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser []
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 Rule 62-213.300, F.A.C. Verify that all steam and hexemption 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:	μΟ
What type of fuel do you use? [X] propane [No. 2 fuel [No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Inform	nation ·
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/solvent a	ddition log
(b) Leak detection inspection and repair	×
(c) Refrigerated condenser temperature monitoring	itoring ()
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(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. Read Tourism of the Department of any changes to the information contained in this notification. Print name of responsible official Tourism of the facility indicated in this notification. Print name of responsible official Tourism of the facility indicated in this notification. Print name of responsible official

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Ä	COMPLAINT/DISC	COVERY OF THE SAME
	RE-INSPECTION	N. 🗖		10)
AIRS ID#: <u>03/0490</u> DA	те: <u>4/24/</u>		•	IE OUT:
FACILITY NAME:	oples I	ny Clea	necs	_
FACILITY LOCATION:	4275	Univers.	ity Blud.	N
· 	Jackso	nville	FL 322	277
RESPONSIBLE OFFICIAL : _	Bolly:	Johnson	PHONE: 904	745-6090
CONTACT NAME:	Jan	he	PHONE:	Sare
		-		
PART I: NOTIFICATION			73	
(check appropriate box)			B III	
1. New facility notified DARM 30	days prior to start	up 🧐	Burcau	×
2. Facility failed to notify DARM	to use general perr	nit c	Cf A	
			SON CES	
PART II: CLASSIFICATION			rc	
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification fo☐ Drop store/out of	
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)	<i>/</i> \	2. New small a dry-to-dry only, transfer only, x both types, x < 1 (constructed on	x < 140 gal/yr < 200 gal/yr 140 gal/yr	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gal/ (constructed before $12/9/91$)	al/yr ′yr	transfer only, 20	$140 \le x \le 2,100 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$	
5. This is a correct facility class	ification	XY □N	□Can not determine	
	qualified for a gene exceeds above limi	eral permit as nur its and is not elig	ible for a general perm	it
facility was /OD gallons.	4 71		. 5	, ,

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A $\square N \square N/A$ 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) $\Box Y \Box N$ 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? $\square Y \square N$ 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? QY QN QN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? \Box Y \Box N

PART III: GENERAL CONTROL REQUIREMENTS

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

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

	_					·		
PA	ART VI: LEAK D	ETECTION AND R	EPAI	RS				
1.	Does the responsib	ble official conduct a v	veekly	(for	small sources, b	i-weekly) leak detection	and rep	oair
	inspection?						AY	\square N
2.	Has the facility ma	aintained a leak log?					AY	□N
3.	Does the responsib	ble official check the f	ollow	ing ar	eas for leaks?		,	
	Hose connections, a	ctions, fittings, and valves	Y	ПN	□N/A	Muck cookers	4x	□N □N/A
	Door gaskets	s and seating	Y	□N	□N/A	Stills	Y	□N □N/A
	Filter gasket	s and seating	TAY	ПN	□N/A	Exhaust dampers	ΠY	□N ¥ N/A
	Pumps		Y	ΠN	□N/A	Diverter valves	ΠY	ON TAN/A
	Solvent tank	s and containers	THY	□N	□N/A	Cartridge filter housings	AY	□N □N/A
	Water separa	ators	Y Y	N.	□N/A			
4.	Which method of	detection is used by th	e resp	onsib	le official?	į		
	Visual exam	ination (condensed so	lvent (on ext	terior surfaces)	į	4	
	Physical dete	ection (airflow felt thre	ough g	gaskei	ts)	i	A	
	Odor (notice	eable perc odor)					A	
	Use of direct	t-reading instrumentat	ion (F	ID/PI	D/calorimetric t	ubes)		
	Halogen leak	c detector						•
	If using	direct-reading instru	menta	ation,	is the equipme	nt:	MA	'A
	a. (Capable of detecting p	erc va	por c	oncentrations in	a range of 0-500 ppm?	ÓΥ	□N
		Calibrated against a sta (PID/FID only)?	ndard	l gas _l	prior to and after	r each use	ПY	□N
	c. I	nspected for leaks and	lobvio	ous si	gns of wear on a	weekly basis?	$^{-}\Box Y$	□N
	d. I	Kept in a clean and sec	ure ar	ea wl	hen not in use?		ПY	ПN
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					ΠY	□N _.	

Jeff Winter	4/24/2000
Inspector's Name (Please Print)	Date of Inspection
Influence of s Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFO	ORMATION:		
			*
•			
•			
	•		•
		, .,	
		•	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: /.'OO TIME OUT:	1:15 AIRS ID#: 03/0490
TYPE OF FACILITY: LECC. Dry CA	eaner
FACILITY NAME: PLOPLES DI	ry Cleaners DATE: 4/24/2000
FACILITY LOCATION: 4275 UV	iv. Blvd. N.
Dack Son vil	R, FC 32271
RESPONSIBLE OFFICIAL: 13066 S)husonphone number: 904-745-6090
Based on the results of the compliance requirements e compliance with DEP Rule 62-213.300, Florida Admi	evaluated during this inspection, the facility is found to be in inistrative Code (F.A.C.).
Based on the results of the compliance requirements e discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
·	
	·
-	
COMMENTS:	
	·
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	Pril, 2001
	(Approximate)
INSPECTION CONDUCTED BY: Def	F Winter
INSPECTOD'S SIGNATURE.	(Please Print) PHONE NUMBER: 904-630-1212
INSPECTOR'S SIGNATURE:	1 / ext. 3/69
Page	/ of / Parised 10/06

AIRS ID#: 03/0490

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Deo Pla's Dry Cleaners DATE: 4/24/2010
FACILITY LOCATION: 4275 University Blvd. N.
Jacksonville, FL 32277
Annual Reporting Period: April 24, 1999 TO April 24, 1820
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromtoto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) 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.

Bowman, Sandy

From: Bill Coffman [COFFMAN@coj.net] Sent: Tuesday, July 06, 2004 2:52 PM

To: Bowman, Sandy Subject: Dry Cleaners

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

The following are now drop sites.

0310400 0310362

0310364

0310367

0310484

0310474

0310461

0310416

0310370

0310410

0310495

0310365

0310446

0310435

0310411

The following sites are closed.

0310498

0310481

0310502

0310391

0310490

0310412

0310476

The following sites are no longer using perchloroethylene.

0310417

0310371

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

Thanks Bill COffman

Bureau of Air Monitoring & Mobile Sources

RECEIVED MAR - 9 2001

PEOPLES' DRY CLEANERS 1/00 JUANITA GRESHAM-JOHNSON	543
4275 UNIVERSITY BLVD NORTH JACKSONVILLE, FL 32277 TEL: 904-745-6090 DATE DATE	63-1392/630
TO THE OF State of Florida Department of Ins.	\$ 60.00
Sixty	DOLLARS Decarity tectures
Compass Bank Jacksonville, Florida (66)	Ω
FOR Boiler Certification Juaneta Johnson	Navy Julia
	//

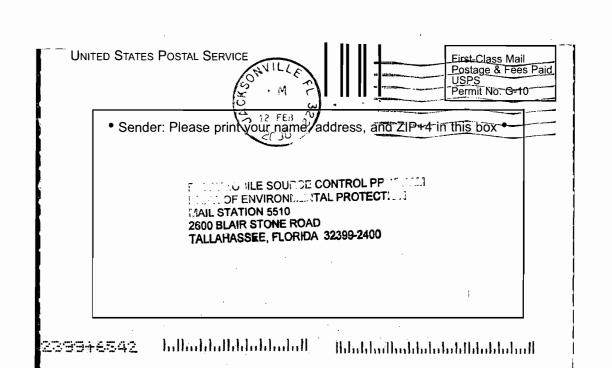
Z 333 667 329

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0310490

PEOPLES DRY-CLEANERS BOBBY JOHNSON 4275 UNIVERSITY BLVD N JACKSONVILLE FL 32277

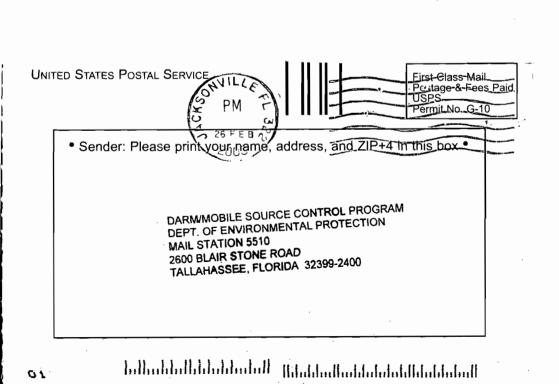
	Certified Fee	_
	Special Delivery Fee	
S.	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800,	Postmark or Date	_
ш. ј		

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	A. Received by (Please Print Clearly) B. Date of Delivery		
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.	X Agent Addressee		
Article Addressed to:	D. Is delivery address different from item 1?		
AIRS ID # 0310490 PEOPLES DRY CLEANERS BOBBY JOHNSON	·		
4275 UNIVERSITY BLVD N JACKSONVILLE FL 32277	3. Service Type		
	4. Restricted Delivery? (Extra Fee)		
2. Article Nymber (Copy from service label)			
DO = 0011	-		



	Z 094 212°762			
	US Postal Service			
	Receipt for Cer	tified Mail	Ì	
	No Insurance Coverage I Do not use for Internation			
		AIRS ID # 0310	490	
P	EOPLES DRY CLEAN	NERS		
	OBBY JOHNSON			
	275 UNIVERSITY BL			
JA	ACKSONVILLE FL 32	2211		
		<u> </u>		
	Certified Fee			
	Special Delivery Fee			
ω.	Restricted Delivery Fee			
199	Return Receipt Showing to Whom & Date Delivered			
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		
٦	Postmark or Date			
For				
S				
			L	

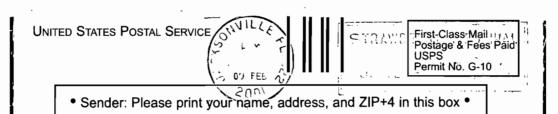
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0310490 PEOPLES DRY CLEANERS BOBBY JOHNSON 4275 UNIVERSITY BLVD N JACKSONVILLE FL 32277	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X		
2. Article Number (Copy from service label)	3. Service Type Certified Mail		
Z 094 212 762	1 Section 1		
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789		



	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
4201			
4127	Postage Certified Fee	\$	Postmark
0026	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
7000 0100	4275 UNIVERSITY PARTY		
	PS Form 3800, February 2	000	See Reverse for Instructions

.

<u> </u>			
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. Received by (Please Print Clearly) B. Date of Delivery 2-9-01 C. Signature Agent Addressee D. Is delivery address different from item 12 Yes		
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
AIRS ID # 0310490	1		
PEOPLES DRY CLEANERS			
BOBBY JOHNSON	3. Service Type		
4275 UNIVERSITY BLVD N	Certified Mail		
JACKSONVILLE FL 32277	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Copy from service label) 70.00 0600 0036 4:127 4201			
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789		



BUR. OF AIR MONITORING & MOBILE SCURCES DEPT. OF FRAMRONMENTAL PROTECTION MAIL STATION 5510 2600 ELAIR STONE ROAD

TALLAHASSLE, FLORIDA 32399-2400

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
-12 -12 -12	Postage	\$	
다.	Certified Fee		Postmark
-0	Return Receipt Fee (Endorsement Required)		Here
9200	Restricted Delivery Fee (Endorsement Required)		
	Total Postage & Fees	\$	
100	ī		D# 0310490
I	LEGILLS DK I		
BOBBY JOHNSON 4275 UNIVERSITY BLVD N JACKSONVILLE FL 32277			
			e for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE	PLETE 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: AIRS ID # 0310490 PEOPLES DRY CLEANERS	A. Received by (Please Print Clearly) B. Date of Delivery 3 / 16/ C. Signature X
BOBBY JOHNSON 4275 UNIVERSITY BLVD N JACKSONVILLE FL 32277	3. Service Type Certified Mail
2, Article Number (Copy from service label) 1935	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE



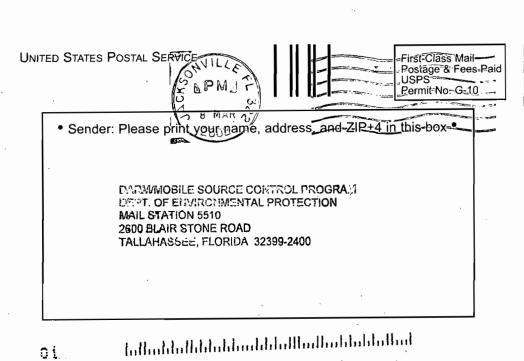
First-Class Mail Postage & Fees Paid USPS Permit No. G-10

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

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

 	U.S. Postal S CERTIFIED (Domestic Mail O	Service MAIL RECI nly;"No Insurance C	EIPT overage Provided)
-CD		and the same of th	Aligh School State
1.2	OFF	ICIAL	USE
7976	Postage	\$	
7	Certified Fee		Postmark
7	Return Receipt Fee (Endorsement Required)		Here
1000	Restricted Delivery Fee (Endorsement Required)		
딞	Total Postana & Fees	AIRS 1D # 0310	490
E	Sem PEOPLES DR		
1	DODDY IOHNSON		
7007	or P. 4275 UNIVERSITY BLVD N		
70	City, JACKSONVII 32277	LLE FL	
	BS.E		7 Instructions

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. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X. Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
AIRS ID # 0310490 PEOPLES DRY CLEANERS BOBBY JOHNSON 4275 UNIVERSITY BLVD N JACKSONVILLE FL 32277	3. Service Type TO Certified Mail		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
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ACKSONVILLE FL 32277		3. Service Type Certified Mail Registered Insured Mail	☐ Express Mail ☐ Return Rece ☐ C.O.D.	ipt for Merchandise
TOO OLO OLO OCOLO Article Number (Copy from service la	4/286907 Pabel)	4. Restricted Delivery		O FEE

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 •

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

399+2400 Tulliahlallihdaldadall Mahlankhlallialliahlahlahlahl

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

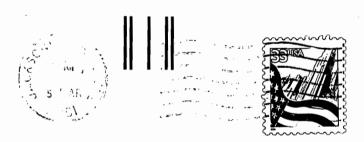
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PEOPLES DRY CLEANERS BOBBY JOHNSON 4275 UNIVERSITY BLVD N JACKSONVILLE FL 32277 MAR 20 00

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 MS# 5510

MC Acct # 552

Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400 7.003 2260 0003 5650 9141

Lemarled 4/23/2004

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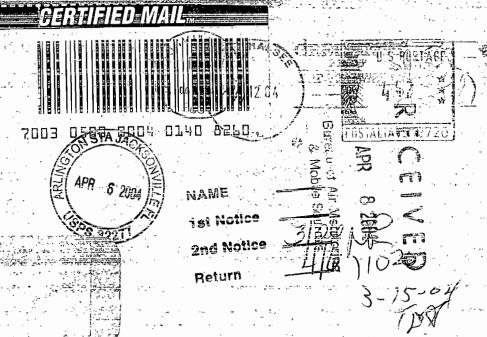
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1	or PO Box No. JACKSONVILLE, FL 32277
a Ā	City, State, ZIP + + 03/0490
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MS#3510 MC Acct # 552/

Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400

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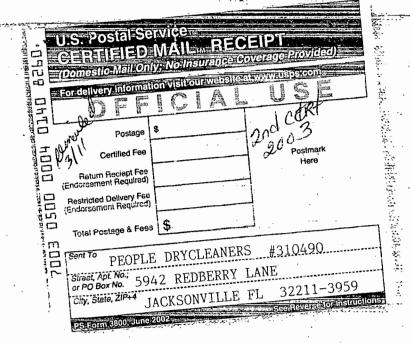




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Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400



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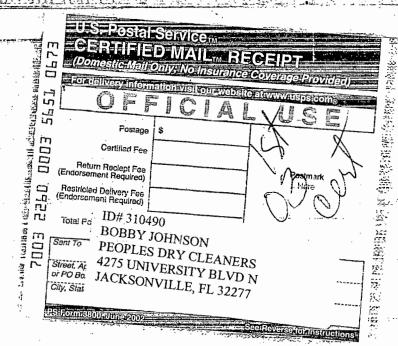
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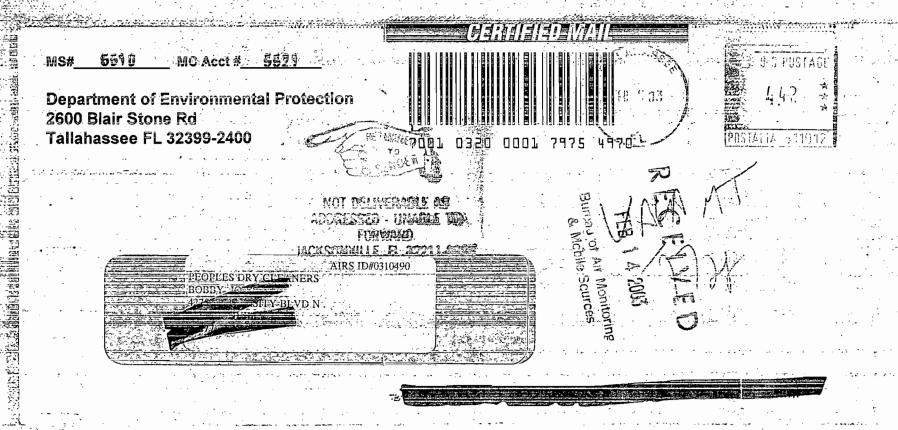
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Domestic Return Receipt

PS Form 3811, July 1999

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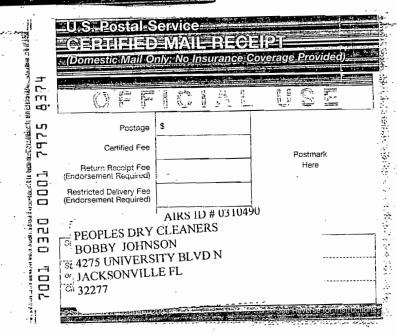
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or PO Box Nc
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32277

Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400 AIRSID#ATT

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Department of Environmental Protection 2600 Blair Stone Rd
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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION MS 5510-37550 304000 **2600 BLAIR STONE ROAD** TALLAHASSEE FL 32399-2400







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