

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 6, 1996

Mr. Somabhal L. Desal

Quality Cleaner

409 Anastasia Boulevard

St. Augustine, Florida 32084

Re: Facility I.D. No. 1090048

Dear Mr. Desal:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 12, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Rick Banks, Northeast District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	SOMABHAI L. DESAI					
2.	Site Name (For example, plant name or number):					
	QUALITY CLEHNER					
3.	Hazardous Waste Generator Identification Number:					
4.	Facility Location: Street Address: 409 ANASTASIA BLVD.					
	City: ST, AUGUSTINE County: ST. JOHNS Zip Code: 32084					
5.	Facility Identification Number (DEP Use):					
	1090048					
	Responsible Official					
6.)	Name and Title of Responsible Official:					
	SOMABHAI L. DESAI					
7.	Responsible Official Mailing Address:					
	Organization/Firm: Street Address: 409 ANASTASIA BLVD					
	City: 57, AUGUSTINE County: 57, JOHNS Zip Code: 32084					
8.	Responsible Official Telephone Number:					
	Telephone: (904) 829-2324 Fax: () -					
	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: Zip Code:					
11.	Facility Contact Telephone Number:					
	Telephone: () - Fax: () -					

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	is the fig.
· -	Quality Cleaner
_ <i>p.13</i>	6. add title-from #1-Owner
<u> </u>	1/0/0/1///
_P.17	1.(c) add "X"

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	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91	•	#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit			The second second		. :	<u> </u>		****	right of the
(1) w/ ref. condenser	1	08 DE 91	OF DEC 91						
(2) w/ carbon adsorber	· -	1							
(3) w/ no controls									
Washer Unit		Harangaja ari	artik arti						
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									†
Dryer Unit	2.5							ras ya ji Tarjari	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	1,111	The same of the same	K.Ç.L.Land	1 40	a chartag	1.47 1-1.		Z)	-
(10) w/ ref. condenser					1			T	T
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 montrol Check why it is less	are requant	equired to be ity of perchlons #A	oroethylene (VE No	perc)	purchased in	ED POR	E	WZR A	
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	ication only.)	ew sn	nitions found nall area sour	rce [3) of]	Part II?	
, Existing large an	ca su	u106 [146	w idi	ge area soul	· L	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) o (Indicate with an "X".)	if are if of this notification form:				
Existing large area source Carbon adsorber [] Refrigerated condenses					
New small area source Refrigerated condenser []					
New large area source Refrigerated condenser []					
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating usexemption criteria or that no such units exist on-site:					
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.					
All steam and hot water generating units exempt No such units on-site					
Equipment Monitoring and Recordkeeping Info	rmation				
Equipment Monitoring and Recordkeeping Info					
Check all logs which are required to be kept on-site in accordance with the re-	equirements of this general permit:				
Check all logs which are required to be kept on-site in accordance with the re (a) Purchase receipts and solvent purchases	equirements of this general permit:				
Check all logs which are required to be kept on-site in accordance with the receipts and solvent purchases (b) Leak detection inspection and repair	equirements of this general permit:				
Check all logs which are required to be kept on-site in accordance with the re (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	equirements of this general permit:				

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

Surrender of Existing Air Permit(s)

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

M

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	SOMABHAI L. DESAI				
2.	Site Name (For example, plant name or number):				
	QUALITY CLEANER				
3.	Hazardous Waste Generator Identification Number:				
4.	Street Address: 409 ANASTASIA BLVD.				
	City: ST. AUGUSTINE County: ST. JOHNS Zip Code: 32084				
5.	Facility Identification Number (DEP Use):				
	1090048				
Terrendenter.					
	Responsible Official				
6.	Name and Title of Responsible Official:				
	SOMABHAI L. DESAI, OWNER				
7.	Responsible Official Mailing Address:				
	Organization/Firm: Street Address: 409 ANASTASIA BLUD				
	City: 57, AUGUSTINE County: 57, JOHNS Zip Code: 32084				
8.	Responsible Official Telephone Number:				
	Telephone: (904) 829-2324 Fax: () -				
	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 Telephone Number:				
	Telephone: () - Fax: () -				

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Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
_		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit					•				т.
(1) w/ ref. condenser	7	68 DEA 91	08 DEC 91						
(2) w/ carbon adsorber	·*	<i>S V C</i> 11.	- 4 4 - 2 11						
(3) w/ no controls									•
Washer Unit				I	1				
(4) w/ ref. condenser									
(5) w/ carbon adsorber								·	
(6) w/ no controls			_	ļ					
Dryer Unit									
(7) w/ ref. condenser			_						
(8) w/ carbon adsorber			-						
(9) w/ no controls			-						
Reclaimer Unit				٠.					
(10) w/ ref. condenser		I	Ι΄						
(11) w/carbon adsorber			-						
(12) w/ no controls			-						
(b) Control devices are (c) No control devices 2.(a) What was the total of	are ro	equired to be ity of perchlo	installed [_ proethylene (perc)	٦	n the latest 12 E) For	t mor	nths? WZR A	VEAR
(b) If less than 12 mont Check why it is less	than	12 months:	New owner:						-[]
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
Existing small ar	ea so	urce [X]	Ne	ew sn	nall area sour	ce [
Existing large are	ea soi	urce []	Ne	ew la	rge area sour	ce [1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain i comply wi	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the information and conditions of this general permit as set forth in Part II of this notification form.
I will prov	nptly notify the Department of any changes to the information contained in this notification. 9-6-96 Date

Effective: 6-25-96

AIRS ID#: 1090048

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: QUALITY CLEANERS	DATE: 2/7/97
FACILITY LOCATION: 409 ANASTASIA BLVD.	·
ST. AUGUSTINE FL 32084	
Annual Reporting Period: SEP 12 1976 TO FE	3 7 1997
Based on each term or condition of the Title V general air permit, my facility has remained in complian 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 rep	orting period stated above:
NOT CONDUCTING LIGHT CHECKS OR MAINTHINING	+ LOG-
Exact period of non-compliance: from SEP 12, 1996 to FEB	7,1997
Action(s) taken to achieve compliance: RONDUCT CHECKS - WAL	NTAIN LOG-
Method used to demonstrate compliance: ANNUAL INSPECTION	
#2. Term or condition of the general permit that has not been in continuous compliance during the rep	porting 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 in made in this notification are true, accurate and complete. Further, my annual consumption of perchloupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities.	proethylene solvent, based
RESPONSIBLE OFFICIAL: 50 M AIR HAT LEDESAT Signature	2-7-9) 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

V		
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TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 1:00 Pau TIME OUT: 1:3	5 Pun AIRS ID#: 1090048			
TYPE OF FACILITY: <u>DRY CLEANER</u>				
FACILITY NAME: QUALITY CLEANER	PS DATE: 2/7/\$7			
FACILITY LOCATION: 409 ANAST ASIA	BOULEVARD			
ST. AUGUSTINE,	FL 32084			
RESPONSIBLE OFFICIAL: SOMABHAI DIZ	SAI PHONE NUMBER: 904-823-23:24			
Based on the results of the compliance requirements evaluation of the properties of the compliance requirements evaluation of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluation of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements and the compliance requirements are considered as a compliance of the compliance requirements are considered as a compliance of the compliance of the compliance requirements are considered as a compliance of the compliance	- · · · · · · · · · · · · · · · · · · ·			
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
NOT DOING LEAK CHECKS	DO LEAK CHROKS WEEKLY.			
OR MAINTAINING RECORDS	DO LEAK CHROKS WEEKLY. MAINTAIN LOG			
·	<u> </u>			
COMMENTS:	1			
•				
·				
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO			
DATE OF NEXT INSPECTION: $\frac{2/98}{}$				
(A)	pproximate)			
INSPECTION CONDUCTED BY:	QVKS			
NSPECTOR'S SIGNATURE: PHONE NUMBER: 904-448-43/6				

Page / of /.

Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISC	OVERY	
AIRS ID#: <u>1090048</u> I FACILITY NAME: <u>Qu</u> FACILITY LOCATION:	VALITY CLE	ANERS 1451A	BOULE VAR) D	35TM
PART I: NOTIFICATION					
(check appropriate box)				,	
1. Existing facility notified DAF	LM by 9/1/96				D
2. New facility notified DARM	30 days prior to startup				
3. Facility failed to notify DARN	A to use general permit				
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	on form that it is:				
A. 1. Existing small area sourd dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	dry- tran botl	nsfer only, xon types, x<1	x<140 gal/yr <200 gal/yr		
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="" g="" gal="" only,="" td="" transfer="" types,=""><td>0 gal/yr dry- al/yr tran yr botl</td><td>nsfer only, 20 n types, 140</td><td>rea source 140 < x < 2, 100 gal/yr 00 < x < 1,800 gal/yr < x < 1,800 gal/yr or after 12/9/91)</td><td></td><td></td></x<2,>	0 gal/yr dry- al/yr tran yr botl	nsfer only, 20 n types, 140	rea source 140 < x < 2, 100 gal/yr 00 < x < 1,800 gal/yr < x < 1,800 gal/yr or after 12/9/91)		
This is a correct facility classific	cation $\square Y$	⊓N			
If no, please check the appropria	ate classification:				
	ed for a general permit as above limits and is not		above a general permit		
B. The total quantity of perchlor facility was gallons.	coethylene (perc) purcha	sed within tl	ne preceding 12 month	s 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 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) \square Y \square 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 basis? $\square Y \square N$ 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? $\square Y \square N$ 6. Conducted all temperature monitoring after an appropriate cooldown period and after $\square Y \square N$ verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	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 ON/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N
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?	ОУ ОИ
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?	□Y □N □N/A
	A TORROR OF THE A CANADA VINITARIA TO A TORROR A CITATION OF THE ACITATION OF THE ACIT	
	ART V: RECORDKEEPING REQUIREMENTS	
H	as the responsible official: heck appropriate boxes)	
H (c	as the responsible official:	by gn
H (c	as the responsible official: heck appropriate boxes)	DY ON
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	DY ON
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	DY ON
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	DY ON OY ON
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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	NO YO
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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?	OY ON OY ON ON/A OY ON OA/A
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only)	OY ON OY ON ON/A OY ON OY/A
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON ON/A OY ON ON/A
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON OY ON ON/A OY ON OY/A
H (c 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? **Gor direct reading instruments only**) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	OY ON OY ON ON/A OY ON ON/A
H (c 1. 2. 3. 5. 6. 7. 8.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON OY ON ON/A OY ON ON OY ON

	,					
2.	Which method of detection is used by the	ne respons	sible official?			^
	Visual examination (condensed so					
	Physical detection (airflow felt the					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	tion (FID	/PID/calorimetric	tubes)		
	If using direct-reading instrume	ntation, i	is the equipment:	:		
	a. Capable of detecting p	erc vapoi	r concentrations is	n a range of 0-500 ppm?		IN
	b. Calibrated against a s (PID/FID only)?	tandard g	as prior to and aft	er each use	OY O	IN
	c. Inspected for leaks an	d obvious	signs of wear on	a weekly basis?	OY O	N
	d. Kept in a clean and so	ecure area	when not in use?			IN
	e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?	OY ON	
3. Has the facility maintained a leak log?						HV
4.	Does the responsible official check the	following	areas for leaks?			
	Hose connections, fittings, couplings, and valves	dix/	□И	Muck cookers	ĠŢ	ПN
	Door gaskets and seating	₫ _Y	□N	Stills	ΩY	□N
	Filter gaskets and seating	٧	□N	Exhaust dampers	ΠY	□N
	Pumps	DY	\square N	Diverter valves	ΠY	□N
	Solvent tanks and containers	QY ,	□N	Cartridge filter housings	DA	□N
	Water separators		ПИ			
	Som ABHAI DES Name of Responsible Officia R. A. BANKS Inspector's Name (Please Print)			2/7/97	ection	

2/98
Approximate Date of Next Inspection

Inspector's Signature

acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION TO MED

FACILITY NAME: Quality Cleaners	MAR 0 5 1998	DATE: 2-23-98
FACILITY LOCATION: 409 Anastasia Blud St. Augustine, FL 32084	& Mobile Sources	
<u> </u>		
Annual Reporting Period: Feb 1997	TO Feb	199 8
Based on each term or condition of the Title V general air permit, my facility 62-213.300, Florida Administrative Code (F.A.C.), during the period covered		
If NO, complete the following:		Ů
#1. Term or condition of the general permit that has not been in continuous of Not maintaining recepts on log for perc		ing period stated above:
Exact period of non-compliance: from 2/97	to 2/98	
Action(s) taken to achieve compliance:		ripts
Method used to demonstrate compliance: Annual Inspect	or	·
#2. Term or condition of the general permit that has not been in continuous.	^	
Exact period of non-compliance: from $2/97$		•
Action(s) taken to achieve compliance: Conduct unspe		P 100
Method used to demonstrate compliance: Annual Inspe		
As the responsible official, I hereby certify, based on information and belief judges and this notification are true, accurate and complete. Further, my annually upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities.	al consumption of perchloroe	ethylene solvent, based
RESPONSIBLE OFFICIAL: Somabha, L. Desa, Same (Please Print)	Signature	Date
<u> </u>	<u> </u>	

^{*}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/DISCOVERY	RE-INSPECTION
	TIME IN: / 100	TIME OUT:/ '.	30	AIRS ID#: /0°	70048
	TYPE OF FACILITY: DRY	CLEANER			
	FACILITY NAME: QUALI	TY CLEANERS			_date: <u>_2-23</u> 98
	FACILITY LOCATION: 40				·
		AUGUSTINE	•		2
	RESPONSIBLE OFFICIAL: 52	OMABHAI PES	AI	PHONE NUMBER:	<u> 104-829 - JSJ4</u>
	<u></u>	the compliance requirement tule 62-213.300, Florida Ad		ated during this inspection, the faci ative Code (F.A.C.).	lity is found to be in
,	Based on the results of the discrepancies were note		s evalu	ated during this inspection, the foll	owing compliance
	COMPLIANCE REQU			FOLLOW-UP ACTION	ON REQUIRED
Not	Maintaining recipts for	perc purchases	•	maintain perci	wage log +
0	of perc consumpt	monthly average		keep peac rec	, ,
Nato	Conduction eckly lea	k detection and		Conduct leads	
	repair inspection			repair inspec	•
Not	Maintaingleak log		1	Maintain Leak 10	
	·				·
					· · · · · · · · · · · · · · · · · · ·
	COMMENTS:				
					·
		•			
-	The Annual Compliance Certific DATE OF NEXT INSPECTIO	2/		fied and submitted to the inspector.	YES NO
	INSPECTION CONDUCTED	BY: Christopher	L	proximate) Scott ease Print)	
	INSPECTOR'S SIGNATURE:	HALL-A	A	PHONE NUMBER:	448-4310 x 255

Page___of_

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ON COMPLAINT/DISCOVERY COMPLAINT/DISCOVERY
AIRS ID#: 1090048 DATE: 2/23/9	78 TIME IN: 1:00 TIME OUT: 1:30
FACILITY NAME: Quality Cleanors	
FACILITY LOCATION: 409 ANASTA	SIA BLVD.
ST. AUGUS	TINE FL 32084
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior to sta	artup
3. Facility failed to notify DARM to use general pe	ermit 🗅
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="" 91)="" after="" both="" gal="" on="" only,="" or="" receive<="" td="" transfer="" types,="" 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="" 91)="" after="" both="" gal="" on="" only,="" or="" receive<="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification	MAR 0 5 1998
If no, please check the appropriate classification:	Bureau of Air Monitorin wit as number above & Mobile Sources
facility qualified for a general per facility exceeds above limits and i	1131 43 11411001 130 ()
B. The total quantity of perchloroethylene (perc) percentage of facility was 6000 gallons.	urchased within the preceding 12 months by this dry cleaning

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

2 of 4

_				
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?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DΥ	DИ	· ·
	Is the temperature differential equal to or greater than 20° F?	ΠY	מם	
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?	ΟY	מם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	
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?	ΟY	מם	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	DИ	□N/A
-				
_				
PA	ART V: RECORDKEEPING REQUIREMENTS			
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)			
H. (c.	as the responsible official:	□У	18	
H: (c:	as the responsible official: heck appropriate boxes)		100 mg/m	
H: (c: 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?			
H: (c: 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	ΩY		
H: (c: 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	ΩY	the state of the s	
H: (c: 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 ltrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	□Y ØY ØY		⊠ A/A
H: (c: 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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?	□Y ØY ØY		Ø /A
H: (c: 1. 2. 3. 3. 5.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? for direct reading instruments only)			₩/A
H: (c: 1. 2. 3. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? gor direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	Y SY SY		Ø A
H: (c: 1. 2. 3. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? Gor direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Ø A/A
H: (c: 1. 2. 3. 5. 6. 7.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 lurs? 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? Maintained calibration data? Gor direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?			©√A □N/A
1. 2. 3. 5. 6. 7.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? **Gor direct reading instruments only!* Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?			
1. 2. 3. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?			

THE THEFT

2.	2. Which method of detection is used by the responsible official?							
ŧ	Visual examination (condensed solvent on exterior surfaces)	☆						
	Physical detection (airflow felt through gaskets)	Ø						
	Odor (noticeable perc odor)	8						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	ם י						
	If using direct-reading instrumentation, is the equipment:							
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ΠY	מם					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ΩY	מם					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	ΩY	מם					
	d. Kept in a clean and secure area when not in use?	DY	מם					
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON						
3.	3. Has the facility maintained a leak log? □Y □Y □Y							
4.	Does the responsible official check the following areas for leaks?							
	Hose connections, fittings, couplings, and valves $\square Y$ $\square N$ Muck cookers	ďÝ	מם					
	Door gaskets and scating	ÞÝ	□и					
	Filter gaskets and seating DY DN Exhaust dampers	ØÝ	וא□					
	Pumps Diverter valves	бy	ח□					
	Solvent tanks and containers	Top	מם					
	Water separators 9½ ON							

Somabhai Desai	
Name of Responsible Official	
Christopher L- Scott	2-23-98
Inspector's Name (Please Print)	Date of Inspection
Chill hat	2/99
Inspector's Signature	Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS EIVED

COMPLIANCE INSPECTION CHECKLIST

Т	ΥP	E	OF	INS	PE	CT:	O	N:
•	~ ~	_	~			·		• • •

ANNUAL

COMPLAINT/DISCOVERYI>>0

RE-INSPECTION

Bureau of Air Monitoring & Mobile Sources

<u> </u>					
AIRS ID#: 1090048 DATE: 10/2	2/43 TIME IN: 1:00 TIME OUT: 1:25				
FACILITY NAME: OUALITY CLEANERS					
FACILITY LOCATION: 409 AN	ASTASIA BLVD				
ST. Av	BUSTINE, FL 32084				
	141 DESA / PHONE: 904-329-3324				
	PHONE:				
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·				
	· · · · · · · · · · · · · · · · · · ·				
(check appropriate box)					
1. New facility notified DARM 30 days prior to sta	rtup				
2. Facility failed to notify DARM to use general pe	rmit 🗆				
PART II: CLASSIFICATION					
Facility indicated on notification form that it is:	☐ No notification form				
(check appropriate box)	☐ Drop store/out of business/petroleum				
A. 1. Existing small area source	2. New small area source				
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr				
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr				
both types, x < 140 gal/yr	both types, x < 140 gal/yr				
(constructed before 12/9/91)	(constructed on or after 12/9/91)				
3. Existing large area source	4. New large area source □				
dry-to-dry only, 140 < x < 2,100 gal/yr	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$				
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr				
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800$ gal/yr				
(constructed before 12/9/91)	(constructed on or after 12/9/91)				
5. This is a correct facility classification	DY □N □Can not determine				
If no, please check the appropriate classific	ration:				
	neral permit as number above				
	nits and is not eligible for a general permit				
B The total quantity of perchloroethylene (perc) p	archased within the preceding 12 months by this dry cleaning				
facility was facility was gallons.	and the processing 12 months of this try ofeding				

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes). N DN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? ON ON/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 ON ON/A 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? □N □N/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) 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 condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	ΠY	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	ls the temperature differential equal to or greater than 20° F?	\Box Y	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?	ΟY	מם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩΥ	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	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	L Y ON				
2. Maintained rolling monthly averages of perc consumption?	DX ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DOY 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?	ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DAYA				
6. Maintained startup/shutdown/malfunction plan?	py on				
7. Maintained deviation reports?	DY DN CHWA				
Problem corrected?	OY ON ON/A				
8. Maintained compliance plan, if applicable?	אס אם עם A				

P	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 P		
2.	Has the facility maintained a leak log?		,	NO RO		
3.	Does the responsible official check the	following areas fo	r leaks?			
	Hose connections, fittings, couplings, and valves	אואם אם אוש	A Muck cookers	DY ON ON/A		
	Door gaskets and seating	אואם אם צם	A Stills	DY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	A Exhaust dampers	אומם מם אם		
	Pumps	אמם מם צען.	A Diverter valves	DY DN PN/A		
	Solvent tanks and containers	MY ON ON/A	A Cartridge filter housings	DY ON ON/A		
	Water separators	OY ON ON/A	A			
4.	Which method of detection is used by	the responsible offi	cial?	_		
	Visual examination (condensed s	solvent on exterior	surfaces)	Ġ)		
	Physical detection (airflow felt th	rough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrument	ation (FID/PID/cal	orimetric tubes)			
	Halogen leak detector					
	If using direct-reading inst	e equipment:	□N/A			
	a. Capable of detecting	DY DN				
	b. Calibrated against a (PID/FID only)?	standard gas prior	to and after each use	OY ON		
	c. Inspected for leaks a	nd obvious signs of	wear on a weekly basis?	DY DN		
	d. Kept in a clean and s	secure area when no	ot in use?	DY DN		
,	·		e samples (calorimetric only)?	DY DN		
		,				
	· · · · · · · · · · · · · · · · · · ·					
	R.A. BANKS		10 kz/	98		
	Inspector's Name (Please Pri	nt)	Date of Insp	ection		
			10/60	•		
Inspector's Signature Approximate Date of				Next Inspection		

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

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION			
TIME IN: /300 FOR TIME OUT: / 25	5 PM _AIRS ID#: 1090048			
TYPE OF FACILITY: DRY CLEANER				
FACILITY NAME: Quality Cleaners	DATE: 10-22-98			
FACILITY LOCATION: 409 Anastasia Blvd.				
3t. Augustine, FL 37	2084			
RESPONSIBLE OFFICIAL: Somabha. Desai	PHONE NUMBER: 904-829-2324			
Based on the results of the compliance requirements evalua 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:				
·				
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO			
DATE OF NEXT INSPECTION: Z/99				
INSPECTION CONDUCTED BY: (Approximate) (Approximate) (Please Print)				
INSPECTOR'S SIGNATURE: HOME NUMBER: 909-449-4310				

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Revised 10/96

pcc

AIRS ID#:	1090048

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: GUACITY CL	FANGRS		DATE: 10-22-98
FACILITY LOCATION: 409 AA	_		
_ ` ·	18 DINE, FC		
Annual Reporting Period: FEB	7, 1997 19	TO FEB	7 1958
Based on each term or condition of the Title V ge 62-213.300, Florida Administrative Code (F.A.C	• • •	·	_
If NO, complete the following:			
#1. Term or condition of the general permit that	has not been in continuou	s compliance during the rep	porting 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 continuou	s compliance during the rep	porting 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, based made in this notification are true, accurate and cupon rolling averages of purchase receipts, does year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	omplete. Further, my ann	ual consumption of perchlo	proethylene solvent, based
	lease 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.

2 Sandy Bownon Dept of Environmental Protection 2600 Blair Tallahouse, Il 32399-2400 Re: Quality Cleaners, S. X. Desai 409 anastasia Blod augustine, 7l 32084 leffective 01/01/99, the above 13 Stableshment, Quelity Cleaners has been closed and remains 15 now. We have 16 17 future plans of 19 22 23 25 26 27 28

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 14 97

Do NOT Remove Label

AIRS ID# 1090048

QUALITY CLEANER SOMABHAI L DESAI 409 ANASTASIA BLVD ST AUGUSTINE FL 32084 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

305284

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

TOTAL AMOUNT DUE: \$50.90

Do NOT Remove Label

AIRS ID 1090048

SOMABHAI L DESAI SOMABHAI L DESAI 409 ANASTASIA BLVD ST AUGUSTINE FL 32084 FOR GOVERNMENT USE ONLY Org.: 3755001000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

0356648

TOTAL AMOUNT DUE: \$50.00

0356648

Do NOT Remove Label

AIRS ID # 1090048

QUALITY CLEANER SOMABHAI L DESAI 409 ANASTASIA BLVD ST AUGUSTINE FL 32084

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1090048

QUALITY CLEANER SOMABHAI L DESAI 409 ANASTASIA BLVD ST AUGUSTINE FL 32084

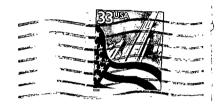
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 Quality Claners
SAINT AUGUSTINE

94 SAN MARCO AVENUE, SAINT AUGUSTINE, FLORIDA 32084 409 anostasia Blod Sh augus tine, 7l 32084





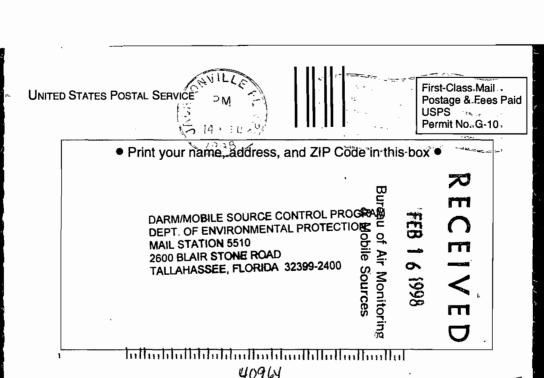
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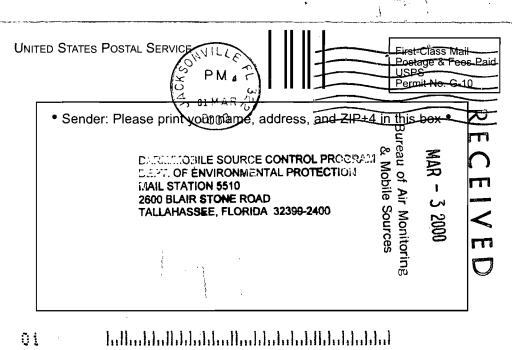
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