

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 20, 1996

Mr. Ronulo Gonzalez President 1216 North Mills Avenue Orlando, Florida 32806

Dear Mr. Gonzalez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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/

Notty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

BEST AVAILABLE COPY

0950297

P.14 1.(a) place date under machine initally purchased

P.15 (f) should be marked

_		ERE OUT
	•	
		1
		EXTENSION
PLEASE CALL WILL CALL AGAIN		
CALL		IMMEDIATELY
,		S TO SEE YOU
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	PLEASE CAI	PLEASE CALL CALL UMANT

<u>t.</u>

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Perfection Dry Cleaners + LAUNDRY Cosp.
2. Site Name (For example, plant name or number):
Perfection Dry cleaners. 3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
FLD 115 385 197
4. Facility Location: Street Address: 1216 N. Mills Ave
City: OFLANDO County: OFANGE Zip Code: 32803
5. Facility Identification Number (DEP Use):
0950297
Responsible Official
100poiloid 0 110iii.
6. Name and Title of Responsible Official:
Ronalo GONZAlez "President"
7. Responsible Official Mailing Address: Organization/Firm:
Organization/Firm: Street Address: 1216 N. Mille Ave
City: Or(ANDO County: OrANGE Zip Code: 32803
8. Responsible Official Telephone Number:
Telephone: (407) 896-7035 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: () -
<u> </u>

RECEIVED

AUG 2 6 1996

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

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	IĎ	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	1	#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit					•				jaran ing tipanga
(1) w/ ref. condenser	7		01-JUN-89					-	
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit								1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 - 1 - 1 - 1 - 1
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		and the second			to a surface of the same		AT.		" i plant i
(7) w/ ref. condenser					• .				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	= - :		waga Nerjeto	1. 1			11	i ja ela eta	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are requant gallo	equired to be ity of perchlo ons ow many? [_	installed [oroethylene (j] months	yerc)	purchased in	n the latest 12			
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	ct one classifi	ication only.)		nitions foun		3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines pure (Indicate with an "X".) 	suant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber Real Property Carbon adsorber	efrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions unit to Rule 62-213.300, F.A.C. Verify that all steam and he exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by nature during which propane or fuel oil containing no more that	al gas except for periods of natural gas curtailment
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 a	ecordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	رك
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitor	ing []
(e) Instrument calibration]
(f) Start-up, shutdown, malfunction plan	

Surrender of Existing Air Permit(s)

	• • • • • • • • • • • • • • • • • • • •
Please indicat	te 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)
Ķ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility according in the second of the facility addressed in facility. I have the second of the facility addressed in the second of the facility and the facility and the facility and fa
I will pro	mptly notify the Department of any changes to the information contained in this notification.
	Att Assess 8-21-96

Date

Signature

Orange County Environmental Protection Department

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

DE INISPECTION

TYPE OF INSPECTION:	ANNUAL []	COMPLAINT/DISCOVI	ERY R	LE-INSPECTION
TIME IN:	TIME OUT:	Λ1	RS ID#: 095	0297
TYPE OF FACILITY:		Dry_Cleaning		
TIME IN: TYPE OF FACILITY: FACILITY NAME: FACILITY LOCATION:	<u> 26 2 MMS</u>	<u>40e</u>		
RESPONSIBLE OFFICIAL:	Romulo Gonzale	SPHON	IE NUMBER: 896	, 7035
(L C)	, ,	its evaluated during this insponding this insponding the content of the content o	•	found to be in
Based on the results of discrepancies were no	•	its evaluated during this insp	ection, the following	compliance
COMPLIANCE REC	QUIREMENT/PROBL	EM FOLLOV	V-UP ACTION I	REQUIRED
		NO. 100 P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
				_
COMMENTS:	Facility ox	2		
The Annual Compliance Cer		perly certified and submitted	to the inspector.	YES NO
DATE OF NEXT INSPEC	ΓΙΟΝ:	(Approximate)		· · · · · · · · · · · · · · · · · · ·
INSPECTION CONDUCT	ED BY:	Todd Fletcher	- 4 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
INSPECTOR'S SIGNATU	RE:		ONE NUMBER:	(407) 836-9524

Page of ...

Revised 10/96

258618

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

RECEIVED MAIL ROOM

JAN 21 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0950297
PERFECTION DRY CLEANERS & LAUNDRY
CORP
RONULO GONZALEZ
1216 N MILLS AVENUE
ORLANDO FL 32803

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	CH CI	COMPLAINT/DISCO	VERY	
AIRS ID#: <u>695029</u>] D FACILITY NAME: P	erfection I		41/5	OUT:	
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DAR	M by 9/1/96				
2. New facility notified DARM 3	0 days prior to start	ир			
3. Facility failed to notify DARM	I to use general peri	nit			
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	n form that it is:				
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)	c Li	transfer only, a both types, x<	y, x<140 gal/yr x<200 gal/yr	a	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>0 gal/yr al/yr</td><td>transfer only, both types, 14</td><td>area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	0 gal/yr al/yr	transfer only, both types, 14	area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classifi-	cation	ON ON			
If no, please check the appropri	ate classification:				
	ed for a general per s above limits and i				
B. The total quantity of perchlo	rocthylene (perc) pr	urchased within	the preceding 12 month	s by this dry	cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? UN YE 2. Examining the containers for leakage? ETY UN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? $\square N$ 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY UN DAYA 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 DN DY DN DN/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 DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

R		
۳.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY 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?	OY ON
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
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?	OY ON ON/A
P	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official:	i
\`	heck appropriate boxes)	
II.	heck appropriate boxes) Maintained receipts for perc purchased?	DAY CIN
1.		DY ON
1. 2.	Maintained receipts for perc purchased?	
1. 2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	DY ON
1. 2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	
1. 2. 3.	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	DY ON
1. 2. 3.	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?	מט עט אס
1. 2. 3.	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)	
1. 2. 3.	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?	04 0N 04/V
1. 2. 3.	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?	
1. 2. 3. 4. 5. 6. 7	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?	
1. 2. 3. 4. 5. 6. 7	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? Maintained compliance plan, if applicable?	
1. 2. 3. 4. 5. 6. 7	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?	

	William de la Calentina	***************************************	11.1 67			
2.	Which method of detection is used by the					
	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 instrume	entation,	is the eq	uipment:	/	
	a. Capable of detecting	pere vapo	r concen	trations in a range of 0-500 ppm?	ON YOU	
	b. Calibrated against a s (PID/FID only)?	standard g	as prior	to and after each use	OY ON	
	c. Inspected for leaks ar	id obvious	s signs ol	f wear on a weekly basis?	MIT AM	
	d. Kept in a clean and s	ecure area	when n	ot in use?	מט עט	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					DY UN.	
3. Ilas the facility maintained a leak log?					BY UN	
4.	Does the responsible official check the	following	, areas fo	or leaks?		
	Hose connections, fittings, couplings, and valves	CAY	ПΝ	Muck cookers	OY ON	
	Door gaskets and scating	ŒΥ	ŪИ	Stills	NO Y	
	Filter gaskets and seating	ďγ	ПИ	Exhaust dampers	MY ON	
	Pumps	ďу	ПИ	Diverter valves	QA ON	
	Solvent tanks and containers	ďΥ	ΠN	Cartridge filter housings	DY ON	
	Water separators	ÞΥ	ПИ			
_	Ronald Gonze	lz z				
Todd Fletcher				1/73	9/97	
Inspector's Name (Please Print)				Date of Inspe	ection	

Todd Fletcher Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVE AIRS ID#0950297 PERFECTION DRY CLEANERS & LAUNDRY CORP RONULO GONZALEZ 1216 N MILLS AVENUE ORLANDO FL 32803 Do NOT Remove Label JANUARC Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period sta Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

^{*}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	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0930 TIME OUT: 100	00 AIRS ID#: 0950297
TYPE OF FACILITY: DVI Cleaner	
FACILITY NAME: 1216 N. MILLS	Aug DATE: 1/28/98
FACILITY LOCATION: OVLANDO 1-1	32803
Perfection Dry	Cleaners
RESPONSIBLE OFFICIAL: Romulo Gunzale	PHONE NUMBER: (407) 896- 7035
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
2	
	-
COMMENTS:	would like
Facility in Co	ompliance the Dry Cleaner Calandar
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	1/28/99
	oproximate)
INSPECTION CONDUCTED BY: TODD	Fletcher
INSPECTOR'S SIGNATURE: Odd The	PHONE NUMBER: 836-9524

Page___of_

Revised 10/96

, A'	# 095029	7	6	Jan-
P		;		Kr
p. 14 1. (a)	place date	under		
1. Facility Owner/C Per Feet	place date machine purchasec	initary		
3. Hazardous Waste P. 15	should be	marke	ed	
Street Address:				2007
75: Facility Identificat	OR ALCE	W STAND		2803
6. Name and Title of Rondlo	OS BRITIS	Carrent 2		
7. Responsible Offici Organization/Firm: Street Address: 12/6 N	Country		Zip Code:	32803
8. Responsible Official Telephone	,	OFANGE		52803
Telephone: (407) 896-		Fax: ()	•	
Facility C	ontact (If different fron	Responsible Offi	icial)	
9. Name and Title of Facility Conta	ct (For example, plant m	anager):		
10. Facility Contact Address:				
Street Address: City:	County:		Zip Code:	
11. Facility Contact Telephone Num Telephone: () -	ber:	Fax: ()	· -	
L				

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AUG 2 6 1996.

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Perfection Dry Cleaners + LAUNDRY Corp.
2. Site Name (For example, plant name or number):
PerFeet ion Dry cleanurs. 3. Hazardous Waste Generator Identification Number:
FLD 115 385 197
4. Facility Location: Street Address: 1216 N. Mills Ave
City: OFLANDO County: OTANGE Zip Code: 32803
5. Facility Identification Number (DEP Use):
0950297
Responsible Official
6. Name and Title of Responsible Official:
Ronulo GONZAlez "President"
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 1216 N. Mille Ave
City: Or(ANDO County: OrANGE Zip Code: 32803
8. Responsible Official Telephone Number:
Telephone: (407) 896-7035 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: () -

RECEIVED

AUG 2 6 1996

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

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
٠,		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	lD	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									
(1) w/ ref. condenser	7	01-7UN-86	01-JUN-89	_					
(2) w/ carbon adsorber	-1	(25)	•					-	_
(3) w/ no controls									
Washer Unit									<u></u>
(4) w/ ref. condenser									
(5) w/ carbon adsorber				· · · · · · · · · · · · · · · · · · ·					
(6) w/ no controls									
Dryer Unit		•			1	'		-	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		,							
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are requant	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (] months	× perc)	purchased in				[]
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found		8) of	Part II?	
Existing large are	ea soi	urce []	Ne	w lai	rge area sour	ce []			

	t control technology is requicate with an "X".)	aired on machines	s pursuant to section (5) of	Part II of this notification form?
	Existing large area source Carbon adsorber	<u>e</u> []	Refrigerated condenser	
	New small area source Refrigerated condenser			
٠	New large area source Refrigerated condenser			·.
	-			
to Rule		y that all steam ar	nd hot water generating un	to use the general permit pursuant its on-site meet the following
boiler l		ed exclusively by	natural gas except for peri	10 million BTU/hr or less (298 ods of natural gas curtailment is fired.
	um and hot water generating h units on-site	g units exempt		
	·)
	Equipm	nent Monitoring	and Recordkeeping Info	rmation
Check a	all logs which are required	to be kept on-site	in accordance with the re	quirements of this general permit:
(a) Puro	chase receipts and solvent p	ourchases		رنا
(b) Lea	k detection inspection and i	repair		
(c) Refi	rigerated condenser temper	rature monitoring		
(d) Car	bon adsorber exhaust perc	concentration mo	nitoring	
(e) lnst	rument calibration	,		
(f) Star	t-up, shutdown, malfunctio	on plan	•	[X] LES -

Surrender of Existing Air Permit(s)

Please indica	te 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)
Ķ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. 8-21-96 Date 1-28-97.

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPECTION:
	U.X	ALIUX 20 C X X (211)

PART I: NOTIFICATION

1. New facility notified DARM 30 days prior to startup

(check appropriate box)

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

Sureau or Air Monitorine Sources AIRS ID#: 0950297 DATE: 1/28/98 TIME IN: 0930 TIME OUT: 1030 tion Dry Cleaner FACILITY NAME: POVIEC FACILITY LOCATION: RESPONSIBLE OFFICIAL: Romula Crunzales PHONE: 407-896-7035 CONTACT NAME: ____PHONE:

2. Facility failed to notify DARM to use general permit					
PART II: CLASSIFICATION					
Facility indicated on notification form that it is:	☐ No notification form				
(check appropriate box)	☐ Drop store/out of business/petroleum				
Λ. /					
1. Existing small area source	2. New small area source				
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x \le 140$ 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)				
	4 Now large area source				
3. Existing large area source	4. Iten targe area source				
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	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, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$				
(constructed before 12/9/91)	(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 classific	cation:				
f no, please eneck the appropriate emission.					
	nits and is not eligible for a general permit				
B. The total quantity of perchloroethylene (perc) p facility was gallons.	ourchased 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 scaled and impervious containers? UN UN/A 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 scaled containers for at UN UN/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber UY UN UN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I 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) DY UN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY UN UNIX 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? Measured and recorded the temperature of the outlet exhaust stream of a refrigerated UY. UN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F7 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			1
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?	ÜΥ	ЦΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ÜN	ÜN/A
	Is the temperature differential equal to or greater than 20° F?	ŰΥ	ÜN	ŪN/∧
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?	ÜΥ	UN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ĽΙΥ	ΠИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ШΥ	UN	UN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	מט	
6	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	אט	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)	/					
1. Maintained receipts for perc purchased?	CAY CIN					
2. Maintained rolling monthly total of perc consumption?	ם√א בזא					
3. Maintained leak detection inspection and repair reports for the following:	/					
a. documentation of leaks repaired w/in 24 hrs? or;	אוט אט אַצע (אַצע					
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	MY ON ON/A					
4. Maintained calibration data? (for applicable direct reading instruments)	DON CIN CONIA					
5. Maintained exhaust duct monitoring data on pere concentrations?	OY ON ON					
6. Maintained startup/shutdown/malfunction plan?	מט אַם					
7. Maintained deviation reports?	עואָם אם צם					
Problem corrected?	אַאָּט אט צט					
8. Maintained compliance plan, if applicable?						

PΛ	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				Carry .	מט	
2.	Has the facility maintained a leak log?				ĽÝ	ÜN	
3.	Does the responsible official check the fe	ollowing	areas for leaks?				
	Hose connections, fittings, couplings, and valves		N 🗆 N/A	Muck cookers	CA (איאם אב	
	Door gaskets and scating	ay o	N □N/A	Stills	DY I	אאם אם	
	Filter gaskets and scating	Øγ ロ	N □N/A	Exhaust dampers	(1) Y	□N □N/A	
	Pumps	מאַ ט	N DN/V	Diverter valves	UY I	איאם אם	
	Solvent tanks and containers	ay o	N □N/A	Cartridge filter housings		ח/אם אם	
	Water separators	ŪΥ Ū	IN DN/A				
4.	Which method of detection is used by the	ic respon	sible official?		/		
	Visual examination (condensed so	olvent on	exterior surfaces)		4		
	Physical detection (airflow felt the	rough gas	skets)		Ü		
	Odor (noticeable perc odor)				Ü		
I	Use of direct-reading instrumenta	tion (FIE	D/PID/calorimetric	tubes)	Ü		
	Halogen leak detector						
	If using direct-reading instr	umentat	ion, is the equipm	ent:	/NEJ	٨	
	a. Capable of detecting	pere vapo	or concentrations i	n a range of 0-500 ppm?	\Box Y	ПΝ	
	b. Calibrated against a s (PID/FID only)?	standard	gas prior to and af	ter each use	ΠY	□и	
1	c. Inspected for leaks a	nd obviou	is signs of wear on	a weekly basis?	ШY	ШN	
1	d. Kept in a clean and s				ÜΥ	ШN	
	e. Verified for accuracy				ΠY	ΠИ	
<u>_</u>							
	TOOD Fle	tch	&^	1/28/	98		
•	Inspector's Name (Please Pr	int)		Date of Insp	pection	ı	
	ADD SLOT	ct	\rightarrow	1\29	8/9	<u>′ </u>	
	Inspector's Signature	<u></u>		Approximate Date of	f Next	Inspection	

ADDITIONAL SITE INFORMAT	TION:	
		The second secon
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,		
	•	

Orange County	Environm		cetton D	Charle He	N R C
AIRS ID#: 0950297			XC		Revised 10/10/96
DDXI OXXII	Inn in a		VERAL PE	RMIT	3 1999 [J]
ANNUAL	NER AIR QU COMPLIANC	CE CERTIFICA	ATION FOR	MPRANGE COUNTY PROTECTION	ENVIRONMENTAL DEPARTMENT
FACILITY NAME: Perfection	Dry. (1	eaners		DATE:	8-19-99
FACILITY LOCATION: 1216 N	". Mills.	Ave			
FACILITY NAME: Perfection FACILITY LOCATION: 1216 N Orland	0, FL 32:	803			
<u> </u>	/				60
Annual Reporting Period:	1/20	19 <u>_7</u> & to		1/5	19/7
Based on each term or condition of the Title					-
62-213.300, Florida Administrative Code (F.	A.C.), during the p	eriod covered by th	us statement.	∠ YES	UNO .
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in	n continuous comp	-	e reporting perio	_
	that has not been in	n continuous comp	-	ECEI	/ E D
Exact period of non-compliance: from _	that has not been in	n continuous comp	R	SEP 2 8 1	/ E D 1999 Agnitoring
Exact period of non-compliance: from	that has not been in	n continuous comp	R	ECEI	/ E D 1999 Agnitoring
Exact period of non-compliance: from			to	SEP 28 Sureau of Air M	999 Applitating Durces
Exact period of non-compliance: from			to	SEP 28 Sureau of Air M	999 Applitating Durces
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit t			to	SEP 28 Sureau of Air M	999 Applitating Durces
Exact period of non-compliance: from			totance during the	SEP 28 Sureau of Air M	999 Applitating Durces
Exact period of non-compliance: from			totance during the	SEP 28 Sureau of Air M	999 Applitating Durces
Exact period of non-compliance: from			totance during the	SEP 28 Sureau of Air M	999 Applitating Durces
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit to Exact period of non-compliance: from Action(s) taken to achieve compliance:	that has not been in	on and belief forme	totance during the	SEP 28 Sureau of Air M & Mobile So e reporting period the inquiry, that is chloroethylene s	Applications of the statements olvent, based

*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.

Page _____ of ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	122	COMPLAINT/DIS	SCOYERY	Pro
	RE-INSPECTION	۵		ureau & N	
AIRS ID#: 0950297 I		1		ME Source	4525
		1eane		rces rces	
FACILITY LOCATION: 12		Ave			3
	Orlando, FL	328			
RESPONSIBLE OFFICIAL :	Komulo Gunza	ules_	PHONE: 407	- 896	-7035
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to startup				<u> </u>
2. Facility failed to notify DARM	1 to use general permit				o l
PART II: CLASSIFICATION					
Facility indicated on notificatio (check appropriate box) A.	n form that it is:		☐ No notification☐ Drop store/out o		/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	r dry-t trans both	o-dry only, fer only, x types, x < 1	rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$)	00 gal/yr dry-to gal/yr transi	fer only, 20 types, 140	rea source $140 \le x \le 2,100 \text{ gal}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)		•
5. This is a correct facility class	ssification DY	□N	□Can not determin	ne	
☐ facility	qualified for a general pe exceeds above limits and	l is not elig	ible for a general per	mit	
B. The total quantity of perchloro facility was 70 gallons.	ethylene (perc) purchased	d within the	preceding 12 month	hs by this d	lry cleaning

1000 rus

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? EY 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 DN ON/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ZN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ted UY UN
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/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?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PART VI: LEAK-DETECTION AND REPAIRS

PART VI: LEAR-DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			MY ON		
2. Has the facility maintained a leak log?			QrÝ □N		
3. Does the responsible official check the	following areas for leaks	?			
Hose connections, fittings, couplings, and valves	ZY ON ON/A	Muck cookers	DY ON ON/A		
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A		
Pumps	MY ON ON/A	Diverter valves	DY ON ON/A		
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MY ON ON/A		
Water separators	DY ON ON/A				
4. Which method of detection is used by the	ne responsible official?				
Visual examination (condensed so					
Physical detection (airflow felt thr	ough gaskets)				
Odor (noticeable perc odor)					
Use of direct-reading instrumental					
Halogen leak detector					
If using direct-reading instru	mentation, is the equip	ment:	EN/A		
a. Capable of detecting p	□Y □N				
b. Calibrated against a st (PID/FID only)?	OY ON				
c. Inspected for leaks and	OY ON				
d. Kept in a clean and secure area when not in use?			OY ON		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON		

Ilka Bundy	01-14-00
Inspector's Name (Please Print)	Date of Inspection
Alka Rund	01-14-01
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

$$1 - 6 - 99$$
 5.0
 $2 - 17 - 97$ 10.0
 $4 - 21 - 99$ 10.0
 $6 - 2 - 99$ 5.0
 $7 - 7 - 99$ 10.0
 $8 - 25 - 99$ 5.0
 $9 - 9 - 99$ 5.0
 $10 - 27 - 99$ 5.0
 $11 - 17 - 99$ 10.00
 $12 - 22 - 99$ 5.0

Orange County Environmental Protection Department

AIRS ID#:	0950297

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL	COMPLIANCE CERTIFICAT	ION FORM	r Jr
FACILITY NAME: Perfection	Dry Cleaners	DATE:	1-14-00
facility location: $12/6$ N .	mills Ave		·
Orlando			
Annual Reporting Period:	5 19 <u>9</u> 7 TO	JAN. 14	# 2000
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		<u> </u>	P Rule □NO
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous complia	nce during the reporting period	i stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit	that has not been in continuous complia	nce during the reporting period	i 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, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities.	nd complete. Further, my annual consu	iniption of perchloroethylene s	olvent, based
RESPONSIBLE OFFICIAL: Ronule	o GONZAlez	Signature Signature	7-14-0C

Name (Please Print)

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

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

THE OF INSPECTION: ANNUAL V COMPL	AINT/DISCOVERY RE-INSPECTION
TIME IN: 1455 TIME OUT: 1525	AIRS ID#: 0950297
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Perfection Dry Cleaners	DATE: 01-14-00
FACILITY LOCATION: 1216 N. Mills Ave	
Orlando, FL 32803	
RESPONSIBLE OFFICIAL: Romulo Gunzales	PHONE NUMBER: 407-896-7035
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	e Code (F.A.C.).
Based on the results of the compliance requirements evaluated discrepancies were noted:	during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
77 7 19 19	
100	• • • • • • • • • • • • • • • • • • •
2 1 1 5 5	
$\frac{1}{3}$	
1 12 02	
COMMENTS:	
Facility in compliance	
The Annual Compliance Certification form has been properly certified DATE OF NEXT INSPECTION:	
DATE OF NEAT INSPECTION.	wimata)
INSPECTION CONDUCTED BY: Ika Bundy	<u> </u>
	PHONE NUMBER: 836-1400

Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

•	COMIT BUILTIES INGLE		TARIC I COLO A			
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	1	COMPLAINT	T/DISCOVERY	PACA	۵
AIRS ID#: 0950297 FACILITY NAME: Per FACILITY LOCATION: (RESPONSIBLE OFFICIAL: CONTACT NAME:	fection Dry 1216 N. Mill Orlando, FL	Clea 5 A	ners le.	908 _{1/2}	1345 1345 1345 100 100 100 100 100 100 100 10	
						1

CONTACT NAME:	PHONE:		
CONTACT NAME:	THOIRE.		
PART 1: NOTIFICATION			
(check appropriate box)			
	nrtup 🔲		
 New facility notified DARM 30 days prior to state 			
2. Facility failed to notify DARM to use general pe	ermit .		
PART II: CLASSIFICATION	·		
Facility indicated on notification form that it is:	☐ No notification form		
(check appropriate box)	☐ Drop store/out of business/petroleum		
À. /	•		
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, $x \le 140$ gal/yr (constructed on or after $12/9/91$)		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
3. Existing large area source	4. New large area source		
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$		
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ 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	Y ON OCan not determine		
If no, please check the appropriate classific	cation:		
☐ facility qualified for a ge	eneral permit as numberabove		
- ,	mits 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 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?	MY ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON DAVIA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	-
If classification I has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrie (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	ie –
1. Equipped all machines with the appropriate vent controls?	מם עם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
B. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ОУ ОМ
Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	בארם אם עם
. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	

E	3. Has the responsible official of an existing large or new large area source also:			
1	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	Ωи	
2	. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QY	ПN	UN/A
	Is the temperature differential equal to or greater than 20° F?	ŪΥ	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ПY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	۲ ت .	Ωи	□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?	ΩΥ	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŊΥ	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	CYY ON
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or,	OY ON BANA
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	/
and parts installed w/in 5 days of receipt?	DY DN BYNA
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON WINA
5. Maintained exhaust duct monitoring data on perc concentrations?	אואם אם צם
6. Maintained startup/shutdown/malfunction plan?	er on
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON PIÑA
8. Maintained compliance plan, if applicable?	DY DN DAN/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?			DA DW		
2. Has the facility maintained a leak log	?		DY ON		
3. Does the responsible official check the	e following areas for leaks?				
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A		
Door gaskets and scating	מא סא סאיע	Stills	MY ON ON/A		
Filter gaskets and scating	CY ON ON/A	Exhaust dampers	DY ON ON/A		
Pumps	MY ON ON/A	Diverter valves	DY ON ON/A		
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	מ/אם אם אם		
Water separators	BY ON ON/A				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed)	solvent on exterior surfaces)		න්		
Physical detection (airflow felt the	hrough gaskets)				
Odor (noticeable perc odor)			a		
Use of direct-reading instrument	ation (FID/PID/calorimetric t	rubes)			
Halogen leak detector			œ j		
If using direct-reading inst	₽N/A				
a. Capable of detecting	OA OW				
b. Calibrated against a (PID/FID only)?	standard gas prior to and afte	r each use	OY ON		
c. Inspected for leaks a	nd obvious signs of wear on a	a weekly basis?	DY DN		
d. Kept in a clean and s	secure area when not in use?		OY ON		
e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	ОΥ ΟЙ		
			•		
•					
Ilka Bundy		1-2(0-01			
Inspector's Name (Please Pri	nt)	Date of Inspection			
Mr. Rush		1-76-02	_		
Inspector's Signature		Approximate Date of I			

ADDITIONAL SITE INFORMATION: 11-8-00 10.01 2-7-00 5.0 3-1-00 15.0 6-1-00 15.0-9-7-60 15.02 60.0

BEST AVAILABLE COPY

Revised 01/18/00



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS 6-01 #

Pacifity NAME: Perfection Dry Cleaners	DATE: 1-26-0[
PACILITY LOCATION: 1216 N. Mills Ave.	
Orlando, FL 32803	
Annual Reporting Period: January 2000 TO Janua	ry 20 01
Based on each term or condition of the Title V general air permit, my facility has remained in complian	ce-with DEP Rule
52-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	ES D NO
f NO, complete the following:	
11. Term or condition of the general permit that has not been in continuous compliance during the repo	rting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Viethod used to demonstrate compliance:	
\$2. Term or condition of the general permit that has not been in continuous compliance during the repo	rting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
Tourist discrete demonstrate comprises.	
As the responsible official, I hereby certify, based on information and belief formed after reasonable incomplete. Further, my annual consumption of perchloroethylogurchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	ene solvent, based upon

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	DMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: D., C. (AIMEQUT:	AIRS ID#: 095 0297
TYPE OF FACILITY Per fection To Clean	
FACILITY NAME: 1216 No mills	DATE: 1-26-01
FACILITY LOCATION: Or lando FL 32	203
- Romulo Gonzale	S 407- 291 - 7025
RESPONSIBLE OFFICIAL:	PHONE NUMBER; 407-896-7035
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Adminis	luated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements eva discrepancies were noted:	luated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS: Facility in complian	CC,
	tified and submitted to the inspector.
, — •	1) - OL
DATE OF NEXT INSPECTION:	Approximate)
INSPECTION CONDUCTED BY:	Dundy
Allea Bundy	(Please Print) PHONE NUMBER: 407-836-1400
INSPECTOR'S SIGNATURE:	I HONE HUMBER.
Page	of . Revised 10/96

0353978

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950297

PERFECTION DRY CLEANERS RONULO GONZALEZ

1216 N MILLS AVENUE ORLANDO FL 32803

86 11 J3Q

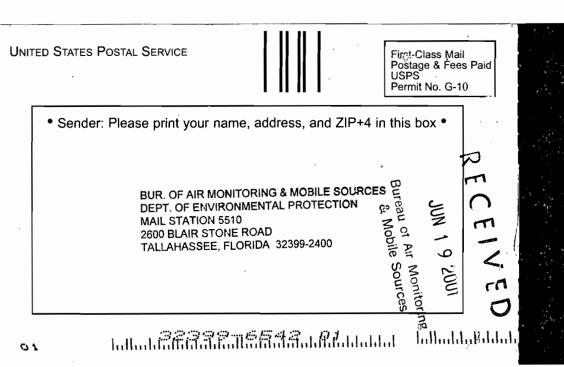
FOR GOVERNMEN BUSE ONLY Org.: 37550101000 EO BIO Fund: 20-2-035001

Obj.: 002273

		MAIL REC	E IPT Coverage Provided)
	Article Sent To:		
17	Z21061	63048	640)
2	Postage	\$	
15	Certified Fee		Postmark
L1	Return Receipt Fee (Endorsement Required)		Here
	Restricted Delivery Fee (Endorsement Required)		
00	Total Postage & Fees	\$	
90	Name (Please Print Clean	ly) (to be completed by mai	iler)
2000	Street, Abt. No. or POB		
	PS Form 3800, July 1999		See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature
 Attach this card to the back of the mailpiece, or on the front if space permits. 	X Agent Addressee
Article Addressed to:	□ D. Is delivery address different from item 1? ☐ Yes □ If YES, enter delivery address below: ☐ No
10 AIRS ID # 0950297001AG RONULO GONZALEZ PERFECTION DRY CLEANERS	
1216 N MILLS AVENUE ORLANDO FL 32803	3. Service Type Certified Mall
·	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from sergice label)	0600 0021 6527 0130
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-99-M-1789

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0950297

PERFECTION DRY CLEANERS & LAUNDRY CORP RONULO GONZALEZ 1216 N MILLS AVENUE

ORLANDO FL 32803

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950297 PERFECTION DRY CLEANERS RONULO GONZALEZ 1216 N MILLS AVENUE ORLANDO FL 32803

FOR GOVERNMENTUSE GENTY Org.: 37550101000 ESPB1 3

Fund: 20-2-035001 Obj.: 002273