

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

May 9, 1997

Mr. Ronald E. Davis President Savelberg Cleaners 520 TPC Boulevard Ponte Vedra Beach, Florida 32082

Re: Facility No.: 1090047

Dear Mr. Davis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 4, 1996.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title $\mbox{\it V}$ general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Rick Banks, Northeast District

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



Department of Environmental Protection

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

September 11, 2001

David B. Struhs Secretary

Mr. Ronald E. Davis Savelberg Cleaners 520 Sawgrass Village Drive Ponte Vedra Beach, Florida 32082

Dear Mr. Davis:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on September 10.

In reviewing your submittal, it was noted that Savelberg Cleaners elected to surrender its existing Title V air general permit (AIRS ID 1090047). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/jw Enclosure

cc: Mr. Rick Banks, Northeast District "More Protection, Less Process"

Printed on recycled paper.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	RED/JD. INC.					
2.						
	J/h/s/ Carrelborg Cleanors					
3.	d/b/a/ Savelberg Cleaners Hazardous Waste Generator Identification Number:					
J.	Trazardous Waste Generator Identification (Validor)					
	FLD 980847214					
4. 	- ····································					
	Street Address: 520 TPC Blvd. City: Ponte Vedra Beach County: St. John's Zip Code: 32082					
5.	Facility Identification Number (DEP Use):					
	1090047					
	Responsible Official					
6.	Name and Title of Responsible Official:					
	Ronald E. Davis President					
7.	Responsible Official Mailing Address:					
	Organization/Firm: Savelberg Cleaners					
	Street Address: 520 TPC Blvd. City: Ponte Vedra Beach County: St. John's Zip Code: 32082					
8.	Responsible Official Telephone Number:					
	Telephone: (904) 285 - 5644 Fax: () None -					
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
10.	Facility Contact Address:					
	Street Address: City: Zin Code:					
	City: Zip Code:					
11.	Facility Contact Telephone Number:					
	Telephone: () - Fax: () -					

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SEP 4 1996

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Bureau of Air Monitoring & Mobile Sources

#1090047

	Savelberg Cleaners
	J
	Spoke with Ronald Davis-
	10/4/1997 - Uses approx. 225 gal./wk. = ~ 11,700 gal./yr. Choiler 60%, heater 30%, + dryer ~10%) - under limits
	225 gal./wk. = N/1,700gal./yr.
	Choiler 60%, heater 30%, +
	driver ~10%) - under limits
D.14	1.(c) mark out "X" and invital
1	

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit								· ·	
(1) w/ ref. condenser	#1	01_ /av= 85	1 06-Sep-95						
(2) w/ carbon adsorber	#1	32.0							
(3) w/ no controls	"		•						
Washer Unit			•					1000	
(4) w/ ref. condenser	-								
(5) w/ carbon adsorber									
(6) w/ no controls	_								
Dryer Unit		200			•				
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit								1 1 1 1 T	.i ilita
(10) w/ ref. condenser	-								
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of a second	are re quanti gallo	equired to be ity of perchlo	installed [_	X perc)	J	n the latest 12	? mor	nths?	
	than	12 months:			New store	: [] Did	not k	eep records:	

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 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of Part II of this notification form?				
Existing large area source Carbon adsorber	Refrigerated condenser [X]				
New small area source Refrigerated condenser []					
New large area source Refrigerated condenser					
to Rule 62-213.300, F.A.C. Verify that all steam an	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following				
exemption criteria or that no such units exist on-site					
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e than one percent sulfur is fired.				
All steam and hot water generating units exempt X *Running on propene No such units on-site					
Equipment Monitoring	and Recordkeeping Information				
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:				
(a) Purchase receipts and solvent purchases	[_X]				
(b) Leak detection inspection and repair	[_ <u>x</u> _]				
(c) Refrigerated condenser temperature monitoring	[_ <u>x</u>]				
(d) Carbon adsorber exhaust perc concentration mor	nitoring []				
(e) Instrument calibration					
(f) Start-up, shutdown, malfunction plan	[_x_]				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:								
[]	[] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
No air permits currently exist for the operation of the facility indicated in this notification form.									
	Responsible Official Certification								
this notifi statement maintain	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 form.								
I will prod	I will promptly notify the Department of any changes to the information contained in this notification. Signature Date Date Date To the Department of any changes to the information contained in this notification.								

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	RED/JD. INC.					
2.	Site Name (For example, plant name or number):					
	d/b/a/ Savelberg Cleaners					
3.	Hazardous Waste Generator Identification Number:					
	FLD 980847214					
4.	Facility Location:					
	Street Address: 520 TPC Blvd. City: Ponte Vedra Beach County: St. John's Zip Code: 3:2082					
5.	Facility Identification Number (DEP Use):					
	1090047					
	Responsible Official					
	Norman d Title of Demonstitle Officials					
о.	Name and Title of Responsible Official:					
	Ronald E. Davis President					
7.	Responsible Official Mailing Address: Organization/Firm: Savelberg Cleaners					
	Street Address: 520 TPC Blvd.					
	City: Ponte Vedra Beach County: St. John's Zip Code: 32082					
8.	,					
	Telephone: (904) 285 - 5644 Fax: () None -					
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
10.	Facility Contact Address:					
`	Street Address:					
	City: County: Zip Code:					
11	Facility Contact Talanham Number					
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -					

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	01_Vay=85	. 06-Sep-95						
(2) w/ carbon adsorber	#1		01-May-85						
(3) w/ no controls		1	-						
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber							-		
(6) w/ no controls									
Dryer Unit		•			•			•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			•					•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of a second of the second of	are ro	equired to be ity of perchlo ons ow many? [_	installed [perc)	purchased in				·
3. What is the facility's so (Indicate with an "X". Existing small an	Selec ea so	et one classifi	cation only.) Ne	w sn	nall area sour	ce [3) of	Part II?	
Existing large ar	La 500	urce [A_]	ive	w idi	rge area sour	LE	i		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	pulsuant to section (3) of Fart II of this notification form:
Existing large area source Carbon adsorber []	Refrigerated condenser X
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
to Rule 62-213.300, F.A.C. Verify that all steam ar exemption criteria or that no such units exist on-site All steam and hot water generating units on-site (1)	have a total heat input of 10 million BTU/hr or less (298
boiler HP or less), and (2) are fired exclusively by r during which propane or fuel oil containing no mor	natural gas except for periods of natural gas curtailment se than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	<pre>[X] *Running on propene</pre>
•	
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[_X_]
(b) Leak detection inspection and repair	[_ <u>x</u> _]
(c) Refrigerated condenser temperature monitoring	x_]
(d) Carbon adsorber exhaust perc concentration mo	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[_x_]

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:							
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
لعا	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notific statement maintain	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 form.							
	I will promptly notify the Department of any changes to the information contained in this notification. Signature Date:							

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JUN 3 1997

AIRS ID#: 109 6007

Bureau of Air Monitoring

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			<u> </u>	<u> </u>	
facility name: SAL				DATE	E: 5/24/95
FACILITY LOCATION:	520 TPC	BLUD		···	
	NTE VEDRA	4, FZ 32	O\$7		
Annual Reporting Period:	SEP 4,	19 <i>96.</i>	то	MAY 29	19 <u>97</u>
Based on each term or condition of 62-213.300, Florida Administrativ	=				DEP Rule
If NO, complete the following:					
#1. Term or condition of the gene	eral permit that has n	ot been in continuous	compliance during	g the reporting per	riod stated above:
NO RECOR	D OF TEN	MPREATURE	READING	<i>چ</i> ح	<u> </u>
Exact period of non-compliance:	from	SEP 4, 19	96_ to	MAY 29, K	97
Action(s) taken to achieve compli-	ance:				
Method used to demonstrate comp	oliance:			·	
#2. Term or condition of the gene	eral permit that has n	not been in continuous	compliance durin	g the reporting per	riod stated above:
Exact period of non-compliance:	from		to		
Action(s) taken to achieve compli	ance:				
Method used to demonstrate comp	oliance:	·	······································		
	······································				
As the responsible official, I herel made in this notification are true, upon rolling averages of purchase year for transfer or combination f	accurate and comple receipts, does not e	ete. Further, my annu	al consumption of	perchloroethylen	e solvent, based
RESPONSIBLE OFFICIAL:	Ronald E. I Name (Please	Davis (Korvald E. Signar	Layro	5/29/97 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:	TIME OUT:		AIRS ID#:	9047
TYPE OF FACILITY:	DRY CLEANER		, , , , , , , , , , , , , , , , , , ,	
FACILITY NAME: 5'A	VECBETT OUT	FANZES		DATE: 5/29/97
FACILITY LOCATION:	520 TPC BE PONTE VIZDE		<u> </u>	
RESPONSIBLE OFFICIAL:	ROWALD DA			914-135-5644
	he compliance requirements ale 62-213.300, Florida Ad			cility is found to be in
Based on the results of t discrepancies were note	he compliance requirements	s evaluated during	g this inspection, the fol	lowing compliance
COMPLIANCE REQU	JIREMENT/PROBLE	M FO	DLLOW-UP ACTION	ON REQUIRED
NOT MAINTAIN	ING TEMP LO	oe ji	MAINTHIN LE	06-
•				
COMMENTS:				
The Annual Compliance Certific	ation form has been properl	ly certified and su	bmitted to the inspector	YES NO
DATE OF NEXT INSPECTIO	N:	5/95 (Approximate	e)	
INSPECTION CONDUCTED	ВУ:	PA BAN (Please Print)	145	
INSPECTOR'S SIGNATURE:	PABank.	A S		904-448-4310

Page___of_

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY ON
AIRS ID#: 1090017 TIME	IN: TIME OUT:
FACILITY NAME: SAVELBER	X OLEANER
FACILITY LOCATION: 520 TR	7 BLVD
	EDRA, FL
PART I: NOTIFICATION	
(check appropriate box)	
I. Existing facility notified DARM by 9/1/96	. 🗖
2. New facility notified DARM 30 days prior to star	rtup
3. Facility failed to notify DARM to use general per	rmit \square
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
A.	
1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" after="" both="" eceived<="" gal="" on="" only,="" or="" r)="" td="" transfer="" types,="" y="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" after="" both="" eceived<="" gal="" on="" only,="" or="" r)="" td="" transfer="" types,="" y="" yr=""></x<2,>
This is a correct facility classification	JUN 3 1997
If no, please check the appropriate classification: facility qualified for a general perfacility exceeds above limits and i	Bureau of Air Monitoring mit as number 3 above & Mobile Sources s not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 372 gallons.	urchased within the preceding 12 months by this dry cleaning

(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 DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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 basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? B. 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?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□У □И
Is the temperature differential equal to or greater than 20° F?	OY ON
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?	OY ON CONA
Is the perc concentration equal to or less than 100 ppm?	OY ON
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?	□У □И
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DWA
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN CONTA
	, , , , , , , , , , , , , , , , , , ,

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	MQ YDN					
2. Maintained rolling monthly averages of perc consumption?	ÚX ОИ					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON					
4. Maintained calibration data? (for direct reading instruments only)	אומשל מם צם					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON TO YA					
6. Maintained startup/shutdown/malfunction plan?	DY DN '					
7. Maintained deviation reports?	DY ON					
Problem corrected?	DY ON					
8. Maintained compliance plan, if applicable?	OY ON BAN/A					

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly leak detection and repair inspection?	DY ON				
2. Which method of detection is used by the responsible official?	_				
Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt through gaskets)					
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					

	 				
If using direct-reading instrum	entation,	is the equ	ipment:		
a. Capable of detecting		אב			
b. Calibrated against a s (PID/FID only)?	□Y □N				
c. Inspected for leaks ar	nd obviou	s signs of	wear on a weekly basis?	□Y □N	
d. Kept in a clean and s	ecure are	a when no	t in use?	□Y □N	
e. Verified for accuracy	by use of	f duplicate	samples (calorimetric only)?	□Y □N	
3. Has the facility maintained a leak log?				□Y (П
4. The following areas should be checked	for leaks	by the ins	pector:		
	Leak I	Detected?		Leak I	Detected?
Hose connections, fittings, couplings, and valves	DY	ПN	Muck cookers	ďΥ	□N
Door gaskets and seating		□N	Stills	DAY.	ΠN
Filter gaskets and seating	UY.	□N	Exhaust dampers	DÍX	□N
Pumps	ΰY	ΠN	Diverter valves	₫¥Ý	□N
Solvent tanks and containers	₩.	ПN	Cartridge filter housings	ÞΥ	□N
Water separators	LTLX	□N			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A market of the control of the contr		·-
LONALD DIVIS	•				
Name of Responsible Offici	al		11	/	
K, H, BANKS	<u> 197</u>				
Inspector's Name (Please Pri	nt)	•	Date of Inspe	ction	

Inspector's Signature

S/G8
Approximate Date of Next Inspection

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1090047 RED/JD INC **RONALD E DAVIS** 520 TPC BLVD PONTE VEDRA BEACH FL 32082

Do NOT Remove Label

Bureau of Air Monitoring & Mobile Sources Annual Reporting Period:

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	e period covered by this statement. YES
If NO, complete the following:	
#1. Term or condition of the general permit that has not been	n in continuous compliance during the reporting period stated above:
	
Exact period of non-compliance: from	to
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	toto
Action(s) taken to achieve compliance:	<u> </u>
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 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.

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 OMI	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:25 TIME OUT: 2: 10	AIRS ID#: 1090047
TYPE OF FACILITY: DRY CLEANER	·
FACILITY NAME: SAVELBURG CLEANERS	DATE: 5/6/98
FACILITY LOCATION: 530 TPC BLVD.	
PONTE VEDRA, FL	
RESPONSIBLE OFFICIAL: RONALD DAVIS	PHONE NUMBER 904-285- 57644
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
:	
	P
	8 C.
	Regular ST
	Sources Contracts
	Solution 198
COMMENTS:	•
•	•
	
The Annual Compliance Certification form has been properly certifi	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 5/79	
(Арр	proximate)
INSPECTION CONDUCTED BY: Christopher L.	Scott
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904-948-4310 x 255
Pageo	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPE	•
AIRS ID#: 1090047 DATE: 51 FACILITY NAME: SAVELBURG CO	15/98 TIME IN: 1:25 TIME OUT: 2:10
FACILITY LOCATION: 520 TPC	BMD,
PONTE U	EDRA, FL
RESPONSIBLE OFFICIAL: RONAL	DAVIS PHONE: 904-285-5644
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior	-
2. Facility failed to notify DARM to use gener	ral permit
PART II: CLASSIFICATION	
Facility indicated on notification form that is (check appropriate box) A.	☐ Drop store/out of business/petroleum
Facility indicated on notification form that is (check appropriate box)	
Facility indicated on notification form that is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
Facility indicated on notification form that is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
Facility indicated on notification form that is (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) $140 \le x \le 1,800$ gal/yr

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

PART III: GENERAL CONTROL REQUIREMENTS

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?	½ Y	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	₽ Y	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	W Y	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	/ 2	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	P Y	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	₽ Y	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΔY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	Ø Y	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	y on
2. Maintained rolling monthly averages of perc consumption?	9AY □N
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	Y ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	Øy on on⁄a
4. Maintained calibration data? (for applicable direct reading instruments)	AVA X NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	≱ Y □N' □N/A
6. Maintained startup/shutdown/malfunction plan?	⊼ A □ ⋈.
7. Maintained deviation reports?	Y DN DN/A
Problem corrected?	M Y DN DN/A
8. Maintained compliance plan, if applicable?	VAY ON ON/A

Does the responsible official conduct a	a weekly	y (for	small source	es, bi-weekly) leak detection a	nd rep	air	
inspection?					PY		אכ
Has the facility maintained a leak log	?				FEY		מכ
Does the responsible official check the	e follow	ing a	reas for leak	s?			
Hose connections, fittings, couplings, and valves	ØY.	ПN	□N/A	Muck cookers	Øy	ΩN	□N/
Door gaskets and seating	/ Y	ΠN	□N/A	Stills	Z	ПИ	מאם
Filter gaskets and seating	Ø⊅i′	ПN	□N/A	Exhaust dampers	ØY	ΠN	ON/
Pumps	ØY	ΠN	□N/A	Diverter valves	Ø Y	ΠN	□N/
Solvent tanks and containers	$\mathbf{\beta}_{\mathrm{Y}}$	□N	□N/A	Cartridge filter housings	Á VY	ПN	□N/
Water separators	12 Y	ΠN	□N/A				
Which method of detection is used by	the resp	onsil	ole official?				
Visual examination (condensed	solvent	on ex	terior surfac	es)	(2)		
Physical detection (airflow felt the	hrough	gaske	ets)	•	Ø		
Odor (noticeable perc odor)					Ø		
Use of direct-reading instrument	tation (F	FID/P	ID/calorime	tric tubes)			
Halogen leak detector							
If using direct-reading inst	rument	ation	, is the equi	pment:	DN	/A	
a. Capable of detecting	perc va	por c	concentration	is in a range of 0-500 ppm?	\Box Y	ПN	
b. Calibrated against a (PID/FID only)?	standar	d gas	prior to and	after each use	ΠY	□и	
c. Inspected for leaks a	nd obvi	ous s	igns of wear	on a weekly basis?	ΠY	\square N	
d. Kept in a clean and	secure a	irea v	hen not in u	se?	ΠY	ΠИ	
e. Verified for accuracy	y by use	of di	plicate samp	oles (calorimetric only)?	ΠY	ПИ	

Christopher L. Scott	5/6/98
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	5/99 Approximate Date of Next Inspection

			Ÿ.
ADDITIONAL SITE INFORMATION	DN:		
Permac Flexible 91	0P N		
Hekioic		*.	
	·		

AIRS ID#: 1090047

ALU

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

·	<u> </u>			
FACILITY NAME: SAVEL.	BURG CLE	FANLERS	REC FAL	V ED/2/49
FACILITY LOCATION: 520	TPC B	410	JUN 1 0	1999
PVB	FL	32082	Bureau of Air N & Mobile So	
			Ø Monie 2	ources
Annual Reporting Period:	MAY	_19 <u>48</u> то _	MAY	19_99
Based on each term or condition of the Title	V general air permit	my facility has rem	ained in compliance with	DEP Rule
62-213.300, Florida Administrative Code (F.	A.C.), during the per	riod covered by this	statement. YES	ЫNO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in	continuous compliar	nce during the reporting pe	eriod stated above:
-				
Exact period of non-compliance: from			to	
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 compliar	nce during the reporting po	eriod stated above:
Exact period of non-compliance: from		·t	0	
Action(s) taken to achieve compliance:			·	
Method used to demonstrate compliance:			· 	
As the responsible official, I hereby certify, to made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Furthedoes not exceed 2,10	er, my annual consu	mption of perchloroethyle	ne solvent, based
Nan	ne (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 COM	PLAINT/DISCOPER TO VRE-INSPECTION
TIME IN: 12:30 TIME OUT: 12:50	AIRS ID#: 1040047
TYPE OF FACILITY: DRY CLEANOR	0011 0 1599
FACILITY NAME: SAILELS EIRG CLE	ANCAS Bureau of Air MATTERING 5/12/99
FACILITY LOCATION: 520 TPC BC	& Mobile Sources
PVB FL 3	32082
RESPONSIBLE OFFICIAL: RON DAVIS	PHONE NUMBER: (904) 285-5644
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· ·	
	:
COMMENTS:	
	<u> </u>
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: MAY	2000
(Ap	proximate)
INSPECTION CONDUCTED BY: PROD	ALVAREZ
	ease Print) 448-4310
INSPECTOR'S SIGNATURE:	PHONE NUMBER: \(\frac{7}{3}\frac{9}{9}\)
\sim 1	20/00 parties 10/00

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	X	. COMPLAI	RECEI	VED
AIRS 1D#: <u>/090047</u> d	ATE:	TIM	E IN:	TIMEUNUT:0	1999
FACILITY NAME:SA	VEL BARG	CLG	AN CRS	Bureau of Air	
FACILITY LOCATION:				& Mobile	Sources
	PVB	PL	3208	72	
RESPONSIBLE OFFICIAL:	RON DA	415	(904 PHONE: _	285-56	134
CONTACT NAME:			PHONE: _		
	-		_		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 3	0 days prior to start	up			i l
2. Facility failed to notify DARM	1 to use general perr	nit 			
PART II: CLASSIFICATION					
Facility indicated on notificatio (check appropriate box) A.	n form that it is:			fication form ore/out of business/pe	etroleum
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)	г	dry-to-dry o transfer only both types, a	all area source nly, $x < 140$ gaby, $x < 200$ gaby, $x < 140$ gabyr x < 140 gabyr x < 140 gabyr	·	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before 12/9/91)	00 gal/yr) gal/yr al/yr	dry-to-dry o transfer onl both types,	ge area source nly, $140 \le x \le 2$ y, $200 \le x \le 1,80$ $140 \le x \le 1,800$ I on or after $12/9$	00 gaVyr gaVyr	
5. This is a correct facility cla	ssification		N □Can not	determine	
	ppropriate classifica y qualified for a gene y exceeds above limi	eral permit a			
B. The total quantity of perchlor facility was 250 gallons.	oethylene (perc) pur	rchased with	in the preceding	12 months by this d	ry cleaning

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 helow).

2 of 5

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 local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ated DY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
ls the temperature differential equal to or greater than 20° F?	אותם אם צום
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? Is the perc concentration equal to or less than 100 ppm?	OY ON:ON/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?	AY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	AY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	NO YES			
2. Maintained rolling monthly averages of perc consumption?	MY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	ZY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אים אם אמ			
4. Maintained calibration data? (for applicable direct reading instruments)	מאוא מם עם			
5. Maintained exhaust duct menitoring data on perc concentrations?	אוח אם עם			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?	DY ON ON/A			
Problem corrected?	DY ON ON/A			
S. Maintained compliance plan, if applicable?	AY ON ON/A			

PA	ART VI: LEAK DETECTION AND REPAIRS	n				
l.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	ay on				
2.	Has the facility maintained a leak log?	MY ON				
3.	Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves	DY ON ON/A				
	Door gaskets and scating DY DN DN/A Stills	ØÝ ON ON/A				
	Filter gaskets and seating ZY ON ON/A Exhaust dampers	DY ON ON/A				
	Pumps Diverter valves	אואם אם צבא				
	Solvent tanks and containers ZY ON ON/A Canridge filter housings	AY ON ON/A				
	Water separators DY ON ON/A					
4.	Which method of detection is used by the responsible official?	•				
ļ	Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt through gaskets) Odor (noticeable perc odor)						
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:	DN/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OY ON				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON				
	d. Kept in a clean and secure area when not in use?	OY ON				
	c. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON				
-						

Inspector's Signature

5/12/99 Date of Inspection

MAY 2000
Approximate Date of Next Inspection

BOWE MASCHINENBULK GMBH

REPRICIONATION UNIT!

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:410 TIME OUT: 11:55	AIRS ID#: 1090047
TYPE OF FACILITY: DRY CLEAVER	
	1CRS DATE: 11/29/99
FACILITY LOCATION: 520 TPC BLVO	· · · · · · · · · · · · · · · · · · ·
PVB 3208	
RESPONSIBLE OFFICIAL: NOM DAVI)	PHONE NUMBER: 285-564U
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	C. Morles of A.
	orile sources
	02
	•
COMMENTS:	<u> </u>
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: MAY	proximate)
INSPECTION CONDUCTED BY: Fred 1	HVUre Z
	(23c Print) 448-4310
INSPECTOR'S SIGNATURE:	PHONE NUMBER: XT 254
Page	of / Periced 10/96

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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SAVELS			DATE:	11/29/9
FACILITY LOCATION: 520	TPC BLVI	2	·	
PVB	32082			
Annual Reporting Period:	ine 19	99 to	<u>lec</u>	19 <u>99</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		•	\	Rule NO
If NO, complete the following:				
#1. Term or condition of the general permi	that has not been in contin	nuous compliance durir	ng the reporting period	stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permi	t that has not been in contin	nuous compliance durir	ng the reporting period	stated above:
Exact period of non-compliance: from		to		· · · · · · · · · · · · · · · · · · ·
Action(s) taken to achieve compliance:				•
Method used to demonstrate compliance:			_	
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my does not exceed 2,100 gal	annual consumption o	f perchloroethylene so	lvent, based
RESPONSIBLE OFFICIAL:	me (Please Print)	Konald	Mann_	11/1/9/99 Date
l Na	ine (1 lease 1 lillt)	Signa	шис	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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	N 0	COMPLAINT/DISC	OVERY	
AIRS ID#: 1090047	DATE: 11/29	1/44 TIME I	N: /1/40 TIM	E OUT:	11:55
facility name:SA	7 VELBUR	CCC CLC	ANCAS		
FACILITY LOCATION:	_		2		
	PUB				
RESPONSIBLE OFFICIAL:	RON MA	1V15	_phone: <u>(504</u>)285	-5644
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION		· · · · · · · · · · · · · · · · · · ·			
(check appropriate box)					
1. New facility notified DARM	30 days prior to star	tup			0
2. Facility failed to notify DAR	M to use general per	mit	·		
PART II: CLASSIFICATION					
Facility indicated on notificati (check appropriate box) A.	on form that it is:		☐ No notification fo☐ Drop store/out of		roleum
1. Existing small area sour dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yt ·	2. New small a dry-to-dry only, x transfer only, x both types, x < (constructed on	x < 140 gal/yr < 200 gal/yr		e Veli
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	100 gal/yf \ 10 gal/yr gal/yr	transfer only, 2 both types, 140	area source $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	r	
5. This is a correct facility of	assification	Ma Di	□Can not determine	2	
	ty qualified for a ger	neral permit as n	umber abov		
B. The total quantity of perchlo facility was 21/ gallons		irchased within t	he preceding 12 month	ıs by this dr	cleaning

	•
PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	אוחם אם עם
2. Examining the containers for leakage?	אואם אם צע
3. Closing and securing machine doors except during loading/unloading?	אם צמן
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	אואם אם צאם
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מאם אם עם
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 refu (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). Carbon adsorber minstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (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?	אם יצֿש
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם צום
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אוחם אם ציע
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	AY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אים אם אים
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם אם

PA	ART VI: LEAK DETECTION AND	REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?		*	DN DN		
2.	Has the facility maintained a leak log	?		PY DN		
3.	Does the responsible official check the	following areas for leak	s?	•		
	Hose connections, fittings, couplings, and valves	אומם מם צע	Muck cookers	BY ON ON/A		
	Door gaskets and scatting	אואם אם צים	Stills	אואם אם צוק		
	Filter gaskets and seating	אואם אם צען	Exhaust dampers	אומם מם עמע		
	Pumps	אואם אם עם	Diverer valves	אוחם אם אס		
	Solvent tanks and containers	AY ON ON/A	Cartridge filter housings	אואם אם אס		
	Water separators	AY ON ON/A		,		
4.	4. Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (nouceable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading inst	rumentation, is the equ	ipment:	ZN/A		
	a. Capable of detecting	perc vapor concentratio	ns in a range of 0-500 ppm?	מם עם		
	b. Calibrated against a (PID/FID only)?	standard gas prior to an	d after each use	DY DN		
	c. Inspected for leaks a	und obvious signs of wear	on a weekly basis?	DY DN		
	d. Kept in a clean and	secure area when not in	usc?	אם אם		
	c. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	אם צם		

Inspector's Name (Please Print)

Inspector's Signature

May 2000
Approximate Date of Next Inspection

Date of Inspection

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?	DY.	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Δy	ИП	□N/A □N/A
	Is the temperature differential equal to or greater than 20° F?	ZY	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?	ØΥ	ИП	-□N/A -□N/A
	Is the perc concentration equal to or less than 100 ppm?	PY:	ИП	□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?	βy	מם	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ØΥ	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ØY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?			
2. Maintained rolling monthly averages of perc consumption?			
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or,	DY ON ON/A		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	PY ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN PANA		
5. Maintained exhaust duct menitoring data on perc concentrations?	ב/אם אם עם		
6. Maintained startup/shutdown/inalfunction plan?	אם אבק		
7. Maintained deviation reports?	אום אם אפן		
Problem corrected?	אואם אם צבן		
S. Maintained compliance plan, if applicable?	DY ON ON/A		

ADDITIONAL SITE INFORMATION:

Permac Elexible m-40 AIRS ID#: 109047

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

11 28 00 19 19 Od stated above:
EP Rule □NO
EP Rule □NO
EP Rule □NO
EP Rule □NO
□NO
od stated above:
od stated above:
·
od stated above:
)
t the statements solvent, based to gallons per

^{*}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-	СОМРІ	LAINT/DIS	SCOVERY [RE-INSPEC	TION [
TIME IN: 12:15 TYPE OF FACILITY: 10 YU	time out:_17	2:25)	AIRS ID#	: <u>109</u>	0047	
FOA	erg Claner	8	· <u> </u>		D	ATE: 11/2	3/∞
FACILITY LOCATION: 020	Vedra Blac	h, F	320	082			
RESPONSIBLE OFFICIAL:	J DOWIS			PHONE NUN	ивек: <u>(</u>	904) 28:	5-5644
Based on the results of the compliance with DEP Rule	•				he facility	is found to be	i n
Based on the results of the discrepancies were noted:							
COMPLIANCE REQUI	REMENT/PROBLE	M	FOL	LOW-UP	ACTION	REQUIR	ED
	-						
						_	
COMMENTS:		•					
,							
The Annual Compliance Certification	on form has been properly	certified	and submi	itted to the insp	pector.	YES	NO
DATE OF NEXT INSPECTION:_	Novemt	OP (Appr	200 oximate)	<u> </u>			
INSPECTION CONDUCTED BY	HEAT	(Place	e Print)	71/		1/10	11212 1251
INSPECTOR'S SIGNATURE:	Solo Le Gr	(r leas		PHONE NUM	BER: <u>(</u> 90	448	4310 x 25 (
·	(/>;	age c	of .				Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISCOVERY
<i>)</i>	RE-INSPECTION	1 🗆
AIRS ID#: [19004]	DATE: 1/28/Q	DO TIME IN: 12:15 TIME OUT: 12:25
FACILITY NAME:	110	laners
FACILITY LOCATION: 5	20 JPC(B) va
(Je	bnto Vedra B	Beach, F1 32082
RESPONSIBLE OFFICIAL :	Ron Davis	PHONE: (904) 285-5644
CONTACT NAME:		PHONE:
PART I: NOTIFICATION		·
(check appropriate box)		·
New facility notified DARM		
2. Facility failed to notify DAR	M to use general permi	nit O
PART II: CLASSIFICATION	٧	
Facility indicated on notificati	on form that it is:	No notification form
(check appropriate box) A.		☐ Drop store/out of business/petroleum
1. Existing small area sour 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)	'yr d tı b	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	,100 gal/yr d 00 gal/yr ti gal/yr b	4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)
5. This is a correct facility c	lassification 4	ON Can not determine
	ity qualified for a gener	tion: eral permit as number above its and is not eligible for a general permit
B. The total quantity of perchlo facility was 212 gallons.		chased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DY ON ON/A 3. Closing and securing machine doors except during loading/unloading? **₽**Y □N 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? QY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/A 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) ~□Y □N 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated NO YO condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

B. Has the responsible official of an existing large or new large area source also:	
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?	ON PE
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OA ON ON/A
Is the temperature differential equal to or greater than 20° F?	QY ON ON/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?	A/NO NO YO
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	QY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY ON ON/A
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?	of on		
2. Maintained rolling monthly total of perc consumption?	DY ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A		
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	OY ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	QY ON ON/A		
6. Maintained startup/shutdown/malfunction plan?	OY ON		
7. Maintained deviation reports?	DY ON ON/A		
Problem corrected?	DY ON ON/A		
8. Maintained compliance plan, if applicable?	OY ON ON/A		

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair UY inspection? $\square N$ 2. Has the facility maintained a leak log? DY DN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves OY ON ON/A Muck cookers DY ON ON/A Door gaskets and seating QY ON ON/A Stills DY ON ON/A Filter gaskets and seating DY ON ON/A Exhaust dampers DY ON ON/A OY ON ON/A DY ON ON/A Diverter valves Pumps Solvent tanks and containers QY ON ON/A Cartridge filter housings DY ON ON/A Water separators DY D'N DN/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector $\Box DX/A$ If using direct-reading instrumentation, is the equipment: QY QN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN

HEATHER WYNN	11/28/00
Inspector's Name (Please Print)	Date of Inspection
Inspector's Stanature	Approximate Date of Next Inspection

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

d. Kept in a clean and secure area when not in use?

DY DN

DERMAC Flexible M40'

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 indiv	idual owner):
RED/JD INC	
2. Site Name (For example, plant name or number):	
d/b/a/ Savelberg Cleaners	·
3. Hazardous Waste Generator Identification Number:	,
FLD 980847214	
4. Facility Location:	
Street Address: 520 Sawgrass Village Drive	·
City: County:	Zip Code:
Ponte Vedra Beach St.Johns	32082
5: Facility Identification Number (DEP Use ONLY: do not fill in):	randonies augustus autoria (1866)
	90047-002
The first i is the first i in i . The first i is the first i in i . In i is the i in i i	
Responsible Official	<u> </u>
6. Name and Title of Responsible Official:	
Name: Title:	
Ronald E. Davis President	
7. Responsible Official Mailing Address:	
Organization/Firm: Savelberg Cleaners	•
City: Ponte Vedra Beach St. Johns	Zip Code: 32082
8. Responsible Official Telephone Number:	
Telephone: (904) 285-5644 Fax: () noné
Failth Canada (Is list and Fam Barrell 1955 tal)	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
Street Address:	
County:	Zip Code:
	Zip Couc.
11. Facility Contact Telephone Number:	
Telephone: () - Fax: (m) - f - Marke

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information	e e e e e e e e e e e e e e e e e e e		
1.(a) DRY-TO-DRY M	ACHINES ONL	$\mathbf{Y} = \{ \{a_i, a_i, a_i\} \in \mathcal{F}_{a_i} : a_i \in \mathcal{F}_{a_i} \}$	TAC TO LA ELECTRON TAGABLE LA
How many dry-to-dry ma	chines do you ha		eteropii ale in in in in
For each dry-to-dry mach	nine on-site, pleas	e provide the following informat	ion:
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")
_01_May_85	Existing/Ne	ew RC/CA/None required	CA SAME (replaced with RC)
	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE K	·	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC			
How many washers do yo		•	and the second of the paper.
How many dryers/reclain	ners do you have o	on-site?	e na ediama está a selbrá es la
unit. If the transfer mach 1993, it is a NEW unit (r	ine was purchased no units purchased	I from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, llowed 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	<u> </u>
	Existing/New	RC/CA/None required	
,	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA	= carbon adsorber
2.(a) How much perchlo	roethylene (perc)	have you used within the last 12	months?
[<u>185</u>] gallo	ns (You must fill	this in)	
(b) If less than 12 mor	nths, how many?	months	o entre la Graffication de la company
•	•,		eep records:
		New store: [] New machi	ne []
		Unonened store [] (date of	f expected opening

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the facility's source classification based of Indicate with an "X". Select one classification of	
Small Area Source	The control of the co
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 X	
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?
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 [X]	New machines at large area source Refrigerated condenser []
Rule 62-213.300, F.A.C. Verify that all steam and h	units shall not be eligible to use the general permit pursuant to water generating units on-site meet the following (see attached memo for the criteria). [X] OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	[2] [0]
What type of fuel do you use? [] propane [] No. 2 fue [] No. 6 fue	natural gas l oil [] No. 4 fuel oil l oil [] Other (please list)
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	addition log
(b) Leak detection inspection and repair	<u></u>
(c) Refrigerated condenser temperature monitoring	LX.
(d) Carbon adsorber exhaust perc concentration mon	nitoring
(e) Startup, shutdown, malfunction plan	provide we know them a life is a resident to the result of
the second the second the second	

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

AIRS ID # 1090047001AG

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 form.

I will promptly notify the Department of any changes to the information contained in this notification.

Ronald E. Davis

Print name of responsible official

Signature

September 5, 200/

Romald & David

September 24, 2001



Department of **Environmental Protection**

Jeb Bush Governor

. Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 September 11, 2001

David B. Struhs Secretary

Mr. Ronald E. Davis Savelberg Cleaners 520 Sawgrass Village Drive Ponte Vedra Beach, Florida 32082

Dear Mr. Davis:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on September 10.

In reviewing your submittal, it was noted that Savelberg Cleaners elected to surrender its existing Title V air general permit (AIRS ID 1090047). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrehdered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section. Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I applogize for the confusion with this portion of the form.

Called South of Market If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/jw Enclosure

ee: Mr. Rick Banks, Northeast District "More Protection, Less Process"

Printed on recycled paper.

#1090047

	Savelberg Cleaners
	spoke with Ronald Davis- 10/4/1997-uses approx. 225gallwk.
	10/4/1997-uses approx. 225gal/wk. = ~11,700 gal./yr. (boiler ~60%), heater ~30%, + dryer~10%)
· · · · · · · · · · · · · · · · · · ·	PM=468/b/yr. NOx=163.8/b/yr. CO=22.23/b/yr.
	TOC=5.85/b./yr.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

25881

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

RECEIVED MAIL ROOM

JAN 23 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1090047

RED/JD INC RONALD E DAVIS 520 TPC BLVD PONTE VEDRA BEACH FL 32082 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300630

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1090047

RED/JD INC **RONALD E DAVIS** 520 TPC BLVD PONTE VEDRA BEACH FL 32082

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

Z

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353619

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

П Do NOT Remove Label of Air Monitoring AIRS ID # 1090047 SAVELBERG CLEANERS RONALD E DAVIS 520 TPC BLVD PONTE VEDRA BEACH FL 32082 П

FOR GOVERNMENT USE ONE Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389202

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1090047

SAVELBERG CLEANERS

RONALD E DAVIS

520 TPC BLVD

PONTE VEDRA BEACH FL 32082

FOR GOVERNMENT USE ONLY Org.: 375501010007 EO: B1 Frind: 20-2-035001_ Offi.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403364

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

1-22-01 Pd. **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 1090047

SAVELBERG CLEANERS RONALD E DAVIS

520 THE READ SAWGRASS VILLAGE ORIVE

PONTE VEDRA BEACH FL 32082

FOR GOVERNMENT USE OF Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

		IAIL RECEIPT	ee Coverage Provid	ded)
299				
: 그				
72	Postage	\$		En
E	Certified Fee		Posts, di	1
믾	Return Receipt Fee (Endorsement Required)		Postmark Here	N.
	Restricted Delivery Fee (Endorsement Required)			13
	Total Postage			7
1	10	# 1090047001AG	K	
]2	Recipient's RONALD E DAVIS			
; —	SAVE	LBERG CLEANER	RS	1,
520 SAWGRASS VII			GE DRIVE	V
700	City, State, ZiP. PONT	E VEDRA BEACH	FL 32082	4
	PS Form 3800, Februa	iry 2000	See Reverse for Instru	ctions

SENDER: COMPLETE THIS	PLACE STICKER AT TOP OF ENVELOR TO THE RIGHT OF RETURN ADDRES TO THE RIGHT OF TAXABLE NIVE
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the revers so that we can return the card to you. ■ Attach this card to the back of the mailpier or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 1090047001AG RONALD E DAVIS SAVELBERG CLEANERS	se Casignature
520 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082 1. USUCUBO GODY from service label)	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 1999 Dor	nestic Return Receipt 102595-00-M-0952