

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

|  |                           |
|--|---------------------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):       | VINCULA INTERNATIONAL INC |
| 2. Site Name (For example, plant name or number):  | WEAVER'S CLEANER'S        |
| 3. Hazardous Waste Generator Identification Number:                                      | *                         |
| 4. Facility Location:<br>Street Address:<br>City: ORLANDO County: ORANGE Zip Code: 32808 | 711 PINE HILLS            |
| 5. Facility Identification Number (DEP Use):   | 0950284                   |

## Responsible Official

|  |                     |
|--|---------------------|
| 6. Name and Title of Responsible Official:   | TONY S JAI Director |
| 7. Responsible Official Mailing Address:<br>Organization/Firm:<br>Street Address:<br>City: County: Zip Code: | SAME                |
| 8. Responsible Official Telephone Number:<br>Telephone: (407) 293-4741 Fax: (407) 298-0400                   |                     |

## Facility Contact (If different from Responsible Official)

|   |      |
|---|------|
| 9. Name and Title of Facility Contact (For example, plant manager):         | Same |
| 10. Facility Contact Address:<br>Street Address:<br>City: County: Zip Code: |      |
| 11. Facility Contact Telephone Number:<br>Telephone: ( ) - Fax: ( ) -       |      |

RECEIVED

AUG 8 1996

### 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 |
|------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i>         |    |                                  |                               |    |                                  |                               |    |                                  |                               |
|                        | #1 | 03-OCT-93                        | 12-NOV-93                     | #2 | 08-DEC-91                        |                               | #3 | 02-MAR-92                        | 02-MAR-92                     |
| <b>Dry-to-Dry Unit</b> |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (1) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (3) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Washer Unit</b>     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (4) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (5) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (6) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Dryer Unit</b>      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (7) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (8) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (9) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Reclaimer Unit</b>  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (10) w/ ref. condenser |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (11) w/carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (12) w/ no controls    |    |                                  |                               |    |                                  |                               |    |                                  |                               |

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

0 gallons

(b) If less than 12 months, how many? 8 months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

N/A

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt  
No such units on-site

**Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

**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**

*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

S. J. [Signature]

Date

08-05-96

mary  
Harvey

P 062 922 382



### Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

PS Form 3800, June 1991

|   |    |
|---|----|
| Sent to<br>MR TONY S JAI                                      |    |
| City and State<br>711 PINE HILLS                              |    |
| P.O. State and ZIP Code<br>ORLANDO FL 32808                   |    |
| Postage   | \$ |
| Certified Fee   |    |
| Special Delivery Fee  |    |
| Restricted Delivery Fee                                       |    |
| Return Receipt Showing to Whom & Date Delivered               |    |
| Return Receipt Showing to Whom, Date, and Addressee's Address |    |
| TOTAL Postage & Fees  | \$ |
| Postmark or Date<br>August 28, 1996                           |    |

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 3, 4a, 4b, 5, and 6.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
MR TONY S JAI  
DIRECTOR  
VINCULA INTERNATIONAL INC  
711 PINE HILLS  
ORLANDO FL 32808

4a. Article Number  
P 062 922 382

4b. Service Type  
 Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

7. Date of Delivery  
9-16-96

5. Signature (Addressee)

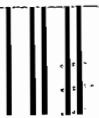
8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)  
*Saver Jai*

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

Official Business  
Bureau of Air Monitoring  
& Mobile Sources  
RECEIVED  
SEP 19 1996



PENALTY FOR PRIVATE  
USE TO AVOID PAYMENT  
OF POSTAGE, \$300



37550304000 MS/5510

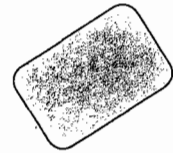
Print your name, address and ZIP Code here  
MRS MARY HARVEY

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF AIR MONITORING AND MOBILE SOURCES  
MOBILE SOURCE CONTROL SECTION





# Department of Environmental Protection



Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

## THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

### NOTICE OF DENIAL OF USE OF TITLE V AIR GENERAL PERMIT

#### CERTIFIED MAIL

In the matter of notification  
of use of General Permit by:

Tony S. Jai  
Director

Vincula International, Inc.  
711 Pine Hills  
Orlando, Florida 32808

Weaver's Cleaner's  
711 Pine Hills  
Orlando, Florida 32808

\_\_\_\_\_ /  
This is to notify you that you do not qualify to use the Title V Air General Permit for drycleaning facilities using perchloroethylene for Weaver's Cleaner's pursuant to your submittal received August 8, 1996. Title V air general permit requirements are specified in Rule 62-213.300, Florida Administrative Code, and your submittal does not qualify for a general permit due to the reason(s) indicated below:

- insufficient facility information
- insufficient equipment information
- insufficient equipment control information
- ineligibility based upon emissions
- inapplicable source category
- incomplete/unsigned certification statement
- other

If you meet the general permitting requirements, you may complete the enclosed blank notification form, make the corrections indicated above, and submit it to the Department.

Any proposed project which does not meet the requirements for a Title V air general permit shall require a standard air pollution control system permit from the Department, or upon resolution of the above, subsequent notification to the Department of your intent to use the general permit.

A person whose substantial interests are affected by this action may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Notice. A petitioner other than the applicant shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information:

(a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department file number, and the county in which the permit is requested;

(b) A statement of how and when each petitioner's received notice of the Department's action;

(c) A statement of how each petitioner's substantial interests are affected by the Department's action;

(d) A statement of the material facts disputed by petitioner, if any;

(e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action;

(f) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action.

If a petition is filed, the administrative hearing process is intended to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regards to the notice of intent to use this Title V air general permit for this project have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of the Notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 60Q-2.010, F.A.C.



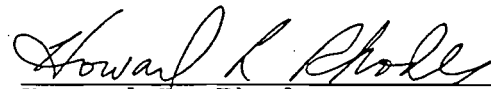
This action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to the requirements outlined above. Upon timely filing of a petition or a request for an extension of time, this Notice will not be effective until further Order of the Department.

When the Order is final, any party to the Order has the right to seek judicial review of the Order pursuant to Rule 9.110, Florida Rules of Appellate procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000, and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of Department.

APPLICANT: Tony S. Jai  
FDEP TRACKING NO.: 0950284

Executed in Tallahassee, Florida.

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION



Howard H. Rhodes  
Director  
Division of Air Resources  
Management

**CERTIFICATE OF SERVICE**

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF DENIAL OF USE OF TITLE V AIR GENERAL PERMIT and all copies were mailed before the close of business on August 28, 1996 to the listed persons.

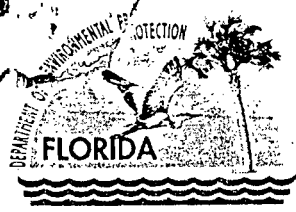
**Clerk Stamp**

FILING AND ACKNOWLEDGMENT, on this date, pursuant to 120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Jane Wise  
Clerk

8/28/96  
Date

mail



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

## THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

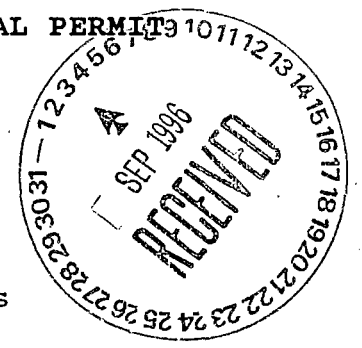
### NOTICE OF DENIAL OF USE OF TITLE V AIR GENERAL PERMIT

#### CERTIFIED MAIL

In the matter of notification  
of use of General Permit by:

Tony S. Jai  
Director  
Vincula International, Inc.  
711 Pine Hills  
Orlando, Florida 32808

Weaver's Cleaner's  
711 Pine Hills  
Orlando, Florida 32808



This is to notify you that you do not qualify to use the Title V Air General Permit for drycleaning facilities using perchloroethylene for Weaver's Cleaner's pursuant to your submittal received August 8, 1996. Title V air general permit requirements are specified in Rule 62-213.300, Florida Administrative Code, and your submittal does not qualify for a general permit due to the reason(s) indicated below:

- insufficient facility information
- insufficient equipment information
- insufficient equipment control information
- ineligibility based upon emissions
- inapplicable source category
- incomplete/unsigned certification statement
- other

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OCT 8 1996

Bureau of Air Monitoring  
& Mobile Sources

If you meet the general permitting requirements, you may complete the enclosed blank notification form, make the corrections indicated above, and submit it to the Department.

Any proposed project which does not meet the requirements for a Title V air general permit shall require a standard air pollution control system permit from the Department, or upon resolution of the above, subsequent notification to the Department of your intent to use the general permit.

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

|   |  |
|---|--|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):                            | VINCULA INTERNATIONAL INC  |
| 2. Site Name (For example, plant name or number):   | WEAVER'S CLEANER'S   |
| 3. Hazardous Waste Generator Identification Number:   | * FLD-097 837 983  |
| 4. Facility Location:<br>Street Address:<br>City:                      County:                      Zip Code: | 711 PINE HILLS<br>ORLANDO                      ORANGE                      32808 |
| 5. Facility Identification Number (DEP Use):  | 0950284  |

## Responsible Official

|  |                     |
|--|---------------------|
| 6. Name and Title of Responsible Official:   | TONY S JAI Director |
| 7. Responsible Official Mailing Address:<br>Organization/Firm:<br>Street Address:<br>City:    County:    Zip Code: | SAME                |
| 8. Responsible Official Telephone Number:<br>Telephone:                      (407) 293-4741                      Fax:                      (407) 298-0400  |                     |

## Facility Contact (If different from Responsible Official)

|  |      |
|--|------|
| 9. Name and Title of Facility Contact (For example, plant manager):  | Same |
| 10. Facility Contact Address:<br>Street Address:<br>City:    County:    Zip Code:                  |      |
| 11. Facility Contact Telephone Number:<br>Telephone:                      (     )                      -                      Fax:                      (     )                      - |      |

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OCT 8 1996

Page 13 of 16  
Bureau of Air Monitoring  
& Mobile Sources

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AUG 8 1996

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.

| 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 |
|-------------------------|-------------------------------------|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i>          |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
|                         | #1                                  | 03-OCT-93                        | 12-NOV-93                     | #2 | 08-DEC-91                        |                               | #3 | 02-MAR-92                        | 02-MAR-92                     |
| Dry-to-Dry Unit         |                                     | <b>OCT 92 -</b>                  |                               |    | <b>DEC-1-1995</b>                |                               |    |                                  |                               |
| (1) w/ ref. condenser   | <input checked="" type="checkbox"/> |                                  |                               |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber  | <input checked="" type="checkbox"/> |                                  |                               |    |                                  |                               |    |                                  |                               |
| (3) w/ no controls      | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| Washer Unit             |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (4) w/ ref. condenser   | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| (5) w/ carbon adsorber  | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| (6) w/ no controls      | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| Dryer Unit              |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (7) w/ ref. condenser   | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| (8) w/ carbon adsorber  | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| (9) w/ no controls      | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| Reclaimer Unit          |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (10) w/ ref. condenser  | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| (11) w/ carbon adsorber | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| (12) w/ no controls     | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

N A

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

**Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

### 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

*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

Saufer D

Date

08-08-92

Orange County Environmental Protection Department **RECEIVED**

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

SEP 25 1997

Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: APPEAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0950284 DATE: 8/26/97 TIME IN: 1030 TIME OUT: 1130  
FACILITY NAME: Weavers Dry Cleaning + Laundry  
FACILITY LOCATION: 711 N. Pine Hills Rd  
Orlando FL 32808

PART I: NOTIFICATION  
(check appropriate box)  
1. Existing facility notified DARM by 9/1/96   
2. New facility notified DARM 30 days prior to startup   
3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION  
Facility indicated on notification form that it is:  
(check appropriate box)  
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,  $140 < x < 2,100$  gal/yr  
transfer only,  $200 < x < 1,800$  gal/yr transfer only,  $200 < x < 1,800$  gal/yr  
both types,  $140 < x < 1,800$  gal/yr both types,  $140 < x < 1,800$  gal/yr  
(constructed before 12/9/91) (constructed on or after 12/9/91)  
This is a correct facility classification    
If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit  
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.



# BEST AVAILABLE COPY

## 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?   | ✓ <input type="checkbox"/> Y <input type="checkbox"/> UN                               |
| 2. Examining the containers for leakage?  | ✓ <input type="checkbox"/> Y <input type="checkbox"/> UN                               |
| 3. Closing and securing machine doors except during loading/unloading?  | ✓ <input type="checkbox"/> Y <input type="checkbox"/> UN                               |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | ✓ <input type="checkbox"/> Y <input type="checkbox"/> UN                               |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | ✓ <input type="checkbox"/> Y <input type="checkbox"/> UN <input type="checkbox"/> UN/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?   | <input type="checkbox"/> Y <input type="checkbox"/> UN                               |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input type="checkbox"/> Y <input type="checkbox"/> UN <input type="checkbox"/> UN/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input type="checkbox"/> Y <input type="checkbox"/> UN <input type="checkbox"/> UN/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?                           | <input type="checkbox"/> Y <input type="checkbox"/> UN                               |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input type="checkbox"/> Y <input type="checkbox"/> UN                               |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> UN                               |

**BEST AVAILABLE COPY**

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?   | UY UN               |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?<br>Is the temperature differential equal to or greater than 20° F?   | UY UN<br>UY UN      |
| 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?<br>Is the perc concentration equal to or less than 100 ppm?                           | UY UN UH/A<br>UY UN |
| 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? | UY UN               |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | UY UN UH/A          |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | UY UN UH/A          |

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

- |  |              |
|--|--------------|
| 1. Maintained receipts for perc purchased?   | UY UN ✓      |
| 2. Maintained rolling monthly averages of perc consumption?  | UY UN ✓      |
| 3. Maintained leak detection inspection and repair reports for the following:  |              |
| a. documentation of leaks repaired w/in 24 hrs? or:  | UY UN ✓      |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | UY UN ✓      |
| 4. Maintained calibration data? <i>(for direct reading instruments only)</i>   | UY UN ✓ UH/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | UY UN ✓ UH/A |
| 6. Maintained startup/shutdown/malfunction plan?   | UY UN ✓      |
| 7. Maintained deviation reports?   | UY UN ✓      |
| Problem corrected?   | UY UN ✓      |
| 8. Maintained compliance plan, if applicable?  | UY UN ✓ UH/A |

**PART VI: LEAK DETECTION AND REPAIR**

- |   |         |
|---|---------|
| 1. Does the responsible official conduct a weekly leak detection and repair inspection? | UY UN ✓ |
|---|---------|

**BEST AVAILABLE COPY**

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 instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

3. Has the facility maintained a leak log?  Y  N

4. Does the responsible official check the following areas for leaks?

- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                           |  |

Bahram Behlatnia

Name of Responsible Official

Todd Fletcher

Inspector's Name (Please Print)

Todd Fletcher

Inspector's Signature

8/26/97

Date of Inspection

2/26/98

Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1030 TIME OUT: 1130 AIRS ID#: 0950284  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Weavers Dry Cleaning & Laundry DATE: 8/26/97  
 FACILITY LOCATION: 711 N. Pinehills Rd  
Orlando Fl 32808  
 RESPONSIBLE OFFICIAL: Behnam Behjatnia PHONE NUMBER: 293-4741

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM  | FOLLOW-UP ACTION REQUIRED |
|---------------------------------|---------------------------|
| No Rolling Perc Consumption Log | six month reinspection    |
| No Leak Check Log ✓             | " " " "                   |
| No Corrective Action Form ✓     | " " " "                   |
|                                 |                           |
|                                 |                           |
|                                 |                           |

COMMENTS:

2/26/98

The Annual Compliance Certification form has been properly certified and submitted to the inspector... YES  NO

DATE OF NEXT INSPECTION: 2/26/98  
(Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher  
(Please Print)

INSPECTOR'S SIGNATURE: Todd Fletcher PHONE NUMBER: 836-9524

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PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

MAR 25 1998

Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 09150284 DATE: 3/16/98 TIME IN: 3:15 TIME OUT: 3:45  
FACILITY NAME: Weavers Dry Cleaning & Laundry  
FACILITY LOCATION: 711 N. Pinehills Rd  
Orlando FL 32808  
RESPONSIBLE OFFICIAL: Bahvan Behardine PHONE: 407 293-4741  
CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)

- No notification form
- Drop store/out of business/petroleum

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,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed before 12/9/91)
- 4. New large area source   
dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed on or after 12/9/91)

- 5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- |   |   |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N                              |

**B. Has the responsible official of an existing large or new large area source also:**

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/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
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Todd Fletcher  
Inspector's Name (Please Print)

3/16/98  
Date of Inspection

Todd Fletcher  
Inspector's Signature

9/16/98  
Approximate Date of Next Inspection



ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 3:15 TIME OUT: 3:45 AIRS ID#: 0950284  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Weavers Dry Cleaning + Laundry DATE: 3/16/98  
 FACILITY LOCATION: 711 N. Pinehills Rd  
Orlando FL 32808  
 RESPONSIBLE OFFICIAL: Bahram Beyerdine PHONE NUMBER: 293-4741

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM   | FOLLOW-UP ACTION REQUIRED |
|----------------------------------|---------------------------|
| No leak detection log            |                           |
| No corrective action form        |                           |
| No Rolling Perc Consumption form |                           |
|                                  |                           |
|                                  |                           |
|                                  |                           |

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 MAR 25 1998  
 Bureau of Air Monitoring & Mobile Sources

COMMENTS: This is second inspection of facility. Facility not in compliance. Will notify Tally if failed the Third inspection

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 9/16/98  
(Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher  
(Please Print)

INSPECTOR'S SIGNATURE: Todd Fletcher PHONE NUMBER: 836-9524

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION  *OK*

AIRS ID#: 0950284 DATE: 3/16/98 TIME IN: 3:15 TIME OUT: 3:45  
FACILITY NAME: Weavers Dry Cleaning & Laundry  
FACILITY LOCATION: 711 N. Pinehills Rd  
Orlando FL 32808  
RESPONSIBLE OFFICIAL: Bahvan Behyerdine PHONE: 407 293-4741  
CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:  No notification form  
(check appropriate box)  Drop stop/out of business/petroleum

A.

|  |  |
|--|--|
| 1. Existing small area source <input checked="" type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)                                | 2. New small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)   |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) |

5. This is a correct facility classification   N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number 2 above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this drycleaning facility was 60 gallons.

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JUN 14 2000  
Bureau of Air Monitoring  
& Mobile Sources

**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?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N                              |

**B. Has the responsible official of an existing large or new large area source also:**

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
     Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

PART VI: LEAK DETECTION AND REPAIRS

- 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N  N/A
- 2. Has the facility maintained a leak log?  Y  N
- 3. Does the responsible official check the following areas for leaks?
 

|   |                                       |                            |                              |                           |                                       |                            |                              |
|---|---------------------------------------|----------------------------|------------------------------|---------------------------|---------------------------------------|----------------------------|------------------------------|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/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
  - If using direct-reading instrumentation, is the equipment:  N/A
    - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
    - b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
    - c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
    - d. Kept in a clean and secure area when not in use?  Y  N
    - e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Todd Fletcher  
Inspector's Name (Please Print)

3/16/98  
Date of Inspection

*Todd Fletcher*  
Inspector's Signature

9/16/98  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

A large, empty rectangular box with a double-line border, intended for additional site information. The box is currently blank.

**AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 3:15 TIME OUT: 3:45 AIRS ID#: 0950284  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Weavers Dry Cleaning & Laundry DATE: 3/16/98  
 FACILITY LOCATION: 711 N. Pinehills Rd  
Orlando FL 32808  
 RESPONSIBLE OFFICIAL: Robert Probst PHONE NUMBER: 293-4741

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM   | FOLLOW-UP ACTION REQUIRED |
|----------------------------------|---------------------------|
| No leak detection log            |                           |
| No corrective action form        |                           |
| No Rolling Perc Consumption form |                           |
|                                  |                           |
|                                  |                           |
|                                  |                           |

REMARKS: This is second inspection of facility. Facility not in compliance. Will notify Tally if failed the third inspection.

Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 9/16/98  
(Approximate)

ACTION CONDUCTED BY: TODD Fletcher  
(Please Print)

INSPECTOR'S SIGNATURE: Todd Fletcher PHONE NUMBER: 836-9324



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259883

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

RECEIVED  
MAIL ROOM

FEB -5 97 **TOTAL AMOUNT DUE: \$50.00**

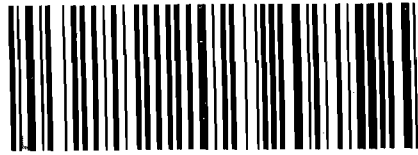
Do **NOT** Remove Label

AIRS ID# 0950284  
VINCULA INTERNATIONAL INC  
TONY S JAI  
711 PINE HILLS  
ORLANDO FL 32808

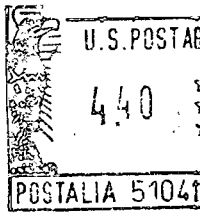
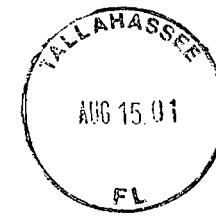
**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273


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

CERTIFIED MAIL



7000 0600 0026 4130 2508



-  **Ret. # 802**  
**Corr. Init. [initials]**  
**Date [date]**
- Not Deliverable As Addressed
  - Unable To Forward
  - Insufficient Address
  - Moved, Left No Address
  - Unclaimed  Refused
  - Attempted-Not Known
  - No Such Street  Number
  - Vacant  Illegible
  - No Mail Receptacle
  - Box Closed-No Order
  - Returned For Better Address
  - Postage Due \_\_\_\_\_

10 AIRS ID # 0950284002AG  
TONY S JAI  
WEAVER'S CLEANERS  
711 PINE HILLS  
ORLANDO FL 32808

Bureau of Air Monitoring  
2-110 No Sources

RECEIVED  
AUG 29 2001

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 0600 0026 4130 2508

|   |    |                  |
|---|----|------------------|
| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |

10 AIRS ID # 0950284002AG  
 TONY S JAI  
 WEAVER'S CLEANERS  
 711 PINE HILLS  
 ORLANDO FL 32808

*Mc-Entell...*

PS Form 3811, July 1999 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|--|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Received by (Please Print Clearly) B. Date of Delivery</p>   |  |
| <p>1. Article Addressed to:</p> <p>10 AIRS ID # 0950284002AG<br/>         TONY S JAI<br/>         WEAVER'S CLEANERS<br/>         711 PINE HILLS<br/>         ORLANDO FL 32808</p>  |  | <p>C. Signature <input type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Addressee</p>  |  |
| <p>2. Article Number (Copy from service label)<br/>         7000 0600 0026 4130 2508</p>   |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>         If YES, enter delivery address below: <input type="checkbox"/> No</p>   |  |
|  |  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  |
|  |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |  |
| PS Form 3811, July 1999  |  | Domestic Return Receipt 102595-99-M-1789   |  |